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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ALEGENT CREIGHTON HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12809 WEST DODGE ROAD

City or town, state or country, and ZIP + 4
OMAHA, NE 68154

D Employer identification number
47-0757164

E Telephone number
(402) 343-4323

G Gross receipts $ 292,369,263

F Name and address of principal officer
SCOTT WOOTEN
12809 WEST DODGE ROAD
OMAHA, NE 68154

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ALEGENTCREIGHTON COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH QUALITY CARE FOR THE BODY, MIND AND SPIRIT OF EVERY PERSON

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	10,040
6	Total number of volunteers (estimate if necessary)	**6**	670
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,593,763
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,507,063	1,765,480
	9 Program service revenue (Part VIII, line 2g)	235,318,678	254,512,681
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,015	279,265
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,003,856	33,792,252
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	262,948,612	290,349,678
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,156,543	17,646,153
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	95,804,955	98,434,171
	16a Professional fundraising fees (Part IX, column (A), line 11e)	228,250	191,998
	b Total fundraising expenses (Part IX, column (D), line 25) ▶191,998		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	124,049,289	126,804,116
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	236,239,037	243,076,438
	19 Revenue less expenses Subtract line 18 from line 12	26,709,575	47,273,240

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	552,745,187	577,369,235
	21 Total liabilities (Part X, line 26)	311,117,547	346,071,724
	22 Net assets or fund balances Subtract line 21 from line 20	241,627,640	231,297,511

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — 2013-05-13 Date

▶ SCOTT M WOOTEN SENIOR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ANGELA LEA	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P01051055
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ALEGENT CREIGHTON HEALTH 12809 W DODGE ROAD OMAHA, NE 68154			EIN ▶ 47-0757164 Phone no ▶ (402) 343-4413

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

FAITHFUL TO THE HEALING MINISTRY OF JESUS CHRIST, OUR MISSION IS TO PROVIDE HIGH QUALITY CARE FOR THE BODY, MIND AND SPIRIT OF EVERY PERSON OUR COMMITMENT TO HEALING CALLS US TO CREATE CARING AND COMPASSIONATE ENVIRONMENTS RESPECT THE DIGNITY OF EVERY PERSON CARE FOR THE RESOURCES ENTRUSTED TO US AS RESPONSIBLE STEWARDS COLLABORATE WITH OTHERS TO IMPROVE THE HEALTH OF OUR COMMUNITIES ATTEND ESPECIALLY TO THE NEEDS OF THOSE WHO ARE POOR AND DISADVANTAGED ACT WITH INTEGRITY IN ALL ENDEAVORS TO ACHIEVE THIS MISSION, WE PLEDGE TO BE CREATIVE, VISIONARY LEADERS COMMITTED TO HOLISTIC HEALTHCARE IN THE REGION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 21,181,657 including grants of $ 7,132,575) (Revenue $ 113,259,799)

ALEGENT HEALTH LAKESIDE HOSPITAL AND ALEGENT HEALTH MIDLANDS HOSPITAL STAFF ARE FOCUSED ON RESTORING PATIENTS' HEALTH BY USING PERSONALIZED CARE AND STATE-OF-THE-ART TECHNOLOGY THE DIAGNOSTIC CENTER AT BOTH HOSPITALS IS EQUIPPED WITH THE LATEST DIGITAL IMAGING TECHNOLOGY HEALTHCARE PROVIDERS HAVE MEDICAL INFORMATION AT THEIR FINGER TIPS, SO DIAGNOSIS IS QUICKER AND TREATMENT CAN BE STARTED SOONER EACH DIAGNOSTIC CENTER OFFERS A FULL RANGE OF DIAGNOSTIC IMAGING SERVICES INCLUDING BUT NOT LIMITED TO THE FOLLOWING MRI, CT SCANNING, PET/CT SCAN, ULTRASOUND, MAMMOGRAMS, NUCLEAR MEDICINE, CLINICAL LABORATORY, X-RAY IMAGING, PULMONARY SERVICES, OUTPATIENT LABORATORY TESTING, ANGIOGRAPHY AND RADIOGRAPHY

4b (Code) (Expenses $ 9,047,059 including grants of $ 3,995,323) (Revenue $ 63,445,150)

ALEGENT HEALTH MIDLANDS COMMUNITY HOSPITAL AND ALEGENT HEALTH LAKESIDE HOSPITAL OFFER A WIDE RANGE OF COMPREHENSIVE CARDIOVASCULAR SERVICES IN THE REGION, USING A TEAM APPROACH TO ADDRESS THE TOTAL NEEDS OF THE CARDIOVASCULAR PATIENT CARDIAC SERVICES INCLUDE BUT ARE NOT LIMITED TO HI-TECH DIAGNOSIS AND INTERVENTION, CARDIAC CATHETERIZATION LAB, ECHOCARDIOGRAPHY, VASCULAR ULTRASOUND, HEART SCANS AND HEART CHECKS, ANGIOPLASTY AND DRUG-ELUTING STENTS

4c (Code) (Expenses $ 5,959,032 including grants of $ 2,883,381) (Revenue $ 45,774,941)

THE ALEGENT CREIGHTON HEALTH EMERGENCY DEPARTMENTS PROVIDE EXPERT TREATMENT FOR ADULTS AND CHILDREN WHETHER IT'S A LIFE-THREATENING MEDICAL CONDITION OR HIGH FEVER, EXPERIENCED STAFF IS TRAINED AND READY TO HANDLE A WIDE RANGE OF EMERGENCY SITUATIONS ALEGENT CREIGHTON HEALTH IS CONSTANTLY WORKING TO FIND NEW AND BETTER WAYS TO MAKE SURE EACH PATIENT RECEIVES THE BEST, MOST EFFICIENT EMERGENCY CARE POSSIBLE THE EMERGENCY DEPARTMENT CONSISTENTLY SCORES IN THE HIGHEST PERCENTILE FOR QUALITY OF CARE, NURSE AND DOCTOR UNDERSTANDING AND CARING, AS WELL AS THE LEAST AMOUNT OF TIME PATIENTS SPEND WAITING FOR EMERGENCY CARE

(Code) (Expenses $ 151,080,344 including grants of $ 3,634,874) (Revenue $ 57,738,433)

ALEGENT CREIGHTON HEALTH GIVES BACK TO OUR COMMUNITY THROUGH A VARIETY OF MEDICAL SERVICES AND PARTNERSHIPS ALEGENT HEALTH QUICK CARE PROVIDES URGENT MEDICAL TREATMENTS, SCREENINGS AND ADULT IMMUNIZATIONS FOR PATIENTS 18 MONTHS AND OLDER THROUGH OUR COLLABORATION WITH OTHER LOCAL COMMUNITY ORGANIZATIONS SUCH AS BOYS TOWN, CREIGHTON UNIVERSITY, OUR HEALTHY COMMUNITY PARTNERSHIP AND ONE WORLD COMMUNITY HEALTH CENTER, ALEGENT CREIGHTON HEALTH IS HELPING TO IDENTIFY AND ADDRESS COMMUNITY HEALTH NEEDS IN ADDITION, ALEGENT CREIGHTON HEALTH ALSO PROVIDES THE FOLLOWING SERVICES MATERNITY CARE SERVICES, MENTAL AND BEHAVIORAL HEALTH CARE, ONCOLOGY, PROCEDURE CENTER AND INPATIENT FACILITIES INCLUDING INTENSIVE CARE

4d Other program services (Describe in Schedule O)

(Expenses $ 151,080,344 including grants of $ 3,634,874) (Revenue $ 57,738,433)

4e **Total program service expenses** ▶ $ 187,268,092

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	767		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	10,040			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

SCOTT WOOTEN SENIOR VPCFO
12809 WEST DODGE ROAD
OMAHA, NE 68154
(402) 343-4323

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,803,829	9,291,069	3,076,725

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 147

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PULMONARY MEDICINE SPECIALISTS PC 7710 MERCY RD 728 OMAHA, NE 68124	PULMONARY SERVICES	2,418,184
CASSLING DIAGNOSTIC IMAGINGINC 13808 F STREET OMAHA, NE 68137	DIAGNOSTIC IMAGING SERVICES	1,660,980
HRS ERASE INC 9300 UNDERWOOD AVENUE OMAHA, NE 68114	ACCOUNT RECONCILIATION	1,332,687
SIEMENS MEDICAL SOLUTIONS USA INC 51 VALLEY STREET PARKWAY MALVERN, PA 19355	IT SOLUTIONS & CONSULTING	891,226
EMDEON CORP 3055 LEBANON PIKE NASHVILLE, TN 37214	REVENUE CYCLE SOLUTIONS	833,140

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 67

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	736,293			
	c	Fundraising events	1c				
	d	Related organizations	1d	322,567			
	e	Government grants (contributions)	1e	249,435			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	457,185			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,765,480			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REV	561300	233,637,282	231,403,487	2,233,795	
	b	MANAGEMENT SVCS-AFFIL	900003	14,280,036	13,649,028	631,008	
	c	MEANINGFUL USE	900099	3,230,283	3,230,283		
	d	PHARMACY SALES	446110	2,673,360		1,056,039	1,617,321
	e	FOOD & NUTRITION	722320	625,178			625,178
	f	All other program service revenue		66,542	66,542		
	g	**Total.** Add lines 2a–2f		254,512,681			
	3	Investment income (including dividends, interest and other similar amounts)		203,334			203,334
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	2,153,268				
	b	Less rental expenses	1,721,301				
	c	Rental income or (loss)	431,967				
	d	Net rental income or (loss)		431,967			431,967
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	374,215				
	b	Less cost or other basis and sales expenses	298,284				
	c	Gain or (loss)	75,931				
	d	Net gain or (loss)		75,931			75,931
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	SYSTEM REVENUE ALLOC	812900	14,997,127	14,976,907	20,220	
	b	OPERATING JOINT VENTUR	900003	13,139,553	13,139,553		
	c	MISC PROGRAM REVENUE	900099	4,264,862	3,752,523	512,339	
	d	All other revenue		958,743		140,362	818,381
	e	**Total.** Add lines 11a–11d		33,360,285			
	12	**Total revenue.** See Instructions		290,349,678	280,218,323	4,593,763	3,772,112

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	509,117	509,117		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	17,137,036	17,137,036		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,386,714	1,193,357	1,193,357	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	76,631,684	57,473,763	19,157,921	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,267,813	5,450,860	1,816,953	
9	Other employee benefits	3,213,077	2,409,808	803,269	
10	Payroll taxes	8,934,883	6,701,162	2,233,721	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,848,703		2,848,703	
c	Accounting	423,609		423,609	
d	Lobbying	174,575	174,575		
e	Professional fundraising *See Part IV, line 17* . .	191,998			191,998
f	Investment management fees				
g	Other	3,406,293	2,554,720	851,573	
12	Advertising and promotion	4,648,800	3,486,600	1,162,200	
13	Office expenses	39,854,836	29,891,127	9,963,709	
14	Information technology				
15	Royalties . .				
16	Occupancy	8,964,972	6,723,729	2,241,243	
17	Travel	1,118,592	838,944	279,648	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	302,383	226,787	75,596	
20	Interest	6,017,821	4,513,366	1,504,455	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,303,571	15,977,678	5,325,893	
23	Insurance	1,449,889	1,449,889		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	TAXES & LICENSES	15,427,508	11,570,631	3,856,877	
b	BAD DEBT	12,775,994	12,775,994		
c	MISCELLANEOUS	5,733,407	4,444,077	1,289,330	
d	PURCHASED SERVICES	1,697,444	1,273,083	424,361	
e					
f	All other expenses	655,719	491,789	163,930	
25	**Total functional expenses.** Add lines 1 through 24f	243,076,438	187,268,092	55,616,348	191,998
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		18,949,874	1	-17,033,381
	2	Savings and temporary cash investments		6,246,523	2	6,101,757
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,907,596	4	28,969,767
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,756,912	7	2,886,451
	8	Inventories for sale or use		4,712,812	8	4,435,815
	9	Prepaid expenses and deferred charges		7,699,787	9	8,708,328
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 611,729,703			
	b	Less accumulated depreciation	10b 304,309,742	302,722,821	10c	307,419,961
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		20,505,330	12	4,305,284
	13	Investments—program-related See Part IV, line 11		2,588,137	13	19,572,249
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		167,655,395	15	212,003,004
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		552,745,187	16	577,369,235
Liabilities	17	Accounts payable and accrued expenses		135,214,222	17	132,789,131
	18	Grants payable			18	
	19	Deferred revenue		367,755	19	444,222
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		139,864,545	24	146,163,278
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		35,671,025	25	66,675,093
	26	**Total liabilities.** Add lines 17 through 25		311,117,547	26	346,071,724
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		241,627,640	27	231,297,511
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		241,627,640	33	231,297,511
	34	Total liabilities and net assets/fund balances		552,745,187	34	577,369,235

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	290,349,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,076,438
3	Revenue less expenses Subtract line 2 from line 1	3	47,273,240
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	241,627,640
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-57,603,369
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	231,297,511

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
ALEGENT CREIGHTON HEALTH	47-0757164

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ 0

3 Volunteer hours 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	174,575	193,039
c Total lobbying expenditures (add lines 1a and 1b)	174,575	193,039
d Other exempt purpose expenditures	187,093,517	410,490,746
e Total exempt purpose expenditures (add lines 1c and 1d)	187,268,092	410,683,785
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	176,941	262,701	106,741	193,039	739,422
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	2,273,674	1,921,624	1,552,292	2,368,143	
b	Contributions	1,194,774	733,104	639,081	-340,443	
c	Investment earnings or losses	11,314	16,251	8,441	-4,285	
d	Grants or scholarships	23,450				
e	Other expenditures for facilities and programs	473,283	397,306	278,190	471,123	
f	Administrative expenses					
g	End of year balance	2,983,029	2,273,673	1,921,624	1,552,292	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 100 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,472,791		16,472,791
b Buildings		210,843,413	60,135,049	150,708,364
c Leasehold improvements		6,759,098	3,753,971	3,005,127
d Equipment		343,528,813	240,420,722	103,108,091
e Other		34,125,588		34,125,588
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				307,419,961

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LAND HELD FOR EXPANSION	4,351,616
(2) INTERCOMPANY RECEIVABLES	207,015,492
(3) GOODWILL	595,889
(4) BOND ISSUANCE COSTS	40,007
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	212,003,004

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
THIRD PARTY PAYOR RESERVE	2,136,445
DEFERRED COMPENSATION/RETIREMENT PROGRAMS	3,363,901
MINIMUM PENSION LIABILITY	50,066,258
INTERCORPORATE PAYABLES	11,108,489
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	66,675,093

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE HELD BY ALEGENT HEALTH FOUNDATION TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH
		PART X, LINE 2 - ALL RELATED ENTITIES HAVE BEEN RECOGNIZED AS NOT-FOR-PROFIT CORPORATIONS BY THE INTERNAL REVENUE SERVICE (IRS) AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE EXCEPT FOR A SPECIFIED MULTI-MEMBER PARTNERSHIP IDENTIFIED IN THE AUDIT ALEGENT RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED SUCH TAX POSITIONS, WHICH ARE MORE THAN 50% LIKELY OF BEING REALIZED, ARE MEASURED AT THEIR HIGHEST VALUE CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS DURING 2012 AND 2011, MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	ACH HAS ONE DESIGNATED EMPLOYEE WHO IS THE LIASON FOR THE HOSPITAL LOCATED IN TANZANIA THE EMPLOYEE ASSISTS WITH THE PROGRAMS, SERVICES AND ACTIVITIES FOR THE HOUSES FOR HEALTH AND SCHOOL OF NURSING DEPARTMENTS	209,329
3a Sub-total	1	1			209,329
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	1	1			209,329

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT CREIGHTON HEALTH

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
PAUL J STRAWHECKER INC 4913 DODGE STREET OMAHA, NE 68132	GRANT APPLICATION AND GRANT MANAGEMENT ASSISTANCE		No	3,541,074	191,998	3,349,076
Total . . . . . ▶				3,541,074	191,998	3,349,076

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		No
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)		5,652	4,616,123	0	4,616,123	2 000 %
b Medicaid (from Worksheet 3, column a)		658	9,437,045	8,418,536	1,018,509	0 440 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	279,620	336,506	-56,886	0 %
d **Total** Charity Care and Means-Tested Government Programs		6,310	14,332,788	8,755,042	5,577,746	2 440 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		15,465	560,288	36,740	523,548	0 230 %
f Health professions education (from Worksheet 5)		736	214,311	0	214,311	0 090 %
g Subsidized health services (from Worksheet 6)		0	0	0		
h Research (from Worksheet 7)		0	35,001	0	35,001	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		4,643	159,875	0	159,875	0 070 %
j **Total** Other Benefits		20,844	969,475	36,740	932,735	0 410 %
k **Total.** Add lines 7d and 7j		27,154	15,302,263	8,791,782	6,510,481	2 850 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		0	8,200	0	8,200	0 %
2	Economic development		0	0	0		
3	Community support		104	8,855	0	8,855	0 %
4	Environmental improvements		0	0	0		
5	Leadership development and training for community members		26	223	0	223	0 %
6	Coalition building		0	28,201	0	28,201	0 010 %
7	Community health improvement advocacy		0	0	0		
8	Workforce development		155	7,994	0	7,994	0 %
9	Other		0				
10	**Total**		285	53,473		53,473	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense	2	3,499,345		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	640,730		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	29,701,781		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	45,807,585		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-16,105,804		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	1 LAKESIDE AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGICAL CENTER	52 000 %		48 000 %
2	2 LAKESIDE ENDOSCOPY CENTER LLC	AMBULATORY SURGICAL CENTER	52 000 %		48 000 %
3	3 AH-NORTHWEST IMAGING CENTER LLC	DIAGNOSTIC TESTING	51 000 %		49 000 %
4	4 NEBRASKA SPINE LLC	SPINE HOSPITAL	51 000 %		49 000 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 3

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	ALEGENT HEALTH MIDLANDS HOSPITAL 11111 S 84TH STREET PAPILLION, NE 68046	X	X					X		
2	ALEGENT HEALTH LAKESIDE HOSPITAL 16901 LAKESIDE HILLS COURT OMAHA, NE 68130	X	X					X		
3	ALEGENT HEALTH PLAINVIEW AREA HOSPITAL 704 N 3RD STREET PLAINVIEW, NE 68769	X				X		X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ALEGENT HEALTH MIDLANDS HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ALEGENT HEALTH LAKESIDE HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ALEGENT HEALTH PLAINVIEW AREA HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 3

	Name and address	Type of Facility (Describe)
1	THE LIGHTHOUSE HEALTHCARE RESIDENCE 17600 ARBOR STREET OMAHA,NE 68130	SKILLED NURSING FACILITY
2	ACH-PLAINVIEW RURAL HEALTH CLINIC 704 N 3RD STREET PLAINVIEW,NE 68769	RURAL HEALTH CLINIC
3	PLAINVIEW HOME HEALTH AGENCY 704 N 3RD STREET PLAINVIEW,NE 68769	HOME HEALTH AGENCY
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C MIDLANDS HOSPITAL IN SARPY COUNTY, NE AND LAKESIDE HOSPITAL IN DOUGLAS COUNTY, NE SERVE THE OMAHA MSA PLAINVIEW HOSPITAL IS LOCATED IN PIERCE COUNTY, NE AND BECAME PART OF THE ALEGENT CREIGHTON HEALTH SYSTEM ON MARCH 1, 2012 ALL THREE HOSPITALS ARE PART OF THE ALEGENT CREIGHTON HEALTH SYSTEM THE AMOUNT OF FINANCIAL ASSISTANCE WRITE-OFF FOR ENTITIES OF THE ALEGENT CREIGHTON HEALTH SYSTEM ARE BASED ON A FINANCIAL ASSISTANCE SLIDING FEE SCHEDULE UTILIZING A DERIVATIVE OF THE CURRENT US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) VERY LOW INCOME GUIDELINES, WHICH ARE UPDATED YEARLY ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'S FINANCIAL ASSISTANCE POLICY THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS VERIFICATION INCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENTS ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENTS RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME PART I, LINE 6A THE ALEGENT CREIGHTON HEALTH SYSTEM PRODUCES AN ANNUAL PUBLIC COMMUNITY BENEFIT REPORT THAT IS MAILED TO A CORE CONSTITUENCY AND PLACED IN KEY PLACES THROUGHOUT THE ORGANIZATION IT IS ALSO AVAILABLE ON THE COMPANY'S INTRANET SITE, AND ON ITS PUBLIC WEBSITE AT HTTP //WWW ALEGENTCREIGHTON COM/COMMUNITY-BENEFIT

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WERE WORKSHEETS 1-8 PROVIDED WITH THE SCHEDULE H INSTRUCTIONS THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CALCULATE TOTAL COMMUNITY BENEFIT EXPENSE FOR CHARITY CARE, MEDICAID AND OTHER MEANS TESTED

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT OF $12,775,994 INCLUDED IN FUNCTIONAL EXPENSE TOTAL PART IX, LINE 25, COLUMN (A) IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN THE DENOMINATOR USED IN THE CALCULATION WAS $230,300,441

Identifier	ReturnReference	Explanation
		PART II ALEGENT CREIGHTON HEALTH HAS A HISTORY OF CENTRALIZED COMMUNITY BENEFIT INVESTMENTS, AS WELL AS HOSPITAL SPECIFIC INVESTMENTS THAT ADDRESS COMMUNITY HEALTH NEEDS WHICH INCLUDE COMMUNITY BUILDING SUCH AS -LIVE WELL OMAHA KIDS- AS A RESULT OF COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2006 WHICH POINTED TO CHILDHOOD OBESITY AS A SERIOUS HEALTH NEEDS ISSUE ACROSS ALL OMAHA MSA COUNTIES SERVED, THE ALEGENT CREIGHTON HEALTH SYSTEM PARTNERED WITH THE COMMUNITY TO MAKE A MULTI-YEAR COMMITMENT TO IMPACT CHILDHOOD OBESITY THROUGH COMMUNITY BASED BEST PRACTICE INTERVENTIONS THIS INITIATIVE HAS HAD A PRIMARY FOCUS OF IMPACT IN DOUGLAS COUNTY, BUT THE FUNDING TO UNDERWRITE HAS COME FROM THE FISCAL PERFORMANCE OF ALL ALEGENT CREIGHTON HEALTH HOSPITALS THE COMMUNITY COALITION KNOWN AS LIVE WELL OMAHA KIDS (LWOK) IS STAFFED AND FUNDED BY ALEGENT CREIGHTON HEALTH AN EXECUTIVE COMMITTEE CONSISTING OF COMMUNITY LEADERS AND POLICY MAKERS HAVE DIRECTED AN ECOLOGICAL APPROACH TO IMPROVE PROGRAMS, POLICIES AND THE BUILT ENVIRONMENT TO PROMOTE PHYSICAL ACTIVITY AND HEALTHY EATING AND BUILD CAPACITY FOR HEALTHY CHOICES AT THE INDIVIDUAL AND ORGANIZATIONAL LEVEL MORE THAN 200 VOLUNTEERS AND 90 ORGANIZATIONS HAVE PARTICIPATED IN THE PLANNING AND IMPLEMENTATION OF LWOK INITIATIVES A PORTION OF THIS INVESTMENT IN LWOK IS ALLOCATED TO THE HOSPITALS ON A NET SERVICE REVENUE BASIS - COMMUNITY AND ECONOMIC DEVELOPMENT INCLUDING SUPPORT OF LOCAL CHAMBERS OF COMMERCE - STRATEGIC PLANNING AND CONSULTING SERVICES FOR COMMUNITY -SPONSORSHIP OF COMMUNITY NOT FOR PROFITS AND FUNDRAISING EVENTS -SUPPORT OF INTERNATIONAL HEALTH MINISTRIES IN TANZANIA AND DOMINICAN REPUBLIC -SUPPORT OF THE FEDERALLY QUALIFIED HEALTHCARE CENTERS -PARISH NURSING PROGRAM -COMMUNITY HEALTH FAIRS, SUPPORT GROUPS AND COMMUNITY EDUCATION -SCHOOL BASED HEALTHCARE SERVICES -LEADERSHIP IN AND FUNDING OF HEALTH COALITIONS INCLUDING- -LIVE WELL OMAHA-A COALITION FOUNDED BY ALEGENT CREIGHTON HEALTH AND THE COUNTY HEALTH DEPARTMENT THAT SERVES AS CONVENER OF BUSINESS, HEALTHCARE AND COMMUNITY LEADERS TO REVIEW HEALTH TRENDS AND CATALYZE COMMUNITY ACTION TO ADDRESS HEALTH ISSUES ALEGENT CREIGHTON HEALTH SERVES ON THE BOARD OF DIRECTORS, IS A MEMBER AT THE HIGHEST LEVEL AND LEASES STAFF TO LIVE WELL OMAHA -LIVE WELL POTTAWATTAMIE COUNTY -AN EMERGING COALITION TO ADDRESS OBESITY IN POTTAWATTAMIE COUNTY ALEGENT CREIGHTON HEALTH PROVIDES STRATEGIC PLANNING, GRANT WRITING AND STAFF SUPPORT -OMAHA BY DESIGN- A COALITION THAT SUPPORT HEALTHY AND SUSTAINABLE COMMUNITY DEVELOPMENT AND LAND USE -VIOLENCE PREVENTION-A PARTNERSHIP WITH CATHOLIC HEALTH INITIATIVES, WOMEN'S CENTER FOR ADVANCEMENT, UNIVERSITY OF NEBRASKA-OMAHA AND CREIGHTON UNIVERSITY TO IMPLEMENT A CAMPUS BASED VIOLENCE PREVENTION PLAN KNOWN AS "GREEN DOT " ALEGENT CREIGHTON HEALTH ALSO SUPPORTS ECPR TRAINING TO PROVIDE COMMUNITY CAPACITY AND SKILLS TO ADDRESS THE TRAUMA ASSOCIATED WITH VIOLENCE - METRO AREA CONTINUUM OF CARE FOR THE HOMELESS- BOARD SERVICE AND FINANCIAL SUPPORT TO THIS COALITION ADDRESSING HOMELESSNESS IN THE SERVICE AREA -HOPE MEDICAL COALITION-BOARD SERVICE AND ANNUAL OPERATING SUBSIDY ALEGENT CREIGHTON HEALTH'S HOSPITALS AND PHYSICIANS PROVIDE SPECIALTY CARE TO PATIENTS UNABLE TO AFFORD MEDICAL SERVICES -PARTICIPATION IN AND FUNDING OF MATERNAL HEALTH, BREASTFEEDING, SUBSTANCE ABUSE, CANCER, DIABETES AND OTHER COMMUNITY HEALTH COALITIONS -MENTAL HEALTH COALITIONS INCLUDING NATIONAL ALLIANCE ON MENTAL ILLNESS, NEBRASKA, NEBRASKA ASSOCIATION OF BEHAVIORAL HEALTH CARE ORGANIZATIONS, AND THE JUVENILE JUSTICE PROVIDER FORUM BEHAVIORAL HEALTH COMMITTEE PLAINVIEW HOSPITAL BECAME A NOT-FOR-PROFIT HOSPITAL IN MARCH 2012 WHEN IT WAS ACQUIRED BY ALEGENT CREIGHTON HEALTH AND HAS BEEN WORKING TO QUANTIFY AND INTEGRATE ITS COMMUNITY OUTREACH INTO THE SYSTEM'S COMMUNITY BENEFIT PROGRAMS PLAINVIEW HAS A HISTORY OF COMMUNITY EDUCATION AND CONDUCTING HEALTH SCREENS AND SPORTS PHYSICALS FOR THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE AUDITED FOOTNOTES FOR ENTITIES OF THE ALEGENT CREIGHTON HEALTH SYSTEM DO NOT CONTAIN FOOTNOTES RELATED TO BAD DEBT EXPENSE BAD DEBT EXPENSE IS IDENTIFIED ON THE CONSOLIDATED STATEMENT OF OPERATIONS WHICH IS CONSISTENT WITH THE REPORTING PRACTICE OF OTHER HEALTH CARE ORGANIZATIONS BAD DEBT EXPENSE (AT COST) FOR ENTITIES OF ALEGENT CREIGHTON HEALTH IS DETERMINED BY USING THE COST TO CHARGE RATIO FROM MEDICARE COST REPORTS PER ENTITY AND MULTIPLYING THE RATIO BY THE ACTUAL BAD DEBT CHARGES PER ENTITY TO DETERMINE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, REPRESENTATIVES OF THE ALEGENT CREIGHTON HEALTH SYSTEM DETERMINE IF AN ACCOUNT NEEDS TO BE MOVED FROM BAD DEBT TO CHARITY WHEN A PATIENT EITHER COMES FORWARD AND COMPLETES A CHARITY APPLICATION, WHICH IS APPROVED OR IF IT IS DETERMINED THAT THE PATIENT HAS NO OTHER RESOURCES TO PAY THE ACCOUNT BALANCE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE ALEGENT CREIGHTON HEALTH SYSTEM DOES NOT CONSIDER MEDICARE SHORTFALLS TO BE COMMUNITY BENEFIT, PER THE RECOMMENDATION OF THE CATHOLIC HEALTH ASSOCIATION THE MEDICARE CHARGES REPORTED ON LINE 5 AND 6 ARE FROM MEDICARE COST REPORTS WHICH USED A COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART III, LINE 9B THE ALEGENT CREIGHTON HEALTH SYSTEMS SELF PAY BILLING AND BAD DEBT POLICY HAS A CLEARLY DELINEATED PROCESS AND GUIDELINES FOR COLLECTION AGENCIES TO FOLLOW, INCLUDING EXPLICIT INSTRUCTIONS TO ADHERE TO THE SAME FINANCIAL ASSISTANCE GUIDELINES AS ALEGENT CREIGHTON HEALTH

Identifier	ReturnReference	Explanation
ALEGENT HEALTH MIDLANDS HOSPITAL		PART V, SECTION B, LINE 9 FOR ALEGENT HEALTH MIDLANDS HOSPITAL, ALEGENT HEALTH LAKESIDE HOSPITAL AND ALEGENT HEALTH PLAINVIEW AREA HOSPITAL, THE ELIGIBILITY FOR PROVIDING FREE CARE IS BASED ON A FINANCIAL ASSISTANCE SLIDING FEE SCHEDULE UTILIZING A DERIVATIVE OF THE CURRENT US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) VERY LOW INCOME GUIDELINES, WHICH ARE UPDATED YEARLY ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'S FINANCIAL ASSISTANCE POLICY THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS VERIFICATION INCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENT'S ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENT'S RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME

Identifier	ReturnReference	Explanation
ALEGENT HEALTH MIDLANDS HOSPITAL		PART V, SECTION B, LINE 10 FOR ALEGENT HEALTH MIDLANDS HOSPITAL, ALEGENT HEALTH LAKESIDE HOSPITAL AND ALEGENT HEALTH PLAINVIEW AREA HOSPITAL, THE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE IS BASED ON A FINANCIAL ASSISTANCE SLIDING FEE SCHEDULE UTILIZING A DERIVATIVE OF THE CURRENT US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) VERY LOW INCOME GUIDELINES, WHICH ARE UPDATED YEARLY ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'S FINANCIAL ASSISTANCE POLICY THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS VERIFICATION INCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENTS ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENTS RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME

Identifier	ReturnReference	Explanation
ALEGENT HEALTH MIDLANDS HOSPITAL		PART V, SECTION B, LINE 11H SIZE OF FAMILY IS ALSO USED IN THE CALCULATION

Identifier	ReturnReference	Explanation
ALEGENT HEALTH LAKESIDE HOSPITAL		PART V, SECTION B, LINE 11H SIZE OF FAMILY IS ALSO USED IN THE CALCULATION

Identifier	ReturnReference	Explanation
ALEGENT HEALTH PLAINVIEW AREA HOSPITAL		PART V, SECTION B, LINE 11H SIZE OF THE FAMILY IS ALSO USED IN THE CALCULATION

Identifier	ReturnReference	Explanation
ALEGENT HEALTH MIDLANDS HOSPITAL		PART V, SECTION B, LINE 13G INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE AT WWW ALEGENTCREIGHTON COM AND THROUGH BROCHURES PROVIDED AT THE MAIN PATIENT REGISTRATION AREAS LETTERS AND BILLING STATEMENTS SENT OUT TO PATIENTS INCLUDE A STATEMENT THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE AND HOW TO OBTAIN ADDITIONAL INFORMATION COUNSELORS OF THE ALEGENT CREIGHTON HEALTH SYSTEM ALSO DISSEMINATE INFORMATION ON THE FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
ALEGENT HEALTH LAKESIDE HOSPITAL		PART V, SECTION B, LINE 13G INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE AT WWW ALEGENTCREIGHTON COM AND THROUGH BROCHURES PROVIDED AT THE MAIN PATIENT REGISTRATION AREAS LETTERS AND BILLING STATEMENTS SENT OUT TO PATIENTS INCLUDE A STATEMENT THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE AND HOW TO OBTAIN ADDITIONAL INFORMATION COUNSELORS OF THE ALEGENT CREIGHTON HEALTH SYSTEM ALSO DISSEMINATE INFORMATION ON THE FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
ALEGENT HEALTH PLAINVIEW AREA HOSPITAL		PART V, SECTION B, LINE 13G INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE AT WWW ALEGENTCREIGHTON COM AND THROUGH BROCHURES PROVIDED AT THE MAIN PATIENT REGISTRATION AREAS LETTERS AND BILLING STATEMENTS SENT OUT TO PATIENTS INCLUDE A STATEMENT THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE AND HOW TO OBTAIN ADDITIONAL INFORMATION COUNSELORS OF THE ALEGENT CREIGHTON HEALTH SYSTEM ALSO DISSEMINATE INFORMATION ON THE FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
ALEGENT HEALTH LAKESIDE HOSPITAL		PART V, SECTION B, LINE 20 DURING FISCAL YEAR ENDING JUNE 30, 2012, FOUR PATIENTS WERE CHARGED MORE THAN THE AVERAGE OF THE THREE BEST NEGOTIATED COMMERCIAL INSURANCE RATES AT ALEGENT HEALTH LAKESIDE HOSPITAL THE PATIENTS WERE IDENTIFIED PRIOR TO FISCAL YEAR END, THREE OF THE FOUR WERE REFUNDED AND THE OTHER PATIENT QUALIFIED FOR 100% FINANCIAL ASSISTANCE AND THEREFORE NEVER PERSONALLY INCURRED THE EXPENSE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE PROCESS TO DEVELOP ASSESSMENTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS COLLABORATIVE IN NATURE AND INVOLVES HEALTH DEPARTMENTS, EXISTING HEALTH COALITIONS, COMMUNITY MEMBERS AND HOSPITAL LEADERSHIP, AND IS SUPPORTED BY THE ALEGENT CREIGHTON HEALTH'S COMMUNITY BENEFIT AND HEALTHIER COMMUNITIES DEPARTMENT STAFF EACH ALEGENT CREIGHTON HEALTH HOSPITAL PARTICIPATES IN THE CHNA PROCESS FOR THE COUNTY IN WHICH THE FACILITY IS LOCATED AT LEAST EVERY 3 YEARS IN PARTNERSHIP WITH THE LOCAL HEALTH DEPARTMENTS THE ASSESSMENT VARIES IN EACH COMMUNITY BUT INCLUDES REVIEW OF PRIMARY DATA (SUCH AS SURVEYS, KEY INFORMANT INTERVIEWS, FOCUS GROUPS) AND SECONDARY DATA (SUCH AS COUNTY HEALTH RANKINGS, BRFRSS, YRBS, CENSUS DATA ETC) LEADERSHIP FROM ALEGENT CREIGHTON HEALTH PARTICIPATE IN MULTIPLE INTERNAL AND EXTERNAL VENUES TO GARNER COMMUNITY INPUT, PRIORITIZE COMMUNITY HEALTH NEEDS, AND DEVELOP COMMUNITY HEALTH IMPROVEMENT PLANS THE CHNA REPORT FOR EACH COMMUNITY IS MADE AVAILABLE TO THE PUBLIC BY POSTING THE REPORT ON THE ALEGENT CREIGHTON HEALTH EXTERNAL WEBSITE AND BY MAKING IT AVAILABLE IN COMMUNITY VENUES THE CHNAS ARE INTEGRATED INTO THE GOVERNANCE AND PLANNING FOR ALEGENT CREIGHTON HEALTH ON TWO LEVELS- - REPORTING INTO THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH HEALTH PLANNING OVERSIGHT INTO THE ANNUAL STRATEGIC PLANNING AND BUDGETING PROCESSES OF ALEGENT CREIGHTON HEALTH IN THE FOUR COUNTY OMAHA MSA WHICH MIDLANDS AND LAKESIDE HOSPITALS SERVE, ALEGENT CREIGHTON HEALTH PARTNERS WITH LOCAL HEALTH DEPARTMENTS, LIVE WELL OMAHA AND COMPETING HEALTH SYSTEMS TO RETAIN PROFESSIONAL RESEARCH CONSULTANTS TO CONDUCT A CHNA FOR THE OMAHA/COUNCIL BLUFFS METROPOLITAN SERVICE AREA THE CHNA COVERS FOUR COUNTIES SERVED BY THE ALEGENT CREIGHTON HEALTH OMAHA AND COUNCIL BLUFFS HOSPITALS THE CHNA REPORTS DATA AT THE COUNTY LEVEL AND FOR DOUGLAS COUNTY, BY FOUR QUADRANTS WITHIN THE COUNTY ALEGENT CREIGHTON HEALTH LEADERS SERVE ON THE CHNA STEERING COMMITTEE AND PARTICIPATE IN KEY INFORMANT INTERVIEWS CONDUCTED AT HOSPITAL LOCATIONS THE CHNA IS SHARED IN MULTIPLE VENUES WITH THE PUBLIC, INCLUDING AT THE LIVE WELL OMAHA SUMMIT ALEGENT CREIGHTON HEALTH IS ONE OF THE FOUNDERS OF LIVE WELL OMAHA, A 35 MEMBER HEALTHY COMMUNITY COLLABORATION, AND CONTINUES TO BE A KEY FINANCIAL SUPPORTER AND MEMBER OF THE BOARD OF THE DIRECTORS IN ADDITION, ALEGENT CREIGHTON HEALTH HAS JOINED WITH LOCAL HEALTH SYSTEMS AND HEALTH DEPARTMENTS TO FUND THE WEB BASED COMMUNITY HEALTH DASHBOARD (HTTP //WWW DOUGLASCOHEALTH ORG/) PARTICULAR TO PIERCE COUNTY, NE, THE COUNTY IN WHICH PLAINVIEW HOSPITAL IS LOCATED, HOSPITAL LEADERSHIP AND OTHER COMMUNITY LEADERS FROM ANTELOPE, BOYD, BROWN, CHERRY, HOLT, KEYA PAHA, KNOX, PIERCE AND ROCK COUNTIES, NE PARTICIPATE IN A CHNA LED BY THE NORTH CENTRAL DISTRICT HEALTH DEPARTMENT NORTH CENTRAL DISTRICT HEALTH DEPARTMENT RETAINS IONIA RESEARCH TO ADMINISTER BOTH ONLINE AND MAILED SURVEYS TO RANDOMLY SELECTED HOUSEHOLDS THROUGH THE DISTRICT THE CHNA INCLUDES DATA FROM THE PUBLIC HEALTH ACTION NETWORK, BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM, YOUTH RISK BEHAVIOR SURVEY, BUREAU OF CENSUS, HEALTHY COMMUNITIES DATABASES (POPULATION HEATH INSTITUTE, UNIVERSITY OF WISCONSIN, ROBERT WOOD JOHNSON FOUNDATION) AND HEALTHY PEOPLE 2020 THE CHNA HAS BEEN SHARED IN MULTIPLE VENUES AND HOSPITAL LEADERSHIP HAS PARTICIPATED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN DEVELOPED COLLABORATIVELY WITH THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 THERE ARE SEVERAL FINANCIAL ASSISTANCE ACCESS POINTS THROUGHOUT A PATIENT'S CARE CYCLE BILLS CONTAIN FINANCIAL ASSISTANCE VERBIAGE, SIGNS ARE POSTED IN CLINICS AND HOSPITAL, AND THERE IS INFORMATION ON FINANCIAL ASSISTANCE POSTED AT REGISTRATION POINTS THROUGHOUT CLINICS AND HOSPITALS INFORMATION ON THE ALEGENT CREIGHTON HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICIES ARE LOCATED SEVERAL PLACES ON THE SYSTEM'S WEBSITE- WWW ALEGENTCREIGHTON COM ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'S FINANCIAL ASSISTANCE POLICY THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS VERIFICATION INCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENT'S ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENT'S RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 MIDANDS & LAKESIDE-ALEGENT CREIGHTON HEALTH SYSTEM SERVES THE EIGHT COUNTY GREATER OMAHA METROPOLITAN STATISTICAL AREA (MSA), WITH AN ESTIMATED POPULATION OF OVER 881,496, RANKING 60TH OUT OF 381 MSAS IN TOTAL POPULATION THE MSA CONSISTS OF 3 IOWA AND 5 NEBRASKA COUNTIES ON BOTH SIDES OF THE MISSOURI RIVER AND COVERS 4,363 SQUARE MILES NEARLY 1 3 MILLION PEOPLE LIVE WITHIN A 60-MILE RADIUS OF OMAHA CHARACTERIZED BY STEADY GROWTH, THE MSA GREW BY 14 9 PERCENT BETWEEN 2000 AND 2011, THE 2016 PROJECTED POPULATION IS MORE THAN 946,000, A 7 3 PERCENT INCREASE APPROXIMATELY 36 PERCENT OF THE POPULATION IS 25 YEARS OF AGE OR YOUNGER WITH A MEDIAN AGE OF 34 8 YEARS COMPARED TO A U S MEDIAN AGE OF 36 9 50 8% OF THE POPULATION IS FEMALE RACIAL MINORITIES COMPRISE ABOUT 17 4 PERCENT OF GREATER OMAHAS POPULATION, INCLUDING AN AFRICAN-AMERICAN POPULACE OF 7 8 PERCENT AND APPROXIMATELY 9 6 PERCENT HISPANIC IN 2010 GREATER OMAHA HAD OVER 360,000 HOUSING UNITS THE MEDIAN HOUSEHOLD INCOME IS $57,901 WHICH SURPASSES THE NATIONAL AVERAGE OF $53,658, WITH A PER CAPITA INCOME OF $27,915 GREATER OMAHA IS A WELL-EDUCATED COMMUNITY MORE THAN 91 PERCENT OF ADULTS, AGE 25 AND OLDER, ARE HIGH SCHOOL GRADUATES AND 35 9 PERCENT HAVE A BACHELORS DEGREE OR HIGHER, COMPARED TO 28 6 PERCENT NATIONALLY OMAHA IS HOME TO MANY MAJOR COMPANIES AND LARGE EMPLOYERS, INCLUDING SIX FORTUNE 500 COMPANIES, MAKING IT FOURTH IN THE NATION FOR NUMBER OF SUCH COMPANIES PER CAPITA PLAINVIEW IS LOCATED IN NORTHEAST NEBRASKA IN PIERCE COUNTY SERVED BY U S HIGHWAY 20 AND STATE HIGHWAY 13, PLAINVIEW IS 32 MILES NORTHWEST OF NORFOLK, NE, 55 MILES SOUTHWEST OF YANKTON, SD, 75 MILES WEST OF SIOUX CITY, IA, AND 145 MILES NORTHWEST OF OMAHA, NE THE POPULATION OF PIERCE COUNTY IS 7,216, WITH 1,245 RESIDENTS LIVING IN PLAINVIEW ALEGENT CREIGHTON HEALTH PLAINVIEW HOSPITAL SERVES PRIMARILY RURAL RESIDENTS OF PIERCE, ANTELOPE AND KNOX COUNTIES PIERCE COUNTY IS RANKED FOURTH OUT OF 79 COUNTIES IN HEALTH OUTCOMES THE MEDIAN AGE IS 37 9 COMPARED TO 35 3 STATEWIDE THE RACIAL MAKEUP IS PRIMARILY CAUCASIAN

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 ALEGENT CREIGHTON HEALTH HAS A HISTORY OF CENTRALIZED COMMUNITY BENEFIT A ND HOSPITAL SPECIFIC COMMUNITY BENEFIT INVESTMENTS TO ADDRESS COMMUNITY HEALTH NEEDS OF TH E PARTICULAR SERVICE AREA EXAMPLES OF HOW ALEGENT CREIGHTON HEALTH FURTHERS ITS EXEMPT PU RPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY INCLUDE -FINANCIAL ASSISTANCE AND UNPAID C OSTS OF MEDICAID -COMMUNITY HEALTH IMPROVEMENT SERVICES- -COMMUNITY EDUCATION, CLASSES AND PROGRAMS (CHILDBIRTH, DIABETES, ONCOLOGY, PHYSICAL ACTIVITY, HEALTHY EATING AND COOKING, HEALTH CAREERS, CANCER, SPORTS MEDICINE, ETC)- SUPPORT GROUPS (CANCER, BEREAVEMENT, YOUTH , ETC)-COMMUNITY HEALTH FAIRS AND SCREENINGS - IMMUNIZATION CLINICS -PARISH NURSING PROGR AM AND FAITH COMMUNITY OUTREACH -SCHOOL BASED HEALTHCARE SERVICES -HEALTH PROFESSIONAL EDU CATION- -CLINICAL PRECEPTORSHIPS FOR HEALTHCARE PROFESSIONALS -SCHOLARSHIPS AND MENTORSHIP S - AFFILIATION WITH AND SUPPORT OF CREIGHTON UNIVERSITY SCHOOL OF MEDICINE -PHYSICIAN RESI DENCY AND FELLOWSHIP PROGRAMS TRAINING MORE THAN 200 RESIDENTS AND FELLOWS ANNUALLY -RESEA RCH-PARTICIPATION IN THE MISSOURI VALLEY CANCER CONSORTIUM -FINANCIAL AND IN-KIND CONTRIBU TIONS -SUPPORT OF THE FEDERALLY QUALIFIED HEALTHCARE CENTERS (AND HOPE MEDICAL COALITION W HICH PROVIDES ACCESS TO MEDICAL SERVICES SPECIFICALLY FOR THE UNDERSERVED -CORPORATE SPONS ORSHIPS -TANZANIA AND DOMINICAN REPUBLIC HEALTH MINISTRIES -STAFF SERVICE ON HEALTH RELATE D BOARD AND COALITIONS -SUBSIDIZED HEALTHCARE SERVICE INCLUDING BEHAVIORAL HEALTH, NICU, H OME HEALTH AND HOSPICE -COMMUNITY BUILDING ACTIVITIES- -COMMUNITY AND ECONOMIC DEVELOPMENT INCLUDING SUPPORT OF LOCAL CHAMBERS OF COMMERCE -STRATEGIC PLANNING AND CONSULTING SERVIC ES FOR COMMUNITY -HEALTH COALITIONS -LIVE WELL OMAHA-A COALITION FOUNDED BY ACH AND THE CO UNTY HEALTH DEPARTMENT THAT SERVES AS CONVENER OF BUSINESS, HEALTHCARE AND COMMUNITY LEADE RS TO REVIEW HEALTH TRENDS AND CATALYZE COMMUNITY ACTION TO ADDRESS HEALTH ISSUES ACH SER VES ON THE BOARD OF DIRECTORS, IS A MEMBER AT THE HIGHEST LEVEL AND LEASES STAFF TO LIVE W ELL OMAHA -LIVE WELL OMAHA KIDS-A COALITION FUNDED AND STAFFED FOR SEVEN YEARS BY ACH TO ADDRESS CHILDHOOD OBESITY -LIVE WELL POTTAWATTAMIE-AN EMERGING COALITION TO ADDRESS OBESIT Y IN POTTAWATTAMIE COUNTY ACH PROVIDES STRATEGIC PLANNING, GRANT WRITING AND STAFF SUPPOR T -VIOLENCE PREVENTION-A PARTNERSHIP WITH CATHOLIC HEALTH INITIATIVES, WOMENS CENTER FOR ADVANCEMENT, UNIVERSITY OF NEBRASKA-OMAHA AND CREIGHTON UNIVERSITY TO IMPLEMENT A CAMPUS B ASED VIOLENCE PREVENTION PLAN KNOWN AS "GREEN DOT " -METRO AREA CONTINUUM OF CARE FOR THE HOMELESS- BOARD SERVICE AND FINANCIAL SUPPORT TO THIS COALITION ADDRESSING HOMELESSNESS IN THE SERVICE AREA - HOPE MEDICAL COALITION-BOARD SERVICE AND ANNUAL OPERATING SUBSIDY ACH HOSPITALS AND PHYSICIANS PROVIDE SPECIALTY CARE TO PATIENTS UNABLE TO AFFORD MEDICAL SERV ICES - PARTICIPATION IN AND FUNDING OF MATERNAL HEALTH, BREASTFEEDING, SUBSTANCE ABUSE, CA NCER, DIABETES AND OTHER COMMUNITY HEALTH COALITIONS -MENTAL HEALTH COALITIONS INCLUDING N ATIONAL ALLIANCE ON MENTAL ILLNESS, NEBRASKA ASSOCIATION OF BEHAVIORAL HEALTH CARE ORGANIZ ATIONS, AND THE JUVENILE JUSTICE PROVIDER FORUM BEHAVIORAL HEALTH COMMITTEE -THE PRIMARY CARE PHYSICIAN CLINICS THAT ARE PART OF THE PARENT CORPORATION PROVIDE ACCESS TO CARE THRO UGH THE SYSTEM'S FINANCIAL ASSISTANCE POLICY AND PARTICIPATE IN MEDICAL STUDENT PRECEPTORS HIPS THAT ADVANCE THE HEALTHCARE PROVIDER EDUCATION PROCESS -ALEGENT CREIGHTON HEALTH IS O NE OF THREE HEALTH SYSTEMS THAT FUND THE OPERATIONS OF A COALITION THAT EXISTS TO PROVIDE ACCESS FOR THE PATIENTS OF THREE AREA FEDERALLY QUALIFIED HEALTHCARES TO SPECIALTY PHYSICI AN SERVICES AND HOSPITAL BASED DIAGNOSTICS AND TREATMENT -ALEGENT CREIGHTON HEALTH IS THE SOLE COMPREHENSIVE MENTAL HEALTH PROVIDER IN THE OMAHA MSA AREA -ALEGENT CREIGHTON HEALTH IS A JOINT VENTURE PARTNER IN A NOT-FOR-PROFIT HOSPICE INPATIENT HOSPITAL AND PROVIDES THE MANAGEMENT SUPPORT CONTRACT -ALEGENT CREIGHTON HEALTH BUDGETS FOR AN EMERGENCY FUND AS A SUBSET OF OTHER COMMUNITY DONATIONS TO RESPOND TO CRISIS OR UNPLANNED FUNDING NEEDS OF A VITAL COMMUNITY SERVICE, WHICH HAS FIRST USED IN FY11 WITH THE ECONOMIC DOWNTURN (PART I 7 I) PLAINVIEW HOSPITAL IS LOCATED IN PLAINVIEW, NE, A COMMUNITY OF ABOUT 1,200 RESIDENTS L OCATED IN PIERCE COUNTY, NE SINCE ITS OPENING IN 1968, PLAINVIEW HOSPITAL HAS BEEN PROVID ING CARE TO PATIENTS FROM PIERCE, NORTHEASTERN ANTELOPE AND SOUTHEASTERN KNOX COUNTIES WIT H EXCEPTIONAL CARE AND QUALITY OUTCOMES PLAINVIEW HOSPITAL IS A 16 BED CRITICAL ACCESS FA CILITY WITH INPATIENT AND OUTPATIENT SERVICES INCLUDING EMERGENCY, LABORATORY, RADIOLOGY, HOME HEALTH, SPECIALTY CLINICS, PHYSICAL THERAPY, CARDIAC REHAB, PULMONARY REHAB, SURGERY , OCCUPATIONAL THERAPY AND COUMADIN CLINICS BOARD OF DIRECTORS - ALEGENT CREIGHTON HEALTH IS GOVERNED BY A BOARD OF DIRECTORS PRIMARILY COMPRISED OF VOLUNTEER MEMBERS OF OUR LOCAL COMMUNITY WHO ARE LEADERS IN THE FIELDS OF BUSINES

Identifier	ReturnReference	Explanation
		S, HEALTHCARE, ACCOUNTING AND MEDICINE AND UNDERSTAND THEIR ROLE IN PROVIDING STRONG CORPO RATE GOVERNANCE EMERGENCY DEPARTMENT - ALEGENT CREIGHTON HEALTH HOSPITALS HAVE FULL-TIME EMERGENCY DEPARTMENTS THAT ARE OPEN TO THE PUBLIC AND PROVIDE MEDICAL SCREENING EXAMINATIO NS AND STABILIZING TREATMENT WITHIN THE CAPABILITIES AND CAPACITY OF THE HOSPITALS REGARDL ESS OF BUT NOT LIMITED TO THE PATIENT'S RACE, COLOR, SEX, AGE, AND/OR ABILITY TO PAY THE HOSPITALS ARE IN COMPLIANCE WITH THE FEDERAL EMTALA REGULATIONS IN ADDITION, ALEGENT CREIG HTON HEALTH, TOGETHER WITH UNRELATED HOSPITALS IN THE AREA, WORKS CLOSELY WITH LOCAL FIRE AND RESCUE DEPARTMENTS TO ENSURE THAT AMBULANCES TAKE PATIENTS TO THE APPROPRIATE HOSPITAL THIS IS GENERALLY THE HOSPITAL THAT IS CLOSEST GEOGRAPHICALLY WITH EXCEPTIONS BASED ON P ATIENT PREFERENCE, PATIENT'S PHYSICIAN PREFERENCE, AND CAPACITY OR THE AVAILABILITY OF SPE CIALIZED FACILITIES OR PROGRAMS RELATED TO THE PATIENT'S CONDITION FINALLY, ALEGENT CREIG HTON HEALTH MAINTAINS DETAILED PROCEDURES REGARDING WHEN AND UNDER WHAT CIRCUMSTANCES A PA TIENT CAN BE TRANSFERRED UNDER THIS POLICY, NO PATIENT WILL BE TRANSFERRED BASED ON RACE, CREED, RELIGION OR ABILITY TO PAY MEDICAL STAFF - ALEGENT CREIGHTON HEALTH MAINTAINS AN O PEN MEDICAL STAFF ALL QUALIFIED MDS, DOS, OTHER HEALTHCARE PRACTITIONERS, AND MID-LEVEL P RACTITIONERS ARE ELIGIBLE TO APPLY FOR PRIVILEGES AT THE HOSPITALS ALEGENT CREIGHTON HEAL TH'S POLICY ON PHYSICIAN CREDENTIALING IS THAT NO INDIVIDUAL IS TO BE DENIED MEDICAL STAFF APPOINTMENT BASED ON SEX, RACE, CREED, COLOR OR NATIONAL ORIGIN THE STANDARDS A PHYSICIA N MUST MEET FOR APPOINTMENT RELATE TO (1) EDUCATIONAL QUALIFICATIONS AND LICENSING, (2) PR OFESSIONAL COMPETENCE, (3) CHARACTER, (4) ETHICAL STANDING, AND (5) ABILITY TO RELATE TO A ND WORK WITH OTHERS APPLICATIONS ARE REVIEWED AT SEVERAL LEVELS WITHIN THE ORGANIZATION PHYSICIANS WHO HAVE BEEN GRANTED STAFF PRIVILEGES AUTOMATICALLY BECOME MEMBERS OF THE MEDI CAL STAFF AT THE HOSPITAL(S) FOR WHICH PRIVILEGES HAVE BEEN GRANTED

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE SENIOR LEADERSHIP OF THE INDIVIDUAL HOSPITALS IS ENGAGED IN THE COMMUNITY NEEDS ASSESSMENT PROCESS THAT IS SUPPORTED BY THE ALEGENT CREIGHTON HEALTH SYSTEM COMMUNITY BENEFIT AND HEALTHIER COMMUNITIES DEPARTMENT (SEE PART VI-2/COMMUNITY NEEDS ASSESSMENT) EACH HOSPITAL PARTICIPATES IN THE DEVELOPMENT OF COMMUNITY HEALTH IMPROVEMENT ACTION PLAN TO ADDRESS THE NEEDS IDENTIFIED IN THE ASSESSMENT FOR THEIR PARTICULAR COMMUNITY THE HOSPITAL IS INVOLVED IN SHARED SYSTEM-WIDE BUDGET DECISION MAKING TO MEET THE PRIORITIZED COMMUNITY HEALTH NEEDS IN COLLABORATION WITH COMMUNITY PARTNERS THE CORPORATE SUPPORT AND COMMUNITY BENEFIT FUNCTION ARE FUNDED FROM THE OPERATIONS OF THE INDIVIDUAL HOSPITALS THE INDIVIDUAL HOSPITALS BECOME MORE INVOLVED IN SPECIFIC STRATEGIC RESPONSES THROUGH THE SERVICES THEY PROVIDE AND THEIR PARTICIPATION IN THE COALITIONS AND THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR THEIR SERVICE AREA

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	NE,IA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134008553

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 23

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CHARITY CARE/FINANCIAL ASSISTANCE	5401		17,137,036	BOOK	REDUCTION OR WRITE OFF OF PATIENT SERVICES

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS ALEGENT CREIGHTON HEALTH ONLY DISTRIBUTES FUNDS TO OTHER 501 (C)(3) ORGANIZATIONS WITH THE SAME MISSION AND PURPOSE AS THE ALEGENT CREIGHTON HEALTH SYSTEM THESE DISTRIBUTIONS ARE MONITORED TO ENSURE THEY ARE BEING USED AS SPECIFIED BY THE ORGANIZATION
		SCHEDULE I, PART III ALEGENT CREIGHTON HEALTH RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT CREIGHTON HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSOURI VALLEY CANCER CONSORTIUM6818 GROVER STREET OMAHA,NE 68130	47-0773531	501(C)(3)	110,706				GENERAL SUPPORT
GREATER OMAHA CHAMBER FOUNDATION1301 HARNEY STREET OMAHA,NE 68102	47-0258610	501(C)(3)	68,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEMORIAL COMMUNITY HOSPITAL FOUNDATION810 NORTH 22ND STREET BLAIR,NE 68008	47-0426285	501(C)(3)	50,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 10100 J STREET OMAHA,NE 68127	13-5613797	501(C)(3)	30,100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF NAIVASHA HOSPITAL25002 MASON STREET WATERLOO,NE 68069	03-0564411	501(C)(3)	29,101				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 9850 NICHOLAS STREET OMAHA,NE 68114	23-7040934	501(C)(3)	15,780				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNCIL BLUFFS COMMUNITY HEALTH CENTER 300 WEST BROADWAY COUNCIL BLUFFS, IA 51503	26-1570400	501(C)(3)	14,625				GENERAL SUPPORT
ONEWORLD COMMUNITY HEALTH CENTERS INC4920 SOUTH 30TH STREET STE 103 OMAHA,NE 68107	47-0548990	501(C)(3)	13,525				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF ARCHDIOCESE OF OMAHA3300 N 60TH STREET OMAHA,NE 68104	47-0376612	501(C)(3)	12,500				GENERAL SUPPORT
SUSAN G KOMEN FOUNDATION5005 LBJ FREEWAY DALLAS,TX 75244	75-1835298	501(C)(3)	11,026				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES 1275 MAMAROMECK AVENUE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	10,850				GENERAL SUPPORT
VOICES FOR CHILDREN IN NEBRASKA7521 MAIN STREET NO 103 OMAHA,NE 68127	36-3528940	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEBRASKA SYNOD ELCA4980 S 118TH STREET STE D OMAHA,NE 68137	36-3514308	501(C)(3)	10,000				GENERAL SUPPORT
PAPILLION RECREATION DEPARTMENT1100 W LINCOLN ROAD PAPILLION,NE 68046	47-6006318	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLES DREW HEALTH CENTER 2915 GRANT STREET OMAHA,NE 68111	47-0666715	501(C)(3)	10,000				GENERAL SUPPORT
NEBRASKA LUTHERAN OUTDOOR MINISTRIES27416 RANCH ROAD ASHLAND,NE 68003	47-0488319	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF CORNING 601 6TH STREET CORNING,IA 50841	42- 6004418	501(C)(3)	9,000				GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION 12838 AUGUSTA AVENUE OMAHA,NE 68144	13- 1623888	501(C)(3)	8,700				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION14 WALL STREET NO 8C NEW YORK, NY 10005	13-1632524	501(C)(3)	8,225				GENERAL SUPPORT
CREIGHTON UNIVERSITY2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501(C)(3)	6,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF THE MIDLANDS 13506 WEST MAPLE ROAD OMAHA,NE 68164	47-0468426	501(C)(3)	5,907				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF THE MIDLANDS2610 HAMILTON STREET OMAHA,NE 68131	47-0467350	501(C)(3)	5,725				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALEGENT HEALTH FOUNDATION 12809 W DODGE ROAD OMAHA,NE 68154	47-0648586	501(C)(3)		5,500	FMV	1 0 CT DIAMOND	CONTRIBUTION FOR GAME OF CHANCE AT FUNDRAISING EVENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	AS PART OF THE EXECUTIVE COMPENSATION ARRANGEMENT, EXECUTIVES ARE PROVIDED WITH A SET SUM, APPROXIMATELY 30 - 40% OF THEIR BASE SALARY, WHICH CAN BE USED TO ELECT VARIOUS BENEFITS SOME OF THE BENEFITS AVAILABLE FOR ELECTION INCLUDE HEALTH CLUB DUES, AUTOMOBILE ALLOWANCE, HOUSING ALLOWANCE, FINANCIAL PLANNING FEES AND LEGAL FEES PAYMENT FOR THESE BENEFITS ARE EITHER MADE DIRECTLY BY ALEGENT CREIGHTON HEALTH OR REIMBURSED TO THE EXECUTIVE AFTER THE APPROPRIATE SUBSTANTIATION FOR THE EXPENSE IS PROVIDED THE AMOUNT PAID FOR THESE BENEFITS ARE INCLUDED IN THE EXECUTIVE'S WAGES AS TAXABLE INCOME
	PART I, LINES 4A-B	THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS EXECUTIVES OF ALEGENT CREIGHTON HEALTH DURING THE 2011 CALENDAR YEAR AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE AS COMPENSATION ON SCHEDULE J RICHARD HACHTEN, II - $346,579 FRED HOSLER, MD - $539,806 MARK KESTNER, MD - $131,578 MARTIN HICKEY, MD - $475,218 SEVERANCE PAID TO RICHARD HACHTEN IN CALENDAR YEAR 2011 RELATES TO A CORRECTION MADE TO REPORT ADDITIONAL SEVERANCE OWED TO HIM FROM A PREVIOUS SEPARATION OF SERVICE THE ADDITIONAL SEVERANCE WAS REPORTED ON A CORRECTED W-2C AND APPLICABLE TAXES WERE SUBMITTED TO THE IRS SCHEDULE J, PART I, LINE 4B THE FOLLOWING REPORTABLE INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FROM ALEGENT CREIGHTON HEALTH (A RELATED ORGANIZATION) DURING THE 2011 CALENDAR YEAR AMOUNTS DEFERRED FROM THE PLAN WERE INCLUDED IN COLUMN C OF THE SCHEDULE J RICHARD HACHTEN II - $141,223 SCOTT WOOTEN - $58,678 JANE CARMODY - $19,974 NANCY WALLACE - $19,182 RICK MILLER, MD - $36,480 RICHARD ROLSTON, ME - $40,680 KENNETH LAWONN - $47,270 JOAN NEUHAUS - $53,374 MARIE KNEDLER - $26,297 SHEREE KEELY - $12,358 ELIZABETH LLEWELLYN - $14,770 PATRICIA MASEK - $12,614 PAUL STRAWHECKER - $4,772 ANN SCHUMACHER - $23,746 CINDY ALLOWAY - $23,774 KEVIN NOKELS - $20,843 PAUL EBMEIER - $22,752 SCHEDULE J, PART I, LINE 4B THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED A PAY OUT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FROM ALEGENT CREIGHTON HEALTH DURING THE 2011 CALENDAR YEAR AMOUNTS PAID OUT FROM THE PLAN WERE INCLUDED IN THE INDIVIDUALS TAXABLE WAGES AND REPORTED IN COLUMN E OF THE SCHEDULE J RICHARD HACHTEN II - $116,268 SCOTT WOOTEN - $48,613 JANE CARMODY - $3,877 NANCY WALLACE - $13,759 RICK MILLER, MD - $9,841 LARRY BROWN, MD - $12,411 KENNETH LAWONN - $39,892 JOAN NEUHAUS - $41,947 MARIE KNEDLER - $22,238 SHEREE KEELY - $10,915 ELIZABETH LLEWELLYN - $12,916 PATRICIA MASEK - $10,956 PAUL EBMEIER - $20,451 ANN SCHUMACHER - $19,981 CINDY ALLOWAY - $19,449 KEVIN NOKELS - $17,965 MARTIN HICKEY, MD - $50,630
	PART I, LINE 5	PHYSICIANS EMPLOYED BY ALEGENT CREIGHTON HEALTH ARE ELIGIBLE FOR QUARTERLY PRODUCTIVITY BONUSES BASED ON INDIVIDUAL QUALITY MANAGEMENT, WHICH INCLUDE CORE MEASURES, REVENUE, PHYSICIAN REFFERAL AND ATTENDANCE AT MEETINGS THE CORE MEASURES USED TO DETERMINE THE PHYSICIAN BONUSES ARE NATIONALLY ACCEPTED MEASURES OF PHYSICIAN PRODUCTIVITY
	PART I, LINE 6	COMPENSATION FOR MEMBERS OF MANAGEMENT OF ALEGENT CREIGHTON HEALTH AND RELATED ENTITIES IS DETERMINED AT A SYSTEM LEVEL MEMBERS OF ALEGENT CREIGHTON HEALTH MANAGEMENT ARE ELIGIBLE FOR AN ANNUAL INCENTIVE BONUS INCENTIVE AWARDS ARE BASED ON FOUR INDIVIDUAL PERFORMANCE MEASURES WHICH ARE LINKED TO FOUR SYSTEM PERFORMANCE GOALS FOR EACH MANAGER, 75% OF THE INCENTIVE AWARD WILL BE DETERMINED BY SYSTEM PERFORMANCE GOALS AND 25% DETERMINED BY INDIVIDUAL PERFORMANCE MEASURES ONE OF THE FOUR SYSTEM PERFORMANCE GOALS IS DEPENDENT ON THE FINANCIAL RESULTS OF THE ENTIRE ALEGENT CREIGHTON HEALTH SYSTEM FOR THE FISCAL YEAR
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, LINE 3 ALEGENT CREIGHTON HEALTH GOVERNANCE OF EXECUTIVE COMPENSATION ACTING AS PRUDENT STEWARDS OF ITS FINANCIAL RESOURCES, THE ALEGENT CREIGHTON HEALTH BOARD COMPENSATION COMMITTEE RECOMMENDS AND THE BOARD EXECUTIVE COMMITTEE APPROVES EXECUTIVE COMPENSATION PHILOSOPHY, POLICY AND GUIDELINES IT DOES SO WITH THE OBJECTIVE OF ATTRACTING AND RETAINING TOP EXECUTIVE TALENT TO ENSURE ALEGENT CREIGHTON HEALTH IS ABLE TO FULFILL ITS FAITH-BASED MISSION AND ACHIEVE ITS VISION OF BECOMING WORLD-CLASS THE ALEGENT CREIGHTON HEALTH COMPENSATION COMMITTEE FOLLOWS A THOROUGH AND INTENTIONAL PROCESS THAT INCLUDES CONSULTATION WITH INDEPENDENT, EXPERT COUNSEL AND CAREFULLY COMPARES COMPENSATION LEVELS TO MARKET-BASED COMPENSATION OF SIMILAR SIZED, NON-PROFIT AND FOR-PROFIT HEALTH SYSTEMS AND ALSO UTILIZES A BLEND OF NON-PROFIT AND GENERAL INDUSTRY DATA FOR EXECUTIVE ROLES WHERE THE RECRUITING MARKET IS ARGUABLY BROADER THAN THE NON-PROFIT SECTOR TOTAL COMPENSATION INCLUDES BASE COMPENSATION, AND ALSO INCLUDES PERFORMANCE-BASED INCENTIVE COMPENSATION FOR ACHIEVING BOARD-SET GOALS FOR CLINICAL QUALITY, PATIENT SAFETY AND SATISFACTION, PHYSICIAN PERCEPTION, STRATEGIC AND FACILITY PLANNING AND FINANCIAL PERFORMANCE IT MAY ALSO INCLUDE OTHER CASH PAYMENTS SUCH AS ONE-TIME RELOCATION COSTS, AND/OR CASH PAYMENTS FOR DEFERRED COMPENSATION SCHEDULE J, PART II THE ALEGENT CREIGHTON HEALTH EXECUTIVES HAVE A PROVISION IN THEIR COMPENSATION AGREEMENT THAT PROVIDES FOR POTENTIAL SEVERANCE PAYMENTS IN THE EVENT OF TERMINATION WITHOUT CAUSE OR CHANGE OF CONTROL THE AMOUNT OF SEVERANCE AN EXECUTIVE MAY OR MAY NOT RECEIVE IF TERMINATED ACCORDING TO THE COMPENSATION AGREEMENT IS INCLUDED AS DEFERRED COMPENSATION IN COLUMN C

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT CREIGHTON HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY HATCHER DO	(I)	26,500	0	0	0	0	26,500	0
	(II)	388,421	0	26,849	0	21,332	436,602	0
RICHARD HACHTEN II	(I)	142,764	89,244	125,320	58,449	3,536	419,313	95,813
	(II)	546,895	341,869	480,069	223,901	13,546	1,606,280	367,034
SCOTT WOOTEN	(I)	75,461	44,393	26,690	23,806	4,535	174,885	10,063
	(II)	289,074	170,059	102,241	91,194	17,372	669,940	38,550
JOAN NEUHAUS	(I)	71,088	38,261	23,215	37,068	1,162	170,794	8,683
	(II)	272,321	146,566	88,931	141,997	4,452	654,267	33,263
KENNETH LAWONN	(I)	60,373	35,910	20,669	23,396	885	141,233	8,258
	(II)	231,276	137,562	79,176	89,622	3,392	541,028	31,634
RICK MILLER MD	(I)	49,078	26,242	8,983	12,412	6,377	103,092	2,037
	(II)	188,006	100,526	34,412	47,548	24,430	394,922	7,804
RICHARD ROLSTON MD	(I)	73,220	18,332	5,747	262,572	4,452	364,323	0
	(II)	280,485	70,225	22,013	1,005,844	17,054	1,395,621	0
SHEREE KEELY	(I)	25,975	10,310	8,072	6,972	2,616	53,945	2,260
	(II)	99,499	39,496	30,922	26,710	10,023	206,650	8,656
ELIZABETH LLEWELLYN	(I)	31,349	12,559	9,974	8,321	2,159	64,362	2,674
	(II)	120,089	48,108	38,209	31,877	8,271	246,554	10,242
PATRICIA MASEK	(I)	29,917	11,118	6,902	10,449	3,370	61,756	2,268
	(II)	114,601	42,590	26,440	40,029	12,911	236,571	8,688
PAUL EBMEIER	(I)	0	0	0	0	0	0	0
	(II)	258,789	93,516	41,373	59,855	22,797	476,330	20,450
CINDY ALLOWAY	(I)	50,771	20,541	15,350	14,107	4,536	105,305	4,026
	(II)	194,492	78,688	58,801	54,039	17,374	403,394	15,423
KEVIN NOKELS	(I)	40,957	18,043	16,276	10,758	5,549	91,583	3,719
	(II)	156,895	69,116	62,349	41,209	21,256	350,825	14,246
PATRICIA MURDOCK-LANGAN MD	(I)	0	0	0	0	0	0	0
	(II)	266,394	0	14,771	13,475	3,025	297,665	0
JEFFREY STROHMYER MD	(I)	41,870	0	824	3,010	4,632	50,336	0
	(II)	162,238	0	3,192	11,663	17,949	195,042	0
JANE CARMODY	(I)	52,072	10,592	7,406	8,461	2,751	81,282	803
	(II)	199,476	40,576	28,369	32,412	10,538	311,371	3,074
NANCY WALLACE	(I)	37,694	16,338	14,845	11,374	2,649	82,900	2,848
	(II)	144,394	62,586	56,866	43,571	10,148	317,565	10,911
MARIE KNEDLER	(I)	60,065	21,914	13,180	30,111	4,489	129,759	4,603
	(II)	230,093	83,947	50,489	115,347	17,198	497,074	17,634

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EYAD KAKISH MD	(I)	412,118	0	1,384	0	26,070	439,572	0
	(II)	0	0	0	0	0	0	0
ANN SCHUMACHER	(I)	50,037	19,437	14,958	13,304	5,219	102,955	4,136
	(II)	191,676	74,457	57,300	50,964	19,994	394,391	15,844
JAMES REICHERT MD	(I)	56,576	11,739	1,809	2,536	530	73,190	0
	(II)	216,730	44,970	6,929	9,714	2,030	280,373	0
DARREN SPLONSKOWSKI MD	(I)	289,559	0	22,807	13,489	22,484	348,339	0
	(II)	0	0	0	0	0	0	0
MARK KESTNER MD	(I)	0	0	27,238	346	0	27,584	27,238
	(II)	0	0	104,340	1,324	0	105,664	104,340
FRED HOSLER MD	(I)	0	0	111,848	0	184	112,032	111,744
	(II)	0	0	428,461	0	705	429,166	428,062
LARRY BROWN MD	(I)	0	0	0	0	0	0	0
	(II)	344,187	236,382	70,193	17,304	27,312	695,378	12,411
FRANK EMSICK	(I)	34,314	9,196	4,551	2,476	974	51,511	0
	(II)	131,449	35,226	17,436	9,486	3,733	197,330	0
MARTIN HICKEY MD	(I)	0	0	108,854	0	0	108,854	108,854
	(II)	0	0	416,993	0	0	416,993	416,993

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GUILLERMO HUERTA MD - BOARD MEMBER	PULMONARY MEDICINE SPECIALIST PC - PRESIDENT	2,418,184	HEALTHCARE SERVICES		No
(2) MICHAEL DEFREECE - BOARD MEMBER	SON IS EMPLOYED	89,079	EMPLOYMENT		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	ALEGENT CREIGHTON HEALTH PURCHASED ALEGENT HEALTH PLAINVIEW AREA HOSPITAL IN PLAINVIEW, NEBRASKA ON MARCH 1, 2012 ALEGENT HEALTH PLAINVIEW AREA HOSPITAL IS A CRITICAL ACCESS HOSPITAL THAT WAS OWNED AND OPERATED BY THE CITY OF PLAINVIEW, NEBRASKA THE HOSPITAL IS A 16 BED FACILITY WITH INPATIENT AND OUTPATIENT SERVICES INCLUDING EMERGENCY, LABORATORY, RADIOLOGY, HOME HEALTH, SPECIALTY CLINICS, PHYSICAL THERAPY, CARDIAC REHAB, PULMONARY REHAB, SURGERY AND OCCUPATIONAL THERAPY ALEGENT HEALTH PLAINVIEW AREA HOSPITAL ADOPTED ALL POLICIES AND PROCEDURES OF ALEGENT CREIGHTON HEALTH, INLCUDING FINANCIAL ASSISTANCE, BILLING AND COLLECTIONS AND EMERGENCY MEDICAL CARE ADDITIONALLY, THE HOSPITAL PARTICIPATES IN THE CHINA OF PIERCE COUNTY, NEBRASKA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	PAUL EDGETT III AND SR PHYLLIS HUGHES - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALEGENT CREIGHTON HEALTH HAS TWO CORPORATE MEMBERS, IMMANUEL HEALTH SYSTEMS (IHS) AND CATHOLIC HEALTH INITIATIVES (CHI)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	CHI AND IHS SHALL APPOINT SIX OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS, PROVIDED THAT EACH CORPORATE MEMBER SHALL RATIFY THE OTHER CORPORATE MEMBER'S APPOINTMENTS, WITH THE EXCEPTION OF THE REPRESENTATIVE OF THE CORPORATE MEMBER WHICH APPOINTMENT WILL NOT REQUIRE RATIFICATION BY THE OTHER CORPORATE MEMBER IF A CORPORATE MEMBER DOES NOT RATIFY THE APPOINTMENT OF ONE OR MORE OF THE DIRECTORS APPOINTED BY THE OTHER CORPORATE MEMBER, THEN THE PROCESS WILL BE REPEATED UNTIL ALL OF THE DIRECTOR POSITIONS ARE FILLED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE BUSINESS AND AFFAIRS OF ALEGENT CREIGHTON HEALTH SHALL BE MANAGED BY OR UNDER THE DIRECTION OF THE BOARD OF DIRECTORS EXCEPT THAT THE FOLLOWING ACTIONS SHALL BE EFFECTIVE ONLY IF APPROVED BY THE BOARD OF DIRECTORS AND BY BOTH CORPORATE MEMBERS (I) ADOPTION OR AMENDMENT OF THE UNIFIED PHILOSOPHY AND MISSION OF THE CORPORATION, (II) SALE, LEASE, TRANSFER, ENCUMBRANCE OR DISPOSITION OF THE TANGIBLE PROPERTY OR INVESTMENTS HAVING A FAIR MARKET VALUE IN ANY INDIVIDUAL TRANSACTION IN EXCESS OF $3 MILLION OR SUCH GREATER AMOUNT AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, PROVIDED THAT TRANSFERS OF INVESTMENTS BETWEEN THE CORPORATION AND ANOTHER PARTICIPANT SHALL NOT REQUIRE THE APPROVAL OF CHI AND IHS, PROVIDED FURTHER THAT APPROVAL OF THE CORPORATE MEMBERS SHALL NOT BE REQUIRED FOR ANY TRANSFER OF ASSETS TO CHI BY THE CORPORATION PURSUANT TO THE TERMS OF THE ALEGENT FINANCING AGREEMENT (AFA), (III) INCURRENCE, ASSUMPTION OR GUARANTY IN ANY INDIVIDUAL TRANSACTION OF LONG-TERM INDEBTEDNESS, INCLUDING CAPITAL LEASES, OUTSTANDING FOR MORE THAN 365 DAYS, IN EXCESS OF $2 MILLION OR 2% OF THE TOTAL LONG TERM INDEBTEDNESS OF ALL PARTICIPANTS, OR SUCH GREATER AMOUNT AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, AND (IV) MERGER, DISSOLUTION, CONSOLIDATION OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, EXCEPT FOR A MERGER IN WHICH (I) THE CORPORATION IS THE SURVIVING ENTITY, AND (II) THE TOTAL BOOK VALUE OF THE ASSETS OF THE MERGING ENTITY DOES NOT EXCEED 2% OF THE TOTAL BOOK VALUE OF THE ASSETS OF ALL THE PARTICIPANTS, OR SUCH GREATER VALUE AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS B THE ARTICLES OF INCORPORATION AND BYLAWS MAY BE AMENDED, RESTATED OR REPEALED, OR NEW ARTICLES OF INCORPORATION OR BYLAWS ADOPTED ONLY UPON THE APPROVAL OF THE BOARD OF DIRECTORS OF THE CORPORATION AND CHI AND IHS C THE ACTIONS THAT CAN BE TAKEN WITHOUT THE APPROVAL OF THE CORPORATE MEMBERS INCLUDE, WITHOUT LIMITATION (I) TERMINATION OF THE AFA IN ACCORDANCE WITH ITS TERMS (II) FORMATION OF THE UNIFIED ALEGENT CREIGHTON HEALTH SYSTEM (III) PREPAYMENT OF THE FULL AMOUNTS OUTSTANDING ON NOTES TO CHI UNDER THE AFA, FOR PURPOSES OF EXERCISING THE RIGHTS OF TERMINATION OF THE AFA, OR FORMATION OF THE UNIFIED ALEGENT CREIGHTON HEALTH SYSTEM CREDIT, AND THE TAKING OF ALL ACTIONS NECESSARY OR APPROPRIATE TO OBTAIN FUNDING OR OTHERWISE MAKE ARRANGEMENTS TO PREPAY SUCH NOTES, INCLUDING WITHOUT LIMITATION INCURRENCE OF INDEBTEDNESS NECESSARY OR APPROPRIATE TO PREPAY NOTES OUTSTANDING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FOLLOWING THE PREPARATION OF THE FORM 990 BY INTERNAL TAX STAFF, THE RETURN IS REVIEWED BY THE TAX DIRECTOR AND THE CHIEF FINANCIAL OFFICER THE FINAL TAX RETURN IS POSTED ON THE ELECTRONIC DIRECTOR'S PORTAL TO BE REVIEWED AND PRESENTED AT THE FINANCE AND AUDIT COMMITTEE OF THE BOARD THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR ARE PRESENT AT THE FINANCE AND AUDIT COMMITTEE MEETING TO ANSWER QUESTIONS ADDITIONALLY, THE BOARD OF DIRECTORS ARE REFERRED TO THE ALEGENT CREIGHTON HEALTH TAX DIRECTOR IF THEY HAVE QUESTIONS FINALLY, THE BOARD IS NOTIFIED OF THE DATE THE FINAL FORM 990 WILL BE FILED WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY - ANNUAL COMPLETION OF THE DISCLOSURE STATEMENT IS REQUIRED BY THE BOARD OF DIRECTORS STATED DISCLOSURES ARE INVESTIGATED BY THE ALEGENT CREIGHTON HEALTH COMPLIANCE OFFICER AND REPORTED TO THE CONFLICTS OF INTEREST COMMITTEE THE CONFLICTS OF INTEREST COMMITTEE REVIEWS THE INVESTIGATION AND MAKES RECOMMENDATIONS TO THE GOVERNANCE COMMITTEE THE GOVERNANCE COMMITTEE MAKES THE FINAL DETERMINATION OF WHETHER OR NOT THERE IS A DISQUALIFYING EVENT AND COMMUNICATES IT TO THE BOARD OF DIRECTORS AT ANY TIME A BOARD MEMBER OR KEY EMPLOYEE MAY DECLARE A CONFLICT OF INTEREST AND RECUSE HIS/HERSELF FROM THE DISCUSSION THE INDIVIDUAL IS ALSO REQUIRED TO DISCLOSE ANY KNOWN OR POSSIBLE CONFLICTS OF INTEREST THAT ARISE DURING THE CALENDAR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNING BOARD OF ALEGENT CREIGHTON HEALTH ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTING FIRM THAT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CONSULTANT THAT IS QUALIFIED TO AND REGULARLY PERFORMS EXECUTIVE AND OFFICER COMPENSATION STUDIES THE CONSULTING FIRM CONDUCTED A REVIEW AND ANALYSIS OF THE TOTAL COMPENSATION PAID TO THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION, BASED ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND DETERMINED THAT THE COMPENSATION WAS REASONABLE. THE CONSULTING FIRM ISSUED AN OPINION LETTER AS TO THE REASONABLENESS OF THE TOTAL COMPENSATION PAID TO EMPLOYEES IDENTIFIED AS DISQUALIFIED PERSONS THE OPINION LETTER SETTING FORTH THE FINDINGS WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE GOVERNING BOARD CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS WERE MAINTAINED THIS PROCESS WAS USED FOR THE FOLLOWING EMPLOYEES PRESIDENT AND CHIEF EXECUTIVE OFFICER SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER CHIEF EXECUTIVE OFFICER ALEGENT CREIGHTON CLINIC SENIOR VICE PRESIDENT AND SYSTEM CHIEF OPERATIONS OFFICER SENIOR VICE PRESIDENT STRATEGY AND TECHNOLOGY VICE PRESIDENT OPERATIONS (BERGAN MERCY & MERCY) VICE PRESIDENT OPERATIONS (IMMANUEL) VICE PRESIDENT OPERATIONS (LAKESIDE) VICE PRESIDENT OPERATIONS (MIDLANDS) MEDICAL DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE PUBLIC ON THE WEBSITE AT WWW ALEGENTCREIGHTON COM ALEGENT CREIGHTON HEALTH DOES NOT MAKE THE FINANCIAL STATEMENTS OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC HOWEVER, THE ARTICLES OF INCORPORATION ARE AVAILABLE AT WWW SOS STATE NE US

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNRESTRICTED TRANSFERS TO/FROM OTHER ALEGENT AFFILIATES -37,357,000 UNRESTRICTED OTHER 40,243 PENSION MEASUREMENT DATE TRANSITION ADJUSTMENT -18,986,426 ADJUSTMENT FOR AH CREIGHTON SAINT JOSEPH MANAGED CARE SVC INC NET ASSETS -1,300,186 TOTAL TO FORM 990, PART XI, LINE 5 -57,603,369

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 5 AND PART V, LINE 2A	ALEGENT CREIGHTON HEALTH IS A COMMON PAY AGENT FOR RELATED ENTITIES WITHIN THE ALEGENT CREIGHTON HEALTH SYSTEM THE NUMBER OF EMPLOYEES ON FORM 990, PART I, LINE 5 AND PART V, LINE 2A REPRESENT EMPLOYEES OF ALEGENT CREIGHTON HEALTH AND EMPLOYEES OF RELATED ENTITIES THE PAYROLL EXPENSES OF RELATED ENTITIES ARE ALLOCATED BY ALEGENT CREIGHTON HEALTH TO EACH ENTITY

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 1A	PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF THE ALEGENT CREIGHTON HEALTH SYSTEM ARE MADE BY ALEGENT CREIGHTON HEALTH ALEGENT CREIGHTON HEALTH FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 16	ALEGENT CREIGHTON HEALTH HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, ALEGENT CREIGHTON HEALTH'S SYSTEM-WIDE JOINT VENTURE MODEL INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSE IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNER'S RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S LENGTH, WITH PRICES SET AT FAIR MARKET VALUE

Identifier	Return Reference	Explanation
	PART VII, SECTION A	HOURS WORKED BY EXECUTIVES AND SOME EMPLOYEES OF THE ALEGENT CREIGHTON HEALTH SYSTEM ARE SPLIT BETWEEN THE FILING ORGANIZATION AND AFFILIATE ORGANIZATIONS OF THE SYSTEM THE FOLLOWING EXECUTIVES AND EMPLOYEES WORKED AN AVERAGE OF 48 HOURS FOR AFFILIATE ORGANIZATIONS WITHIN THE ALEGENT CREIGHTON HEALTH SYSTEM RICHARD HACHTEN II, SCOTT WOOTEN, KENNETH LAWONN, JOAN NEUHAUS, RICHARD ROLSTON, MD, RICK MILLER, MD, JANE CARMODY, MARIE KNEDLER, SHEREE KEELY, ELIZABETH LLEWELLYN, PATRICIA MASEK, PAUL EBMEIER, NANCY WALLACE, FRANK EMSICK, CINDY ALLOWAY, KEVIN NOKELS AND ANN SCHUMACHER LARRY BROWN, MD IS A FORMER EXECUTIVE OF THE ALEGENT CREIGHTON HEALTH SYSTEM IN HIS CURRENT POSITION AS MEDICAL DIRECTOR OF SERVICE EXCELLENCE, COMMUNITY AND MISSION, HE WORKS 59 HOURS FOR AN AFFILITE ORGANIZATION ANTHONY HATCHER, MD IS AN EMPLOYED PHYSICIAN OF THE ALEGENT CREIGHTON HEALTH SYSTEM AND HIS HOURS ARE SPLIT BETWEEN THE FILING ORGANIZATION AND AFFILIATE ORGANIZATIONS OF THE SYSTEM AVERAGE HOURS PER WEEK FOR AFFILIATE ORGANIZATIONS ARE 48

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT CREIGHTON HEALTH

Employer identification number
47-0757164

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALEGENT HEALTH QUICKCARE LLC 12809 WEST DODGE ROAD OMAHA, NE 68154 20-3437352	EXPRESS CARE CLINIC	NE	1,596,621	136,953	ALEGENT CREIGHTON HEALTH

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ALEGENT HEALTH-CREIGHTON ST JOSEPH MGD CARE SVCS INC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396	MANAGED CARE SERVICES	NE	ALEGENT CREIGHTON HEALTH	C	3,942,470	2,600,102	80 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT CREIGHTON HEALTH

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6901 N 72ND STREET OMAHA, NE 68122 47-0376615	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT CREIGHTON HEALTH	Yes	
ALEGENT CREIGHTON CLINIC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0765154	CLINICAL SERVICES	NE	501(C)(3)	L3	ALEGENT CREIGHTON HEALTH	Yes	
ALEGENT HEALTH FOUNDATION 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0648586	SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	ALEGENT CREIGHTON HEALTH	Yes	
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM 7500 MERCY ROAD OMAHA, NE 68124 47-0484764	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT CREIGHTON HEALTH	Yes	
ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA 603 ROSARY DRIVE CORNING, IA 50841 42-0782518	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	Yes	
MERCY HEALTH CARE FOUNDATION 603 ROSARY DRIVE CORNING, IA 50841 42-1461064	SUPPORT OF ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA	Yes	
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IOWA 631 N 8TH STREET MISSOURI VALLEY, IA 51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Yes	
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES FOUNDATION 631 N 8TH STREET MISSOURI VALLEY, IA 51555 42-1294399	SUPPORT OF ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY,IA	IA	501(C)(3)	L11 I	ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MO VALLEY IOWA	Yes	
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER 104 W 17TH STREET SCHUYLER, NE 68661 47-0399853	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Yes	
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH STREET SCHUYLER, NE 68661 36-3630014	SUPPORT OF ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER EXEMPT PURPOSE	NE	501(C)(3)	L11 I	ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER	Yes	
MERCY HOSPITAL FOUNDATION 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVANTAS LLC 11128 JOHN GALD BLVD STE 400 OMAHA, NE 68137 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	N/A				No			No	
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE 68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	ALEGENT CREIGHTON HEALTH	RELATED	3,001,399	2,531,825		No			No	51 600 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SERVICES	NE	ALEGENT CREIGHTON HEALTH	RELATED	944,166	897,738		No			No	52 280 %
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE 68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	ALEGENT CREIGHTON HEALTH	RELATED	-470,130	6,245,840		No			No	94 900 %
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE 68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEGENT CREIGHTON HEALTH	RELATED	-135,948	488,385		No		Yes		51 000 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE 68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH - IMMANUEL MEDICAL CENTER	N/A				No			No	
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE 68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No	
NEBRASKA SPINE LLC 6901 NORTH 72ND STREET STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ALEGENT CREIGHTON HEALTH	RELATED	6,798,730	19,356,867		No			No	51 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	ALEGENT HEALTH FOUNDATION	C	322,567	BOOK VALUE
(2)	ALEGENT HEALTH FOUNDATION	Q	1,035,500	BOOK VALUE
(3)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	A	92,160	BOOK VALUE
(4)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	M	1,680,310	BOOK VALUE
(5)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	K	316,752	BOOK VALUE
(6)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	N	42,962,526	BOOK VALUE
(7)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	O	12,616,474	BOOK VALUE
(8)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	P	87,062,656	BOOK VALUE
(9)	ALEGENT CREIGHTON CLINIC	P	7,452,046	BOOK VALUE
(10)	ALEGENT CREIGHTON CLINIC	O	871,283	BOOK VALUE
(11)	ALEGENT CREIGHTON CLINIC	N	89,991,709	BOOK VALUE
(12)	ALEGENT CREIGHTON CLINIC	M	951,863	BOOK VALUE
(13)	ALEGENT CREIGHTON CLINIC	L	2,875,414	BOOK VALUE
(14)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	P	46,011,050	BOOK VALUE
(15)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	O	5,702,690	BOOK VALUE
(16)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	N	21,636,734	BOOK VALUE
(17)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	K	467,609	BOOK VALUE
(18)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	L	184,573	BOOK VALUE
(19)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	A	233,370	BOOK VALUE

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
ALEGENT CREIGHTON HEALTH	FORM 990 PAGE 10	47-0757164

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2011 Affiliated Group Schedule

Name: ALEGENT CREIGHTON HEALTH

EIN: 47-0757164

Affiliated Group Business Name:	ALEGENT HEALTH IMMANUEL MEDICAL CENTER
Address. Either US or Foreign Type:	6901 NORTH 72ND STREET OMAHA, NE 68122
EIN:	47-0376615
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	18,464
Total Lobbying Expenditures:	18,464
Other Exempt Purpose Expenditures:	223,397,229
Total Exempt Purpose Expenditures:	223,415,693
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

ALEGENT HEALTH AND RELATED ENTITIES

Combined Financial Statements

June 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

KPMG LLP
Suite 1501
222 South 15th Street
Omaha, NE 68102-1610

Suite 1600
233 South 13th Street
Lincoln, NE 68508-2041

Independent Auditors' Report

The Board of Directors
Alegent Health and Related Entities

We have audited the accompanying combined balance sheets of Alegent Health and related entities (Alegent) as of June 30, 2012 and 2011, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended These combined financial statements are the responsibility of Alegent's management Our responsibility is to express an opinion on these combined financial statements based on our audits We did not audit the financial statements of CHI Operating Investment Program Limited Partnership (a 7 percent owned limited partnership) at June 30, 2012 Alegent's investment in CHI Operating Investment Program Limited Partnership at June 30, 2012 was $385,010 and its equity in income of CHI Operating Investment Program Limited Partnership was $8,387 for the year ended June 30, 2012 The financial statements of CHI Operating Investment Program Limited Partnership were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for CHI Operating Investment Program Limited Partnership for 2012, is based solely on the report of the other auditors

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Alegent's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits and the report of the other auditors provide a reasonable basis for our opinion

In our opinion, based on our audits and the report of other auditors for 2012, the combined financial statements referred to above present fairly, in all material respects, the financial position of Alegent Health and related entities as of June 30, 2012 and 2011, and the results of their operations and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole The supplementary information included in Exhibits I, II, and III is presented for purposes of additional analysis and is not a required part of the combined financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole

KPMG LLP

Omaha, Nebraska
September 13, 2012

ALEGENT HEALTH AND RELATED ENTITIES

Combined Balance Sheets

June 30, 2012 and 2011

(Amounts in thousands)

Assets	2012	2011
Current assets		
Cash and cash equivalents	$ 143,477	$ 143,275
Patient accounts receivable, net of allowance for doubtful accounts of $79,358 in 2012 and $67,464 in 2011	113,438	103,139
Other accounts receivable	8,393	3,997
Inventories	16,943	19,580
Prepaid expenses	9,422	8,411
Total current assets	291,673	278,402
Assets limited as to use		
Investment in CHI limited partnership	385,010	567,973
Other investments	253,310	10,077
Total assets limited as to use	638,320	578,050
Property and equipment		
Land	21,732	20,130
Land improvements	31,354	29,903
Buildings and improvements	937,515	918,379
Equipment	540,388	541,570
Construction in progress	30,600	22,467
	1,561,589	1,532,449
Less accumulated depreciation	819,973	767,897
Property and equipment, net	741,616	764,552
Other assets		
Property held for investment or future expansion	4,511	4,583
Investment in joint ventures	31,720	30,235
Other assets	864	148
Total other assets	37,095	34,966
Total assets	$ 1,708,704	$ 1,655,970

(Continued)

ALEGENT HEALTH AND RELATED ENTITIES

Combined Balance Sheets

June 30, 2012 and 2011

(Amounts in thousands)

Liabilities and Net Assets	2012	2011
Current liabilities		
Current portion of long-term debt	$ 18,093	$ 18,588
Accounts payable	27,793	25,780
Accrued salaries, wages, and benefits	57,577	65,693
Accrued vacation and sick leave	38,099	34,983
Estimated third-party payor settlements	19,751	11,222
Other liabilities and accrued expenses	46,314	37,238
Total current liabilities	207,627	193,504
Long-term debt, net of current portion	433,166	436,978
Other long-term liabilities	8,206	9,387
Liability for pension benefits	47,683	32,162
Total liabilities	696,682	672,031
Net assets		
Unrestricted	1,001,661	973,709
Temporarily restricted	6,523	6,392
Permanently restricted	3,838	3,838
Total net assets	1,012,022	983,939
Total liabilities and net assets	$ 1,708,704	$ 1,655,970

See accompanying notes to combined financial statements

ALEGENT HEALTH AND RELATED ENTITIES

Combined Statements of Operations

Years ended June 30, 2012 and 2011

(Amounts in thousands)

	2012	2011
Unrestricted revenues, gains, and other support		
Net patient service revenue	$ 1,015,524	$ 976,695
Cafeteria, building rental, sales to nonpatients, and other	65,145	46,270
Total revenues, gains, and other support	1,080,669	1,022,965
Operating expenses		
Salaries and wages	362,359	361,110
Employee benefits	103,566	101,398
Supplies	150,127	151,662
Purchased services	90,566	81,163
Professional services	116,679	102,581
Provision for bad debts	69,155	58,937
Other expenses	31,020	35,234
Gain on sale of spine operations	—	(18,692)
Depreciation and amortization	84,403	88,688
Rentals and leases	18,408	18,743
Interest	19,439	18,611
Total operating expenses	1,045,722	999,435
Operating income	34,947	23,530
Other income (expense)		
Interest and investment income	2,852	506
Equity in income of investment limited partnership	8,387	87,022
Other, net	(403)	60
Total other income, net	10,836	87,588
Excess of revenues over expenses	45,783	111,118
Other changes in unrestricted net assets		
Contributions for the purchase of property and equipment	79	458
Liability for pension benefits adjustment	(18,986)	11,666
Net assets released from restrictions for the purchase of property and equipment	990	—
Other	86	508
Increase in unrestricted net assets	$ 27,952	$ 123,750

See accompanying notes to combined financial statements

ALEGENT HEALTH AND RELATED ENTITIES

Combined Statements of Changes in Net Assets

Years ended June 30, 2012 and 2011

(Amounts in thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Balance, June 30, 2010	$ 849,959	$ 5,596	$ 3,583	$ 859,138
Excess of revenues over expenses	111,118	—	—	111,118
Restricted interest and investment income, net	—	379	—	379
Contributions for the purchase of property and equipment	458	—	—	458
Net assets released from restrictions for use in operations	—	(787)	—	(787)
Change in unrealized gains and losses on investments, net	—	588	—	588
Contributions restricted by donor	—	800	255	1,055
Liability for pension benefits adjustment	11,666	—	—	11,666
Other	508	(184)	—	324
Increase in net assets	123,750	796	255	124,801
Balance, June 30, 2011	973,709	6,392	3,838	983,939
Excess of revenues over expenses	45,783	—	—	45,783
Restricted interest and investment income, net	—	224	—	224
Contributions for the purchase of property and equipment	79	—	—	79
Net assets released from restrictions for the purchase of property and equipment	990	(990)	—	—
Net assets released from restrictions for use in operations	—	(413)	—	(413)
Change in unrealized gains and losses on investments, net	—	(115)	—	(115)
Contributions restricted by donor	—	1,461	—	1,461
Liability for pension benefits adjustment	(18,986)	—	—	(18,986)
Other	86	(36)	—	50
Increase in net assets	27,952	131	—	28,083
Balance, June 30, 2012	$ 1,001,661	$ 6,523	$ 3,838	$ 1,012,022

See accompanying notes to combined financial statements

ALEGENT HEALTH AND RELATED ENTITIES

Combined Statements of Cash Flows

Years ended June 30, 2012 and 2011

(Amounts in thousands)

	2012	2011
Cash flows from operating activities		
Increase in net assets	$ 28,083	$ 124,801
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	84,403	88,688
Provision for bad debts	69,155	58,937
Gain on sale of spine operations	—	(18,692)
Loss on impairment	6,652	7,097
Equity in income of investment limited partnership	(8,387)	(87,022)
Equity in income of joint ventures	(17,047)	(7,429)
Restricted interest and investment income	(224)	(379)
Contributions for the purchase of property and equipment	(79)	(458)
Change in unrealized gains and losses on investments, net	(2,505)	(588)
Contributions restricted by donor	(1,461)	(1,055)
Liability for pension benefits adjustment	18,986	(11,666)
Other changes in net assets	(50)	(324)
Decrease (increase) in assets		
Receivables		
Patients	(79,454)	(49,389)
Other	(4,396)	704
Inventories	2,637	345
Prepaid expenses	(1,011)	(1,257)
Increase (decrease) in liabilities		
Accounts payable	1,512	(11,462)
Accrued salaries, wages, and benefits	(8,116)	6,647
Accrued vacation and sick leave	3,116	2,711
Estimated third-party payor settlements	8,529	5,904
Other liabilities and accrued expenses	9,076	2,366
Liability for pension benefits	(3,465)	(12,720)
Net cash provided by operating activities	105,954	95,759
Cash flows from investing activities		
Purchases of assets limited as to use	(245,700)	(48,743)
Sales of assets limited as to use	193,731	53,320
Additions to property and equipment	(54,734)	(67,593)
Proceeds from sale of spine operations	—	21,943
Contributions to joint ventures	(1,627)	(13,485)
Distributions from joint ventures	17,189	6,092
Increase in other long-term assets and liabilities	766	2,952
Net cash used in investing activities	(90,375)	(45,514)
Cash flows from financing activities		
Principal payments on long-term debt	(14,872)	(14,108)
Principal payments on capital leases	(2,245)	—
Proceeds from the issuance of long-term debt	5	37,963
Restricted contributions and interest	1,685	1,434
Other changes in net assets	50	324
Net cash provided by (used in) financing activities	(15,377)	25,613
Net increase in cash and cash equivalents	202	75,858
Cash and cash equivalents, beginning of year	143,275	67,417
Cash and cash equivalents, end of year	$ 143,477	$ 143,275
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	$ 19,439	$ 18,611
Supplemental disclosure of noncash activity		
Capital lease obligations entered into during the year	$ 12,805	$ —

See accompanying notes to combined financial statements

(1) Organization

Alegent Health and related entities (Alegent) is a not-for-profit integrated health care delivery system The combined financial statements of Alegent include the accounts of the following entities or operating divisions, which are subject to the provisions of a Joint Operating Agreement (the Agreement) as discussed herein

Alegent Health (which includes)

Alegent Health Clinic

Alegent Health – Midlands Community Hospital

Alegent Health – Lakeside Hospital

Alegent Health Foundation

Alegent Health – Bergan Mercy Health System and Affiliates (Bergan) (which includes)

The Archbishop Bergan Mercy Medical Center, Omaha, Nebraska

Alegent Health – Mercy Hospital, Council Bluffs, Iowa

Alegent Health – Mercy Hospital, Inc and Affiliate, Corning, Iowa

Avantas, LLC

Alegent Health – Immanuel Medical Center and Affiliates (Immanuel) (which includes)

Alegent Health – Immanuel Medical Center

Alegent Health – Community Memorial Hospital, Inc and Affiliate, Missouri Valley, Iowa

Alegent Health – Memorial Hospital, Inc and Affiliate, Schuyler, Nebraska

Significant intercompany accounts and transactions have been eliminated in the combination

Alegent was established to improve the health status of the community through the development of a network to provide integrated health care services to the Midlands region Alegent was formed pursuant to the Agreement between Alegent Health, Bergan, and Immanuel, which was effective January 1, 1996 The accompanying combined financial statements are prepared for the purpose of presenting all entities under the common control of Alegent Health on a combined basis, as provided by the Agreement

Bergan and Immanuel are voluntary not-for-profit organizations that operate health care delivery systems in eastern Nebraska and western Iowa The sole corporate member of Bergan is Catholic Health Initiatives (CHI) The sole corporate member of Immanuel is Immanuel (Immanuel parent corporation) Bergan and Immanuel are the corporate members of Alegent Health

(Continued)

The Agreement provides for, among other things, joint management of Immanuel, Bergan, and Alegent Health, a separate not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (Code) Alegent Health operates certain community health care clinics, Midlands Community Hospital located in Papillion, Nebraska, Lakeside Hospital and Alegent Health Foundation in Omaha, Nebraska, and provides management services to the system

Under the terms of the Agreement, the combined operating results and capital expenditures of Immanuel and Bergan are shared on an equal basis Each entity continues to own its respective assets and is responsible for its own liabilities

In connection with the activities and events described above, certain administrative functions of Immanuel and Bergan are performed at Alegent These administrative functions include human resources, information systems, planning and marketing, legal, system management, accounting and finance, and other centralized functions

The Agreement contains provisions related to dissolution, which generally provides for distribution of the assets based on fair value Distribution percentages vary depending upon the manner in which dissolution occurs (see note 15)

(2) Summary of Significant Accounting Policies

The following is a summary of significant accounting policies of Alegent These policies are in accordance with U S generally accepted accounting principles

(a) Use of Estimates

The preparation of combined financial statements in conformity with U S generally accepted accounting principles (U S GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

(b) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with original maturities of 12 months or less

(c) Investments

At June 30, 2012 and 2011, 60% and 99% of Alegent's investment portfolio is invested in the CHI investment limited partnership, respectively (note 3) Investment in the CHI investment limited partnership is recorded using the equity method of accounting with the related equity in earnings and losses reported as other income in the accompanying combined financial statements

During the year ended June 30, 2012, Alegent invested in a fixed income commingled fund structured as a common trust fund which is recorded in other investments on the combined balance sheets Upon investing in the fund, Alegent elected the fair value option as allowed by U S GAAP to

(Amounts in thousands)

record its interest in the fund at fair value Alegent elected to record this investment at fair value in order to measure this investment at amounts that more accurately reflect the nature of the investment The financial reporting results of accounting for the investment under fair value are consistent with the results if Alegent had utilized the equity method In order to estimate fair value, Alegent utilizes net asset value as reported by the fund manager as a practical expedient to fair value As Alegent has elected to record this investment at fair value, changes in fair value of this investment are recorded in investment and other income, which is included within excess of revenue and expenses, in the combined statements of operations Alegent has the ability to liquidate its interest in the fund each quarter with 30 days notice Alegent has not committed any additional funding to this fund as of June 30, 2012

Other investment securities consist of marketable debt and equity securities (i e , certificates of deposit, annuities, mutual funds, and bonds) Marketable debt and equity securities are recorded at fair value These securities are set aside by the board of directors for future projects and mission activities

(d) Inventories

Inventories are stated at the lower of cost or market Cost is determined principally using the first-in, first-out method

(e) Property and Equipment

Property and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method based on the following useful lives

Land improvements	10 – 40 years
Buildings and improvements	5 – 40 years
Equipment	3 – 20 years

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets During the years ended June 30, 2012 and 2011, Alegent capitalized approximately $293 and $1,981, respectively, of interest

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support and are excluded from the excess of revenues over expenses unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

(f) Investment in Joint Ventures

Alegent has invested in certain joint ventures and accounts for such investments using either the cost or the equity method of accounting based on the relative percentage of ownership and the level of influence over the investee

During 2011, Immanuel sold its spine operations to Nebraska Spine Hospital, LLC, an equity method joint venture of which Alegent owns 51% The total gain on sale of $18,692 is reflected in operating income in the combined statements of operations

(g) Long-Lived Assets

Long-lived assets, such as property, plant, and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable If circumstances require a long-lived asset or asset group to be tested for possible impairment, Alegent first compares undiscounted cash flows expected to be generated by that asset or asset group to its carrying value If the carrying value of the long-lived asset or asset group is not recoverable on an undiscounted cash flow basis, an impairment is recognized to the extent that the carrying value exceeds its fair value Fair value is determined through various valuation techniques including discounted cash flow models, quoted market values, and third-party independent appraisals, as considered necessary

During 2011, Alegent recognized a loss of $7,097 related to the impairment of goodwill and other long-lived assets at Bergan Mercy Surgery Center, LLC, a consolidated investee, which is reflected in operating expenses in the accompanying combined statements of operations Fair value was determined based on discounted cash flow models

During 2012, Alegent recognized a loss of $6,651 related to the impairment of certain information technology system assets, which is reflected in operating expenses in the accompanying combined statements of operations

(h) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by Alegent in perpetuity

Temporarily and permanently restricted net assets held by Alegent are recorded and accounted for in accordance with the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 958-205, *Endowments of Not-For-Profit Organizations Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act and Enhanced Disclosures for All Endowment Funds*

Alegent holds endowment funds for support of its programs and operations As required by U S generally accepted accounting principles, net assets and the changes therein associated with

endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

Alegent Health Foundation's board of directors has interpreted UPMIFA as requiring the preservation of the whole dollar value of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, Alegent classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment Interest, dividends, and net appreciation of the donor-restricted endowment funds are classified according to donor stipulations Absent any donor-imposed restrictions, interest, dividends, and net appreciation are deemed appropriated for expenditure when earned In accordance with UPMIFA, Alegent considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

(1) the duration and preservation of the endowment fund,

(2) the purposes of Alegent and the donor-restricted endowment fund,

(3) general economic conditions,

(4) the possible effect of inflation or deflation,

(5) the expected total return from income and the appreciation of investments,

(6) other resources of Alegent, and

(7) the investment policies of Alegent

(i) Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statements of operations as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying combined financial statements

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received Amortization of the discounts is included in contribution revenue

(j) Net Patient Service Revenue

Alegent has agreements with third-party payors that provide for payments to Alegent at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined

(k) Charity Care – Benefits for the Poor and Underserved

Alegent provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because Alegent does not pursue collection of amounts once determined to qualify as charity care, they are not reported as revenue in the combined statements of operations The cost of services and supplies furnished under Alegent's charity policy aggregated approximately $32,726 and $31,387 in 2012 and 2011, respectively

(l) Excess of Revenues over Expenses

The combined statements of operations include excess of revenues over expenses Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities and securities in which the fair value option has been elected, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purpose of acquiring such assets), and certain changes in the liability for pension benefits

(m) Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported

(n) Fair Value of Financial Instruments

The carrying amounts of cash and cash equivalents, accounts receivable, estimated third-party payor settlements, and payables approximate fair value due to the short duration of these instruments Fair value for investments is based on quoted market prices, if available, or estimated using quoted market prices for similar securities The carrying amount of the investment in the CHI investment limited partnership is recorded on the equity method which equals the net asset value reported by the limited partnership, which approximates fair value The fair value of long-term debt as of June 30, 2012 and 2011 is approximately $469,493 and $480,019, respectively

Alegent follows the provisions of ASC Topic 820, *Fair Value Measurements and Disclosures*, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the combined financial statements on a recurring and nonrecurring basis Fair value is defined as the price that would be

(Amounts in thousands)

received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date

(o) Asset Retirement Obligations

Alegent recognizes the fair value of liabilities for legal obligations associated with asset retirements in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made Over time, the obligation is accreted to its present value each period Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the combined statements of operations Alegent's obligations relate to estimates of the costs to abate clinical and administrative facilities containing asbestos, to replace underground storage tanks, and to modify leased properties At June 30, 2012 and 2011, this long-term liability totaled $3,691 and $4,119, respectively

(p) Income Taxes

All related entities (see note 1) have been recognized as not-for-profit corporations by the Internal Revenue Service (IRS) as described in Section 501(c)(3) of the Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except Avantas, LLC Avantas, LLC is a multimember limited liability company treated as a partnership and, therefore, is not subject to federal and state income taxes

Alegent recognizes the effect of income tax positions only if those positions are more likely than not of being sustained Such tax positions, which are more than 50% likely of being realized, are measured at their highest value Changes in recognition or measurement are reflected in the period in which the change in judgment occurs During 2012 and 2011, management determined that there are no income tax positions requiring recognition in the combined financial statements

(q) Reclassifications

Certain balances from 2011 have been reclassified to conform to the current year presentation

(3) Assets Limited as to Use

The composition of assets limited as to use at June 30, 2012 and 2011 is set forth in the following table

	2012	2011
Investment in CHI investment limited partnership	$ 385,010	$ 567,973
Fixed income common trust fund	244,216	—
Cash and cash equivalents	3,677	4,338
Marketable equity securities	—	275
Pledges receivable	781	945
Other	4,636	4,519
Total	$ 638,320	$ 578,050

(Continued)

(Amounts in thousands)

Alegent has an undivided interest in the CHI investment limited partnership Alegent accounts for its investment in the investment partnership using the equity method of accounting At June 30, 2012 and 2011, the value of the CHI investment limited partnership approximated $5 5 billion and $6 0 billion, with Alegent's ownership interest approximating 7% and 9%, respectively Alegent's investment in the CHI investment limited partnership is comprised of the following as of June 30, 2012 and 2011

	2012	2011
Fixed income	$ 200,248	$ 269,882
Equity	184,762	298,091
Total	$ 385,010	$ 567,973

The CHI investment limited partnership is comprised of the following investment classifications as of June 30, 2012 and 2011

	2012	2011
Cash and cash equivalents	5%	9%
Common stocks	41	40
Corporate and other bonds	10	11
U S government securities	3	3
Fixed income funds	20	15
Hedge funds	8	8
Private equity funds	6	6
Real estate funds	4	4
Foreign currency exchange contracts	2	3
Other	1	1
Total	100%	100%

Investment income, gains, and losses for assets limited as to use and cash and cash equivalents are comprised of the following for the years ended June 30, 2012 and 2011

	2012	2011
Combined statements of operations		
Interest and investment income	$ 2,852	$ 506
Equity in income of investment limited partnership	8,387	87,022
Total investment income	$ 11,239	$ 87,528

(Continued)

(4) Net Patient Service Revenue

Alegent has agreements with third-party payors that provide for payments to Alegent at amounts different from its established rates A summary of the payment arrangements with major third-party payors is as follows

(a) Medicare

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors In addition, Alegent Health – Mercy Hospital, Inc , Corning, Iowa, Alegent Health – Community Memorial Hospital, Inc , Missouri Valley, Iowa, and Alegent Health – Memorial Hospital, Inc , Schuyler, Nebraska, have been designated Critical Access Hospitals and, accordingly, are reimbursed their cost of providing services to Medicare beneficiaries

(b) Nebraska and Iowa Medicaid

Nebraska and Iowa inpatient and Iowa outpatient services rendered to Medicaid program beneficiaries are primarily paid at prospectively determined rates per discharge or procedure Certain Nebraska outpatient services are reimbursed based on a percentage rate representing the average ratio of cost to charges discounted by 18% Physician clinic services are paid based on fee schedule amounts The hospitals designated as Critical Access Hospitals are reimbursed their reasonable costs

Revenue from Medicare and Medicaid programs accounted for approximately 28% and 8%, respectively, of Alegent's net patient revenue for the year ended June 30, 2012, and 28% and 9%, respectively, of Alegent's net patient revenue for the year ended June 30, 2011 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The 2012 and 2011 net patient service revenue increased approximately $5,692 and $3,556, respectively, due to the removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations

Alegent also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to Alegent under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

(Amounts in thousands)

Net patient service revenue, as reflected in the accompanying combined statements of operations, consists of the following

	2012	2011
Gross patient charges		
Inpatient charges	$ 1,319,206	$ 1,321,000
Outpatient charges	1,269,193	1,153,597
Total gross patient charges	2,588,399	2,474,597
Less		
Deductions from gross patient charges		
Contractual adjustments – Medicare, Medicaid, and other	1,572,875	1,497,902
Net patient service revenue	$ 1,015,524	$ 976,695

(5) Long-Term Debt

Long-term debt as of June 30, 2012 and 2011 consists of the following

	2012	2011
Promissory notes payable to CHI, principal maturing in varying annual amounts through December 1, 2028, with a weighted average yield of 4 35% during 2012	$ 163,657	$ 173,877
Promissory notes payable to CHI, principal maturing in varying annual amounts through December 1, 2039, with a weighted average yield of 4 35% during 2011	272,383	276,970
Other long-term obligations	15,219	4,719
Total long-term debt	451,259	455,566
Less current maturities	18,093	18,588
Long-term debt, excluding current maturities	$ 433,166	$ 436,978

Bergan, Immanuel, and Alegent have entered into the Alegent Financing Agreement (AFA) with CHI, which provides access to the capital markets Under the terms of the AFA, Bergan is defined as a Participant and Alegent and Immanuel as Designated Affiliates These categories define the level of participation and control of CHI The terms of the AFA require the Alegent system to meet certain financial covenants and ratios and provide other limits relating to additional indebtedness and transfers of property, among others Under the terms of the AFA, each party has issued promissory notes to CHI The obligations issued under the AFA represent the individual obligations of the issuer In the unlikely event that CHI would have insufficient funds to make required payments on its financial obligations, Bergan, Immanuel, and Alegent and all other Participants and Designated Affiliates of CHI may be required to contribute funds to CHI to enable it to meet its obligations

(Amounts in thousands)

On November 10, 2009, Bergan, Immanuel, and Alegent issued additional promissory notes to CHI for $282 million. During 2010, Alegent received approximately $244 million of the $282 million in debt proceeds from CHI, and the remaining $38 million in debt proceeds was received during 2011 as financed assets were placed into service.

Scheduled principal payments on long-term debt for the next five years are approximately as follows:

2013	$ 18,093
2014	22,251
2015	19,376
2016	20,322
2017	20,516
Thereafter	350,701

(6) Retirement Plans

(a) Alegent Health Retirement 403(b) Plan

Alegent sponsors a 403(b) savings plan. Participating employees can contribute a portion of their salary to the plan, subject to IRS regulations. Alegent makes matching contributions up to a maximum of 3% based on salary and a fixed contribution up to 6% based on years of service. Alegent's pension expense related to the 403(b) savings plan was $20,410 and $17,693 in 2012 and 2011, respectively.

(b) Alegent Health Multioptional Pension Plan

Alegent sponsors a noncontributory multioptional pension plan (the Plan), which was frozen effective January 1, 2010.

Generally, employees were eligible for participation after completing one year of service in which the employee completed 1,000 hours or more of service and had attained the age of 19. This Plan covered eligible employees as of January 1, 2010. For each plan year, a retirement benefit was provided for as a percentage of the eligible participant's annual compensation based on length of service. Employee contributions to the Plan were not permitted except for certain rollover provisions. Benefits are available to participants at a normal retirement age of 65, with early retirement available to participants who have reached the age of 55 and are 100% vested. Benefits vest after three years of service. Total net periodic pension cost approximated $1,809 and $2,552 during 2012 and 2011, respectively.

(Continued)

(Amounts in thousands)

The Plan's approximate net periodic pension cost for the years ended June 30, 2012 and 2011 is included in the following components

Defined Benefit Option

The following table summarizes the projected benefit obligation, the fair value of plan assets, and the funded status at June 30, 2012 and 2011

	2012	2011
Changes to benefit obligation		
Benefit obligation at beginning of period	$ 112,208	$ 112,534
Service cost	100	100
Interest cost	6,102	6,416
Actuarial loss (gain)	16,172	(944)
Plan expenses	(41)	(55)
Benefits paid	(6,135)	(5,843)
Benefit obligation at end of period	128,406	112,208
Changes in plan assets		
Fair value of plan assets at beginning of period	80,046	55,986
Actual return on plan assets	1,553	14,658
Employer contributions	5,300	15,300
Plan expenses	(41)	(55)
Benefits paid	(6,135)	(5,843)
Fair value of plan assets at end of period	80,723	80,046
Funded status at end of period	$ (47,683)	$ (32,162)
Amounts recognized in the combined balance sheets		
Noncurrent liabilities	$ (47,683)	$ (32,162)
Accumulated reduction in unrestricted net assets	48,436	29,450
Net amount recognized	$ 753	$ (2,712)

Amounts recognized in accumulated reduction in unrestricted net assets consist of the net actuarial loss of $48,436 and $29,450 at June 30, 2012 and 2011, respectively

The accumulated benefit obligation as of June 30, 2012 and 2011 was $128,406 and $112,208, respectively

(Continued)

(Amounts in thousands)

The following is a summary of the components of net periodic pension cost for the years ended June 30, 2012 and 2011

	2012	2011
Service cost during the period	$ 100	$ 100
Interest cost on projected benefit obligation	6,102	6,416
Expected return on plan assets	(6,279)	(5,858)
Amortization of unrecognized loss	1,912	1,922
Total benefit cost	$ 1,835	$ 2,580

Other changes in plan assets and benefit obligation recognized in other changes in unrestricted net assets in 2012 and 2011 consist of the amortization of net gain (loss) of $(18,986) and $11,666, respectively

The net loss for the defined benefit pension plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year is $3,511

Alegent's investment objective with respect to the pension plan is to produce sufficient current income and capital growth through a portfolio of equity and fixed income investments that, together with appropriate employer contributions, is sufficient to provide for the pension benefit obligations Pension assets are managed by outside investment managers in accordance with the investment policies and guidelines established by the pension trustees and are diversified by investment style, asset category, sector, industry, issuer, and maturity Alegent's overall asset allocation in the pension plan consists of 53% equity securities, 27% debt securities, and 20% other types of investments

The participants in the Plan are invested in a commingled investment vehicle offered by CHI As these investments are commingled with other funds, the postretirement fund investments are measured using net asset value as reported by CHI using Level 3 inputs as defined in ASC Topic 820 The investment policies and strategies for the plan assets are to maintain these asset allocations consistent with the allocations as of June 30, 2012

The reconciliation of the beginning and ending balances of the commingled investment vehicle are as follows

	2012	2011
Beginning balance	$ 80,046	55,986
Actual return on plan assets	1,553	14,658
Purchases	5,300	15,300
Sales	(6,176)	(5,898)
Ending balance	$ 80,723	80,046

(Continued)

(Amounts in thousands)

The current investment mix of the portfolio is as follows

	Target allocations	2012	2011
Equity securities	53%	51%	54%
Debt securities	27	30	26
Other	20	19	20
Total	100%	100%	100%

The following are the actuarial assumptions used by the Plan to develop the components of pension cost for the years ended June 30, 2012 and 2011

	2012	2011
Discount rate	5 65%	5 90%
Rate of increase in compensation levels	N/A	N/A
Expected long-term rate of return on plan assets	8 00	8 00

Alegent's overall expected long-term rate of return on assets is 8 0% The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories The return is based exclusively on historical returns, without adjustments

The following are the actuarial assumptions used by the Plan to develop the components of the pension projected benefit obligation for the years ended June 30, 2012 and 2011

	2012	2011
Discount rate	4 45%	5 65%

The benefits expected to be paid in each year from 2013 to 2017 are $8,596, $4,474, $4,160, $5,797, and $6,633, respectively The aggregate benefits expected to be paid in the five years from 2018 to 2022 are $32,911 The expected benefits to be paid are based on the same assumptions used to measure Alegent's benefit obligation at June 30, 2012 and include estimated employee service

Alegent expects to contribute $600 to the defined benefit portion of its retirement plan in fiscal year 2013

(7) Fair Value Measurements

ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving

(Amounts in thousands)

significant unobservable inputs (Level 3 measurements) The three levels of the fair value hierarchy are as follows

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that Alegent has the ability to access at the measurement date
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly The investment in the fixed income common trust fund is valued based on the funds' net asset value, as supplied by the trust and this valuation is reviewed by Alegent's management and used as a practical expedient to fair value Classification as Level 2 is based on Alegent's ability to redeem its interest in the near term
- Level 3 inputs are unobservable inputs for the asset or liability

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety There were no transfers between Level 1 and Level 2 measurements during the year ended June 30, 2012

The following tables present assets and liabilities that are measured at fair value on a recurring basis at June 30, 2012 and 2011

		Fair value measurements at reporting date using		
	June 30, 2012	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets				
Cash and cash equivalents	$ 143,477	$ 142,567	$ 910	$ —
Assets limited as to use				
Cash and cash equivalents	3,677	282	3,395	—
Fixed income common trust fund	244,216	—	244,216	—
Other	4,636	1,747	2,889	—
Total	$ 396,006	$ 144,596	$ 251,410	$ —

(Continued)

(Amounts in thousands)

	June 30, 2011	Fair value measurements at reporting date using: Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets				
Cash and cash equivalents	$ 143,275	$ 141,156	$ 2,119	$ —
Assets limited as to use				
Cash and cash equivalents	4,338	69	4,269	—
Investment funds	18	—	18	—
Corporate and asset-backed securities	275	—	275	—
Other	1,910	—	1,910	—
Total	$ 149,816	$ 141,225	$ 8,591	$ —

For the year ended June 30, 2012, Alegent did not have nonfinancial assets or nonfinancial liabilities, which require measurement at fair value on a nonrecurring basis in accordance with ASC Topic 820, except for certain long-lived assets and goodwill, which were valued at $0 after recognizing an impairment loss of $7,097 in 2011 utilizing discounted cash flow analyses (Level 3)

(8) Concentrations of Credit Risk

Alegent grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements The mix of receivables from patients and third-party payors at June 30, 2012 and 2011 approximated the following

	2012	2011
Medicare	32%	32%
Medicaid	17	16
Managed care	30	31
Self-pay	19	20
Commercial and other	2	1
	100%	100%

(9) Insurance Programs

Alegent is currently insured under an occurrence-based trust for its hospital professional and general liability insurance coverage, which expires July 1, 2012 The policy provides for a deductible of $2,000 per

(Amounts in thousands)

occurrence, with annual aggregates of $4,000 for general liability and $6,000 for hospital professional liability. In addition, Alegent has excess coverage purchased from the commercial insurance market providing for $30,000 per occurrence and in the aggregate. In the event that the current policy is not renewed or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be uninsured. Alegent has established reserves for possible losses on both asserted and unasserted claims based upon an independent actuarial study.

Alegent participates in a workers' compensation self-insurance program, which provides coverage for all workers' compensation claims. Coverage is provided through a self-insurance program for both Nebraska and Iowa with a fronting policy whereby the responsibility for the initial $450 of each claim resides with the workers' compensation self-insurance program. A specific stop-loss agreement covers claims amounts in excess of $450 up to each state's statutory requirements. Alegent has established reserves for possible losses on both asserted and unasserted claims based upon an independent actuarial study.

Alegent is also self-insured under its employee group health and dental programs. Included in the accompanying combined statements of operations are estimates of the ultimate costs for both reported claims and claims incurred but not yet reported at year-end related to such claims.

Management of Alegent is presently not aware of any unasserted general and professional liability or group health, dental, or workers' compensation claims that would have a material adverse impact on the accompanying combined financial statements.

(10) Laws and Regulations

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that Alegent is in compliance with government laws and regulations as they apply to the areas of fraud and abuse.

(11) Functional Expenses

Alegent provides health care services primarily to residents within its geographic location. Expenses included in the combined statements of operations as they relate to provision of these services are as follows for the years ended June 30, 2012 and 2011:

	2012	2011
Health care services	$ 933,595	$ 894,992
General and administrative	112,127	104,443
Total operating expenses	$ 1,045,722	$ 999,435

(Continued)

(Amounts in thousands)

(12) Meaningful Use of Certified Electronic Health Record Technology Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments beginning in 2011 to certain hospitals and professionals that implement and achieve meaningful use of certified electronic health record (EHR) technology in ways that demonstrate improved quality and effectiveness of care. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. An initial Medicaid incentive payment is available to providers that adopt, implement, or upgrade certified EHR technology. However, in order to receive additional Medicaid incentive payments in subsequent years, providers must demonstrate continued meaningful use of EHR technology.

Alegent accounts for meaningful use incentive payments under the gain contingency model. Medicare EHR incentive payments are recognized as revenues when eligible providers demonstrate meaningful use of certified EHR technology and the cost report information for the full cost report year that will determine the full calculation of the incentive payment is available. Medicaid EHR incentive payments are recognized as revenues when an eligible provider demonstrates meaningful use of certified EHR technology. For fiscal year 2012, Alegent recognized $9,500 of Medicare meaningful use revenues and $3,600 of Medicaid meaningful use revenues in its combined statement of operations.

(13) EPIC

During 2012, Alegent's board of directors approved the implementation of the Epic system. Epic provides a single-platform integrated Electronic Health Record for hospital and ambulatory patients. The first ambulatory clinic go-live is scheduled for September 2013 and first hospital go-live is scheduled for late 2013. Phased go-lives continue through early 2015. The estimated capital investment is $74,000 and total five-year project-related expenses are estimated at $32,600.

(14) Joint Ventures

Alegent participates in several joint ventures. The following table represents the joint ventures and their respective balances as reflected in investments in joint ventures on the combined balance sheets:

	2012	2011
Investment in joint ventures		
Nebraska Spine Hospital, LLC	$ 14,312	$ 16,228
Memorial Community Hospital Corporation and Affiliate	7,772	6,878
Lakeside Surgery Center, LLC	2,125	3,701
Prairie Health Ventures, LLC	4,119	2,595
Other	3,392	833
Total investment in joint ventures	$ 31,720	$ 30,235

(Continued)

(Amounts in thousands)

The following table represents 100% of the combined financial position and results of operations of the joint ventures discussed above

	2012	2011
Financial position		
Total assets	$ 93,762	$ 93,646
Total liabilities	$ 31,381	$ 31,659
Net assets	62,381	61,987
Total liabilities and net assets	$ 93,762	$ 93,646
Results of operations		
Revenue	$ 97,828	$ 79,094
Change in equity	30,885	34,385

Total equity in income of joint ventures was $17,047 and $7,429 in 2012 and 2011, respectively

(15) Subsequent Events

On July 1, 2012, Immanuel's parent corporation entered into a letter of intent with CHI stating their intent to resign their sponsorship, thereby CHI would become the sole corporate member of Alegent and all of the related entities The change in sponsorship would result in CHI obtaining full control over Alegent and its affiliates, thus dissolving the Joint Operating Agreement discussed in note 1

On September 1, 2012, Alegent acquired certain assets, licenses, and contracts of Creighton University Medical Center (CUMC) for $40 million CUMC is a 220-bed acute care hospital located in Omaha, Nebraska Commensurate with the purchase, Alegent entered into a Strategic Affiliation Agreement with Creighton University (Creighton) whereby Alegent hospitals (including the former CUMC location) will become the primary teaching sites for the Creighton School of Medicine The related agreements require payments by Alegent for costs associated with medical residents and other educational support Alegent received a contribution of $50 million from Creighton to support its new academic mission Creighton also contributed all of the assets and liabilities of its medical practice operations (Creighton Medical Associates) to Alegent

Alegent has evaluated subsequent events from the combined balance sheet date through September 13, 2012, the date at which the combined financial statements were available to be issued, and determined there are no additional items to disclose

Exhibit I

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Balance Sheet Information

June 30, 2012

(Amounts in thousands)

Assets	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Current assets							
Cash and cash equivalents	$ (7,290)	$ —	$ 2	$ 423	$ (126)	$ —	$ (6,991)
Patient accounts receivable	3,943	—	13,984	15,852	26,014	—	59,793
Less allowance for uncollectible accounts	545	—	7,695	5,653	8,865	—	22,758
Net patient accounts receivable	3,398	—	6,289	10,199	17,149	—	37,035
Intercorporate receivable	—	—	34,571	—	172,444	(207,015)	—
Other accounts receivable	2,269	—	164	107	264	—	2,804
Inventories	630	—	1,444	599	2,541	—	5,214
Prepaid expenses	8,644	—	—	86	101	—	8,831
Total current assets	7,651	—	42,470	11,414	192,373	(207,015)	46,893
Assets limited as to use							
Investment in CHI limited partnership	—	14,967	—	—	—	—	14,967
Other investments	4,307	781	—	—	—	—	5,088
Total assets limited as to use	4,307	15,748	—	—	—	—	20,055
Property and equipment							
Land	7,276	—	2,263	—	6,933	—	16,472
Land improvements	523	—	1,397	141	7,003	—	9,064
Buildings and improvements	55,647	27	105,299	3,974	132,753	—	297,700
Equipment	190,088	96	33,006	10,405	44,807	—	278,402
Construction in progress	23,779	—	266	1,321	737	—	26,103
	277,313	123	142,231	15,841	192,233	—	627,741
Less accumulated depreciation	166,805	78	70,096	10,719	67,419	—	315,117
Property and equipment, net	110,508	45	72,135	5,122	124,814	—	312,624
Other assets							
Property held for investment or future expansion	2,492	—	—	—	1,860	—	4,352
Investment in subsidiaries	121,637	—	—	—	—	(121,637)	—
Investment in joint ventures	19,572	—	—	—	—	—	19,572
Other assets	3,482	—	21	3	19	—	3,525
Total other assets	147,183	—	21	3	1,879	(121,637)	27,449
Total assets	$ 269,649	$ 15,793	$ 114,626	$ 16,539	$ 319,066	$ (328,652)	$ 407,021

(Continued)

Exhibit I

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Balance Sheet Information

June 30, 2012

(Amounts in thousands)

Liabilities and Net Assets	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Current liabilities							
Current portion of long-term debt	$ 2,955	$ —	$ 1,897	$ —	$ 2,152	$ —	$ 7,004
Accounts payable	16,488	—	2,669	7	1,301	—	20,465
Accrued salaries, wages, and benefits	47,891	—	70	7,928	174	—	56,063
Accrued vacation and sick leave	38,099	—	—	—	—	—	38,099
Intercorporate payable	11,030	339	—	195,646	—	(207,015)	—
Estimated third-party payor settlements	170	—	586	—	1,380	—	2,136
Other liabilities and accrued expenses	30,001	6	901	14	1,170	—	32,092
Total current liabilities	146,634	345	6,123	203,595	6,177	(207,015)	155,859
Long-term debt, net of current portion	14,869	—	53,596	—	74,363	—	142,828
Other long-term liabilities	4,763	—	188	—	—	—	4,951
Liability for pension benefits	47,683	—	—	—	—	—	47,683
Total liabilities	213,949	345	59,907	203,595	80,540	(207,015)	351,321
Net assets							
Unrestricted	45,961	5,709	54,719	(187,056)	238,526	(111,898)	45,961
Temporarily restricted	6,157	6,157	—	—	—	(6,157)	6,157
Permanently restricted	3,582	3,582	—	—	—	(3,582)	3,582
Total net assets	55,700	15,448	54,719	(187,056)	238,526	(121,637)	55,700
Total liabilities and net assets	$ 269,649	$ 15,793	$ 114,626	$ 16,539	$ 319,066	$ (328,652)	$ 407,021

See accompanying independent auditors' report

Exhibit I

ALEGENT HEALTH AND RELATED ENTITIES

Combining Balance Sheet Information

June 30, 2012

(Amounts in thousands)

Assets	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Current assets					
Cash and cash equivalents	$ 68,846	$ 81,622	$ (6,991)	$ —	$ 143,477
Patient accounts receivable	86,543	46,460	59,793	—	192,796
Less allowance for uncollectible accounts	36,816	19,784	22,758	—	79,358
Net patient accounts receivable	49,727	26,676	37,035	—	113,438
Intercorporate receivable	7,791	—	—	(7,791)	—
Other accounts receivable	3,519	2,070	2,804	—	8,393
Inventories	8,502	3,227	5,214	—	16,943
Prepaid expenses	276	315	8,831	—	9,422
Total current assets	138,661	113,910	46,893	(7,791)	291,673
Assets limited as to use					
Investment in CHI limited partnership	157,426	212,617	14,967	—	385,010
Other investments	105,951	142,271	5,088	—	253,310
Total assets limited as to use	263,377	354,888	20,055	—	638,320
Property and equipment					
Land	3,349	1,911	16,472	—	21,732
Land improvements	13,809	8,481	9,064	—	31,354
Buildings and improvements	403,117	236,698	297,700	—	937,515
Equipment	173,506	88,480	278,402	—	540,388
Construction in progress	1,052	3,445	26,103	—	30,600
	594,833	339,015	627,741	—	1,561,589
Less accumulated depreciation	309,401	195,455	315,117	—	819,973
Property and equipment, net	285,432	143,560	312,624	—	741,616
Other assets					
Property held for investment or future expansion	—	159	4,352	—	4,511
Investment in Alegent Health	27,850	27,850	—	(55,700)	—
Investment in joint ventures	250	11,898	19,572	—	31,720
Other assets	51	38	3,525	(2,750)	864
Total other assets	28,151	39,945	27,449	(58,450)	37,095
Total assets	$ 715,621	$ 652,303	$ 407,021	$ (66,241)	$ 1,708,704

(Continued)

Exhibit I

ALEGENT HEALTH AND RELATED ENTITIES

Combining Balance Sheet Information

June 30, 2012

(Amounts in thousands)

Liabilities and Net Assets	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Current liabilities					
Current portion of long-term debt	$ 6,527	$ 4,562	$ 7,004	$ —	$ 18,093
Accounts payable	4,974	2,354	20,465	—	27,793
Accrued salaries, wages, and benefits	1,041	473	56,063	—	57,577
Accrued vacation and sick leave	—	—	38,099	—	38,099
Intercorporate payable	—	7,791	—	(7,791)	—
Estimated third-party payor settlements	8,976	8,639	2,136	—	19,751
Other liabilities and accrued expenses	10,208	4,014	32,092	—	46,314
Total current liabilities	31,726	27,833	155,859	(7,791)	207,627
Long-term debt, net of current portion	167,375	125,713	142,828	(2,750)	433,166
Other long-term liabilities	2,437	818	4,951	—	8,206
Liability for pension benefits	—	—	47,683	—	47,683
Total liabilities	201,538	154,364	351,321	(10,541)	696,682
Net assets					
Unrestricted	509,117	492,544	45,961	(45,961)	1,001,661
Temporarily restricted	3,175	3,348	6,157	(6,157)	6,523
Permanently restricted	1,791	2,047	3,582	(3,582)	3,838
Total net assets	514,083	497,939	55,700	(55,700)	1,012,022
Total liabilities and net assets	$ 715,621	$ 652,303	$ 407,021	$ (66,241)	$ 1,708,704

See accompanying independent auditors' report

Exhibit II

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Statement of Operations Information

Year ended June 30 2012

(Amounts in thousands)

	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Unrestricted revenues gains and other support							
Gross patient charges							
Inpatient charges	$ 1 278	$ —	$ 58 219	$ —	$ 212 767	$ —	$ 272 264
Outpatient charges	18 007	—	101 685	141 560	184 834	—	446 086
	19 285	—	159 904	141 560	397 601	—	718 350
Less							
Deductions from gross patient charges							
Contractual adjustments and other	8 068	—	105 190	34 979	242 727	—	390 964
Net patient service revenue	11 217	—	54 714	106 581	154 874	—	327 386
Cafeteria building rental sales to nonpatients and other	18 589	1 644	3 712	7 148	9 699	(17 845)	22 947
Total revenues gains and other support	29 806	1 644	58 426	113 729	164 573	(17 845)	350 333
Operating expenses							
Salaries and wages	75 134	526	15 659	28 871	35 195	(49 966)	105 419
Employee benefits	24 210	85	4 345	8 354	9 164	(15 260)	30 898
Supplies	3 598	25	7 112	6 065	20 878	(1 122)	36 556
Intercorporate services	(169 418)	—	10 668	13 555	23 188	122 007	—
Purchased services	35 782	300	4 531	9 750	7 125	(27 460)	30 028
Professional services	8 126	—	1 385	66 146	3 559	(4 261)	74 955
Provision for bad debts	294	—	5 029	5 840	7 577	—	18 740
Other expenses	19 156	87	375	2 938	1 273	(22 325)	1 504
Depreciation and amortization	20 214	10	6 612	1 709	10 281	(13 981)	24 845
Rentals and leases	3 664	3	823	7 244	4 450	(5 380)	10 804
Interest	497	—	2 487	—	3 339	(97)	6 226
Equity in loss of operating subsidiaries	(1 809)	—	—	—	—	1 809	—
Total operating expenses	19 448	1 036	59 026	150 472	126 029	(16 036)	339 975
Operating income (loss)	10 358	608	(600)	(36 743)	38 544	(1 809)	10 358
Other income (expense)							
Interest and investment income	114	(96)	1	—	9	—	28
Equity in income of investment limited partnership	—	236	—	—	—	—	236
Equity in other income of subsidiaries	150	—	—	—	—	(150)	—
Other net	(110)	—	—	—	—	—	(110)
Total other income	154	140	1	—	9	(150)	154
Excess (deficiency) of revenues over expenses	10 512	748	(599)	(36 743)	38 553	(1 959)	10 512
Other changes in unrestricted net assets							
Contributions for the purchase of property and equipment	3	—	38	2	8	—	51
Liability for pension benefits adjustment	(18 986)	—	—	—	—	—	(18 986)
Transfers to other Alegent affiliates	(37 358)	—	—	—	—	—	(37 358)
Equity in other changes in unrestricted net assets of subsidiaries	48	—	—	—	—	(48)	—
Other	134	—	—	—	—	—	134
Increase (decrease) in unrestricted net assets	$ (45 647)	$ 748	$ (561)	$ (36 741)	$ 38 561	$ (2 007)	$ (45 647)

See accompanying independent auditors report

Exhibit II

ALEGENT HEALTH AND RELATED ENTITIES

Combining Statement of Operations Information

Year ended June 30, 2012

(Amounts in thousands)

	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Unrestricted revenues, gains, and other support					
Gross patient charges					
Inpatient charges	$ 737,995	$ 308,947	$ 272,264	$ —	$ 1,319,206
Outpatient charges	570,732	252,375	446,086	—	1,269,193
	1,308,727	561,322	718,350	—	2,588,399
Less					
Deductions from gross patient charges				—	
Contractual adjustments and other	842,221	339,359	390,964	331	1,572,875
Net patient service revenue	466,506	221,963	327,386	(331)	1,015,524
Cafeteria, building rental, sales to nonpatients, and other	50,301	17,060	22,947	(25,163)	65,145
Total revenues, gains, and other support	516,807	239,023	350,333	(25,494)	1,080,669
Operating expenses (income)					
Salaries and wages	163,280	93,660	105,419	—	362,359
Employee benefits	45,766	27,033	30,898	(131)	103,566
Supplies	86,437	28,191	36,556	(1,057)	150,127
Purchased services	50,735	28,628	30,028	(18,825)	90,566
Professional services	22,318	19,520	74,955	(114)	116,679
Provision for bad debts	34,713	15,702	18,740	—	69,155
Other expenses	20,692	8,898	1,504	(74)	31,020
Depreciation and amortization	40,012	19,592	24,845	(46)	84,403
Rentals and leases	8,155	4,696	10,804	(5,247)	18,408
Interest	7,579	5,634	6,226	—	19,439
Equity in operating income of Alegent Health	(5,179)	(5,179)	—	10,358	—
Total operating expenses	474,508	246,375	339,975	(15,136)	1,045,722
Operating income (loss)	42,299	(7,352)	10,358	(10,358)	34,947
Other income (expense)					
Interest and investment income	1,311	1,513	28	—	2,852
Equity in income of investment limited partnership	2,934	5,217	236	—	8,387
Other, net	(252)	(41)	(110)	—	(403)
Equity in other income of Alegent Health	77	77	—	(154)	—
Total other income, net	4,070	6,766	154	(154)	10,836
Excess of revenues over expenses, before joint operating agreement adjustment	46,369	(586)	10,512	(10,512)	45,783
Joint operating agreement adjustment	(32,737)	32,737	—	—	—
Excess of revenues over expenses	13,632	32,151	10,512	(10,512)	45,783
Other changes in unrestricted net assets					
Contributions for the purchase of property and equipment	4	24	51	—	79
Net assets released from restrictions for the purchase of property and equipment	990	—	—	—	990
Joint operating agreement adjustment – capital expenditures	330	(330)	—	—	—
Liability for pension benefits adjustment	—	—	(18,986)	—	(18,986)
Transfers (to) from other Alegent affiliates	18,679	18,679	(37,358)	—	—
Equity in other changes in unrestricted net assets of Alegent Health	(28,079)	(28,080)	—	56,159	—
Other	—	(48)	134	—	86
Increase (decrease) in unrestricted net assets	$ 5,556	$ 22,396	$ (45,647)	$ 45,647	$ 27,952

See accompanying independent auditors' report

Exhibit III

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Statement of Changes in Net Assets Information

Year ended June 30, 2012

(Amounts in thousands)

	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Unrestricted							
Balance, June 30, 2011	$ 91,608	$ 4,961	$ 55,280	$ (150,315)	$ 199,965	$ (109,891)	$ 91,608
Excess (deficiency) of revenues over expenses	10,512	748	(599)	(36,743)	38,553	(1,959)	10,512
Contributions for the purchase of property and equipment	3	—	38	2	8	—	51
Liability for pension benefits adjustment	(18,986)	—	—	—	—	—	(18,986)
Transfers to other Alegent affiliates	(37,358)	—	—	—	—	—	(37,358)
Equity in other changes in unrestricted net assets of subsidiaries	48	—	—	—	—	(48)	—
Other	134	—	—	—	—	—	134
Increase (decrease) in unrestricted net assets	(45,647)	748	(561)	(36,741)	38,561	(2,007)	(45,647)
Balance, June 30, 2012	$ 45,961	$ 5,709	$ 54,719	$ (187,056)	$ 238,526	$ (111,898)	$ 45,961
Temporarily restricted							
Balance, June 30, 2011	$ 5,128	$ 5,128	$ —	$ —	$ —	$ (5,128)	$ 5,128
Restricted interest and investment income, net	—	224	—	—	—	—	224
Net assets released from restrictions for use in operations	—	(353)	—	—	—	—	(353)
Change in unrealized gains on investments, net	—	(134)	—	—	—	—	(134)
Contributions restricted by donor	—	1,328	—	—	—	—	1,328
Equity in other changes in temporarily restricted net assets of subsidiary	1,029	—	—	—	—	(1,029)	—
Other	—	(36)	—	—	—	—	(36)
Increase in temporarily restricted net assets	1,029	1,029	—	—	—	(1,029)	1,029
Balance, June 30, 2012	$ 6,157	$ 6,157	$ —	$ —	$ —	$ (6,157)	$ 6,157
Permanently restricted							
Balance, June 30, 2011	$ 3,582	$ 3,582	$ —	$ —	$ —	$ (3,582)	$ 3,582
Contributions restricted by donor	—	—	—	—	—	—	—
Increase in permanently restricted net assets	—	—	—	—	—	—	—
Balance, June 30, 2012	$ 3,582	$ 3,582	$ —	$ —	$ —	$ (3,582)	$ 3,582

See accompanying independent auditors' report

Exhibit III

ALEGENT HEALTH AND RELATED ENTITIES

Combining Statement of Changes in Net Assets Information

Year ended June 30, 2012

(Amounts in thousands)

	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Unrestricted					
Balance, June 30, 2011	$ 503,561	$ 470,148	$ 91,608	$ (91,608)	$ 973,709
Excess of revenues over expenses	13,632	32,151	10,512	(10,512)	45,783
Contributions for the purchase of property and equipment	4	24	51	—	79
Net assets released from restrictions for the purchase of property and equipment	990	—	—	—	990
Joint operating agreement adjustment – capital expenditures	330	(330)	—	—	—
Liability for pension benefits adjustment	—	—	(18,986)	—	(18,986)
Transfers (to) from other Alegent affiliates	18,679	18,679	(37,358)	—	—
Equity in other changes in unrestricted net assets of Alegent Health	(28,079)	(28,080)	—	56,159	—
Other	—	(48)	134	—	86
Increase (decrease) in unrestricted net assets	5,556	22,396	(45,647)	45,647	27,952
Balance, June 30, 2012	$ 509,117	$ 492,544	$ 45,961	$ (45,961)	$ 1,001,661
Temporarily restricted					
Balance, June 30, 2011	$ 3,607	$ 2,785	$ 5,128	$ (5,128)	$ 6,392
Restricted interest and investment income, net	—	—	224	—	224
Net assets released from restrictions for use in operations	(19)	(41)	(353)	—	(413)
Net assets released from restrictions for the purchase of property and equipment	(990)	—	—	—	(990)
Change in unrealized gains and losses on investments, net		19	(134)	—	(115)
Contributions restricted by donor	63	70	1,328	—	1,461
Equity in other changes in temporarily restricted net assets of Alegent Health	514	515	—	(1,029)	—
Other	—	—	(36)	—	(36)
Increase (decrease) in temporarily restricted net assets	(432)	563	1,029	(1,029)	131
Balance, June 30, 2012	$ 3,175	$ 3,348	$ 6,157	$ (6,157)	$ 6,523
Permanently restricted					
Balance, June 30, 2011	$ 1,791	$ 2,047	$ 3,582	$ (3,582)	$ 3,838
Contributions restricted by donor	—	—	—	—	—
Increase in permanently restricted net assets	—	—	—	—	—
Balance, June 30, 2012	$ 1,791	$ 2,047	$ 3,582	$ (3,582)	$ 3,838

See accompanying independent auditors' report

Additional Data

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT CREIGHTON HEALTH

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 151,080,344 including grants of $ 3,634,874) (Revenue $ 57,738,433)

ALEGENT CREIGHTON HEALTH GIVES BACK TO OUR COMMUNITY THROUGH A VARIETY OF MEDICAL SERVICES AND PARTNERSHIPS ALEGENT HEALTH QUICK CARE PROVIDES URGENT MEDICAL TREATMENTS, SCREENINGS AND ADULT IMMUNIZATIONS FOR PATIENTS 18 MONTHS AND OLDER THROUGH OUR COLLABORATION WITH OTHER LOCAL COMMUNITY ORGANIZATIONS SUCH AS BOYS TOWN, CREIGHTON UNIVERSITY, OUR HEALTHY COMMUNITY PARTNERSHIP AND ONE WORLD COMMUNITY HEALTH CENTER, ALEGENT CREIGHTON HEALTH IS HELPING TO IDENTIFY AND ADDRESS COMMUNITY HEALTH NEEDS IN ADDITION, ALEGENT CREIGHTON HEALTH ALSO PROVIDES THE FOLLOWING SERVICES MATERNITY CARE SERVICES, MENTAL AND BEHAVIORAL HEALTH CARE, ONCOLOGY, PROCEDURE CENTER AND INPATIENT FACILITIES INCLUDING INTENSIVE CARE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC GURLEY DIRECTOR	4 00	X						0	0	0
JOHN HEWITT CHAIR	6 00	X		X				0	0	0
H KEITH SCHMODE DIRECTOR	4 00	X						18,500	0	0
LESLIE ANDERSEN DIRECTOR	4 00	X						0	0	0
MARTIN MANCUSO MD DIRECTOR	4 00	X						18,500	0	0
MICHAEL DEFREECE VICE CHAIR	6 00	X		X				0	0	0
PAUL EDGETT III DIRECTOR	4 00	X						0	0	0
SR LILLIAN MURPHY RSM DIRECTOR	4 00	X						0	0	0
SR PHYLLIS HUGHES DIRECTOR	4 00	X						0	0	0
RICHARD VIERK DIRECTOR	4 00	X						26,500	0	0
ANTHONY HATCHER DO SECRETARY/TREASURER	6 00	X		X				26,500	415,270	19,914
GUILLERMO HUERTA MD DIRECTOR	4 00	X						0	0	0
ANTOINETTE HARDY-WALLER RN DIRECTOR	4 00	X						17,500	0	0
RICHARD HACHTEN II PRESIDENT & CEO	12 00			X				357,328	1,368,833	297,951
SCOTT WOOTEN SVP/CFO	12 00			X				146,544	561,374	134,300
JOAN NEUHAUS SVP/COO	12 00			X				132,564	507,818	179,065
KENNETH LAWONN SVP/STRATEGY AND TECHNOLOG	12 00			X				116,952	448,014	115,906
RICK MILLER MD SVP/CHEIF QUALITY OFFICER	12 00			X				84,303	322,944	86,623
RICHARD ROLSTON MD ACC-PRESIDENT & CEO	12 00			X				97,299	372,723	1,280,141
SHEREE KEELY VP-BEHAVIORAL HEALTH SVC	12 00				X			44,357	169,917	44,935
ELIZABETH LLEWELLYN VP-MISSION INTEGRATION	12 00				X			53,882	206,406	49,772
PATRICIA MASEK VP-MEDICAL AFFAIRS	12 00				X			47,937	183,631	66,079
PAUL EBMEIER COO-ACC	12 00				X			0	393,678	80,834
CINDY ALLOWAY COO-LAKESIDE HOSPITAL	12 00				X			86,662	331,981	85,747
KEVIN NOKELS COO-MIDLANDS HOSPITAL	12 00				X			75,276	288,360	77,591

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA MURDOCK-LANGAN MD CAMPUS CHIEF QUALITY OFF	20 00				X			0	281,165	14,033
JEFFREY STROHMYER MD CAMPUS CHIEF QUALITY OFF	20 00				X			42,694	165,430	37,254
JANE CARMODY SVP/CNO	12 00				X			70,070	268,421	52,886
NANCY WALLACE VP-HUMAN RESOURCES	12 00				X			68,877	263,846	66,131
MARIE KNEDLER COO-MERCY HOSPITAL	12 00					X		95,159	364,529	165,768
EYAD KAKISH MD PHYSICIAN	60 00					X		413,502	0	25,106
ANN SCHUMACHER COO-IMC	12 00					X		84,432	323,433	86,976
JAMES REICHERT MD PHYSICIAN	60 00					X		70,124	268,629	13,533
DARREN SPLONSKOWSKI MD PHYSICIAN	60 00					X		312,366	0	35,097
MARK KESTNER MD FORMER SVP/CMO	0 00						X	27,238	104,340	1,669
FRED HOSLER MD FORMER SVP/CMO	0 00						X	111,848	428,461	889
LARRY BROWN MD MED DIRECTOR, SERVICE EXCELLENCE	1 00						X	0	650,762	42,928
FRANK EMSICK FACILITIES OPERATIONS EXEC	12 00						X	48,061	184,111	15,597
MARTIN HICKEY MD SVP/CEO CLINICS	0 00						X	108,854	416,993	0