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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
IMMANUEL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5858 WENNINGHOFF ROAD NO 2

City or town, state or country, and ZIP + 4
OMAHA, NE 68134

D Employer identification number
47-0733774

E Telephone number
(402)829-2900

G Gross receipts $ 1,144,523,439

F Name and address of principal officer
ERIC N GURLEY
6757 NEWPORT AVE STE 200
OMAHA, NE 68152

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 IMMANUELCOMMUNITIES COM

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

L Year of formation 1990

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMMANUEL IS ORGANIZED TO SUPPORT THE MISSIONS OF IMMANUEL RETIREMENT COMMUNITIES AND IMMANUEL HOME AND COMMUNITY RESOURCES, BY MAKING CHARITABLE CONTRIBUTIONS, INVESTING FUNDS, DEVELOPING SENIOR PROGRAMS, DEVELOPING FUNDING OPPORTUNITIES AND INVESTING IN AFFORDABLE PROJECTS FOR SENIORS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	673
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
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)	0	0
9	Program service revenue (Part VIII, line 2g)	26,500	1,047,649
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,101,591	28,018,074
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,128,091	29,065,723
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	108,606	105,533,113
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)	1,303,658	1,147,291
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	846,291	1,157,169
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,258,555	107,837,573
19	Revenue less expenses Subtract line 18 from line 12	869,536	-78,771,850

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	75,139,639	524,686,537
21	Total liabilities (Part X, line 26)	39,539,663	43,687,329
22	Net assets or fund balances Subtract line 21 from line 20	35,599,976	480,999,208

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

****** | 2014-02-17
Signature of officer | Date

DAN FRIEDLUND EXECUTIVE VICE PRESIDENT & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARBARA J FAJEN				P00400949

Firm's name ▶ SEIM JOHNSON LLP | Firm's EIN ▶ 47-6097913

Firm's address ▶ 18081 BURT STREET SUITE 200
OMAHA, NE 680224722 | Phone no (402) 330-2660

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

RECOGNIZING THAT ALL WE HAVE COMES FROM GOD, WE HAVE BEEN CALLED TO BE FAITHFUL AND COURAGEOUS STEWARDS OF GOD'S RESOURCES FOLLOWING CHRIST'S CALL TO SERVE, WE WILL MEET THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF SENIORS, RESPOND TO NEEDS IN COMMUNITY HEALTH, AND SUPPORT THE MINISTRY OF THE CHURCH

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 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 $ 106,912,060 including grants of $ 105,533,113) (Revenue $ 1,047,649)

IMMANUEL SUPPORTS THE MISSIONS OF IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES, IMMANUEL LONG TERM CARE, AND OTHER CHARITABLE ENTITIES OF WHICH IT IS THE SOLE MEMBER THE ORGANIZATION MAKES CHARITABLE CONTRIBUTIONS, INVESTS FUNDS, DEVELOPS SENIOR PROGRAMS, DEVELOPS FUNDING OPPORTUNITIES AND INVESTS IN AFFORDABLE PROJECTS FOR SENIORS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 106,912,060

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		No
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		No
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 for escrow or custodial account liability, 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	Yes	
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		No
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, line 10? *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	Yes	
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		No
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 and XII*	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 and XII 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		No
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, Parts I and IV*	14b		No
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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17		No
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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	102		
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	673		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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** 17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 16		
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**		No
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**	Yes	
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**		No
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 this 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**		No
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**		No
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**		

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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶MARY ANDERSON CONTROLLER 5858 WENNINGHOFF ROAD SUITE 2 OMAHA, NE (402) 829-2933

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(1) REV CARMALA ADERMAN CHAIR	1 00 1 50	X		X				0	0	0
(2) DAVID MUSSMAN VICE CHAIR	1 00 1 50	X		X				0	0	0
(3) MIKE WILLIAMS SECRETARY/TREASURER	1 00 1 50	X		X				0	0	0
(4) REV DR DENNIS ANDERSON MEMBER	1 00 1 50	X						0	0	0
(5) REV DR DAVID DEFREESE MEMBER	1 00 1 50	X						0	0	0
(6) LAURA FENDER MEMBER	1 00 1 50	X						0	0	0
(7) TOM GARVEY MEMBER	1 00 1 50	X						0	0	0
(8) REV MARK GRORUD MEMBER	1 00 1 50	X						0	0	0
(9) RUTH HENRICHS MEMBER	1 00 1 50	X						0	0	0
(10) SUZANNE HRUZA MD MEMBER	1 00 1 50	X						0	0	0
(11) GUILLERMO BILL HUERTA MD MEMBER	1 00 1 50	X						0	0	0
(12) DAVID JACOX MEMBER	1 00 1 50	X						0	0	0
(13) ANTHONY SCIOLI MEMBER	1 00 1 50	X						0	0	0
(14) MARK WATERSTRAAT MEMBER	1 00 1 50	X						0	0	0
(15) DELIGHT WREED BYRD MEMBER	1 00 1 50	X						0	0	0
(16) BISHOP BRIAN MASS MEMBER	1 00 1 50	X						0	0	0
(17) JAMES J OLMSTED MEMBER THRU 12/31/12	1 00 1 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(18) ERIC N GURLEY PRESIDENT/ CEO	16 00 31 00	X		X				359,330	0	203,992
(19) DAN FRIEDLUND EXECUTIVE VICE PRESIDENT & CFO	12 00 35 00			X				162,663	0	0
(20) STEVE HESS VP & DIR OF HOME/COMM SERV	2 00 45 00					X		0	155,994	20,811
(21) ROXANN ROGERS MEYER VP & DIR OF MARKETING	3 00 44 00					X		0	115,893	31,177
(22) TAMMY SEALER VP & DIR OF STRATEGIC PROJ	10 00 38 00					X		0	116,982	23,073
(23) DEBRA WELK VP & DIR OF HEALTH CARE SE	2 00 44 00					X		0	112,310	28,476
(24) MARY ANDERSON CONTROLLER	3 00 45 00					X		0	103,746	32,788

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	521,993	604,925	340,317

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 ▶ 2

			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**		No
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
REALITY CONSTRUCTION , 11121 WILLIAM PLZ OMAHA NE 68144	CONSTRUCTION SERVICES	388,340
BAIRD HOLM 1500 WOODMEN TOWER 1700 FARNAM STR OMAHA NE 68102	LEGAL SERVICES	326,005
ALTITUDE EDGE CONSULTANTS LLC 6640 GUNPARK DRIVE BOULDER CO 80301	CONSULTING SERVICES	161,986
SEIM JOHNSON LLP 18081 BURT STREET SUITE 200 OMAHA NE 68022	AUDITING & TAX SERVICES	151,780

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 ▶ 4

Part VIII Statement of Revenue

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

			(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				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	PROGRAM RELATED INCOME	900099	1,010,743	1,010,743	
	b	SERVICE REVENUE	623990	36,906	36,906	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,047,649		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,380,882		1,380,882
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	588,425,408 / 553,669,500			
	b	Less cost or other basis and sales expenses	586,478,721 / 528,978,995			
	c	Gain or (loss)	1,946,687 / 24,690,505			
	d	Net gain or (loss) . . . . . ▶		26,637,192		26,637,192
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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . . . ▶	29,065,723	1,047,649	0	28,018,074

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)

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	105,533,113	105,533,113		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
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	725,984	471,890	254,094	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	109,921		109,921	
7 Other salaries and wages	207,263	185,091	22,172	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,928	7,928		
9 Other employee benefits	54,079	53,455	624	
10 Payroll taxes	42,116	27,375	14,741	
11 Fees for services (non-employees)				
a Management				
b Legal	136,476	88,709	47,767	
c Accounting	37,288		37,288	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	277,534		277,534	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	148,700	96,655	52,045	
12 Advertising and promotion	4,991	3,244	1,747	
13 Office expenses	64,466	41,556	22,910	
14 Information technology	11,894	7,731	4,163	
15 Royalties . .				
16 Occupancy	32,086	20,856	11,230	
17 Travel	38,301	24,896	13,405	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,060	26,689	14,371	
20 Interest	20,653	13,424	7,229	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,433	7,431	4,002	
23 Insurance	46,261	30,070	16,191	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SALES TAX	244,800	244,800		
b MEMBERSHIP & DUES	38,273	24,877	13,396	
c BOOKS & PERIODICALS	1,931	1,255	676	
d LICENSE & PERMITS	20	13	7	
e All other expenses	1,002	1,002		
25 **Total functional expenses.** Add lines 1 through 24e	107,837,573	106,912,060	925,513	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		690,109	1	1,324,666
	2	Savings and temporary cash investments		2,752,245	2	266,557,623
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	62,829
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		998,777	7	790,647
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		243,049	9	82,165
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,108,779			
	b	Less accumulated depreciation	10b 62,640	1,624,093	10c	2,046,139
	11	Investments—publicly traded securities		36,550,801	11	227,201,937
	12	Investments—other securities See Part IV, line 11		5,760	12	80,480
	13	Investments—program-related See Part IV, line 11		32,176,528	13	26,430,945
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		98,277	15	109,106
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		75,139,639	16	524,686,537
Liabilities	17	Accounts payable and accrued expenses		976,980	17	1,802,745
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		38,562,683	21	41,682,406
	22	Loans and other 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			24	
	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		0	25	202,178
	26	**Total liabilities.** Add lines 17 through 25		39,539,663	26	43,687,329
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		35,599,976	27	480,999,208
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		35,599,976	33	480,999,208
	34	Total liabilities and net assets/fund balances		75,139,639	34	524,686,537

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	29,065,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,837,573
3	Revenue less expenses Subtract line 2 from line 1	3	-78,771,850
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,599,976
5	Net unrealized gains (losses) on investments	5	-4,159,918
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	497,939,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	30,392,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	480,999,208

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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

2012

Open to Public Inspection

Name of the organization
IMMANUEL

Employer identification number
47-0733774

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 described in **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 - Non-functionally integrated

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 supported organization? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
See Additional Data Table									
Total									50,000,000

Part II **Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
PACE IOWA	273635343	9		No	Yes		Yes		0
IMMANUEL RETIREMENT COMMUNITIES	470799118	9	Yes		Yes		Yes		0
IMMANUEL HOME AND COMMUNITY RESOURCES	272628802	9	Yes		Yes		Yes		25000000
PACE NEBRASKA	273635416	9		No	Yes		Yes		0
IMMANUEL LONG TERM CARE	462582783	9		No	Yes		Yes		25000000

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IMMANUEL

Employer identification number
47-0733774

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII 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		1,136,968		1,136,968
b Buildings		57,479	45,870	11,609
c Leasehold improvements				
d Equipment		55,198	16,770	38,428
e Other		859,134		859,134
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,046,139

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) must 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
(1) LT NOTES RECEIVABLE - RELATED ENTITIES	21,477,624	F
(2) INVEST IN RELATED ENTITIES	4,574,423	F
(3) INVESTMENT IN IEHP	378,898	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	26,430,945	

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
AFFILIATE PAYABLE	202,178
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	202,178

2. FIN 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	24,628,271
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-4,159,918		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-4,159,918
3	Subtract line **2e** from line **1**			3	28,788,189
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	277,534		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	277,534
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	29,065,723

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

1	Total expenses and losses per audited financial statements			1	107,560,039
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	107,560,039
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	277,534		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	277,534
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	107,837,573

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	IMMANUEL HOLDS FUNDS FOR IMMANUEL RETIREMENT COMMUNITIES, INC , A RELATED ENTITY, TO FACILITATE EFFICIENT MANAGEMENT OF ALL INVESTMENTS THE FUNDS ARE POOLED WITH INVESTMENT ASSETS OF IMMANUEL FOR MANAGEMENT PURPOSES ONLY THESE FUNDS ARE RECORDED AS AN ASSET AND A LIABILITY ON IMMANUEL'S BOOKS AND INCLUDE RESIDENT FUNDS OF $30,715,600 AND CAPITAL REPLACEMENT RESERVE ACCOUNTS OF $10,966,806 BOTH ORGANIZATIONS KNOW THAT THE ASSETS ARE THE PROPERTY OF IMMANUEL RETIREMENT COMMUNITIES, INC
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ALL AFFILIATED ENTITIES ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND HAVE RECEIVED DETERMINATION LETTERS OR HAVE FILED APPLICATIONS TO RECEIVE DETERMINATION LETTERS THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE, EXCEPT FOR IMMANUEL CORE FUND, LLC, WHICH IS A DISREGARDED ENTITY FOR TAX PURPOSES THE INTERNAL REVENUE SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN IMMANUEL'S TAX EXEMPT STATUS IMMANUEL ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC 740, INCOME TAXES IMMANUEL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED AT JUNE 30, 2013, IMMANUEL HAD NO UNCERTAIN TAX POSITIONS ACCRUED WITH FEW EXCEPTIONS, IMMANUEL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR FISCAL YEARS ENDING BEFORE JUNE 30, 2010

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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

2012

Open to Public Inspection

Name of the organization
IMMANUEL

Employer identification number
47-0733774

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. Part II can be duplicated 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
(1) NEBRASKA SYNOD ELCA ASSEMBLY 4980 SOUTH 118TH STREET STE D OMAHA,NE 68137	36-3514308	501(C)(3)	25,500				SUPPORT PROGRAMS AND MINISTRIES OF THE CHURCH
(2) NEBASKA LUTHERAN OUTDOOR MINISTRIES 27416 RANCH ROAD ASHLAND,NE 68003	47-0488319	501(C)(3)	20,000				SUPPORT CAMP MINISTRY AND PROGRAMS
(3) LUTHERAN FAMILY SERVICES 124 SOUTH 24TH STREET STE 230 OMAHA,NE 68102	23-7267972	501(C)(3)	46,500				SUPPORT MINISTRIES SERVING FAMILIES IN NEBRASKA
(4) TABITHA FOUNDATION 4720 RANDOLPH STREET LINCOLN,NE 68510	47-0377998	501(C)(3)	5,000				SUPPORT PROGRAMS
(5) LUTHERAN PLANNED GIVING 5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	05-5527996	501(C)(3)	5,000				SUPPORT PROGRAMS
(6) SAFETY AND HEALTH COUNCIL OF GREATER OMAHA INC 11620 M CIRCLE OMAHA,NE 68137	47-0259720	501(C)(3)	6,000				SUPPORT PROGRAMS
(7) NEBRASKA LUTHERAN CAMPUS MINISTRIES 4720 RANDOLPH STREET LINCOLN,NE 68510	47-0629969	501(C)(3)	7,263				SUPPORT PROGRAMS
(8) IMMANUEL HOME AND COMMUNITY RESOURCES 5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	27-2628802	501(C)(3)	25,000,000				SUPPORT PROGRAMS
(9) IMMANUEL LONG TERM CARE 5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	46-2582783	501(C)(3)	25,000,000				SUPPORT PROGRAMS
(10) IMMANUEL COMMUNITY VISION FOUNDATION 5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	46-2693844	501(C)(3)	55,300,000				SUPPORT PROGRAMS
(11) ALEGENT CREIGHTON HEALTH 12809 WEST DODGE RD OMAHA,NE 68154	47-0757164	501(C)(3)	103,500				SUPPORT TANZANIA MISSION
(12) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER AUXILARY 6901 NORTH 72ND STREET OMAHA,NE 68122	05-0680391	501(C)(3)	5,000				NIGHT OF CELEBRATION EVENT SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

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. Part III can be duplicated 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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 ALL GRANTS ARE MADE TO LOCAL 501(C)(3) ORGANIZATIONS IMMANUEL IS ABLE TO MONITOR THE USE OF THE GRANT FUNDS BY MAINTAINING CONTACT WITH THE DONEES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

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 ELCA ASSEMBLY4980 SOUTH 118TH STREET STE D OMAHA,NE 68137	36-3514308	501(C)(3)	25,500				SUPPORT PROGRAMS AND MINISTRIES OF THE CHURCH
NEBASKA LUTHERAN OUTDOOR MINISTRIES 27416 RANCH ROAD ASHLAND,NE 68003	47-0488319	501(C)(3)	20,000				SUPPORT CAMP MINISTRY AND PROGRAMS

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
LUTHERAN FAMILY SERVICES124 SOUTH 24TH STREET STE 230 OMAHA,NE 68102	23-7267972	501(C)(3)	46,500				SUPPORT MINISTRIES SERVING FAMILIES IN NEBRASKA
TABITHA FOUNDATION 4720 RANDOLPH STREET LINCOLN,NE 68510	47-0377998	501(C)(3)	5,000				SUPPORT PROGRAMS

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
LUTHERAN PLANNED GIVING5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	05-5527996	501(C)(3)	5,000				SUPPORT PROGRAMS
SAFETY AND HEALTH COUNCIL OF GREATER OMAHA INC11620 M CIRCLE OMAHA,NE 68137	47-0259720	501(C)(3)	6,000				SUPPORT PROGRAMS

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 LUTHERAN CAMPUS MINISTRIES4720 RANDOLPH STREET LINCOLN,NE 68510	47-0629969	501(C)(3)	7,263				SUPPORT PROGRAMS
IMMANUEL HOME AND COMMUNITY RESOURCES 5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	27-2628802	501(C)(3)	25,000,000				SUPPORT PROGRAMS

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
IMMANUEL LONG TERM CARE5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	46-2582783	501(C)(3)	25,000,000				SUPPORT PROGRAMS
IMMANUEL COMMUNITY VISION FOUNDATION5858 WENNINGHOFF ROAD SUITE 2 OMAHA,NE 68134	46-2693844	501(C)(3)	55,300,000				SUPPORT PROGRAMS

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 CREIGHTON HEALTH12809 WEST DODGE RD OMAHA,NE 68154	47-0757164	501(C)(3)	103,500				SUPPORT TANZANIA MISSION
ALEGENT HEALTH - IMMANUEL MEDICAL CENTER AUXILARY6901 NORTH 72ND STREET OMAHA,NE 68122	05-0680391	501(C)(3)	5,000				NIGHT OF CELEBRATION EVENT SPONSORSHIP

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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

2012

Open to Public Inspection

Name of the organization
IMMANUEL

Employer identification number
47-0733774

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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**		No
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**		No
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**		No
b	Any related organization?	**6b**		No
	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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ERIC N GURLEY PRESIDENT/ CEO	(i) (ii)	284,080 0	68,351 0	6,899 0	173,258 0	30,734 0	563,322 0	0 0
(2)DAN FRIEDLUND EXECUTIVE VICE PRESIDENT & CFO	(i) (ii)	132,198 0	30,465 0	0 0	0 0	0 0	162,663 0	0 0
(3)STEVE HESS VP & DIR OF HOME/COMM SERV	(i) (ii)	0 127,283	0 28,711	0 0	0 9,549	0 11,262	0 176,805	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	ERIC N GURLEY - $157,473 IN PREMIUMS EXPENSED FOR FUNDING OF SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN
	PART I, LINE 6	THE ORGANIZATION DOES NOT PAY OR ACCRUE ANY COMPENSATION BASED ON THE REVENUES OR THE NET EARNINGS OF THE ORGANIZATION OR ANY RELATED ORGANIZATION HOWEVER, A SMALL PERCENTAGE (LESS THAN 10%) OF THE BONUSES PAID TO ERIC GURLEY, DAN FRIEDLUND, MARY ANDERSON AND ROXANNE ROGERS MEYER IS BASED BASED ON AN OPERATING MARGIN CALCULATION OF IMMANUEL AND RELATED TAX-EXEMPT ORGANIZATIONS A SMALL PERCENTAGE (LESS THAN 10%) OF THE BONUS PAID TO STEVE HESS IS BASED ON AN OPERATING MARGIN CALCULATION OF IMMANUEL HOME AND COMMUNITY RESOURCES, A RELATED TAX-EXEMPT ORGANIZATION A SMALL PERCENTAGE (LESS THAN 10%) OF THE BONUSES PAID TO DEBRA WELK AND TAMMY SEALER IS BASED ON AN OPERATING MARGIN CALCULATION OF IMMANUEL RETIREMENT COMMUNITIES, A RELATED TAX-EXEMPT ORGANIZATION

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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, line 38a or 40b.**

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IMMANUEL

Employer identification number
47-0733774

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose 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) RAMONA EDWARDS	DAN FRIEDLUND EXECUTIVE VICE PRESIDENT & CFO, RAMONA EDWARDS SPOUSE	109,921	RAMONA EDWARDS IS EMPLOYED BY IMMANUEL		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 N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.**
▶ **Attach certified copies of any articles of dissolution, resolutions, or plans.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IMMANUEL

Employer identification number
47-0733774

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		No
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

Part I Liquidation, Termination, or Dissolution *(continued)*

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	**3**	Yes	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	**4a**		No
b	If "Yes," did the organization provide such notice?	**4b**		No
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	**5**		No
6a	Did the organization have any tax-exempt bonds outstanding during the year?	**6a**		No
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	**6b**		
c	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC section of recipient(s) (if tax-exempt) or type of entity
	TERMINATION OF INTEREST IN JOINT OPERATING AGREEMENT (ALEGENT CREIGHTON HEALTH) WITH CATHOLIC HEALTH INITIATIVES	10-31-2012	528,331,000	APPRAISAL	47-0617373	CATHOLIC HEALTH INITIATIVES 198 INVERNESS DR W ENGLEWOOD,CO 80112	501(C)(3)/509(A)(2)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	**2a**		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	**2b**		No
c	Become a direct or indirect owner of a successor or transferee organization?	**2c**		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	**2d**		No
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		ON 10-31-12, IMMANUEL ENTERED INTO AN AGREEMENT WITH CATHOLIC HEALTH INITIATIVES (CHI) TO RESIGN ITS MEMBERSHIP IN ALEGENT AND IMMANUEL MEDICAL CENTER ENTITIES AND TO TERMINATE ITS INTEREST IN THE JOINT OPERATING AGREEMENT (JOA) BETWEEN IMMANUEL MEDICAL CENTER AND ALEGENT CREIGHTON HEALTH - BERGAN MERCY HEALTH SYSTEM IN ACCORDANCE WITH THE JOINT OPERATING AGREEMENT, APPRAISALS WERE CONDUCTED TO DETERMINE THE JOA TERMINATION PAYMENT FROM CHI TO IMMANUEL IMMANUEL RECEIVED A PAYMENT OF $553,669,500 FOLLOWING THE TERMINATION OF THE JOA, IMMANUEL NO LONGER IS A MEMBER OR SPONSOR OF ANY CHARITABLE ORGANIZATION PROVIDING HOSPITAL-BASED MEDICAL SERVICES

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

2012

Open to Public Inspection

Name of the organization
IMMANUEL

Employer identification number
47-0733774

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	ON 10-31-12, IMMANUEL ENTERED INTO AN AGREEMENT WITH CATHOLIC HEALTH INITIATIVES (CHI) TO RESIGN ITS MEMBERSHIP IN ALEGENT AND IMMANUEL MEDICAL CENTER ENTITIES AND TO TERMINATE ITS INTEREST IN THE JOINT OPERATING AGREEMENT (JOA) BETWEEN IMMANUEL MEDICAL CENTER AND ALEGENT CREIGHTON HEALTH - BERGAN MERCY HEALTH SYSTEM IN ACCORDANCE WITH THE JOINT OPERATING AGREEMENT, APPRAISALS WERE CONDUCTED TO DETERMINE THE JOA TERMINATION PAYMENT FROM CHI TO IMMANUEL IMMANUEL RECEIVED A PAYMENT OF $553,669,500 FOLLOWING THE TERMINATION OF THE JOA, IMMANUEL NO LONGER IS A MEMBER OR SPONSOR OF ANY CHARITABLE ORGANIZATION PROVIDING HOSPITAL-BASED MEDICAL SERVICES
INDEPENDENT CONTRACTORS	FORM 990, PART VII, SECTION B	THE AMOUNTS PAID TO INDEPENDENT CONTRACTORS BY IMMANUEL AND RELATED ORGANIZATIONS ARE ALLOCATED TO EACH RESPECTIVE ORGANIZATION BASED ON THE AMOUNT OF SERVICES PROVIDED TO EACH ORGANIZATION FOR PURPOSES OF REPORTING THE PAYMENTS ON PART VII OF FORM 990, THE ENTIRE AMOUNT OF COMPENSATION IS REPORTED ON THIS FORM 990 FOR IMMANUEL
	FORM 990, PART VI, SECTION A, LINE 4	IMMANUEL'S ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED AS OF 12/18/12 TO INCLUDE THE FOLLOWING 1 ORGANIZATIONS SUPPORTED IMMANUEL MEDICAL CENTER WAS REMOVED FROM SUPPORTED ORGANIZATIONS 2 MISSION THE PURPOSE WAS REVISED DELETING ANY REFERENCE TO HOSPITALS AND ADDED "MAINTAIN ASSISTED LIVING, INDEPENDENT LIVING, MEMORY SUPPORT, AFFORDABLE HOUSING, PACE (PROGRAMS FOR ALL-INCLUSIVE CARE FOR THE ELDERLY), HOME CARE AND HOMEMAKER, SKILLED NURSING, LONG-TERM CARE AND OTHER PROGRAMS ADDRESSING HEALTH, HABITATION, SPIRITUAL AND SERVICE NEEDS OF SENIORS AND INDIVIDUALS WITH SPECIAL NEEDS" 3 POLICIES AND PROCEDURES WITHIN THE ORGANIZING DOCUMENTS THE BYLAWS WERE AMENDED TO PROVIDE THAT A CONFLICT OF INTEREST POLICY WILL BE ADOPTED THAT IS APPLICABLE TO THE DIRECTORS, OFFICERS, KEY EMPLOYEES AND SUBSTANTIAL CONTRIBUTORS EVEN THOUGH THIS PROVISION WAS RECENTLY ADDED TO THE BYLAWS, IMMANUEL HAS HAD A CONFLICT OF INTEREST POLICY IN PLACE FOR MANY YEARS
	FORM 990, PART VI, SECTION A, LINE 7A	THE SYNOD COUNCIL OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA) ELECTS ONE-THIRD OF THE DIRECTORS OF IMMANUEL AND MUST CONFIRM THE OTHER TWO-THIRDS OF ELECTED DIRECTORS BEFORE THEY TAKE OFFICE ADDITIONALLY, THE BISHOP OF THE NEBRASKA SYNOD OF THE ELCA AND THE PRESIDENT/CEO OF IMMANUEL ARE BOTH VOTING EX OFFICIO MEMBERS OF THE BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	THE SYNOD COUNCIL OF THE NEBRASKA SYNOD OF THE EVANGELICAL CHURCH IN AMERICA MUST APPROVE ANY AMENDMENT TO THE ARTICLES OR BYLAWS OF IMMANUEL THEREFORE, ANY CHANGES TO THE GOVERNING DOCUMENTS THAT IMPACT THE GOVERNANCE OF THE ORGANIZATION MUST BE APPROVED BY THE SYNOD COUNCIL
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM WITH THE ASSISTANCE OF THE CONTROLLER THE PREPARED FORM 990 IS REVEIWED BY THE CFO AND CONTROLLER COPIES OF THE RETURN ARE PROVIDED TO THE BOARD AFTER THE CFO AND CONTROLLER HAVE REVIEWED THE RETURN, AND BEFORE FORM 990 IS FILED THE RETURN IS APPROVED BY THE CFO PRIOR TO SUBMISSION TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY STATES THAT THE MEMBERS OF THE BOARD OF DIRECTORS MUST SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE ALL CONFLICTS THE GOVERNANCE COMMITTEE SHALL DECIDE WHAT ACTIONS NEED TO BE TAKEN CONCERNING ANY CONFLICTS A BOARD MEMBER IS PROHIBITED FROM VOTING ON ANY BUSINESS RELATED TO ANY CONFLICT THE GOVERNANCE COMMITTEE HAS IDENTIFIED WITH RESPECT TO THAT BOARD MEMBER
	FORM 990, PART VI, SECTION B, LINE 15	IMMANUEL ANALYZES MARKET-BASED COMPENSATION STUDIES, REVIEWS JOB DESCRIPTIONS AND INTERVIEWS OUTSIDE HUMAN RESOURCE CONSULTANTS COMPENSATION FOR THE CEO IS APPROVED BY THE BOARD OF DIRECTORS COMPENSATION OF TOP MANAGEMENT PERSONNEL IS APPROVED BY THE CEO
	FORM 990, PART VI, SECTION C, LINE 19	IMMANUEL DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY	FORM 990, PART VIII, LINE 7A & 7B COL (I)	A PORTION OF THE AMOUNTS ON LINES 7A & 7B INCLUDE MONIES GOING IN AND OUT OF DEPOSITORY ACCOUNTS DUE TO THE NUMBER OF INVESTMENT ACCOUNTS AND COMPLEXITY OF THE ACCOUNTS, SOME OF THE DEPOSITS AND REDEMPTIONS ARE STILL INCLUDED IN THESE NUMBERS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	EQUITY IN INCOME OF ALEGENT HEALTH - IMMANUEL MEDICAL CENTER AND AFFILIATES 15,658,000 EQUITY IN OTHER CHGS IN UNRESTR NET ASSETS OF ALEGENT HEALTH-IMC & AFFIL 14,368,000 EQUITY IN OTHER CHGS - TEMP RESTR NET ASSETS OF ALEGENT HEALTH-IMC & AFFIL 366,000
	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF IMMANUEL'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHANGE FROM PRIOR YEARS
PRIOR PERIOD ADJUSTMENT	FORM 990, PART XI, LINE 8	A PRIOR PERIOD ADJUSTMENT OF $497,939,000 WAS MADE TO RECOGNIZE IMMANUEL'S EQUITY IN ALEGENT CREIGHTON HEALTH, A JOINT OPERATING AGREEMENT, FOR THE PRIOR YEAR
TAX EXEMPT BONDS - OBLIGATED GROUP	SCHEDULE R, PART V, LINE 2(3)	ON APRIL 10, 2010, TAX EXEMPT BONDS WERE ISSUED BY IMMANUEL RETIREMENT COMMUNITES, A SUPPORTED ORGANIZATION OF IMMANUEL THE LIABILITY FOR THE BONDS IS REPORTED ON THE BALANCE SHEET OF IMMANUEL RETIREMENT COMMUNITIES PURSUANT TO A MASTER TRUST INDENTURE, IMMANUEL AND IMMANUEL RETIREMENT COMMUNITIES (THE OBLIGATED GROUP) ARE JOINTLY AND SEVERALLY OBLIGATED TO MAKE DEBT SERVICE PAYMENTS ON THE 2010 SERIES HEALTH FACILITIES REVENUE BONDS

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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

2012

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Name of the organization
IMMANUEL

Employer identification number
47-0733774

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

(a) Name, address, and EIN (if applicable) 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) IMMANUEL CORE FUND LLC 1500 WOODMEN TOWER 1700 FARNAM ST OMAHA, NE 68102 46-2921681	INVEST AND MANAGE INVESTMENTS FOR THE BENEFIT OF RELATED ENTITIES	NE	-102,659	60,557,841	IMMANUEL

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) 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	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

		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 or **(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	No
d	Loans or loan guarantees to or for related organization(s)	1d Yes	
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o	Sharing of paid employees with related organization(s)	1o Yes	
p	Reimbursement paid to related organization(s) for expenses	1p Yes	
q	Reimbursement paid by related organization(s) for expenses	1q Yes	
r	Other transfer of cash or property to related organization(s)	1r Yes	
s	Other transfer of cash or property from related organization(s)	1s Yes	

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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
COLUMN (F), DIRECT CONTROLLING ENTITY	SCHEDULE R, PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	IMMANUEL COMMUNITY FOUNDATION'S DIRECTORS ARE SELECTED BY THE BOARDS OF DIRECTORS OF THE THREE ORGANIZATIONS IT SUPPORTS, IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES, AND IMMANUEL LONG TERM CARE EACH OF THESE THREE ORGANIZATIONS IS CONTROLLED BY THEIR SOLE MEMBER, IMMANUEL

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
IMMANUEL RETIREMENT COMMUNITIES - SEE SCH O EXPLANATION	D	63,395,000	PAR VALUE
IMMANUEL HOME AND COMMUNITY RESOURCES	S	1,295,372	CASH TRANSFERRED EQUALS FMV
PACE IOWA	S	4,653,976	CASH TRANSFERRED EQUALS FMV
IMMANUEL RETIREMENT COMMUNITIES	R	1,813,463	CASH TRANSFERRED EQUALS FMV
PACE IOWA	A	302,907	CASH TRANSFERRED EQUALS FMV
IMMANUEL RETIREMENT COMMUNITIES	A	422,402	CASH TRANSFERRED EQUALS FMV
IMMANUEL HOME AND COMMUNITY RESOURCES	A	123,535	CASH TRANSFERRED EQUALS FMV
PACE NEBRASKA	S	1,432,270	CASH TRANSFERRED EQUALS FMV
PACE NEBRASKA	A	161,899	CASH TRANSFERRED EQUALS FMV
IMMANUEL HOME AND COMMUNITY RESOURCES	B	25,000,000	CASH TRANSFERRED EQUALS FMV
IMMANUEL LONG TERM CARE	B	25,000,000	CASH TRANSFERRED EQUALS FMV
IMMANUEL COMMUNITY VISION FOUNDATION	B	55,300,000	CASH TRANSFERRED EQUALS FMV
IMMANUEL LONG TERM CARE	R	147,084	CASH TRANSFERRED EQUALS FMV
PACE IOWA	D	534,578	CASH TRANSFERRED EQUALS FMV
PACE NEBRASKA	R	591,898	CASH TRANSFERRED EQUALS FMV
TRINITY AFFORDABLE INC	R	318,424	CASH TRANSFERRED EQUALS FMV
IMMANUEL AFFORDABLE II INC	R	103,808	CASH TRANSFERRED EQUALS FMV