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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](#)

OMB No 1545-0047

2015

Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016**

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization

ALEGENT CREIGHTON HEALTH

Doing business as

Number and street (or P O box if mail is not delivered to street address)

12809 WEST DODGE ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

OMAHA, NE 68154

**F** Name and address of principal officer

Cliff A Robertson

12809 WEST DODGE ROAD

OMAHA, NE 68154

**D** Employer identification number

47-0757164

**E** Telephone number

(402) 343-4323

**G** Gross receipts \$

582,555,467

**I** Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( ) ◀(insert no )

☐ 4947(a)(1) or

☐ 527

**J** Website: ▶

WWW.CHIHEALTH.COM

**K** Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

**L** Year of formation

1992

**M** State of legal domicile

NE

Part I

Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities

THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH

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

**3** Number of voting members of the governing body (Part VI, line 1a)

3

16

**4** Number of independent voting members of the governing body (Part VI, line 1b)

4

10

**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a)

5

3,516

**6** Total number of volunteers (estimate if necessary)

6

761

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

7a

4,602,088

**7b** Net unrelated business taxable income from Form 990-T, line 34

7b

-1,087,901

Revenue

**8** Contributions and grants (Part VIII, line 1h)

3,363,280

3,462,454

**9** Program service revenue (Part VIII, line 2g)

502,353,858

299,747,411

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d )

-323,465

7,720,608

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

11,062,396

265,594,238

**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

516,456,069

576,524,711

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

68,768,701

16,570,347

**14** Benefits paid to or for members (Part IX, column (A), line 4)

0

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

175,186,869

138,395,677

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup>

**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

420,473,456

378,158,473

**18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

664,429,026

533,124,497

**19** Revenue less expenses Subtract line 18 from line 12

-147,972,957

43,400,214

Net Assets or Fund Balances

**20** Total assets (Part X, line 16)

696,163,342

1,049,622,124

**21** Total liabilities (Part X, line 26)

430,994,771

671,181,936

**22** Net assets or fund balances Subtract line 21 from line 20

265,168,571

378,440,188

Part II

Signature Block

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

Sign Here

Signature of officer

Jeanette Wojtalewicz CFO

Type or print name and title

2017-05-09

Date

**Paid Preparer Use Only**

Print/Type preparer's name

Angela Noel

Preparer's signature

Angela Noel

Date

Check ☐ if self-employed

PTIN P01051055

Firm's name ▶ Catholic Health Initiatives

Firm's EIN ▶ 47-0617373

Firm's address ▶ 12809 WEST DODGE ROAD

Phone no (402) 343-4413

OMAHA, NE 68154

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

☒

**1** Briefly describe the organization’s mission

The mission of the Corporation is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges the Corporation to emphasize human dignity and social justice as it creates healthier communities. The Corporation, sponsored by a lay-religious partnership, calls other Catholic sponsors and systems to unite to ensure the future of Catholic health care. To fulfill this mission, the Corporation, as a values-based organization, will assure the integrity of the ministry in both current and developing organizations and activities, research and develop new ministries that integrate health, education, pastoral, and social services, promote leadership development and formation for ministry throughout the entire organization, advocate for systemic changes with specific concern for persons who are poor, alienated, and underserved, and steward resources by general oversight of the entire organization.

**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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Code ) (Expenses \$ 56,322,787 including grants of \$ 4,462,631 ) (Revenue \$ 75,460,839 ) |
| ALEGENT CREIGHTON HEALTH STAFF ARE FOCUSED ON RESTORING PATIENTS' HEALTH BY USING PERSONALIZED CARE AND STATE-OF-THE-ART TECHNOLOGY. THE DIAGNOSTIC CENTER AT THE HOSPITALS ARE EQUIPPED WITH THE LATEST DIGITAL IMAGING TECHNOLOGY. HEALTHCARE PROVIDERS HAVE MEDICAL INFORMATION AT THEIR FINGER TIPS, SO DIAGNOSIS IS QUICKER AND TREATMENT CAN BE STARTED SOONER. EACH DIAGNOSTIC CENTER OFFERS A FULL RANGE OF DIAGNOSTIC IMAGING SERVICES INCLUDING BUT NOT LIMITED TO THE FOLLOWING: MRI, CT SCANNING, PET/CT SCAN, ULTRASOUND, MAMMOGRAMS, NUCLEAR MEDICINE, CLINICAL LABORATORY, X-RAY IMAGING, PULMONARY SERVICES, OUTPATIENT LABORATORY TESTING, ANGIOGRAPHY AND RADIOGRAPHY. |                                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Code ) (Expenses \$ 22,731,810 including grants of \$ 2,166,734 ) (Revenue \$ 36,638,387 ) |
| THE ALEGENT CREIGHTON HEALTH EMERGENCY DEPARTMENTS PROVIDE EXPERT TREATMENT FOR ADULTS AND CHILDREN. WHETHER IT'S A LIFE-THREATENING MEDICAL CONDITION OR HIGH FEVER, EXPERIENCED STAFF IS TRAINED AND READY TO HANDLE A WIDE RANGE OF EMERGENCY SITUATIONS. ALEGENT CREIGHTON HEALTH IS CONSTANTLY WORKING TO FIND NEW AND BETTER WAYS TO MAKE SURE EACH PATIENT RECEIVES THE BEST, MOST EFFICIENT EMERGENCY CARE POSSIBLE. THE EMERGENCY DEPARTMENT CONSISTENTLY SCORES IN THE HIGHEST PERCENTILE FOR QUALITY OF CARE, NURSE AND DOCTOR UNDERSTANDING AND CARING, AS WELL AS THE LEAST AMOUNT OF TIME PATIENTS SPEND WAITING FOR EMERGENCY CARE. |                                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                        | (Code ) (Expenses \$ 19,009,472 including grants of \$ 2,130,006 ) (Revenue \$ 36,017,333 ) |
| ALEGENT CREIGHTON HEALTH OFFERS A WIDE RANGE OF COMPREHENSIVE CARDIOVASCULAR SERVICES IN THE REGION, USING A TEAM APPROACH TO ADDRESS THE TOTAL NEEDS OF THE CARDIOVASCULAR PATIENT. CARDIAC SERVICES INCLUDE BUT ARE NOT LIMITED TO: HI-TECH DIAGNOSIS AND INTERVENTION, CARDIAC CATHETERIZATION LAB, ECHOCARDIOGRAPHY, VASCULAR ULTRASOUND, HEART SCANS AND HEART CHECKS, ANGIOPLASTY AND DRUG-ELUTING STENTS. |                                                                                             |
| See Additional Data                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |

|                                                                                       |                                                  |
|---------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>4d</b>                                                                             | Other program services (Describe in Schedule O ) |
| (Expenses \$ 405,214,092 including grants of \$ 7,810,976 ) (Revenue \$ 132,079,680 ) |                                                  |

|           |                                              |
|-----------|----------------------------------------------|
| <b>4e</b> | Total program service expenses ▶ 503,278,161 |
|-----------|----------------------------------------------|

Part IV Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes            | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>                                                                                                                                                                              | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                                                                            | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                                                                                                            | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                                | <b>4</b> Yes   |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>                                                                                                                                                                     | <b>5</b>       | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>                                                                                                                                          | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                                                                                                                  | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                                                                                                               | <b>8</b>       | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>                                                                                                   | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                          | <b>10</b> Yes  |    |
| <b>11</b> 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                                                                                                                                                                                                                                                        |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                            | <b>11a</b> Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                                                                                                           | <b>11b</b>     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                                                                                                           | <b>11c</b>     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                         | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                         | <b>11e</b> Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>                                                               | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                                                                                                              | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                            | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                          | <b>14a</b> Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>  | <b>14b</b> Yes |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                                                                                                                 | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                                                                                                           | <b>16</b>      | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)                                                                                                                                                                                  | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                                                                                                                 | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                                                                                                           | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                              | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                      | <b>20b</b> Yes |    |

**Part IV** Checklist of Required Schedules *(continued)*

|            |                                                                                                                                                                                                                                                                                                                            |            |     |    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | <b>22</b>  | Yes |    |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | <b>23</b>  | Yes |    |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                      | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)                                                                                                                               |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | <b>28b</b> | Yes |    |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . .                                                                                                                                                                                              | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | <b>33</b>  | Yes |    |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | <b>35a</b> | Yes |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | <b>36</b>  |     | No |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                       | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b>  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

|     |                                                                                                                                                                                                                                            |     |       |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|----|
|     |                                                                                                                                                                                                                                            |     | Yes   | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1a  | 0     |    |
| 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  |       |    |
| 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  | 3,516 |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> 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  | Yes   |    |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               | 3b  | Yes   |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  |       | No |
| b   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |       |    |
| 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.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                 | 8   |       |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  |       |    |
| b   | Did the sponsoring 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? <b>Note.</b> 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 or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              |              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 16 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 10 |     |    |
| <b>2</b> 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?                                               | <b>2</b>     |     | No |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     | Yes |    |
| <b>7a</b> 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?                                                                 | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> 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        | <b>9</b>     |     | No |

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

|                                                                                                                                                                                                                                                                                                       | Yes        | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> | No  |
| <b>b</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?                                                                   | <b>10b</b> |     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | Yes |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |            |     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | Yes |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | Yes |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> | Yes |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | Yes |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | Yes |
| <b>15</b> 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?                                                                        |            |     |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | Yes |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> | No  |
| <b>b</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? | <b>16b</b> |     |

**Section C. Disclosure**

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

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**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, address, and telephone number of the person who possesses the organization's books and records  
 ►JEANETTE WOJTALEWICZ 12809 WEST DODGE ROAD OMAHA, NE 68154 (402) 343-4323

Check if Schedule O contains a response or note to any line in this Part VII ☐

**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

[illegible]

|           |                                                              |           |            |           |
|-----------|--------------------------------------------------------------|-----------|------------|-----------|
| <b>1b</b> | <b>Sub-Total</b>                                             |           |            |           |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A</b> |           |            |           |
| <b>d</b>  | <b>Total (add lines 1b and 1c)</b>                           | 1,219,523 | 16,535,301 | 1,330,459 |

|          |                                                                                                                                                                                                                                               | Yes          | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> Yes |    |
| <b>4</b> | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b>     | No |

**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.

**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 ► 92

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

☒

|                                                           |                                                    |                                                                                                                                           |                                                                                             | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |           |
|-----------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                 | Federated campaigns . . .                                                                                                                 | 1a                                                                                          | 0                    | 3,462,454                                          |                                         |                                                                     |           |
|                                                           | b                                                  | Membership dues . . . . .                                                                                                                 | 1b                                                                                          | 109,865              |                                                    |                                         |                                                                     |           |
|                                                           | c                                                  | Fundraising events . . . . .                                                                                                              | 1c                                                                                          | 0                    |                                                    |                                         |                                                                     |           |
|                                                           | d                                                  | Related organizations . . . . .                                                                                                           | 1d                                                                                          | 146,716              |                                                    |                                         |                                                                     |           |
|                                                           | e                                                  | Government grants (contributions)                                                                                                         | 1e                                                                                          | 1,451,014            |                                                    |                                         |                                                                     |           |
|                                                           | f                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                         | 1f                                                                                          | 1,754,859            |                                                    |                                         |                                                                     |           |
|                                                           | g                                                  | Noncash contributions included in lines<br>1a-1f \$                                                                                       |                                                                                             | 0                    |                                                    |                                         |                                                                     |           |
|                                                           | h                                                  | Total. Add lines 1a-1f . . . . . ▶                                                                                                        |                                                                                             |                      |                                                    |                                         |                                                                     |           |
| Program Service Revenue                                   | 2a                                                 | Net patient services                                                                                                                      | Business Code<br>900099                                                                     | 259,535,080          | 257,431,871                                        | 2,103,209                               | 0                                                                   |           |
|                                                           | b                                                  | Management Fees                                                                                                                           | 541610                                                                                      | 17,966,127           | 17,966,127                                         | 0                                       | 0                                                                   |           |
|                                                           | c                                                  | Pharmacy Services                                                                                                                         | 446110                                                                                      | 4,071,553            | 0                                                  | 1,019,653                               | 3,051,900                                                           |           |
|                                                           | d                                                  | Medical Services                                                                                                                          | 621300                                                                                      | 503,776              | 0                                                  | 35,573                                  | 468,203                                                             |           |
|                                                           | e                                                  | Medicare/Medicaid                                                                                                                         | 900099                                                                                      | 137,206              | 0                                                  | 0                                       | 137,206                                                             |           |
|                                                           | f                                                  | All other program service revenue                                                                                                         |                                                                                             | 17,533,669           | 0                                                  | 0                                       | 17,533,669                                                          |           |
|                                                           | g                                                  | Total. Add lines 2a-2f . . . . . ▶                                                                                                        |                                                                                             |                      | 299,747,411                                        |                                         |                                                                     |           |
|                                                           | Other Revenue                                      | 3                                                                                                                                         | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶ |                      | 732,577                                            | 0                                       | 3,557                                                               | 729,020   |
| 4                                                         |                                                    | Income from investment of tax-exempt bond proceeds . . ▶                                                                                  |                                                                                             | 0                    | 0                                                  | 0                                       | 0                                                                   |           |
| 5                                                         |                                                    | Royalties . . . . . ▶                                                                                                                     |                                                                                             | 0                    | 0                                                  | 0                                       | 0                                                                   |           |
| 6a                                                        |                                                    | (i) Real                                                                                                                                  |                                                                                             | (ii) Personal        | 2,554,107                                          | 0                                       | 393,663                                                             | 2,160,444 |
|                                                           |                                                    | Gross rents                                                                                                                               | 8,453,489                                                                                   | 0                    |                                                    |                                         |                                                                     |           |
|                                                           |                                                    | b Less rental<br>expenses                                                                                                                 | 5,899,382                                                                                   | 0                    |                                                    |                                         |                                                                     |           |
|                                                           |                                                    | c Rental income<br>or (loss)                                                                                                              | 2,554,107                                                                                   | 0                    |                                                    |                                         |                                                                     |           |
| d                                                         |                                                    | Net rental income or (loss) . . . . . ▶                                                                                                   |                                                                                             |                      |                                                    |                                         |                                                                     |           |
| 7a                                                        |                                                    | (i) Securities                                                                                                                            |                                                                                             | (ii) Other           | 6,988,031                                          | 0                                       | 0                                                                   | 6,988,031 |
|                                                           |                                                    | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                           | 1,436,993                                                                                   | 5,551,038            |                                                    |                                         |                                                                     |           |
|                                                           |                                                    | b Less cost or<br>other basis and<br>sales expenses                                                                                       | 0                                                                                           | 0                    |                                                    |                                         |                                                                     |           |
|                                                           |                                                    | c Gain or (loss)                                                                                                                          | 1,436,993                                                                                   | 5,551,038            |                                                    |                                         |                                                                     |           |
| d                                                         |                                                    | Net gain or (loss) . . . . . ▶                                                                                                            |                                                                                             |                      |                                                    |                                         |                                                                     |           |
| 8a                                                        |                                                    | Gross income from fundraising<br>events (not including<br>\$ 0<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                                                             |                      | 0                                                  |                                         | 0                                                                   | 0         |
|                                                           |                                                    | a                                                                                                                                         | 0                                                                                           |                      |                                                    |                                         |                                                                     |           |
|                                                           |                                                    | b Less direct expenses . . . . . b                                                                                                        | 0                                                                                           |                      |                                                    |                                         |                                                                     |           |
| c                                                         |                                                    | Net income or (loss) from fundraising events . . ▶                                                                                        |                                                                                             |                      |                                                    |                                         |                                                                     |           |
| 9a                                                        |                                                    | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                     |                                                                                             |                      | 0                                                  | 0                                       | 0                                                                   | 0         |
|                                                           |                                                    | a                                                                                                                                         | 0                                                                                           |                      |                                                    |                                         |                                                                     |           |
|                                                           |                                                    | b Less direct expenses . . . . . b                                                                                                        | 0                                                                                           |                      |                                                    |                                         |                                                                     |           |
| c                                                         |                                                    | Net income or (loss) from gaming activities . . . ▶                                                                                       |                                                                                             |                      |                                                    |                                         |                                                                     |           |
| 10a                                                       |                                                    | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                        |                                                                                             |                      | 102,087                                            | 0                                       | 0                                                                   | 102,087   |
|                                                           | a                                                  | 233,461                                                                                                                                   |                                                                                             |                      |                                                    |                                         |                                                                     |           |
|                                                           | b Less cost of goods sold . . . . . b              | 131,374                                                                                                                                   |                                                                                             |                      |                                                    |                                         |                                                                     |           |
| c                                                         | Net income or (loss) from sales of inventory . . ▶ |                                                                                                                                           |                                                                                             |                      |                                                    |                                         |                                                                     |           |
| Miscellaneous Revenue                                     |                                                    |                                                                                                                                           | Business Code                                                                               |                      |                                                    |                                         |                                                                     |           |
| 11a                                                       | Wellness Services                                  |                                                                                                                                           | 900099                                                                                      | 2,066,922            | 2,027,748                                          | 39,174                                  | 0                                                                   |           |
| b                                                         | Reimbursement of Expenses                          |                                                                                                                                           | 900099                                                                                      | 257,418,047          | 1,391,321                                          | 781,227                                 | 255,245,499                                                         |           |
| c                                                         | Information Services                               |                                                                                                                                           | 517000                                                                                      | 1,427,172            | 1,379,172                                          | 48,000                                  | 0                                                                   |           |
| d                                                         | All other revenue . . . . .                        |                                                                                                                                           |                                                                                             | 2,025,903            | 0                                                  | 178,032                                 | 1,847,871                                                           |           |
| e                                                         | Total. Add lines 11a-11d . . . . . ▶               |                                                                                                                                           |                                                                                             | 262,938,044          |                                                    |                                         |                                                                     |           |
| 12                                                        | Total revenue. See Instructions . . . . . ▶        |                                                                                                                                           |                                                                                             | 576,524,711          | 280,196,239                                        | 4,602,088                               | 288,263,930                                                         |           |

**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 or note to any line in this Part IX: ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                          | 805,880               | 805,880                         |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                     | 15,764,467            | 15,764,467                      |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                              |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                      | 989,075               |                                 | 989,075                                |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 109,975,900           | 105,416,726                     | 4,559,174                              |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 5,060,124             | 4,807,118                       | 253,006                                |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 14,201,406            | 13,491,336                      | 710,070                                |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 8,169,172             | 7,760,713                       | 408,459                                |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    | 110,217,988           | 110,217,988                     |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 4,213,314             |                                 | 4,213,314                              |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      | 209,327               | 209,327                         |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                                    | 171,027               | 162,476                         | 8,551                                  |                             |
| g                                                                              | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                   | 29,265,682            | 21,978,010                      | 7,287,672                              | 0                           |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 7,286,899             | 6,922,554                       | 364,345                                |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 15,659,994            | 14,876,994                      | 783,000                                |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 41,285,169            | 39,220,911                      | 2,064,258                              |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 11,200,374            | 10,640,355                      | 560,019                                |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 1,067,894             | 1,014,499                       | 53,395                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 171,788               | 163,199                         | 8,589                                  |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 5,740,520             | 5,740,520                       |                                        |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        | 9,241,192             | 8,779,132                       | 462,060                                |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 35,039,763            | 33,287,775                      | 1,751,988                              |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 575,946               | 547,149                         | 28,797                                 |                             |
| 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                                                                              | Unrelated Business Taxes.                                                                                                                                                                                                                      | 291                   | 291                             |                                        |                             |
| b                                                                              | Bad debts.                                                                                                                                                                                                                                     | 26,243,957            | 24,931,759                      | 1,312,198                              |                             |
| c                                                                              | Medical Supplies.                                                                                                                                                                                                                              | 28,542,508            | 27,115,383                      | 1,427,125                              |                             |
| d                                                                              | Repairs and maintenance.                                                                                                                                                                                                                       | 7,500,525             | 7,125,499                       | 375,026                                |                             |
| e                                                                              | All other expenses.                                                                                                                                                                                                                            | 44,524,315            | 42,298,100                      | 2,226,215                              | 0                           |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 533,124,497           | 503,278,161                     | 29,846,336                             | 0                           |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

|                             |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |             | (A)               |               | (B)           |             |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|---------------|---------------|-------------|
|                             |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |             | Beginning of year |               | End of year   |             |
| Assets                      | 1                                                                                                                                                          | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |             | 4,101,503         | 1             | 6,647,322     |             |
|                             | 2                                                                                                                                                          | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |             | 15,914,480        | 2             | 78,486,979    |             |
|                             | 3                                                                                                                                                          | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |             |                   | 3             | 0             |             |
|                             | 4                                                                                                                                                          | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |             | 74,474,509        | 4             | 35,101,542    |             |
|                             | 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             | 0             |             |
|                             | 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             | 0             |             |
|                             | 7                                                                                                                                                          | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |             |                   | 7             | 0             |             |
|                             | 8                                                                                                                                                          | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |             | 8,482,543         | 8             | 4,135,438     |             |
|                             | 9                                                                                                                                                          | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |             | 3,544,596         | 9             | 4,288,394     |             |
|                             | 10a                                                                                                                                                        | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                            | 10a         | 461,230,467       |               |               |             |
|                             | b                                                                                                                                                          | Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b         | 129,360,029       | 395,995,231   | 10c           | 331,870,438 |
|                             | 11                                                                                                                                                         | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |             | 10,073,131        | 11            | 9,298,602     |             |
|                             | 12                                                                                                                                                         | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |             | 49,069,199        | 12            | 48,703,586    |             |
|                             | 13                                                                                                                                                         | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |             | 44,340,198        | 13            | 45,915,829    |             |
|                             | 14                                                                                                                                                         | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                             |             | 85,074,076        | 14            | 85,074,076    |             |
|                             | 15                                                                                                                                                         | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                            |             | 5,093,876         | 15            | 400,099,918   |             |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                         | 696,163,342 | 16                | 1,049,622,124 |               |             |
| Liabilities                 | 17                                                                                                                                                         | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |             | 45,981,433        | 17            | 45,277,206    |             |
|                             | 18                                                                                                                                                         | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |             |                   | 18            | 0             |             |
|                             | 19                                                                                                                                                         | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |             | 119,326           | 19            | 1,731,680     |             |
|                             | 20                                                                                                                                                         | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |             |                   | 20            | 0             |             |
|                             | 21                                                                                                                                                         | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |             |                   | 21            | 0             |             |
|                             | 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            | 0             |             |
|                             | 24                                                                                                                                                         | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                  |             | 121,291,107       | 24            | 0             |             |
|                             | 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 . . . . .                                                                                                                                                         |             | 263,602,905       | 25            | 624,173,050   |             |
|                             | 26                                                                                                                                                         | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                             |             | 430,994,771       | 26            | 671,181,936   |             |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                         |             |                   |               |               |             |
|                             | 27                                                                                                                                                         | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |             | 265,168,571       | 27            | 378,440,188   |             |
|                             | 28                                                                                                                                                         | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             |                   | 28            | 0             |             |
|                             | 29                                                                                                                                                         | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             |                   | 29            | 0             |             |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                         |             |                   |               |               |             |
|                             | 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                                                                                                                                                         | <b>Total net assets or fund balances . . . . .</b>                                                                                                                                                                                                                                                                                      |             | 265,168,571       | 33            | 378,440,188   |             |
|                             | 34                                                                                                                                                         | <b>Total liabilities and net assets/fund balances . . . . .</b>                                                                                                                                                                                                                                                                         |             | 696,163,342       | 34            | 1,049,622,124 |             |

**Part XI**    **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☒

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | <b>1</b>  | 576,524,711 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | <b>2</b>  | 533,124,497 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | <b>3</b>  | 43,400,214  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .                 | <b>4</b>  | 265,168,571 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                        | <b>5</b>  | -2,639,634  |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                              | <b>6</b>  |             |
| <b>7</b>  | Investment expenses . . . . .                                                                                 | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments . . . . .                                                                            | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | 72,511,037  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 378,440,188 |

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

|           |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| <b>3a</b> | 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?                                                                                                                                                                                                                                                                 | Yes |    |
| <b>b</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                                                                                                                                                                                                     | Yes |    |

## Additional Data

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**EIN:** 47-0757164  
**Name:** ALEGENT CREIGHTON HEALTH

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

|       |                |             |                        |                         |               |
|-------|----------------|-------------|------------------------|-------------------------|---------------|
| (Code | ) (Expenses \$ | 405,214,092 | including grants of \$ | 7,810,976 ) (Revenue \$ | 132,079,680 ) |
|-------|----------------|-------------|------------------------|-------------------------|---------------|

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



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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                   |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| BARRY SANDSTROM<br>.....<br>Board Member          | 1 0<br>.....<br>11 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| NATHANIEL BRACKETT MD<br>.....<br>BOARD MEMBER    | 1 0<br>.....<br>59 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| SUSANNE L HRUZA<br>.....<br>BOARD MEMBER          | 1 0<br>.....<br>11 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| AMY L MCGAHA md<br>.....<br>BOARD MEMBER          | 1 0<br>.....<br>59 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 263,770                                                                    | 14,202                                                                                        |
| Edward R O'Connor Ph d<br>.....<br>Board Member   | 1 0<br>.....<br>11 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Bill T Yates<br>.....<br>Board Member             | 1 0<br>.....<br>11 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JOAN NEUHAUS<br>.....<br>CHI HEALTH SVP COO       | 15 0<br>.....<br>121 0                                                                     |                                                                                                           |                       | X       |              |                              |        | 12,025                                                                | 1,103,009                                                                  | 44,362                                                                                        |
| NANCY WALLACE<br>.....<br>SVP HR CHI HEALTH       | 15 0<br>.....<br>45 0                                                                      |                                                                                                           |                       | X       |              |                              |        | 7,098                                                                 | 458,270                                                                    | 36,239                                                                                        |
| CARY WARD MD<br>.....<br>CHI HEALTH SVP CMO       | 12 0<br>.....<br>48 0                                                                      |                                                                                                           |                       | X       |              |                              |        | 9,017                                                                 | 625,074                                                                    | 53,207                                                                                        |
| JEANNETTE WOJTALEWICZ<br>.....<br>CFO, CHI HEALTH | 5 0<br>.....<br>55 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 10,364                                                                | 863,652                                                                    | 82,856                                                                                        |

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

| (A)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                        |                                                                             |                                                                                               |
| CINDY ALLOWAY                         | 56 0                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| PRESIDENT - LKS & MDL Hospital        | 4 0                                                                                        |                                                                                                           |                       |         | X            |                              |        | 7,022                                                                  | 526,552                                                                     | 39,911                                                                                        |
| JANE CARMODY                          | 15 0                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| CHIEF NURSING OFFICER                 | 45 0                                                                                       |                                                                                                           |                       |         | X            |                              |        | 0                                                                      | 406,089                                                                     | 22,302                                                                                        |
| KEVIN NOKELS                          | 60 0                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| PRESIDENT - CUMC                      | 0 0                                                                                        |                                                                                                           |                       |         | X            |                              |        | 7,586                                                                  | 515,654                                                                     | 85,017                                                                                        |
| STEVE HOUSTON                         | 18 0                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| SVP STRATEGY AND TECHNOLOGY, PLANNING | 42 0                                                                                       |                                                                                                           |                       |         | X            |                              |        | 396,238                                                                | 0                                                                           | 41,690                                                                                        |
| MIKE WATTERS                          | 10 0                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| DIV VP SR COUNSEL                     | 50 0                                                                                       |                                                                                                           |                       |         | X            |                              |        | 0                                                                      | 358,800                                                                     | 32,338                                                                                        |
| MARIE KNEDLER                         | 4 0                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| PRESIDENT - Bergen                    | 56 0                                                                                       |                                                                                                           |                       |         |              | X                            |        | 7,810                                                                  | 605,513                                                                     | 34,921                                                                                        |
| DANIEL MCELLIGOTT                     |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| President - St Francis                | 41 0                                                                                       |                                                                                                           |                       |         |              | X                            |        | 6,795                                                                  | 512,412                                                                     | 36,099                                                                                        |
| KIM MOORE                             |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| President - St Elizabeth              | 61 0                                                                                       |                                                                                                           |                       |         |              | X                            |        | 6,924                                                                  | 494,344                                                                     | 60,370                                                                                        |
| MICHAEL SCHNIEDERS                    |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| COO/ President - Good Samantan        | 60 0                                                                                       |                                                                                                           |                       |         |              | X                            |        | 7,672                                                                  | 575,216                                                                     | 52,677                                                                                        |
| ANN SCHUMACHER                        | 4 0                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                        |                                                                             |                                                                                               |
| PRESIDENT - IMC                       | 57 0                                                                                       |                                                                                                           |                       |         |              | X                            |        | 7,020                                                                  | 487,166                                                                     | 82,231                                                                                        |





SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ALEGENT CREIGHTON HEALTH | Employer identification number<br>47-0757164 |
|------------------------------------------------------|----------------------------------------------|

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|----|------------------------------------------------------|----------------------------------------------------|
|                                       |         |                                                                                     | Yes                                                            | No |                                                      |                                                    |
|                                       |         |                                                                                     |                                                                |    |                                                      |                                                    |
|                                       |         |                                                                                     |                                                                |    |                                                      |                                                    |
|                                       |         |                                                                                     |                                                                |    |                                                      |                                                    |
| Total                                 |         |                                                                                     |                                                                |    |                                                      |                                                    |

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<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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<br>(or fiscal year beginning in) ►                                                                                                                                          | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 VI )                                                                                         |         |         |         |         |         |                          |
| 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 section 501(c)(3) organization, check this box and stop here . . . . . |         |         |         |         |         | <input type="checkbox"/> |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                        |  |    |  |  |  |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|--|--|--------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                  |  | 14 |  |  |  |                          |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         |  | 15 |  |  |  |                          |
| 16a 33 1/3% support test—2015.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                                                                                                                                                                          |  |    |  |  |  | <input type="checkbox"/> |
| b 33 1/3% support test—2014.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                                                                                                                                                                       |  |    |  |  |  | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      |  |    |  |  |  | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |  |    |  |  |  | <input type="checkbox"/> |
| 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                                                                                                                                                                                                                                                       |  |    |  |  |  | <input type="checkbox"/> |

**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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                                             | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                                                                 |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                    |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                             |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                                                               |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                        |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                                    |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                                                     |         |         |         |         |         |          |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                                                                                    | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                                                                                                                                                                                                                                                           | <b>18</b> |  |
| <b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>        |           |  |
| <b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span> |           |  |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>                                                                                                                                                |           |  |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         | 1   |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a  |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b  |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                        | 4b  |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                              | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8   |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b  |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)                                                                                                                                                                                                                                                                                                                                                   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?<br/><i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div> |     |    |
| <div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?<br/><i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?<br/><i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div> |     |    |
| <div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?<br/><i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>                                                                                                         |     |    |
| <div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?<br/><i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>                                                                            |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div> |  |  |
| <div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?<br/><i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>                                                                                                 |  |  |
| <div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?<br/><i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>                                                                                                                                                                                                                              |  |  |
| <div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>                                                                                                                                                                                                                                                                                                                                                                                               |  |  |

**Part V**    **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                        | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>       |                             |

| Section B - Minimum Asset Amount |                                                                                                                                | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                         | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                             |
| <b>a</b>                         | Average monthly value of securities                                                                                            | <b>1a</b>      |                             |
| <b>b</b>                         | Average monthly cash balances                                                                                                  | <b>1b</b>      |                             |
| <b>c</b>                         | Fair market value of other non-exempt-use assets                                                                               | <b>1c</b>      |                             |
| <b>d</b>                         | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | <b>1d</b>      |                             |
| <b>e</b>                         | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| <b>2</b>                         | Acquisition indebtedness applicable to non-exempt use assets                                                                   | <b>2</b>       |                             |
| <b>3</b>                         | Subtract line 2 from line 1d                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                         | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                             |
| <b>5</b>                         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | <b>5</b>       |                             |
| <b>6</b>                         | Multiply line 5 by .035                                                                                                        | <b>6</b>       |                             |
| <b>7</b>                         | Recoveries of prior-year distributions                                                                                         | <b>7</b>       |                             |
| <b>8</b>                         | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                             | <b>8</b>       |                             |

| Section C - Distributable Amount |                                                                                                                                                                          | Current Year |  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| <b>1</b>                         | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | <b>1</b>     |  |
| <b>2</b>                         | Enter 85% of line 1                                                                                                                                                      | <b>2</b>     |  |
| <b>3</b>                         | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | <b>3</b>     |  |
| <b>4</b>                         | Enter greater of line 2 or line 3                                                                                                                                        | <b>4</b>     |  |
| <b>5</b>                         | Income tax imposed in prior year                                                                                                                                         | <b>5</b>     |  |
| <b>6</b>                         | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | <b>6</b>     |  |
| <b>7</b>                         | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |              |  |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions                                                                                                                         | Current Year |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| <b>6</b> Other distributions (describe in Part VI) See instructions                                                                               |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                        |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| <b>9</b> Distributable amount for 2015 from Section C, line 6                                                                                     |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                                    | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2015 from Section C, line 6                                                                                              |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2015                                                                                                   |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>b</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>c</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>d</b> From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>e</b> From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| <b>h</b> Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| <b>i</b> Carryover from 2010 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| <b>4</b> Distributions for 2015 from Section D, line 7<br>\$                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| <b>b</b> Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>b</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>c</b> Excess from 2013. . . . .                                                                                                                         |                             |                                        |                                           |
| <b>d</b> From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>e</b> From 2015. . . . .                                                                                                                                |                             |                                        |                                           |

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

**SCHEDULE C**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

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

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

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

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

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

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

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ALEGENT CREIGHTON HEALTH | Employer identification number<br>47-0757164 |
|------------------------------------------------------|----------------------------------------------|

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

|   |                                                                                                          |            |
|---|----------------------------------------------------------------------------------------------------------|------------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV |            |
| 2 | Political expenditures                                                                                   | ▶ \$ _____ |
| 3 | Volunteer hours                                                                                          | _____      |

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

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$ _____                                               |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____                                               |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$ _____                                               |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$ _____                                               |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$ _____                                               |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |                                                          |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
| 2        |             |         |                                                                     |                                                                                                                                            |
| 3        |             |         |                                                                     |                                                                                                                                            |
| 4        |             |         |                                                                     |                                                                                                                                            |
| 5        |             |         |                                                                     |                                                                                                                                            |
| 6        |             |         |                                                                     |                                                                                                                                            |

Part II-A

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

A

Check

☒

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

B

Check

☐

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                    |                                                 | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     | 209,327                                         | 218,349                            |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total lobbying expenditures (add lines 1a and 1b)                                                                                                 | 209,327                                         | 218,349                            |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other exempt purpose expenditures                                                                                                                 | 503,278,161                                     | 708,216,653                        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           | 503,487,488                                     | 708,435,002                        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lobbying nontaxable amount Enter the amount from the following table in both columns                                                              | 1,000,000                                       | 1,000,000                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                                                                                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                                                                                                                |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                                                                                                                      |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000                                                                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000                                                                                                 |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000                                                                                                  |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                                                                                                                       |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               | 250,000                                         | 250,000                            |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Subtract line 1g from line 1a If zero or less, enter -0-                                                                                          | 0                                               | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Subtract line 1f from line 1c If zero or less, enter -0-                                                                                          | 0                                               | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period         |           |           |           |           |           |
|--------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a)2012   | (b)2013   | (c)2014   | (d)2015   | (e) Total |
| 2a Lobbying nontaxable amount                                | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| c Total lobbying expenditures                                | 211,323   | 169,386   | 232,267   | 218,349   | 831,325   |
| d Grassroots nontaxable amount                               | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| f Grassroots lobbying expenditures                           | 0         | 0         | 0         | 0         | 0         |

**Part II-B**

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

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

**Part III-A**

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

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

**Part III-B**

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

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

**Part IV**

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

TY 2015 Affiliated Group Schedule

Name: ALEGENT CREIGHTON HEALTH

EIN: 47-0757164

Software ID: 15000238

Software Version: 2015v3.0

Affiliated Group Business Name: ALEGENT CREIGHTON HEALTH

Address. Either US or Foreign Type: 12809 WEST DODGE ROAD  
 OMAHA, NE 68154

EIN: 47-0757164

Electing Organization Checkbox: ☒

Total Grassroots Lobbying: 0

Total Direct Lobbying: 209,327

Total Lobbying Expenditures: 209,327

Other Exempt Purpose Expenditures: 503,278,161

Total Exempt Purpose Expenditures: 503,487,488

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: ALEGENT HEALTH IMMANUEL MEDICAL CENTER

Address. Either US or Foreign Type: 6901 NORTH 72ND ST  
 Omaha, NE 68122

EIN: 47-0376615

Electing Organization Checkbox: ☒

Total Grassroots Lobbying: 0

Total Direct Lobbying: 9,022

Total Lobbying Expenditures: 9,022

Other Exempt Purpose Expenditures: 204,938,492

Total Exempt Purpose Expenditures: 204,947,514

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ALEGENT CREIGHTON HEALTH

Employer identification number  
47-0757164

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

|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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)

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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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" on 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        |
| <div>c</div> Beginning balance             | <div>1c</div> |
| <div>d</div> Additions during the year     | <div>1d</div> |
| <div>e</div> Distributions during the year | <div>1e</div> |
| <div>f</div> Ending balance                | <div>1f</div> |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|-------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| <div>1a</div> Beginning of year balance                     | 4,220,878       | 4,068,085     | 2,302,076           | 2,983,028           | 2,273,673          |
| <div>b</div> Contributions                                  | 427,995         | 657,034       | 875,156             | 200,542             | 1,194,774          |
| <div>c</div> Net investment earnings, gains, and losses     | -56,514         | 24,025        | 1,722,247           | 13,256              | 11,314             |
| <div>d</div> Grants or scholarships                         | 362,695         | 528,266       | 831,394             |                     | 23,450             |
| <div>e</div> Other expenditures for facilities and programs | 255,160         |               |                     | 894,750             | 473,283            |
| <div>f</div> Administrative expenses                        |                 |               |                     |                     |                    |
| <div>g</div> End of year balance                            | 3,974,504       | 4,220,878     | 4,068,085           | 2,302,076           | 2,983,028          |

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

100 %

The percentages on 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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

Yes

No

Yes

b

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                               | (a)<br>Cost or other basis<br>(investment) | (b)<br>Cost or other basis<br>(other) | Accumulated<br>(c) depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|---------------------------------|----------------|
| <div>1a</div> Land                                                                                                    |                                            | 27,811,201                            |                                 | 27,811,201     |
| <div>b</div> Buildings                                                                                                |                                            | 185,429,080                           | 18,625,851                      | 166,803,229    |
| <div>c</div> Leasehold improvements                                                                                   |                                            | 2,591,422                             | 1,476,463                       | 1,114,959      |
| <div>d</div> Equipment                                                                                                |                                            | 235,235,883                           | 107,340,182                     | 127,895,701    |
| <div>e</div> Other                                                                                                    |                                            | 10,162,881                            | 1,917,533                       | 8,245,348      |
| <div>Total.</div> <div>Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))</div> |                                            |                                       |                                 | 331,870,438    |

Schedule D (Form 990) 2015



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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.

| Return Reference                                            | Explanation                                                                                                              |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | ENDOWMENT FUNDS ARE held by CHI Health Foundation to help with the Organizational operations of Alegent Creighton Health |

**Part XIII**   **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

Additional Data

Software ID: 15000238  
Software Version: 2015v3.0  
EIN: 47-0757164  
Name: ALEGENT CREIGHTON HEALTH

Form 990, Schedule D, Part X, - Other Liabilities

| 1 | (a) Description of Liability        | (b) Book Value |
|---|-------------------------------------|----------------|
|   | Other Liabilities                   |                |
|   | Minimum Pension Liability           |                |
|   | Long Term Notes Payable             |                |
|   | Environmental Remediation Liability |                |
|   | Payable from Related Parties        |                |
|   | Other Liabilities                   | 51,917,035     |
|   | Payable from Related Parties        | 422,346,364    |
|   | CHI Debt Program                    | 116,053,203    |
|   | Minimum Pension Liability           | 33,806,546     |
|   | Long Term Notes Payable             | 49,902         |

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

**2015****Open to Public  
Inspection**

- **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**
- **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALEGENT CREIGHTON HEALTH

**Employer identification number**

47-0757164

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                        | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| ( 1 ) Sub-Saharan Africa                          | 1                                   | 1                                                                      | Program Services                                                                                                                            | SCHOOL OF NURSING                                                                                  | 226,548                                              |
| ( 2 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 3 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 4 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 5 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>3a</b> Sub-total                               | 1                                   | 1                                                                      |                                                                                                                                             |                                                                                                    | 226,548                                              |
| <b>b</b> Total from continuation sheets to Part I | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 0                                                    |
| <b>c Totals</b> (add lines 3a and 3b)             | 1                                   | 1                                                                      |                                                                                                                                             |                                                                                                    | 226,548                                              |

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1     | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 2 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 3 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 4 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |

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

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

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 2 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 3 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 4 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 5 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 6 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 7 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 8 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 9 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 10 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 11 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 12 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 13 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 14 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 15 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 16 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 17 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 18 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐ Yes☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐ Yes☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes☒ No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

| Return Reference                                 | Explanation                                                                                                                                                                                                                              |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule F, Part I, Line 3(e) SUB-SAHARAN AFRICA | ALEGENT CREIGHTON HEALTH HAS ONE DESIGNATED EMPLOYEE WHO IS THE LIAISON FOR THE HOSPITAL LOCATED IN TANZANIA THE EMPLOYEE ASSISTS WITH THE PROGRAMS, SERVICES AND ACTIVITIES FOR THE HOUSES FOR HEALTH AND SCHOOL OF NURSING DEPARTMENTS |

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ALEGENT CREIGHTON HEALTH | Employer identification number<br>47-0757164 |
|------------------------------------------------------|----------------------------------------------|

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

| 7 Financial Assistance and Certain Other Community Benefits at Cost                         |                                                 |                               |                                     |                               |                                   |                              |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs                                   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1)                                           | 0                                               | 3,464                         | 3,608,258                           | 0                             | 3,608,258                         | 0 68 %                       |
| b Medicaid (from Worksheet 3, column a)                                                     | 0                                               | 2,308                         | 7,952,472                           | 5,315,267                     | 2,637,205                         | 0 49 %                       |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              | 0                                               |                               | 84,908                              | 81,905                        | 3,003                             | 0 %                          |
| d Total Financial Assistance and Means-Tested Government Programs                           | 0                                               | 5,772                         | 11,645,638                          | 5,397,172                     | 6,248,466                         | 1 17 %                       |
| Other Benefits                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 25                                              | 9,151                         | 553,775                             | 39,827                        | 513,948                           | 0 10 %                       |
| f Health professions education (from Worksheet 5)                                           | 12                                              | 792                           | 277,912                             | 0                             | 277,912                           | 0 05 %                       |
| g Subsidized health services (from Worksheet 6)                                             | 0                                               | 0                             | 0                                   | 0                             | 0                                 | 0 %                          |
| h Research (from Worksheet 7)                                                               | 2                                               | 0                             | 16,419                              | 0                             | 16,419                            | 0 %                          |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   | 11                                              | 8,180                         | 197,850                             | 14,325                        | 183,525                           | 0 03 %                       |
| j Total. Other Benefits                                                                     | 50                                              | 18,123                        | 1,045,956                           | 54,152                        | 991,804                           | 0 19 %                       |
| k Total. Add lines 7d and 7j                                                                | 50                                              | 23,895                        | 12,691,594                          | 5,451,324                     | 7,240,270                         | 1 36 %                       |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|                                                               | (a) Number of<br>activities or programs<br>(optional) | (b) Persons served<br>(optional) | (c) Total community<br>building expense | (d) Direct offsetting<br>revenue | (e) Net community<br>building expense | (f) Percent of<br>total expense |
|---------------------------------------------------------------|-------------------------------------------------------|----------------------------------|-----------------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| 1Physical improvements and housing                            | 0                                                     | 0                                | 0                                       | 0                                | 0                                     | 0 %                             |
| 2Economic development                                         | 0                                                     | 0                                | 0                                       | 0                                | 0                                     | 0 %                             |
| 3Community support                                            | 0                                                     | 0                                | 0                                       | 0                                | 0                                     | 0 %                             |
| 4Environmental improvements                                   | 0                                                     | 0                                | 0                                       | 0                                | 0                                     | 0 %                             |
| 5Leadership development and<br>training for community members | 0                                                     | 0                                | 0                                       | 0                                | 0                                     | 0 %                             |
| 6Coalition building                                           | 1                                                     | 0                                | 15,564                                  | 0                                | 15,564                                | 0 %                             |
| 7Community health improvement<br>advocacy                     | 0                                                     | 0                                | 0                                       | 0                                | 0                                     | 0 %                             |
| 8Workforce development                                        | 2                                                     | 6                                | 1,324                                   | 0                                | 1,324                                 | 0 %                             |
| 9Other                                                        | 0                                                     | 0                                | 0                                       | 0                                | 0                                     | 0 %                             |
| 10Total                                                       | 3                                                     | 6                                | 16,888                                  | 0                                | 16,888                                | 0 %                             |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

26,243,957

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

47,123,857

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

60,033,662

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-12,909,805

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

9b

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

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity                        | (b) Description of primary<br>activity of entity | (c) Organization's<br>profit % or stock<br>ownership % | (d) Officers, directors,<br>trustees, or key<br>employees' profit %<br>or stock ownership % | (e) Physicians'<br>profit % or stock<br>ownership % |
|-------------------------------------------|--------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1 LAKESIDE AMBULATORY SURGICAL CENTER LLC | AMBULATORY SURGICAL CENTER                       | 52 %                                                   |                                                                                             | 48 %                                                |
| 2 LAKESIDE ENDOSCOPY CENTER LLC           | AMBULATORY SURGICAL CENTER                       | 52 %                                                   |                                                                                             | 48 %                                                |
| 3 AH-NORTHWEST IMAGING CENTER LLC         | DIAGNOSTIC TESTING                               | 51 %                                                   |                                                                                             | 49 %                                                |
| 4 NEBRASKA SPINE LLC                      | SPINE HOSPITAL                                   | 51 %                                                   |                                                                                             | 49 %                                                |
| 5 BERGAN MERCY SURGICAL CENTER            | AMBULATORY SURGICAL CENTER                       | 63.94 %                                                |                                                                                             | 36.06 %                                             |
| 6                                         |                                                  |                                                        |                                                                                             |                                                     |
| 7                                         |                                                  |                                                        |                                                                                             |                                                     |
| 8                                         |                                                  |                                                        |                                                                                             |                                                     |
| 9                                         |                                                  |                                                        |                                                                                             |                                                     |
| 10                                        |                                                  |                                                        |                                                                                             |                                                     |
| 11                                        |                                                  |                                                        |                                                                                             |                                                     |
| 12                                        |                                                  |                                                        |                                                                                             |                                                     |
| 13                                        |                                                  |                                                        |                                                                                             |                                                     |

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
**3**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|  |                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
|  | See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes              | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----|
| <b>Community Health Needs Assessment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |    |
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1</b>         | No |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2</b>         | No |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>.....<br>If "Yes," indicate what the CHNA report describes (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility<br><b>b</b> <input checked="" type="checkbox"/> Demographics of the community<br><b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br><b>d</b> <input checked="" type="checkbox"/> How data was obtained<br><b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community<br><b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br><b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br><b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests<br><b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs<br><b>j</b> <input type="checkbox"/> Other (describe in Section C)<br><b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u><br><b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted<br>..... | <b>3</b><br>Yes  |    |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5</b><br>Yes  |    |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6a</b><br>Yes |    |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.chihealth.com/chna</u><br><b>b</b> <input type="checkbox"/> Other website (list url) _____<br><b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility<br><b>d</b> <input type="checkbox"/> Other (describe in Section C)<br><b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6b</b><br>Yes |    |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u><br><b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?<br>.....<br><b>a</b> If "Yes" (list url) <u>www.chihealth.com/chna</u><br><b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b><br>Yes  |    |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed<br><b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?<br>.....<br><b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?<br>.....<br><b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8</b><br>Yes  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>10</b><br>Yes |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>10b</b>       | No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>12a</b>       | No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>12b</b>       |    |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

|                                                                 |                                                                                                                                                                                                                                                                                                |     |     |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                 |                                                                                                                                                                                                                                                                                                | A   |     |
| Name of hospital facility or letter of facility reporting group |                                                                                                                                                                                                                                                                                                |     |     |
|                                                                 |                                                                                                                                                                                                                                                                                                | Yes | No  |
| 13                                                              | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13  | Yes |
| a                                                               | <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %                                                                                    |     |     |
| b                                                               | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                        |     |     |
| c                                                               | <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                                |     |     |
| d                                                               | <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                          |     |     |
| e                                                               | <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                           |     |     |
| f                                                               | <input checked="" type="checkbox"/> Underinsurance discount                                                                                                                                                                                                                                    |     |     |
| g                                                               | <input type="checkbox"/> Residency                                                                                                                                                                                                                                                             |     |     |
| h                                                               | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |     |     |
| 14                                                              | Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                               | 14  | Yes |
| 15                                                              | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)                                 | 15  | Yes |
| a                                                               | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                     |     |     |
| b                                                               | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                         |     |     |
| c                                                               | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                       |     |     |
| d                                                               | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                            |     |     |
| e                                                               | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |     |     |
| 16                                                              | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                                      | 16  | Yes |
| a                                                               | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br>www.chihealth.com/financial-assistance                                                                                                                                                             |     |     |
| b                                                               | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br>www.chihealth.com/documents/financial_assistance_application.pdf                                                                                                                  |     |     |
| c                                                               | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br>www.chihealth.com/documents/financial_assistance_application.pdf                                                                                                       |     |     |
| d                                                               | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                           |     |     |
| e                                                               | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                          |     |     |
| f                                                               | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                               |     |     |
| g                                                               | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility                                                                                                                                                             |     |     |
| h                                                               | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                   |     |     |
| i                                                               | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |     |     |
| Billing and Collections                                         |                                                                                                                                                                                                                                                                                                |     |     |
| 17                                                              | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?                             | 17  | Yes |
| 18                                                              | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP                                                    |     |     |
| a                                                               | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                       |     |     |
| b                                                               | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                         |     |     |
| c                                                               | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                      |     |     |
| d                                                               | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                         |     |     |
| e                                                               | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                                              |     |     |

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            |     |     |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            | Yes | No  |
| 19                                                                                      | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                         | 19  | No  |
| a                                                                                       | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                                                                                                   |     |     |
| b                                                                                       | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                                                                                                     |     |     |
| c                                                                                       | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                                                                                                  |     |     |
| d                                                                                       | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                                                                                                     |     |     |
| 20                                                                                      | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)                                                                                                                                                                                         |     |     |
| a                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission                                                                                                                                                                                                                                                                   |     |     |
| b                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge                                                                                                                                                                                                                                                             |     |     |
| c                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills                                                                                                                                                                                                        |     |     |
| d                                                                                       | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                                                                                                                                                                   |     |     |
| e                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |     |     |
| f                                                                                       | <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                                                                                                                   |     |     |
| Policy Relating to Emergency Medical Care                                               |                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 21                                                                                      | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why | 21  | Yes |
| a                                                                                       | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                                                   |     |     |
| b                                                                                       | <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                                                 |     |     |
| c                                                                                       | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                                                                           |     |     |
| d                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |     |     |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) |                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 22                                                                                      | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care                                                                                                                                                                                    |     |     |
| a                                                                                       | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged                                                                                                                                                                                                               |     |     |
| b                                                                                       | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged                                                                                                                                                                                         |     |     |
| c                                                                                       | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged                                                                                                                                                                                                                                            |     |     |
| d                                                                                       | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |     |     |
| 23                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .<br>If "Yes," explain in Section C                                                           | 23  | No  |
| 24                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C                                                                                                                                                             | 24  | No  |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

B

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes              | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|
| <b>Community Health Needs Assessment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1</b>         | No  |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2</b>         | No  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>.....<br>If "Yes," indicate what the CHNA report describes (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility<br><b>b</b> <input checked="" type="checkbox"/> Demographics of the community<br><b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br><b>d</b> <input checked="" type="checkbox"/> How data was obtained<br><b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community<br><b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br><b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br><b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests<br><b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs<br><b>j</b> <input type="checkbox"/> Other (describe in Section C)<br><b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u><br><b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted<br>..... | <b>3</b><br>Yes  |     |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>6a</b>        | Yes |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6b</b>        | Yes |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.chihealth.com/chna</u><br><b>b</b> <input type="checkbox"/> Other website (list url) _____<br><b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility<br><b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)<br><b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>7</b><br>Yes  |     |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u><br><b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?<br>.....<br><b>a</b> If "Yes" (list url) <u>www.chihealth.com/chna</u><br><b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>8</b><br>Yes  |     |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed<br><b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?<br>.....<br><b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?<br>.....<br><b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>10</b><br>Yes |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>10b</b>       | No  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>12a</b>       | No  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>12b</b>       |     |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

|                                                                 |                                                                                                                                                                                                                                                                                                |     |     |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                 |                                                                                                                                                                                                                                                                                                | B   |     |
| Name of hospital facility or letter of facility reporting group |                                                                                                                                                                                                                                                                                                |     |     |
|                                                                 |                                                                                                                                                                                                                                                                                                | Yes | No  |
| 13                                                              | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13  | Yes |
| a                                                               | <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %                                                                                    |     |     |
| b                                                               | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                        |     |     |
| c                                                               | <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                                |     |     |
| d                                                               | <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                          |     |     |
| e                                                               | <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                           |     |     |
| f                                                               | <input checked="" type="checkbox"/> Underinsurance discount                                                                                                                                                                                                                                    |     |     |
| g                                                               | <input type="checkbox"/> Residency                                                                                                                                                                                                                                                             |     |     |
| h                                                               | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |     |     |
| 14                                                              | Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                               | 14  | Yes |
| 15                                                              | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)                                 | 15  | Yes |
| a                                                               | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                     |     |     |
| b                                                               | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                         |     |     |
| c                                                               | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                       |     |     |
| d                                                               | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                            |     |     |
| e                                                               | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |     |     |
| 16                                                              | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                                      | 16  | Yes |
| a                                                               | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br>www.chihealth.com/financial-assistance                                                                                                                                                             |     |     |
| b                                                               | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br>www.chihealth.com/financial_assistance_application.pdf                                                                                                                            |     |     |
| c                                                               | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br>www.chihealth.com/financial_assistance_application.pdf                                                                                                                 |     |     |
| d                                                               | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                           |     |     |
| e                                                               | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                          |     |     |
| f                                                               | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                               |     |     |
| g                                                               | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility                                                                                                                                                             |     |     |
| h                                                               | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                   |     |     |
| i                                                               | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |     |     |
| Billing and Collections                                         |                                                                                                                                                                                                                                                                                                |     |     |
| 17                                                              | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?                             | 17  | Yes |
| 18                                                              | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP                                                    |     |     |
| a                                                               | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                       |     |     |
| b                                                               | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                         |     |     |
| c                                                               | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                      |     |     |
| d                                                               | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                         |     |     |
| e                                                               | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                                              |     |     |

Part V

Facility Information (continued)

B

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| Name of hospital facility or letter of facility reporting group                         |                                                                                                                                                                                                                                                                                                                                                                            |    | Yes | No |
| 19                                                                                      | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                         | 19 |     | No |
| a                                                                                       | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                                                                                                     |    |     |    |
| c                                                                                       | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                                                                                                  |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                                                                                                     |    |     |    |
| 20                                                                                      | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)                                                                                                                                                                                         |    |     |    |
| a                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge                                                                                                                                                                                                                                                             |    |     |    |
| c                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills                                                                                                                                                                                                        |    |     |    |
| d                                                                                       | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                                                                                                                                                                   |    |     |    |
| e                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |    |     |    |
| f                                                                                       | <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                                                                                                                   |    |     |    |
| Policy Relating to Emergency Medical Care                                               |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 21                                                                                      | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why | 21 | Yes |    |
| a                                                                                       | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                                                 |    |     |    |
| c                                                                                       | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                                                                           |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |    |     |    |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 22                                                                                      | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care                                                                                                                                                                                    |    |     |    |
| a                                                                                       | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged                                                                                                                                                                                                               |    |     |    |
| b                                                                                       | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged                                                                                                                                                                                         |    |     |    |
| c                                                                                       | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged                                                                                                                                                                                                                                            |    |     |    |
| d                                                                                       | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |    |     |    |
| 23                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .<br>If "Yes," explain in Section C                                                           | 23 |     | No |
| 24                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C                                                                                                                                                             | 24 |     | No |

**Part V**   **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
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**Part V**    **Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

| Name and address |                                                                                       | Type of Facility (describe) |
|------------------|---------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b>         | ACH-PLAINVIEW RURAL HEALTH CLINIC<br>704 N 3RD STREET<br>PLAINVIEW, NE 68769          | RURAL HEALTH CLINIC         |
| <b>2</b>         | LAKESIDE ENDOSCOPY CENTER LLC<br>17001 LAKESIDE HILLS PLAZA<br>OMAHA, NE 68130        | ENDOSCOPY CENTER            |
| <b>3</b>         | LAKESIDE AMBULATORY SURGICAL CENTER LLC<br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130 | AMBULATORY SURGICAL CENTER  |
| <b>4</b>         | BERGAN MERCY SURGERY CENTER LLC<br>7710 MERCY RD<br>OMAHA, NE 68124                   | AMBULATORY SURGICAL CENTER  |
| <b>5</b>         | NEBRASKA SPINE HOSPITAL LLC<br>6901 N 72ND STREET<br>OMAHA, NE 68122                  | SPINE HOSPITAL              |
| <b>6</b>         | ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC<br>3606 N 156TH ST<br>OMAHA, NE 68116     | DIAGNOSTIC IMAGING CENTER   |
| <b>7</b>         |                                                                                       |                             |
| <b>8</b>         |                                                                                       |                             |
| <b>9</b>         |                                                                                       |                             |
| <b>10</b>        |                                                                                       |                             |

Part VI Supplemental Information

Provide the following information

- 1
- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Schedule H, Part VI, Line 5<br>Promotion of Community Health<br>Continued | Missouri Valley - Harrison County Home & Public Health-provided funding to Harrison County Home & Public Health (HCHPH) to host a Milk Mob Training (evidence based program) to train community health workers in breastfeeding support Funding also allowed HCHPH to host R E S P E C T program at local school assemblies for elementary-age students to learn to recognize bullies as being in danger of child abuse and neglect in their home, and how to help them as a peer - Healthy Harrison Coalition-provided funding for referrals and vouchers distributed through local agencies such as WIC and West Central Community Action Partnership to families with low access to healthy foods Vouchers offered participating families transportation to the County Farmer's Market, as well as a \$20 voucher for fruits and vegetables 1 Health professional education- - Clinical preceptorships and clinical rotations for healthcare professionals - Administration of nursing preceptorships and clinical rotations - Clinical pastoral education - Scholarships for healthcare education - Academic affiliation with Creighton University and its Health Professions Programs - Physician residency and fellowship programs training more than 230 residents and fellows annually 2 Research - unfunded staff support of the National Cancer Institute Community Oncology Research Program (NCORP) 3 Financial and in-kind contributions - - Corporate sponsorships - Tanzania health ministry - Staff service on health related board and coalitions - Participation in and funding of maternal health, breastfeeding, substance abuse, cancer, diabetes and other community health coalitions - Participation in and sponsorship of mental health coalitions including Kim Foundation, Community Alliance Foundation, Voices for Children, Youth Emergency Service, Project Harmony and El Centro de las Americas - Employee costs of coordinating community events not sponsored by CHI Health - In-kind donations (staff time, space, etc ) supporting grants for Behavioral Health, Telepsych, Community Link and 54321Go! - City of Council Bluffs-provided funding to City of Council Bluffs for water rescue training manikins for City recreation staff - Siena Francis House-provided support by purchasing equipment to continue providing stroke education and blood pressure screenings for guests at the homeless shelter Basic necessities/preventative items (toothbrushes, socks, gloves, glasses, etc ) were also purchased for the guests who participated in the screenings and education - In-kind donations of meeting room space and staff time for not-for-profit organizations and community groups 4 Community building activities- - Healthcare career exploration camp-day camp funded by CHI Health for students grades 10 to 12 to give them the opportunity to explore a variety of healthcare professions - Presentations to high school students about healthcare careers - Community and economic development including support of local Chambers of Commerce - Strategic planning and consulting services for community 5 The primary care and pediatric physician clinics that are part of the parent corporation provide access to care through the system's Financial Assistance Policy and participate in medical student preceptorships that advance the healthcare provider education process 6 CHI Health has Open Medical staffs 7 CHI Health is the sole, comprehensive mental health provider in the Omaha MSA area operating a breakeven point of revenue 8 CHI Health is a joint venture partner in a not-for-profit Hospice inpatient hospital and provides the management support contract ALEGENT CREIGHTON HEALTH SYSTEM IS GOVERNED BY A BOARD OF DIRECTORS PRIMARILY COMPRISED OF VOLUNTEER MEMBERS OF OUR LOCAL COMMUNITY WHO ARE LEADERS IN THE FIELDS OF BUSINESS, HEALTHCARE, ACCOUNTING AND MEDICINE AND UNDERSTAND THEIR ROLE IN PROVIDING STRONG CORPORATE GOVERNANCE THE ALEGENT CREIGHTON HEALTH HOSPITALS HAVE FULL-TIME EMERGENCY DEPARTMENTS THAT ARE OPEN TO THE PUBLIC AND PROVIDE MEDICAL SCREENING EXAMINATIONS AND STABILIZING TREATMENT WITHIN THE CAPABILITIES AND CAPACITIES OF THE HOSPITALS REGARDLESS OF BUT NOT LIMITED TO THE PATIENT'S RACE, COLOR, SEX, AGE, AND/OR ABILITY TO PAY THE HOSPITALS ARE IN COMPLIANCE WITH THE FEDERAL EMTALA REGULATIONS IN ADDITION, TOGETHER WITH UNRELATED HOSPITALS IN THE AREA, WORK CLOSELY WITH LOCAL FIRE AND RESCUE DEPARTMENTS TO ENSURE THAT AMBULANCES TAKE PATIENTS TO THE APPROPRIATE HOSPITAL THIS IS GENERALLY THE HOSPITAL THAT IS CLOSEST GEOGRAPHICALLY WITH EXCEPTIONS BASED ON PATIENT PREFERENCE, PATIENT'S PHYSICIAN PREFERENCE, AND CAPACITY OR THE AVAILABILITY OF SPECIALIZED FACILITIES OR PROGRAMS RELATED TO THE PATIENT'S CONDITION FINALLY, THE ALEGENT CREIGHTON HEALTH HOSPITALS MAINTAIN DETAILED PROCEDURES REGARDING WHEN AND UNDER WHAT CIRCUMSTANCES A PATIENT CAN BE TRANSFERRED UNDER THIS POLICY, NO PATIENT WILL BE TRANSFERRED BASED ON RACE, CREED, RELIGION OR ABILITY TO PAY |

| Form and Line Reference                                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care | <p>WHEN CATHOLIC HEALTH INITIATIVES (THE ULTIMATE PARENT ORGANIZATION TO ALEGENT CREIGHTON HEALTH SYSTEM) ESTABLISHED ITS FINANCIAL ASSISTANCE POLICY IT WAS DETERMINED THAT ESTABLISHING A HOUSEHOLD INCOME SCALE BASED ON THE HUD VERY LOW INCOME GUIDELINES MORE ACCURATELY REFLECTS THE SOCIOECONOMIC DISPERSIONS AMONG URBAN AND RURAL COMMUNITIES IN 18 STATES SERVED BY CHI HOSPITALS AND HEALTH CARE FACILITIES. IN COMPARING HUD GUIDELINES TO THE FEDERAL POVERTY GUIDELINES (FPG), WE FIND THAT ON AVERAGE HUD GUIDELINES COMPUTE TO APPROXIMATELY 200% TO 250% (AND SOMETIMES 300%) OF FPG. ALEGENT CREIGHTON HEALTH SYSTEM BASES ITS FINANCIAL ASSISTANCE ELIGIBILITY ON HUD'S 130% OF VERY LOW INCOME GUIDELINES BASED ON GEOGRAPHY, AND AFFORDS THE UNINSURED AND UNDERINSURED THE ABILITY TO OBTAIN FINANCIAL ASSISTANCE WRITE-OFFS, BASED ON A SLIDING SCALE, RANGING FROM 25%-100% OF CHARGES. AN INDIVIDUAL'S INCOME UNDER THE HUD GUIDELINES IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. HOWEVER, IN DETERMINING WHETHER TO EXTEND DISCOUNTED OR FREE CARE TO A PATIENT, THE PATIENT'S ASSETS MAY ALSO BE TAKEN INTO CONSIDERATION. FOR EXAMPLE, A PATIENT SUFFERING A CATASTROPHIC ILLNESS MAY HAVE A REASONABLE LEVEL OF INCOME, BUT A LOW LEVEL OF LIQUID ASSETS SUCH THAT THE PAYMENT OF MEDICAL BILLS WOULD BE SERIOUSLY DETRIMENTAL TO THE PATIENT'S BASIC FINANCIAL (AND ULTIMATELY PHYSICAL) WELL-BEING AND SURVIVAL. SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES.</p> |

| Form and Line Reference                                   | Explanation                                                           |
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| Schedule H, Part I, Line 7g<br>Subsidized Health Services | There are no physician clinics included in subsidized health services |

| Form and Line Reference                                                               | Explanation                                                                                                                                                                                                                 |
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| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using Worksheet 2 to compute the cost-to-charge ratio. The cost-to-charge ratio covers all patient segments. |

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Schedule H, Part II Community Building Activities | <p>CHI Health has a history of centralized community benefit investments, as well as hospital specific investments that address community health needs which include support of local health coalitions, investments in partnerships and programs that address top community health needs, participation in local committees and boards tied to top health needs, and investments in many other ways as described in other areas of the Schedule H narrative Below are specific examples of work that falls within the definition of community building activities These activities are critical in helping build social, health, and economic opportunities in our community that ultimately drive health status and quality of life for our residents</p> <ul style="list-style-type: none"> <li>* Workforce development-the following activities work to strengthen the community's capacity to promote the health and well-being of our residents by driving entry into healthcare careers <ul style="list-style-type: none"> <li>- Healthcare career exploration camp-day camp funded by CHI Health for students grades 10-12 to give them the opportunity to explore a variety of healthcare professions</li> <li>- Presentations to high school students about healthcare careers</li> </ul> </li> <li>* Community and economic development including support of local Chambers of Commerce</li> <li>* Strategic planning and consulting services for community partners to build capacity to address health and social needs of the community</li> <li>* Tobacco Free Sarpy Coalition-provide in-kind staff time, space and resources to the coalition The mission of Tobacco Free Sarpy County is to promote and advocate for healthy tobacco-free lifestyles through public policy, education and enforcement Goals are to reduce exposure to secondhand smoke, reduce health disparities related to tobacco use in Sarpy County, reduce youth access to tobacco and reduce tobacco use within Sarpy County</li> </ul> |

| Form and Line Reference                                                             | Explanation                                                                                                                                                                                                                                                               |
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| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | Costing methodology for amounts reported on line 2 is determined using the organization's cost/charge ratio of 55.71%. When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense. |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                      |
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| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | Alegent Creighton Health System does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care |

| Form and Line Reference                                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | <p>Alegent Creighton Health system does not issue separate company audited financial statements. However, the organization is included in the consolidated financial statements of Catholic Health Initiatives. The consolidated footnote reads as follows: "The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration historical business and economic conditions, trends in health care coverage, and other collection indicators. Management routinely assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility. The provision for bad debts is presented on the consolidated statements of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats substantially all patients without regard to the ability to pay."</p> |

| Form and Line Reference                                                                        | Explanation                                                                                                                                                                                                                                                                   |
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| Schedule H, Part III, Line 8<br>Community benefit & methodology for determining medicare costs | The Alegent Creighton Health system does not consider Medicare shortfalls to be community benefit, per the recommendation of the Catholic Health Association. The Medicare charges reported on line 5 and 6 are from Medicare cost reports which used a cost to charge ratio. |

| Form and Line Reference                                                                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Schedule H, Part III, Line 9b<br>Collection practices for patients eligible for financial assistance | <p>ALEGENT CREIGHTON HEALTH SYSTEM DEBT COLLECTION POLICY PROVIDES THAT ALEGENT CREIGHTON HEALTH SYSTEM WILL PERFORM A REASONABLE REVIEW OF EACH INPATIENT ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAUMENT, TO ASSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (E G MEDICAID) AND TO NOT QUALIFY FOR COVERAGE UNDER THE FINANCIAL ASSISTANCE POLICY AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY PATIENT ACCOUNT THAT IS SUBSEQUENTLY DETERMINED TO MEET THE ALEGENT CREIGHTON HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY IS REQUIRED TO BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION AGENT TO ALEGENT CREIGHTON HEALTH SYSTEM FOR APPROPRIATE FOLLOW-UP ALEGENT CREIGHTON HEALTH SYSTEM REQUIRES ITS THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS INDICATING THAT IF A PATIENT OR PATIENT GUARANTOR MEETS CERTAIN STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE ALL OF CATHOLIC HEALTH INITIATIVES' HOSPITALS' CONTRACTS WITH THIRD-PARTY COLLECTION AGENCIES INCLUDE THE FOLLOWING STANDARDS 1 NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR ARREST WARRANTS AS A RESULT OF NON-PAYMENT, 2 NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND 3 NO CHI COLLECTION AGENCY MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL FINALLY, COLLECTION AGENCIES ARE TRAINED ON THE CHI MISSION, CORE VALUES AND STANDARD OF CONDUCT TO MAKE SURE ALL PATIENTS ARE TREATED WITH DIGNITY AND RESPECT</p> |

| Form and Line Reference                             | Explanation                                                                                                                                                                                                                                                                                                    |
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| Schedule H, Part V, Section B, Line 16a FAP website | A - ALEGENT HEALTH MIDLANDS HOSPITAL Line 16a URL <a href="http://www.chihealth.com/financial-assistance">www.chihealth.com/financial-assistance</a> , B - ALEGENT HEALTH PLAINVIEW HOSPITAL Line 16a URL <a href="http://www.chihealth.com/financial-assistance">www.chihealth.com/financial-assistance</a> , |

| Form and Line Reference                                         | Explanation                                                                                                                                                                                                                          |
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| Schedule H, Part V, Section B, Line 16b FAP Application website | A - ALEGENT HEALTH MIDLANDS HOSPITAL Line 16b URL<br>www.chihealth.com/documents/financial_assistance_application.pdf, B - ALEGENT HEALTH<br>PLAINVIEW HOSPITAL Line 16b URL www.chihealth.com/financial_assistance_application.pdf, |

| Form and Line Reference                                                    | Explanation                                                                                                                                                                                                                                                                                                    |
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| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | A - ALEGENT HEALTH MIDLANDS HOSPITAL Line 16c URL <a href="http://www.chihealth.com/financial-assistance">www.chihealth.com/financial-assistance</a> , B - ALEGENT HEALTH PLAINVIEW HOSPITAL Line 16c URL <a href="http://www.chihealth.com/financial-assistance">www.chihealth.com/financial-assistance</a> , |

| Form and Line Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Schedule H, Part VI, Line 2 Needs assessment | <p>The process of identifying the community health needs across the Omaha Metro Area was accomplished by using data and community input from processes led by Professional Research Consultants, Inc * Professional Research Consultants, Inc (PRC) is a third-party agent contracted by local health systems and local health departments ( see list below) to conduct the Community Health Needs Assessment for a four-county area, referred to as the Omaha Metro Area that includes Douglas, Sarpy, and Cass Counties, Nebraska, and Pottawattamie County, Iowa PRC is a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs across the United States since 1994 Along with several other community stakeholders, CHI Health was an active key health partner working with PRC to design, implement, and review the data The Omaha Metro Area CHNA, conducted by PRC, utilized both primary and secondary data collected through the PRC Community Health Survey (primary), Online Key Informant Survey (primary), and public health, vital statistics, and other data collection (secondary) Please reference the complete CHNA attached for more in-depth details regarding the CHNA process The process of identifying the community health needs across Pierce County was accomplished by utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) strategy led by the North Central District Health Department (NCDHD) * North Central District Health Department (NCDHD) is a state-approved district health department that serves nine rural Nebraska counties-Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock NCDHD has been state-approved as a multi-county public health department, a government body at the county level, since December 2001, providing education and services to the nine-county area NCDHD completed a Community Health Needs Assessment for all nine counties within their district * Ionia Research- Joseph Nitzke, PhD- North Central District Health Department and the partnering district hospitals contracted with Dr Joseph Nitzke for data collection, compilation, analysis, and presentation for this community health assessment process Facilitated by public health leaders, MAPP is a community-driven strategic planning approach used to improve community health through applying strategic thinking to prioritize public health issues and identify the resources to address them This approach utilized both primary and secondary data collected throughout the process Primary data included four MAPP assessments and secondary data consisted of public health, vital statistics, and other data collection The assessment also incorporates a broad range of both qualitative and quantitative data The quantitative data is primary (as derived from the North Central District Health Department Community Health Survey) and secondary (as derived from statistics from large datasets, as well as hospital-specific data), these resources allow for trend analysis and comparisons to both state and national levels Qualitative data input is also derived from the North Central District Health Department Community Health Survey and focus group meetings More information regarding the process can be found in the CHNA attached</p> |

| Form and Line Reference                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>There are several financial assistance access points throughout a patient's care cycle. Bills contain financial assistance verbiage, signs are posted in clinics and hospital, and there is information on financial assistance posted at registration points throughout clinics and hospitals. Information on The Alegant Creighton Health System's financial assistance policies are located several places on the system's website- <a href="http://www.chihealth.com">http://www.chihealth.com</a>. All efforts are made to establish whether patients are eligible for financial assistance prior to service if possible, otherwise as soon as possible following service. Alegant Creighton Health representatives help patients seek reimbursement from local, state and federal programs at no charge to the patient. After these efforts and resources have been exhausted, patients are assisted in the application process for financial assistance consistent with Alegant Creighton Health's Financial Assistance Policy. The application process requires that the patient complete a personal financial application and provide verification documents. Verification includes employment verification and obtaining documentation of the applicant's financial condition such as federal tax return, pay stub, net worth and/or liquid assets and reasonable household or business expenses. Financial assistance may still be granted in certain circumstances involving a catastrophic occurrence resulting in medical bills grossly exceeding the patient's ability to pay, and in these situations, the patient's responsibility will be limited to 20% of the family's gross annual income.</p> |

| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Schedule H, Part VI, Line 4<br>Community information | <p>CHI Health Lakeside and CHI Health Midlands is located in Omaha, NE and largely serves the Omaha Metro Area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering between 75% and 90% of patients served. These counties are considered to be and referred to as the "Omaha Metro Area." The Omaha Metro Area is a largely Non-Hispanic White population (81.3%) with a total population of nearly 800,000 residents. Douglas and Sarpy Counties were identified as the most diverse among the four counties, while Cass County has the largest percentage of population over the age of 65 years (16.1%). Douglas County identified as the most diverse county in the Omaha Metro Area, Douglas County's population largely consists of 81.3% Non-Hispanic White residents, 12% Hispanic residents, and 11.6% Black or African American residents. Population 543,244 residents. 25.8% of population is below 18 years of age and 11.5% are 65 years or older. Median household income is \$53,444. Persons in poverty is 14%. Children in poverty is 18%. Unemployment rate is 3.6%. High School graduation rate is 89.3%. 72% of residents have some college education. 12.44% of the population is uninsured, with 4.8% of children (under the age of 19) being uninsured.</p> <p>Sarpy County As the second most populated county, Sarpy County's population largely consists of 89.7% Non-Hispanic White residents, 8.3% Hispanic, and 4.5% Black or African American. Sarpy County boasts the highest median household income, lowest unemployment rate, and the highest rates of high school graduation and residents with some college education. Population 172,193 residents. 28.2% of population is below 18 years of age and 10.2% are 65 years or older. Median household income is \$70,121. Persons in poverty is 5.3%. Children in poverty is 7%. Unemployment rate is 3.2%. High School graduation rate is 95.2%. 80% of residents have some college education. 7.16% of the population is uninsured, with 4.32% of children (under the age of 19) being uninsured.</p> <p>Cass County Cass County is the least populated of the four counties as well as, the least diverse of the four counties with 97% of the population being Non-Hispanic White. Cass County has the second highest median household income, the second highest unemployment rate, the second highest high school graduation and some college education, and the highest percentage of children who are uninsured. Population 25,512 residents. 24.6% of population is below 18 years of age and 16.1% are 65 years or older. Median household income is \$65,560. Persons in poverty is 6.9%. Children in poverty is 10%. Unemployment rate is 4%. High School graduation rate is 94.7%. 75% of residents have some college education. 7.16% of the population is uninsured, with 5.77% of children (under the age of 19) being uninsured.</p> <p>Pottawattamie County the only county in Iowa, Pottawattamie County's population consists of 88.7% of the population being Non-Hispanic White, 7.2% Hispanic, and 1.6% Black or African American. Pottawattamie has the lowest percentage of women (40.9%) in the Omaha Metro Area, lowest median household income, the highest unemployment rate, and the lowest percentage of the population having some college education. Population 93,128 residents. 23.7% of population is below 18 years of age and 15.7% are 65 years or older. Median household income is \$51,939. Persons in poverty is 12.3%. Children in poverty is 18%. Unemployment rate is 4.2%. High School graduation rate is 89.6%. 62% of residents have some college education. 10.73% of the population is uninsured, with 3.88% of children (under the age of 19) being uninsured.</p> <p>CHI Health Plainview is located in Plainview, NE and largely serves the Pierce County area. Pierce County was identified as the community for this CHNA, as it is the primary service area for CHI Health Plainview. Plainview, NE is located 141 miles from Omaha, NE and 100.6 miles from Sioux City, IA. According to the most recent census estimates, Pierce County is 100% rural, encompasses 573 square miles and has 7,208 residents. Pierce County 24.9% of residents were below the age of 18 in 2014. 18% residents were over the age of 65 in 2014. Pierce County median household income \$52,178. Hispanic Population According to the data Pierce County's Hispanic population accounts for only 1.6% of the population while non-Hispanic white residents account for 98.4% of the population. 26.39% of Pierce County residents live below the 200% FPL. County unemployment rate is 2.9%. High School graduation rate is 94.2%. Uninsured population living in Pierce County is 8.08%.</p> |

| Form and Line Reference                                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <p>Schedule H, Part VI, Line 5<br/>Promotion of community health</p> | <p>CHI Health has a history of centralized community benefit and hospital specific community benefit investments to address community health needs of the particular service area. Exam ples of how CHI Health furthers its exempt purpose by promoting the health of the community include:</p> <ul style="list-style-type: none"> <li>* Financial Assistance and Unpaid costs of Medicaid</li> <li>* Community health improvement services- <ul style="list-style-type: none"> <li>- Community education, classes and programs (car seat safety checks, community behavioral health support, diabetes, cancer, physical activity and healthy eating and cooking)</li> <li>- Support groups (breastfeeding, cancer, bereavement, youth, etc )</li> <li>- Community health fairs and screenings</li> <li>- Parish nursing program and faith community outreach</li> <li>- School based healthcare services</li> </ul> </li> <li>- Healthy Families-this program is a free, 8-week health and nutrition program for families with a child between the ages of 4 to 18 who has been identified in the top 85th percentile of body mass index. This program invites the whole families to participate in learning about physical activity, eating healthy, and setting realistic goals as a family.</li> <li>- Childcare-provided the Nutrition &amp; Physical Activity Self-Assessment in Child Care (NAP SACC) Learning Collaborative for child care programs in Douglas, Sarpy and Cass Counties in Nebraska. Ten child care programs sent a total of 30 providers through a series of five workshops to learn about best practices for teaching healthy eating and physical activity habits to young children.</li> <li>- Breastfeeding-provided funding and planning support to host a 5 day training in York, NE for clinic and community healthcare workers to obtain their Certified Lactation Counselor (CLC) designation.</li> <li>- CHI Health also provided funds towards the planning of a continuing education event (Beyond Best Practices: Creating a Supportive Environment for Breastfeeding Parents) for clinic and hospital professionals (nurses, medical assistants, dieticians, health coaches/navigators and providers) in addition to support for an online course called Breastfeeding the NICU Infant for hospital-based NICU nursing staff.</li> <li>- Eighty professionals were enrolled in February of 2016.</li> <li>- Heart &amp; Sole Walking Program-supported the program by purchasing two blood pressure cuffs and provided subsidized pricing for Heart Healthy Cooking classes allowing easier access for community members to attend.</li> <li>- Provided counseling and assistance in enrolling individuals in means tested insurance programs to improve access to care.</li> <li>- Image Recovery Center-free services offered by the CHI Health Image Recovery Center which is a comprehensive hospital-based appearance enhancement program available to cancer patients.</li> <li>- Image Recovery is an integral part of oncology treatment services at CHI Health and is designed to help patients prepare for appearance changes they will experience due to chemotherapy, radiation therapy or surgery.</li> <li>- Provided support and office space to the Legal Aid of Nebraska to assist individuals with legal matters.</li> <li>- Provided cab vouchers and transportation to patients who cannot afford transportation to attend to their medical needs.</li> <li>- Provide support to health coalitions and investments in social and environmental improvement strategies. These are programs, activities and partnerships that improve the health of persons in the community by addressing the determinants of health, which includes the social, economic and physical environment.</li> <li>- See specific examples by community below: <ul style="list-style-type: none"> <li>- Omaha/Council Bluffs Metro-Hope Medical Outreach Coalition-Board service and annual operating subsidy.</li> <li>- CHI Health hospitals and physicians are one of three health systems that provide access for the patients of three area federally qualified healthcare centers to specialty physician services and hospital based diagnostics and treatment that are unable to afford medical services.</li> <li>- Metro Area Continuum of Care for the Homeless-Board service and financial support to this coalition addressing homelessness in the service area.</li> <li>- Live Well Omaha-a coalition founded by Alegent Creighton Health (now CHI Health) and the county health department that serves as convener of business, healthcare and community leaders to review health trends and catalyze community action to address health issues.</li> <li>- Live Well Omaha Kids-a community coalition using a collective impact approach to address childhood obesity.</li> <li>- African American Empowerment Network- Support of the Step Up summer jobs program a workforce development initiative serving a typically low-income part of the community.</li> <li>- Community Link-a partnership with Catholic Health Initiatives to improve the health and socioeconomic status of patients by assessing and treating their non-medical needs and barriers, which are important factors of their health.</li> <li>- Violence Prevention-a partnership with Catholic Health Initiatives, Women's Center for Advancement and Creighton University to implement a campus based violence prevention program known as "Green Dot".</li> <li>- Together, In</li> </ul> </li> </ul> |

| Form and Line Reference                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Schedule H, Part VI, Line 5<br>Promotion of community health | <p>c - provided funds to support the newly developed homeless case management project to be housed out of the CUMC emergency department and then at University Campus. The program will connect high utilizers of the emergency department, who are identified as homeless, with a case manager who will then assist them in finding sustainable housing and accessing other resources associated with social determinants of health - YMCA-provided support of the Omaha Metro YMCA's Strong Community Campaign to provide for youth programming, medically based wellness, and youth and family memberships for low-income community members - Pottawattamie County Development-provided support for the administration and delivery of The Big Garden project serving families identified by local healthcare agencies as needing support to access healthy foods at low cost. The program builds the family's skill for self-sustaining a garden and year-round preparation, planning, care, and harvest in a personal garden - Project Extra Mile-provided funding for the evaluation of a clinic based Screening, Brief Intervention &amp; Referral to Treatment (SBIRT) program that was piloted at the CHI Health 161st and Maple clinic, then implemented at the 132nd &amp; West Center CHI Health Clinic - Lincoln - Partnership for a Healthy Lincoln-provided financial and partnership support as part of the community health improvement plan to PHL, a non-profit health coalition dedicated to improving the health, wellness, and fitness of all those in our community - Clinic with a Heart-in addition to staffing free clinics each month, provided financial support for infrastructure and program implementation to this free clinic serving the uninsured and underinsured - Kearney - Buffalo County Community Health Partners-provided financial support and leadership to this health coalition that is a county-wide effort to address the leading health issues in the county - Be Well Buffalo County Program-provided funding that supported establishment of Be Well coalition to advocate for a healthy community culture through infrastructure, education and programs to support healthy choices - Grand Island - Third City Community Clinic-provided funding to support the Access to Healthcare project which aims to be proactive in the treatment and management of chronic disease in low-income and minority patients to 1) ensure a better quality of life for the patient 2) minimize their emergency room visits and hospital admissions to reduce costs to the patients and the healthcare provider(s) - Nebraska City - People United for Families-provided financial support for Partners for Otoe County, a non-profit organization dedicated to building a healthy community where every child and family thrives - P4OC collaborates with individuals, organizations, local businesses, institutions, and agencies to take responsibility for improving the health and quality of life in our community - Growing Great Kids-provided support for this program, which is a program housed out of Southeast District Health Department (SEDHD). The program provides home visiting services delivered by nursing staff, for families at risk for adverse childhood experiences during the prenatal to age 3 timeframe, to offer support in the prenatal time period as well as parenting support and resources as baby grows</p> |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Schedule H, Part VI, Line 6 Affiliated health care system | <p>CHI Health Lakeside, Midlands, and Plainview Medical Center, along with its affiliated outpatient facilities, are part of Catholic Health Initiatives. Catholic Health Initiatives (CHI) is a national faith-based nonprofit health care organization with headquarters in Englewood, Colorado. CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs. An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider. CHI serves as the parent corporation of its MBOs which are comprised of 104 hospitals, including four academic medical centers, and 30 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care. Together, these facilities provided \$1.1 billion in financial assistance and community benefit in the 2016 fiscal year, including services for the poor, free clinics, education and research. CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs. The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs. The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society. CHI Health Lakeside Hospital operates with its wholly owned affiliates and community partners, along with its fundraising arm, the Alegend Creighton Health Foundation, to serve the health care needs of the Greater Omaha, Nebraska communities.</p> |

| Form and Line Reference                                              | Explanation |
|----------------------------------------------------------------------|-------------|
| Schedule H, Part VI, Line 7 State filing of community benefit report | NE, IA      |

**Schedule H (Form 990) 2015**

Additional Data

Software ID: 15000238  
Software Version: 2015v3.0  
EIN: 47-0757164  
Name: ALEGENT CREIGHTON HEALTH

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
3

Name, address, primary website address, and state license number

|   |                                                                                                                   | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|-------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | ALEGENT HEALTH MIDLANDS HOSPITAL<br>11111 S 84TH ST<br>PAPILLION, NE 68046<br>www.chihealth.com<br>680001         | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| 2 | ALEGENT HEALTH PLAINVIEW HOSPITAL<br>704 N 3RD STREET<br>PLAINVIEW, NE 68769<br>www.chihealth.com<br>620002       | X                 |                            |                     |                   | X                        |                   | X           |          |                  | B                        |
| 3 | ALEGENT HEALTH LAKESIDE HOSPITAL<br>16901 LAKESIDE HILLS COURT<br>OMAHA, NE 68130<br>www.chihealth.com<br>H000106 | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |

# 2015

47-0757164

## Schedule I (Form 990) 2015

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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      |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|--------------------------------------------|
| (1) FINANCIAL ASSISTANCE       | 3464                    |                         | 15,734,784                       | Book                                                 | Reduction or write off of patient services |
| (2) WOW/CARE SUPPORT           | 336                     |                         | 10,183                           | Book                                                 | REDUCTION OR WRITE OFF OF PATIENT SERVICES |
| (3) SCHOLARSHIPS               | 17                      | 19,500                  |                                  |                                                      |                                            |
|                                |                         |                         |                                  |                                                      |                                            |
|                                |                         |                         |                                  |                                                      |                                            |
|                                |                         |                         |                                  |                                                      |                                            |
|                                |                         |                         |                                  |                                                      |                                            |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

**Additional Data**

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**EIN:** 47-0757164  
**Name:** ALEGENT CREIGHTON HEALTH

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV , appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CHI HEALTH Foundation<br>12809 West Dodge RD<br>Omaha,NE 68154               | 47-0648586     | 501(C)(3)                            | 55,190                          |                                          |                                                               |                                               | General support                           |
| American Heart Association<br>7272 GREENVILLE AVE<br>DALLAS,TX 75231         | 13-5613797     | 501(C )(3)                           | 45,400                          |                                          |                                                               |                                               | General Support                           |
| American Cancer Society<br>250 William Street<br>STE 400<br>Atlanta,GA 30303 | 13-1788491     | 501(C )(3)                           | 12,500                          |                                          |                                                               |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Buffalo CY Comm Health<br>1755 Prairie View Place<br>Kearney, NE 68848 | 20-5852415     | 501(C )(3)                           | 35,000                          |                                          |                                                              |                                               | General Support                           |
| Archdiocese of Omaha<br>100 N 62nd Street<br>Omaha, NE 68132           | 47-0376538     | 501(C )(3)                           | 7,500                           |                                          |                                                              |                                               | General Support                           |
| College of Saint Mary<br>7000 Mercy Rd<br>Omaha, NE 68106              | 47-0424785     | 501(C )(3)                           | 20,000                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Clinic With A Heart<br>1701 S 17th Street<br>4g<br>Lincoln, NE 68502            | 20-2850139     | 501(C )(3)                           | 23,500                          |                                          |                                                              |                                               | General Support                           |
| Creighton University<br>2500 California Plz<br>Omaha, NE 68178                  | 47-0376583     | 501(C )(3)                           | 16,000                          |                                          |                                                              |                                               | General Support                           |
| Health Partners Initiatives<br>4600 VALLEY ROAD<br>STE 250<br>LINCOLN, NE 68510 | 36-3832796     | 501(C)(3)                            | 55,000                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Iowa Healthcare Collaboarative<br>100 East Grand<br>Des Moines, IA 50309          | 20-3869767     | 501(C )(3)                           | 60,000                          |                                          |                                                              |                                               | General Support                           |
| Lancaster County Medical Society Foundation<br>600 Valley Rd<br>Lincoln, NE 68510 | 36-3305032     | 501(C )(3)                           | 12,000                          |                                          |                                                              |                                               | General Support                           |
| Lincoln Parks Foundation<br>2740 A Street<br>Lincoln, NE 68502                    | 36-3853746     | 501(C )(3)                           | 8,333                           |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Nebraska Sports Council<br>4903 N 57th Street<br>Lincoln, NE 68507    | 36-3354207     | 501(C )(3)                           | 15,000                          |                                          |                                                              |                                               | General Support                           |
| Nebraska Synod ELCA<br>6757 Newport Ave<br>STE 200<br>Omaha, NE 68152 | 36-3514308     | 501(C)(3)                            | 45,000                          |                                          |                                                              |                                               | General Support                           |
| Pius X High School<br>6000 A Street<br>Lincoln, NE 68510              | 23-7074428     | 501(C)(3)                            | 11,393                          |                                          |                                                              |                                               | General Support                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Teammates Mentoring Program<br>6801 O Street<br>Lincoln, NE 68510                          | 47-0840990     | 501(C )(3)                           | 6,000                           |                                          |                                                              |                                               | General Support                           |
| The University of Nebraska Foundation<br>1010 Lincoln Mall<br>STE 300<br>Lincoln, NE 68508 | 47-0379839     | 501(C )(3)                           | 270,000                         |                                          |                                                              |                                               | General Support                           |

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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ALEGENT CREIGHTON HEALTH

Employer identification number  
47-0757164

Part I Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><input type="checkbox"/> First-class or charter travel<br/><input type="checkbox"/> Travel for companions<br/><input type="checkbox"/> Tax indemnification and gross-up payments<br/><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use<br/><input type="checkbox"/> Payments for business use of personal residence<br/><input type="checkbox"/> Health or social club dues or initiation fees<br/><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div> |     |    |
| <b>b</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>3</b> 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.<br><div><input type="checkbox"/> Compensation committee<br/><input type="checkbox"/> Independent compensation consultant<br/><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract<br/><input type="checkbox"/> Compensation survey or study<br/><input type="checkbox"/> Approval by the board or compensation committee</div>                                                                                         |     |    |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes |    |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes |    |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | No |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| <b>7</b> For persons listed on 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes |    |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |

**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 on 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 in column(B) reported as deferred on prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |

**Part III Supplemental Information**

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.

| Return Reference                                                                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 3<br>Arrangement used to establish the top management official's compensation | Compensation for the top management official was established and paid by Catholic Health Initiatives (CHI), a related organization. CHI used the following to establish the top management official's compensation: (1) Compensation Committee, (2) Independent Compensation Consultant, (3) Written Employment Contracts, (4) Compensation Survey or Study, (5) Approval by the Board or Compensation Committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Schedule J, Part I, Line 4a<br>Severance or change-of-control payment                                  | Post-termination payments are addressed in executive employment agreements for Catholic Health Initiatives (CHI) and related organizations' employees at the level of Vice President and above, including the MBO CEOs. These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement. Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. The following reportable individuals received severance payments from Catholic Health Initiatives (a Related Organization) during the 2015 calendar year, and these severance payments were included in the individual's W-2 income and reportable compensation on Schedule J: Robert Lanik - \$344,861; Rick Miller - \$333,145; Richard Rolston - \$361,588; Frank Emsick - \$123,842; Elizabeth Llewellyn - \$117,428; Larry Brown - \$350,000.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Schedule J, Part I, Line 4b<br>Supplemental nonqualified retirement plan                               | DURING THE 2015 CALENDAR YEAR, CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MARKET BASED ORGANIZATION CEOs AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN CHI'S SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN: CLIFF ROBERTSON, MICHAEL ROWAN, JEANETTE WOJTALEWICZ. DURING 2015, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: CLIFF ROBERTSON - \$124,000; JEANETTE WOJTALEWICZ - \$44,617. DURING 2015, THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: CLIFF ROBERTSON - \$65,659; MICHAEL ROWAN - \$242,516; MARIE KNEDLER - \$384. DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS TERMINATION, AGE, OR YEARS OF SERVICE WERE ELIGIBLE TO RECEIVE THEIR 2015 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION, ON SCHEDULE J, PART II. DURING 2015, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH: MICHAEL ROWAN - \$313,628; JOAN NEUHAUS - \$53,190; MARIE KNEDLER - \$35,808; RICHARD D. ROLSON - \$56,529. |
| Schedule J, Part I, Line 7<br>Non-fixed payments                                                       | CATHOLIC HEALTH INITIATIVES (CHI) MAINTAINS A VARIABLE PAY PROGRAM FOR MANAGERS AND ABOVE THAT PUTS A CERTAIN AMOUNT OF COMPENSATION AT RISK. AWARDS OF INCENTIVE COMPENSATION UNDER THE VARIABLE PAY PROGRAM ARE MADE BASED UPON ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES INCLUDING FINANCIAL OUTCOMES, QUALITY IMPROVEMENT, AND OTHER MEASURES AS DETERMINED ANNUALLY BY THE BOARD OF STEWARDSHIP TRUSTEES. HOWEVER, ELIGIBLE AWARDS PAYABLE UNDER THIS PROGRAM ARE DEPENDENT ON HITTING MINIMUM LEVELS OF OPERATING MARGIN AND CHARITY CARE LEVELS, UNLESS THE HR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Additional Data

Software ID: 15000238  
Software Version: 2015v3.0  
EIN: 47-0757164  
Name: ALEGENT CREIGHTON HEALTH

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

| (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 in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                    |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1CLIFF ROBERTSON MD<br>Board Member/CEO CHI Health | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 790,178                                            | 500,149                             | 215,508                             | 139,775                                        | 39,870                  | 1,685,480                       | 65,659                                                                |
| 1ELIZABETH LLEWELLYN<br>VP MISSION INTEGRATION     | (i)  | 0                                                  | 0                                   | 116,413                             | 6,704                                          | 1,849                   | 124,966                         | 0                                                                     |
|                                                    | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2ROBERT LANIK<br>Board Member                      | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 1                                                  | 0                                   | 342,924                             | 6,636                                          | 6,632                   | 356,193                         | 0                                                                     |
| 3MICHAEL ROWAN FACHE<br>Board member/CHI EVP & COO | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 1,273,340                                          | 1,763,164                           | 859,409                             | 15,775                                         | 41,802                  | 3,953,490                       | 242,516                                                               |
| 4AMY L MCGAHA md<br>BOARD MEMBER                   | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 263,705                                            | 0                                   | 65                                  | 13,149                                         | 1,053                   | 277,972                         | 0                                                                     |
| 5RICK MILLER MD<br>SVP/CHIEF QUALITY OFFICER       | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 0                                                  | 0                                   | 327,218                             | 6,500                                          | 10,114                  | 343,832                         | 0                                                                     |
| 6RICHARD ROLSTON MD<br>ACC CEO                     | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 164,356                                            | 0                                   | 519,720                             | 15,122                                         | 12,182                  | 711,380                         | 0                                                                     |
| 7JOAN NEUHAUS<br>CHI HEALTH SVP COO                | (i)  | 11,593                                             | 0                                   | 432                                 | 0                                              | 13,095                  | 25,120                          | 0                                                                     |
|                                                    | (ii) | 585,755                                            | 324,078                             | 193,176                             | 17,075                                         | 14,192                  | 1,134,276                       | 0                                                                     |
| 8NANCY WALLACE<br>SVP HR, CHI HEALTH               | (i)  | 6,727                                              | 0                                   | 371                                 | 0                                              | 8,304                   | 15,402                          | 0                                                                     |
|                                                    | (ii) | 331,680                                            | 42,780                              | 83,810                              | 15,039                                         | 12,896                  | 486,205                         | 0                                                                     |
| 9CARY WARD MD<br>CHI HEALTH SVP CMO                | (i)  | 8,723                                              | 0                                   | 294                                 | 0                                              | 11,157                  | 20,174                          | 0                                                                     |
|                                                    | (ii) | 432,189                                            | 65,962                              | 126,923                             | 15,775                                         | 26,269                  | 667,118                         | 0                                                                     |
| 10JEANETTE WOJTALEWICZ<br>CFO, CHI HEALTH          | (i)  | 10,070                                             | 0                                   | 294                                 | 0                                              | 3,326                   | 13,690                          | 0                                                                     |
|                                                    | (ii) | 506,269                                            | 229,990                             | 127,393                             | 60,392                                         | 19,138                  | 943,182                         | 0                                                                     |
| 11LARRY BROWN MD<br>FORMER ACC CEO                 | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 272,215                                            | 0                                   | 419,201                             | 15,775                                         | 17,509                  | 724,700                         | 0                                                                     |
| 12FRANK EMSICK<br>FORMER FACILITIES OPS EXEC       | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 63,878                                             | 0                                   | 144,741                             | 7,824                                          | 30,288                  | 246,731                         | 0                                                                     |
| 13SHEREE KEELY<br>VP BEHAVIORAL                    | (i)  | 184,548                                            | 0                                   | 6,170                               | 13,279                                         | 6,608                   | 210,605                         | 0                                                                     |
|                                                    | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 14PATRICIA MASEK<br>VP MEDICAL AFFAIRS             | (i)  | 166,186                                            | 11,683                              | 45,981                              | 12,398                                         | 24,804                  | 261,052                         | 0                                                                     |
|                                                    | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 15JASON YUNGNUM<br>VP/REG GENERAL COUNSEL          | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 80,564                                             | 0                                   | 50,293                              | 11,056                                         | 59,496                  | 201,409                         | 0                                                                     |
| 16ANN OASAN<br>PRESIDENT - UNINET                  | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 296,740                                            | 36,548                              | 87,955                              | 15,115                                         | 23,880                  | 460,238                         | 0                                                                     |
| 17CINDY ALLOWAY<br>PRESIDENT - LKS & MDL Hospital  | (i)  | 7,022                                              | 0                                   | 0                                   | 0                                              | 11,524                  | 18,546                          | 0                                                                     |
|                                                    | (ii) | 355,813                                            | 54,084                              | 116,655                             | 15,775                                         | 12,612                  | 554,939                         | 0                                                                     |
| 18JANE CARMODY<br>CHIEF NURSING OFFICER            | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                    | (ii) | 287,757                                            | 44,056                              | 74,276                              | 15,775                                         | 6,527                   | 428,391                         | 0                                                                     |
| 19KEVIN NOKELS<br>PRESIDENT - CUMC                 | (i)  | 7,367                                              | 0                                   | 219                                 | 0                                              | 17,278                  | 24,864                          | 0                                                                     |
|                                                    | (ii) | 370,173                                            | 56,163                              | 89,318                              | 49,611                                         | 18,128                  | 583,393                         | 0                                                                     |

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

| (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 in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                          |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 21STEVE HOUSTON<br>SVP STRATEGY AND TECHNOLOGY, PLANNING | (i)  | 293,673                                            | 36,655                              | 65,910                              | 16,442                                         | 25,248                  | 437,928                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 1MIKE WATTERS<br>DIV VP SR COUNSEL                       | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                          | (ii) | 236,217                                            | 31,846                              | 90,737                              | 15,688                                         | -<br>16,650             | -<br>391,138                    | 0                                                                     |
| 2PATRICIA MURDOCK-LANGAN<br>MD<br>CHIEF MEDICAL OFFICER  | (i)  | 173,317                                            | 18,716                              | 231                                 | 15,775                                         | 2,307                   | 210,346                         | 0                                                                     |
|                                                          | (ii) | 166,791                                            | 0                                   | 254                                 | 0                                              | -<br>0                  | -<br>167,045                    | 0                                                                     |
| 3DEVIN FOX MD<br>CHIEF MEDICAL OFFICER                   | (i)  | 10,707                                             | 0                                   | 0                                   | 0                                              | 11,208                  | 21,915                          | 0                                                                     |
|                                                          | (ii) | 349,945                                            | 14,403                              | 285                                 | 15,775                                         | -<br>25,985             | -<br>406,393                    | 0                                                                     |
| 4MARIE KNEDLER<br>PRESIDENT - Bergen                     | (i)  | 7,591                                              | 0                                   | 219                                 | 0                                              | 4,381                   | 12,191                          | 0                                                                     |
|                                                          | (ii) | 392,890                                            | 59,435                              | 153,188                             | 15,775                                         | -<br>14,765             | -<br>636,053                    | 384                                                                   |
| 5DANIEL MCELLIGOTT<br>President - St Francis             | (i)  | 6,576                                              | 0                                   | 219                                 | 0                                              | 1,616                   | 8,411                           | 0                                                                     |
|                                                          | (ii) | 345,585                                            | 53,706                              | 113,121                             | 15,775                                         | -<br>18,708             | -<br>546,895                    | 36,554                                                                |
| 6KIM MOORE<br>President - St Elizabeth                   | (i)  | 6,705                                              | 0                                   | 219                                 | 0                                              | 1,616                   | 8,540                           | 0                                                                     |
|                                                          | (ii) | 335,129                                            | 52,989                              | 106,226                             | 45,292                                         | -<br>13,462             | -<br>553,098                    | 28,809                                                                |
| 7MICHAEL SCHNIEDERS<br>COO/ President - Good Samantan    | (i)  | 7,453                                              | 0                                   | 219                                 | 0                                              | 1,616                   | 9,288                           | 0                                                                     |
|                                                          | (ii) | 393,387                                            | 61,345                              | 120,484                             | 51,061                                         | -<br>0                  | -<br>626,277                    | 42,133                                                                |
| 8ANN SCHUMACHER<br>PRESIDENT - IMC                       | (i)  | 7,020                                              | 0                                   | 0                                   | 0                                              | 16,484                  | 23,504                          | 0                                                                     |
|                                                          | (ii) | 351,339                                            | 53,463                              | 82,364                              | 47,985                                         | -<br>17,762             | -<br>552,913                    | 0                                                                     |

Schedule L  
(Form 990 or 990-EZ)

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.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ALEGENT CREIGHTON HEALTH | Employer identification number<br>47-0757164 |
|------------------------------------------------------|----------------------------------------------|

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total ▶ \$ _____              |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Part III Grants or Assistance Benefiting 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 |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
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|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |

**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)<br>MICHAEL DEFREECE BOARD MEMBER | SON IS EMPLOYED                                                 | 199,938                   | EMPLOYMENT                     |                                         | No |
|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |
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|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |
|                                      |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
ALEGENT CREIGHTON HEALTH**Employer identification number**

47-0757164

**Return  
Reference****Explanation**Form 990, Part III,  
Line 4d  
Description of  
other program  
services

(Expenses \$ 405,214,092 including grants of \$ 7,810,976)(Revenue \$ 132,079,680) ALEGENT CREIGHTON HEALTH GIVES BACK TO OUR COMMUNITY THROUGH A VARIETY OF MEDICAL SERVICES AND PARTNERSHIPS ALEGENT HEALTH QUICK CARE PROVIDES URGENT MEDICAL TREATMENTS, SCREENINGS AND ADULT IMMUNIZATIONS FOR PATIENTS 18 MONTHS AND OLDER THROUGH OUR COLLABORATION WITH OTHER LOCAL COMMUNITY ORGANIZATIONS SUCH AS BOYS TOWN, CREIGHTON UNIVERSITY, OUR HEALTHY COMMUNITY PARTNERSHIP AND ONE WORLD COMMUNITY HEALTH CENTER, ALEGENT CREIGHTON HEALTH IS HELPING TO IDENTIFY AND ADDRESS COMMUNITY HEALTH NEEDS IN ADDITION, ALEGENT CREIGHTON HEALTH ALSO PROVIDES THE FOLLOWING SERVICES MATERNITY CARE SERVICES, MENTAL AND BEHAVIORAL HEALTH CARE, ONCOLOGY, PROCEDURE CENTER AND INPATIENT FACILITIES INCLUDING INTENSIVE CARE

| Return Reference                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part V,<br>Line 1c PAYMENTS<br>TO VENDORS | PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF Catholic Health Initiatives (CHI) ARE MADE BY CHI THEREFORE NO FORM 1099S ARE ISSUED BY Alegent Creighton Health CHI FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS THE 1099S ISSUED BY CHI ON BEHALF OF ALEGENT Creighton Health ARE REPORTED TO THE IRS |

| Return<br>Reference                                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Line 16a WRITTEN<br>POLICY FOR JOINT<br>VENTURE<br>AGREEMENTS | <p>ALEGENT CREIGHTON HEALTH HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER, CHI'S SYSTEM WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE. ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL.</p> |

| Return Reference                                             | Explanation                                                  |
|--------------------------------------------------------------|--------------------------------------------------------------|
| Form 990, Part VI, Line 6 Classes of members or stockholders | CHI Nebraska IS THE SOLE MEMBER OF A LEGENT Creighton Health |

| Return Reference                                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Line 7a Members or<br>stockholders electing<br>members of<br>governing body | <p>According to the organization's bylaw s, directors shall be appointed or refused by the corporate member The corporate member may appoint one or more individuals to the board of directors, and may at any time remove, with or without cause, any member of the board of directors According to the organization's bylaw s, directors of the corporation shall be appointed by the corporate member no later than June 30 of each year The names and qualifications of each individual accepted by the board of directors shall be submitted to the corporate member, who shall appoint or refuse each nominee in accordance with the corporate member's bylaw s and with endorsement of the senior vice president of operations The corporate member may unilaterally appoint one or more individuals to the board of directors should the board fail to furnish the corporate member with a list of individuals qualified to serve on the board of directors of the corporation</p> |

| Return<br>Reference                                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 7b<br>Decisions requiring approval by members or stockholders | <p>The organization's corporate member is CHI Nebraska Pursuant to Section 5 4 1 of the organization's bylaw s, both CHI Nebraska and Catholic Health Initiatives ("CHI") have reserved powers as outlined in the CHI governance matrix Pursuant to the governance matrix the following rights are held by the CHI Nebraska's Board</p> <ul style="list-style-type: none"> <li>* Approve members of the Alegent Creighton Health board</li> <li>* Amendment of the corporate documents of Alegent Creighton Health</li> <li>* Approve removal of a member of the governing body of Alegent Creighton Health</li> <li>* Adoption of long range and strategic plans for Alegent Creighton Health</li> </ul> <p>The following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer</p> <ul style="list-style-type: none"> <li>* Substantial change in the mission or philosophy of Alegent Creighton Health</li> <li>* Removal of a member of the governing body of Alegent Creighton Health</li> <li>* Approval of issuance of debt by Alegent Creighton Health</li> <li>* Approval of participation of Alegent Creighton Health in a joint venture</li> <li>* Approval of formation of a new corporation by Alegent Creighton Health</li> <li>* Approval of a merger involving Alegent Creighton Health</li> <li>* Approval of the sale of all or substantially all of the assets of Alegent Creighton Health</li> <li>* To require the transfer of assets by Alegent Creighton Health to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts</li> </ul> <p>Pursuant to Section 5 5 2 of the organization's bylaw s, CHI Nebraska or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate</p> |

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b<br>Review of form 990 by governing body | FOLLOWING THE PREPARATION OF THE FORM 990 BY TAX ANALYSTS OF CATHOLIC HEALTH INITIATIVES, A RELATED ORGANIZATION, THE RETURN IS REVIEWED BY THE CHI TAX Department AND THE LOCAL CHIEF FINANCIAL OFFICER AFTER INCORPORATION OF ANY CHANGES RESULTING FROM THIS REVIEW, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND MEMBERS OF THE FINANCE COMMITTEE OF THE BOARD A WEEK IN ADVANCE OF THE FINANCE COMMITTEE MEETING THE FORM 990 IS REVIEWED AT THE FINANCE COMMITTEE MEETING AND THE CHIEF FINANCIAL OFFICER AND CHI TAX DIRECTOR ARE PRESENT AT THE MEETING TO ANSWER QUESTIONS ADDITIONALLY, THE BOARD OF DIRECTORS ARE PROVIDED THE FINAL FORM 990 AND RELATED SCHEDULES TO REVIEW AND ARE ABLE TO ASK THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR QUESTIONS PRIOR TO FILING WITH THE IRS UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE TAX Analyst FILES THE FINAL FORM 990 AS PRESENTED TO THE BOARD AND FINANCE COMMITTEE, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY IN ORDER TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD |

| Return Reference                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Form 990, Part VI, Line 12c Conflict of interest policy | <p>Alegent Creighton Health HAS ADOPTED THE CONFLICT OF INTEREST POLICY AND CONFLICT INVESTIGATION PROCESS OF CATHOLIC HEALTH INITIATIVES, A RELATED ORGANIZATION. ALL OFFICERS, TRUSTEES AND EMPLOYEES ARE COVERED BY A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OFFICERS, TRUSTEES AND EMPLOYEES ARE REQUIRED TO ACT IN ACCORDANCE WITH CHI'S STANDARDS OF CONDUCT, WHICH INCLUDE THE AVOIDANCE OF CONFLICTS OF INTEREST OR THE APPEARANCE OF CONFLICTS. Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process. Each person has a general ongoing obligation to promptly and fully report to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The person must report the actual or potential conflict as soon as she/he becomes aware of it. In any situation where the person may be in doubt, a full disclosure should be made to permit an impartial and objective determination. In addition to the general ongoing obligation, there are initial disclosure obligations. The board, board committee members, and new employees are required to make disclosures at the time of their initial hiring/appointment. All non-employed, credentialed or contracted physicians are required to make disclosures at the time of their credentialing and during any subsequent reappointment or recredentialing. All researchers are required to make disclosures upon consideration of affiliation with a research sponsor. In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation. All corporate officers, board and board committee members, employees at the level of manager and above, researchers, supply chain employees, employed physicians, physician administrators and leaders, and employed advanced practice clinicians must complete a new conflict of interest disclosure annually. Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC") or Legal Services Group for review depending on the position of the person involved. The C-CIRC reviews COI questionnaires containing disclosures of perceived or possible conflicts for employees at a level of manager or above, supply chain employees, researchers and physicians, physician administrators and leaders, and advanced practice clinicians (both employed and non-employed). In the determination of a conflict, a COI management plan will be developed for that person. With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such conflict of interest management plan in collaboration with local CRP staff. A designated CHI Entity staff will be responsible for monitoring the COI management plan and for documenting monitoring activities. At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential COI. If the C-CIRC determines that there is a potential or actual conflict of interest that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing person be allowed to participate in the activity or transaction subject to restrictions as outlined in the COI management plan. If a Person does not agree with a determination made by the C-CIRC, its interpretation of the Policy or Addenda, or seeks an exemption or exception, the following steps should be followed. The Employee disputing the review decision, interpretation of the Policy, or seeking exemption or exception must present the matter to the Employee's immediate direct manager or supervisor for review and determination. If the Employee and the manager do not agree with the review decision, interpretation of the Policy, or seek exemption or exception, the manager shall consult with the manager's Vice President (or higher if the manager is a Vice President) to reach a determination. If the matter remains unresolved, it shall be referred to the CHI Vice President of Human Resources and the CHI Corporate Responsibility Officer. If they are unable to reach agreement, the matter shall be referred to the CHI General Counsel, whose decision shall be final. Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG). Annual COI disclosures of all trustee and corporate officers will be reviewed by the CHI Senior Vice President, Legal Services, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair. The Board Chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role. Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required. A written record of the Board Chair's determination, including relevant facts and circumstances, will be made. The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination. If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board. When any conflict of interest is considered by the board, the trustee or corporate officer, as appropriate, must disclose all of the material facts to the Board. The trustee shall not vote and the trustee or corporate officer shall not use his or her personal influence on the matter. The trustee or corporate officer shall be excused from the meeting during discussion and vote on the conflict of interest. In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board will act as it would in reviewing transactions with unrelated third parties. The transaction is not to be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. The Board must approve the transaction by a majority of the Trustees on the Board, without counting the vote of any individual who has an interest in the transaction. All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy.</p> |

| Return<br>Reference                                                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | <p>The organization's top management official's compensation is paid by Catholic Health Initiatives (CHI), a related organization. CHI has a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data. CHI uses The Korn Ferry Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives is reviewed annually. The Korn Ferry Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review is delivered by Korn Ferry Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting. The last review was September 13, 2016. In addition, Korn Ferry Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels have been reviewed annually since and revised based on market data, where applicable. For other members of management who were paid under CHI Health for calendar year 2015, CHI Health completes a compensation market study to determine salary.</p> |

| Return Reference                                                                 | Explanation                                               |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | SEE DISCLOSURE FOR FORM 990, PART VI, SECTION B, LINE 15A |

| Return Reference                                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Line 19 Required<br>documents available<br>to the public | THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT IN ADDITION, THE ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE NEBRASKA Secretary OF STATE WEBSITE <a href="http://WWW.SOS.NE.GOV/BUSINESS">WWW.SOS.NE.GOV/BUSINESS</a> THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT <a href="http://WWW.CATHOLICHEALTHINIT.ORG">WWW.CATHOLICHEALTHINIT.ORG</a> OR AT <a href="http://WWW.DACBOND.ORG">WWW.DACBOND.ORG</a> |

| Return Reference                                           | Explanation                                                                                                                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | Other Program Service Revenue - Total Revenue 17533669, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 17533669, |

| Return Reference                                          | Explanation                                                                                                                                                                                     |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Other Miscellaneous Revenue - Total Revenue 2025903, Related or Exempt Function Revenue , Unrelated Business Revenue 178032, Revenue Excluded from Tax Under Sections 512, 513, or 514 1847871, |

| Return Reference                                                       | Explanation                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | BENEFIT PLAN ACCRUAL ADJUSTMENT - -10651752, MEDICAL STAFF ACTIVITY ADJUSTMENT - 21694, ACCOUNTING CORRECTION TO PRIOR PERIOD SALE OF AVANTAS - 7933389, TRANSFER OUT OF CREIGHTON UNIVERSITY MEDICAL CENTER NET ASSETS - 75192346, OTHER CHANGES IN NET ASSETS - 15360, |

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALEGENT CREIGHTON HEALTH

Employer identification number  
47-0757164

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                               |                                                  |                     |                           |                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity       | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) ALEGENT HEALTH QUICKCARE LLC<br>12809 WEST DODGE ROAD<br>OMAHA, NE 68154<br>20-3437352                               | EXPRESS CARE CLINIC           | NE                                               | 1,898,193           | 500,592                   | ALEGENT CREIGHTON HEALTH         |
| (2) ALEGENT HEALTH PARTNERS LLC<br>12809 WEST DODGE ROAD<br>OMAHA, NE 68154                                              | ACCOUNTABLE CARE ORGANIZATION | NE                                               | 1                   | 18,973                    | ALEGENT CREIGHTON HEALTH         |
|                                                                                                                          |                               |                                                  |                     |                           |                                  |
|                                                                                                                          |                               |                                                  |                     |                           |                                  |
|                                                                                                                          |                               |                                                  |                     |                           |                                  |
|                                                                                                                          |                               |                                                  |                     |                           |                                  |
|                                                                                                                          |                               |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| See Additional Data Table                                                                                                                                                                                             |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
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|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                    | No |
| See Additional Data Table                                |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
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|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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

**1** During the tax year, did the organization 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 . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

|           |     |    |
|-----------|-----|----|
|           | Yes | No |
|           |     |    |
| <b>1a</b> | Yes |    |
| <b>1b</b> | Yes |    |
| <b>1c</b> | Yes |    |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> | Yes |    |
| <b>1k</b> | Yes |    |
| <b>1l</b> | Yes |    |
| <b>1m</b> | Yes |    |
| <b>1n</b> | Yes |    |
| <b>1o</b> | Yes |    |
| <b>1p</b> | Yes |    |
| <b>1q</b> | Yes |    |
| <b>1r</b> | Yes |    |
| <b>1s</b> |     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)ALEGENT CREIGHTON CLINC          | J                                | 764,515                | FMV                                          |
| (2)ALEGENT CREIGHTON CLINIC         | Q                                | 975,091                | COST                                         |
| (3)CHI HEALTH FOUNDATION            | C                                | 146,716                | BOOK                                         |
| (4)CHI HEALTH FOUNDATION            | B                                | 55,190                 | BOOK                                         |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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.

[illegible]

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 47-0757164

Name: ALEAGENT CREIGHTON HEALTH

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

| (a)<br>Name, address, and EIN of related organization                                                                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                                                |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| ALEAGENT CREIGHTON CLINIC<br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0765154                                                 | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | ACH                              | Yes                                           |    |
| ALEAGENT CREIGHTON HEALTH<br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0757164                                                 | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| ALEAGENT CREIGHTON HEALTH FOUNDATION<br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0648586                                      | FUNDRAISING             | NE                                               | 501(c)(3                   | 7                                                   | ACH                              | Yes                                           |    |
| ALEAGENT HEALTH - BERGAN MERCY HEALTH SYSTEM<br>7500 MERCY RD<br>OMAHA, NE 68124<br>47-0484764                                 | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| ALEAGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA<br>631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-0776568 | HEALTHCARE              | IA                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| ALEAGENT HEALTH - IMMANUEL MEDICAL CENTER<br>6901 N 72ND ST<br>OMAHA, NE 68122<br>47-0376615                                   | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| ALEAGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER<br>104 W 17TH ST<br>SCHUYLER, NE 68661<br>47-0399853                              | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| ALEAGENT HEALTH - MERCY HOSPITAL CORNING IOWA<br>PO BOX 368<br>CORNING, IA 50841<br>42-0782518                                 | HEALTHCARE              | IA                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| ALVERNA APARTMENTS<br>300 SE 8TH AVE<br>LITTLE FALLS, MN 56345<br>41-1351177                                                   | LTERM CARE              | MN                                               | 501(c)(3                   | 9                                                   | CHI                              | Yes                                           |    |
| APPLETREE COURT<br>601 OAK ST<br>BRECKENRIDGE, MN 56520<br>41-1850500                                                          | SENIOR LIVING           | MN                                               | 501(c)(3                   | 9                                                   | SFH                              | Yes                                           |    |
| BAYLOR ST LUKE'S HEALTH VENTURES<br>17200 ST LUKES WAY STE 170<br>THE WOODLANDS, TX 77384<br>27-4499340                        | PHYSICIANS              | TX                                               | 501(c)(3                   | 9                                                   | SLCHS                            | Yes                                           |    |
| BELLEVILLE ST JOSEPH HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>27-4005511                                   | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SHSC                             | Yes                                           |    |
| BISHOP DRUMM RETIREMENT CENTER<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0725196                                           | LTERM CARE              | IA                                               | 501(c)(3                   | 9                                                   | CHI-IA CORP                      | Yes                                           |    |
| BORNEMANN HEALTHCARE CORPORATION<br>2500 BERNVILLE RD PO BOX 316<br>READING, PA 19603<br>23-2187242                            | HEALTHCARE              | PA                                               | 501(c)(3                   | Type I                                              | CHI                              | Yes                                           |    |
| BRAZOSPORT HEALTH FOUNDATION INC<br>129 CIRCLE WAY STE 102<br>LAKE JACKSON, TX 77566<br>76-0080110                             | FUNDRAISING             | TX                                               | 501(c)(3                   | Type I                                              | BRHS                             | Yes                                           |    |
| BRAZOSPORT REGIONAL PHYSICIAN SERVICES<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>80-0240261                            | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | BRHS                             | Yes                                           |    |
| BURLESON ST JOSEPH HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2759890                                     | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SJSC                             | Yes                                           |    |
| BURLESON ST JOSEPH MANOR<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2913931                                             | HEALTHCARE              | TX                                               | 501(c)(3                   | 9                                                   | SJSC                             | Yes                                           |    |
| CARRINGTON HEALTH CENTER<br>800 N 4TH ST<br>CARRINGTON, ND 58421<br>45-0227311                                                 | HEALTHCARE              | ND                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| CATHOLIC HEALTH INITIATIVES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0617373                                   | HEALTHCARE              | CO                                               | 501(c)(3                   | Type I                                              | NA                               | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                                          |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| CATHOLIC HEALTH INITIATIVES - COLORADO<br>188 INVERNESS DRIVE WEST STE 500<br>ENGLEWOOD, CO 80112<br>84-0405257          | HEALTHCARE              | CO                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| CATHOLIC HEALTH INITIATIVES - IOWA CORP<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0680448                            | HEALTHCARE              | IA                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION<br>6385 CORPORATE DR STE 301<br>COLORADO SPRINGS, CO 80919<br>84-0902211 | FUNDRAISING             | CO                                               | 501(c)(3)                  | 7                                                   | CHIC                             | Yes                                           |    |
| CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION<br>6385 CORPORATE DR<br>COLORADO SPRINGS, CO 80919<br>27-0930004         | FUNDRAISING             | CO                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-0992796     | HEALTHCARE              | CO                                               | 501(c)(3)                  | Type I                                              | CHINS                            | Yes                                           |    |
| CENTENNIAL MEDICAL GROUP INC<br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>26-3946191                                    | PHYSICIANS              | OR                                               | 501(c)(3)                  | 9                                                   | MMC                              | Yes                                           |    |
| CENTRAL KANSAS MEDICAL CENTER<br>3515 BROADWAY<br>GREAT BEND, KS 67530<br>48-0543724                                     | SURGERY CENTER          | KS                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| CHI HEALTH CONNECT AT HOME - FARGO<br>4816 AMBER VALLEY PKWY S<br>FARGO, ND 58104<br>27-1966847                          | HEALTHCARE              | MN                                               | 501(c)(3)                  | 9                                                   | CHI                              | Yes                                           |    |
| CHI INSTITUTE FOR RESEARCH AND INNOVATION<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-1050565               | HEALTHCARE              | CO                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| CHI KENTUCKY INC<br>3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>20-2741651                                        | HEALTHCARE              | KY                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| CHI NATIONAL HOME CARE<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-1261716                                  | HEALTHCARE              | CO                                               | 501(c)(3)                  | 9                                                   | CHI NS                           | Yes                                           |    |
| CHI NATIONAL SERVICES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-2532084                                   | HEALTHCARE              | CO                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| CHI NEBRASKA<br>6940 O ST STE 200<br>LINCOLN, NE 68510<br>36-3233121                                                     | HEALTHCARE              | NE                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| CHI ST JOSEPH CHILDREN'S HEALTH<br>1929 LINCOLN HWY E STE 150<br>LANCASTER, PA 17602<br>23-2342997                       | HEALTHCARE              | PA                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| CHI ST JOSEPH'S CHILDREN<br>1516 5TH ST NW<br>ALBUQUERQUE, NM 87102<br>71-0897107                                        | COMMUNITY               | NM                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER<br>6624 FANNIN ST<br>HOUSTON, TX 77030<br>74-1161938      | HEALTHCARE              | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             | Yes                                           |    |
| CHI ST VINCENT HOSPITAL HOT SPRINGS<br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0236913                              | HEALTHCARE              | AR                                               | 501(c)(3)                  | 3                                                   | CHISVHS                          | Yes                                           |    |
| CHI ST VINCENT HOT SPRINGS<br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125064                                       | HOLDING CO              | AR                                               | 501(c)(3)                  | Type II                                             | SVIMC                            | Yes                                           |    |
| CHI ST VINCENT MEDICAL GROUP HOT SPRINGS<br>1 MERCY LANE STE 201<br>HOT SPRINGS, AR 71913<br>26-1125131                  | HEALTHCARE              | AR                                               | 501(c)(3)                  | 3                                                   | CHISVHS                          | Yes                                           |    |
| COMMUNITY LIMITED CARE DIALYSIS CENTER<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>23-7419853                | HOLDING CO              | OH                                               | 501(c)(2)                  |                                                     | GSH                              | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                    | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                          |                         |                                                           |                               |                                                               |                                     | Yes                                                    | No |
| COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE<br>FOUNDATION<br>631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-1294399     | FUNDRAISING             | IA                                                        | 501(c)(3                      | Type I                                                        | AH-CMHMV                            | Yes                                                    |    |
| CONTINUING CARE HOSPITAL<br>150 NORTH EAGLE CREEK DR<br>LEXINGTON, KY 40509<br>61-1400619                                | LT ACH                  | KY                                                        | 501(c)(3                      | 3                                                             | SJHS                                | Yes                                                    |    |
| COVENANT HOME CARE<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2028429                                      | HOME HEALTH             | PA                                                        | 501(c)(3                      | Type II                                                       | CHI NHC                             | Yes                                                    |    |
| ENUMCLAW REGIONAL HOSPITAL ASSOCIATION<br>1450 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805                         | HEALTHCARE              | WA                                                        | 501(c)(3                      | 3                                                             | FHS                                 | Yes                                                    |    |
| FLAGET HEALTHCARE INC<br>4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363                                 | HEALTHCARE              | KY                                                        | 501(c)(3                      | 3                                                             | KOH                                 | Yes                                                    |    |
| FLAGET MEMORIAL HOSPITAL FOUNDATION INC<br>4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341               | FUNDRAISING             | KY                                                        | 501(c)(3                      | Type I                                                        | FH                                  | Yes                                                    |    |
| FRANCISCAN CARE CENTER<br>4111 N HOLLAND-SYLVANIA RD<br>TOLEDO, OH 43623<br>34-1931806                                   | HEALTHCARE              | OH                                                        | 501(c)(3                      | 9                                                             | FLC                                 | Yes                                                    |    |
| FRANCISCAN FOUNDATION<br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592                                               | FUNDRAISING             | WA                                                        | 501(c)(3                      | 9                                                             | FHS                                 | Yes                                                    |    |
| FRANCISCAN HEALTH SYSTEM<br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491                                            | HEALTHCARE              | WA                                                        | 501(c)(3                      | 3                                                             | CHI                                 | Yes                                                    |    |
| FRANCISCAN HEALTH VENTURES FKA SJMGROUP<br>TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377           | PHYSICIANS              | MO                                                        | 501(c)(3                      | 9                                                             | CHI                                 | Yes                                                    |    |
| FRANCISCAN LIVING COMMUNITIES<br>5942 RENAISSANCE PLACE STE A<br>TOLEDO, OH 43623<br>34-1892096                          | HEALTHCARE              | OH                                                        | 501(c)(3                      | Type I                                                        | SFH                                 | Yes                                                    |    |
| FRANCISCAN MEDICAL GROUP<br>1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739                                      | HEALTHCARE              | WA                                                        | 501(c)(3                      | 9                                                             | FHS                                 | Yes                                                    |    |
| FRANCISCAN VILLA OF SOUTH MILWAUKEE INC<br>3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829                 | HEALTHCARE              | WI                                                        | 501(c)(3                      | 9                                                             | CHI                                 | Yes                                                    |    |
| GARRISON MEMORIAL HOSPITAL<br>407 THIRD AVENUE SOUTHEAST<br>GARRISON, ND 58540<br>45-0227752                             | HEALTHCARE              | ND                                                        | 501(c)(3                      | 3                                                             | SAMC                                | Yes                                                    |    |
| GLOBAL HEALTH INITIATIVES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108                               | MINISTRIES              | CO                                                        | 501(c)(3                      | Type I                                                        | CHI                                 | Yes                                                    |    |
| GOOD SAMARITAN COLLEGE OF NURSING & HEALTH<br>SCIENCE<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1778403 | EDUCATION               | OH                                                        | 501(c)(3                      | 2                                                             | GSH                                 | Yes                                                    |    |
| GOOD SAMARITAN FOUNDATION OF CINCINNATI INC<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1206047           | FUNDRAISING             | OH                                                        | 501(c)(3                      | Type I                                                        | GSH                                 | Yes                                                    |    |
| GOOD SAMARITAN HOSPITAL<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755                                                | HEALTHCARE              | NE                                                        | 501(c)(3                      | 3                                                             | CHI NEBRASKA                        | Yes                                                    |    |
| GOOD SAMARITAN HOSPITAL FOUNDATION<br>111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443                                   | FUNDRAISING             | NE                                                        | 501(c)(3                      | 7                                                             | GSH                                 | Yes                                                    |    |
| GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON<br>110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>23-7296923                   | FUNDRAISING             | OH                                                        | 501(c)(3                      | 7                                                             | SHP                                 | Yes                                                    |    |

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

| (a)<br>Name, address, and EIN of related organization                                                         | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                               |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| HARRISON MEDICAL CENTER<br>2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-0565546                               | HEALTHCARE              | WA                                               | 501(c)(3)                  | 3                                                   | FHS                              | Yes                                           |    |
| HARRISON MEDICAL CENTER FOUNDATION<br>2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-1197626                    | FUNDRAISING             | WA                                               | 501(c)(3)                  | 7                                                   | HMC                              | Yes                                           |    |
| HEALTHCARE AND WELLNESS FOUNDATION<br>2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>76-0761782              | FUNDRAISING             | MN                                               | 501(c)(3)                  | Type I                                              | SFMC                             | Yes                                           |    |
| HIGHLINE MEDICAL CENTER<br>16251 SYLVESTER RD SW<br>BURIEN, WA 98166<br>91-0712166                            | HEALTHCARE              | WA                                               | 501(c)(3)                  | 3                                                   | FHS                              | Yes                                           |    |
| HOUSE OF MERCY<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1323808                                          | SHELTER                 | IA                                               | 501(c)(3)                  | 7                                                   | CHI-IA CORP                      | Yes                                           |    |
| JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC<br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029768 | HEALTHCARE              | KY                                               | 501(c)(3)                  | 3                                                   | KOH                              | Yes                                           |    |
| KENTUCKYONE HEALTH MEDICAL GROUP INC<br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1352729         | HEALTHCARE              | KY                                               | 501(c)(3)                  | 9                                                   | JHSMH                            | Yes                                           |    |
| KENTUCKYONE HEALTH INC<br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029769                       | HEALTHCARE              | KY                                               | 501(c)(3)                  | 9                                                   | CHI                              | Yes                                           |    |
| LAKEWOOD HEALTH CENTER<br>600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-0758434                                  | HEALTHCARE              | MN                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| LAKEWOOD REGIONAL HEALTHCARE FOUNDATION<br>600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-1893795                 | FUNDRAISING             | ND                                               | 501(c)(3)                  | 7                                                   | LHC                              | Yes                                           |    |
| LINUS OAKES INC<br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0821381                                      | SENIOR LIVING           | OR                                               | 501(c)(3)                  | 9                                                   | MMC                              | Yes                                           |    |
| LISBON AREA HEALTH SERVICES<br>905 MAIN ST<br>LISBON, ND 58054<br>82-0558836                                  | HEALTHCARE              | ND                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| LUFKIN VISION ACQUISITIONS<br>PO BOX 1447<br>LUFKIN, TX 75901<br>82-0563768                                   | PROPERTY MGMT           | TX                                               | 501(c)(3)                  | Type III-FI                                         | MHSET                            | Yes                                           |    |
| MADISON ST JOSEPH HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2761145                     | HEALTHCARE              | TX                                               | 501(c)(3)                  | 3                                                   | SJSC                             | Yes                                           |    |
| MADONNA MANOR INC<br>2344 AMSTERDAM ROAD<br>VILLA HILLS, KY 51017<br>61-0654635                               | LIVING ASSIST           | KY                                               | 501(c)(3)                  | 1                                                   | FLC                              | Yes                                           |    |
| MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC<br>2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1839548        | FUNDRAISING             | TN                                               | 501(c)(3)                  | 7                                                   | MHCS                             | Yes                                           |    |
| MEMORIAL HEALTH CARE SYSTEM INC<br>2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-0532345                   | HEALTHCARE              | TN                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| MEMORIAL HEALTH PARTNERS FOUNDATION INC<br>5600 BRAINERD RD STE 500<br>CHATTANOOGA, TN 37411<br>03-0417049    | HEALTHCARE              | TN                                               | 501(c)(3)                  | 9                                                   | MHCS                             | Yes                                           |    |
| MEMORIAL HEALTH SYSTEM OF EAST TEXAS<br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367                         | HEALTHCARE              | TX                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| MEMORIAL MEDICAL CENTER - LIVINGSTON<br>PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439                         | HEALTHCARE              | TX                                               | 501(c)(3)                  | 3                                                   | MHSET                            | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                        | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                              |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| MEMORIAL MEDICAL CENTER - SAN AUGUSTINE<br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-2663904                     | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | MHSET                            | Yes                                           |    |
| MEMORIAL MULTISPECIALTY ASSOCIATES<br>1201 FRANK AVE<br>LUFKIN, TX 95904<br>75-2721155                       | PHYSICIANS              | TX                                               | 501(c)(3                   | Type III-FI                                         | MHSET                            | Yes                                           |    |
| MEMORIAL SPECIALTY HOSPITAL<br>PO BOX 1447<br>LUFKIN, TX 95902<br>75-2492741                                 | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | MHSET                            | Yes                                           |    |
| MERCY AUXILIARY OF CENTRAL IOWA<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-6076069                        | AUXILIARY               | IA                                               | 501(c)(3                   | Type I                                              | MF-DM IA                         | Yes                                           |    |
| MERCY CLINICS INC<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1193699                                      | PHYSICIANS              | IA                                               | 501(c)(3                   | 9                                                   | CHI-IA CORP                      | Yes                                           |    |
| MERCY COLLEGE OF HEALTH SCIENCES<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1511682                       | EDUCATION               | IA                                               | 501(c)(3                   | 2                                                   | CHI-IA CORP                      | Yes                                           |    |
| MERCY FOUNDATION OF DES MOINES IA<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>23-7358794                      | FUNDRAISING             | IA                                               | 501(c)(3                   | 7                                                   | CHI-IA CORP                      | Yes                                           |    |
| MERCY FOUNDATION INC<br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-6088946                                | FUNDRAISING             | OR                                               | 501(c)(3                   | 7                                                   | MMC                              | Yes                                           |    |
| MERCY HEALTH CARE FOUNDATION<br>PO BOX 368<br>CORNING, IA 50841<br>42-1461064                                | FUNDRAISING             | IA                                               | 501(c)(3                   | Type I                                              | AHMH-Corning                     | Yes                                           |    |
| MERCY HEALTHCARE FOUNDATION<br>570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0435338                    | FUNDRAISING             | ND                                               | 501(c)(3                   | Type I                                              | MHVC                             | Yes                                           |    |
| MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS<br>800 MERCY DR<br>COUNCIL BLUFFS, IA 51503<br>42-1178204           | FUNDRAISING             | IA                                               | 501(c)(3                   | Type I                                              | AHBMHS                           | Yes                                           |    |
| MERCY HOSPITAL OF DEVILS LAKE<br>1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>45-0227012                       | HEALTHCARE              | ND                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| MERCY HOSPITAL OF DEVILS LAKE FOUNDATION<br>1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>35-2367360            | FUNDRAISING             | ND                                               | 501(c)(3                   | 7                                                   | MHDL                             | Yes                                           |    |
| MERCY HOSPITAL OF VALLEY CITY<br>570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0226553                  | HEALTHCARE              | ND                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| MERCY MEDICAL CENTER<br>1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0231183                              | HEALTHCARE              | ND                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| MERCY MEDICAL CENTER - CENTERVILLE<br>ONE ST JOSEPHS DRIVE<br>CENTERVILLE, IA 52544<br>42-0680308            | HEALTHCARE              | IA                                               | 501(c)(3                   | 3                                                   | CHI-IA CORP                      | Yes                                           |    |
| MERCY MEDICAL CENTER - NEWTON DBA SKIFF MEDICAL CENTER<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1470935 | PHYSICIANS              | IA                                               | 501(c)(3                   | 9                                                   | CHI-IA CORP                      | Yes                                           |    |
| MERCY MEDICAL CENTER INC<br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0386868                            | HEALTHCARE              | OR                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| MERCY MEDICAL FOUNDATION<br>1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0381803                          | FUNDRAISING             | ND                                               | 501(c)(3                   | Type I                                              | MMC                              | Yes                                           |    |
| NEBRASKA HEART HOSPITAL<br>7500 S 91ST ST<br>LINCOLN, NE 68526<br>39-2031968                                 | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| North Central Health Care Alliance dba PrimeCare Health Group<br>401 N 9th St<br>BISMARCK, ND 585014507<br>45-0439894 | HEALTHCARE              | ND                                               | 501(c)(3                   | 9                                                   | NHCA                             | Yes                                           |    |
| OAKES COMMUNITY HOSPITAL<br>1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675                                            | HEALTHCARE              | ND                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| OAKES COMMUNITY HOSPITAL FOUNDATION<br>1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606                                 | FUNDRAISING             | ND                                               | 501(c)(3                   | Type I                                              | OCH                              | Yes                                           |    |
| PINEYWOODS MEDICAL DEVELOPMENT CORP<br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116                                  | PROPERTY MGMT           | TX                                               | 501(c)(3                   | Type III-FI                                         | MHSET                            | Yes                                           |    |
| PROVIDENCE CARE CENTER<br>2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1658625                                       | HEALTHCARE              | OH                                               | 501(c)(3                   | 9                                                   | FLC                              | Yes                                           |    |
| PROVIDENCE CARE CENTERS<br>2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1826099                                      | HOLDING CO              | OH                                               | 501(c)(3                   | Type II                                             | FLC                              | Yes                                           |    |
| PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION<br>5055 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1896807             | LIVING COMM             | OH                                               | 501(c)(3                   | 9                                                   | FLC                              | Yes                                           |    |
| PUEBLO STEPUP<br>1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295                                           | COMMUNITY               | CO                                               | 501(c)(3                   | 7                                                   | CHIC                             | Yes                                           |    |
| REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE<br>12844 MILITARY RD S<br>TUKWILA, WA 98168<br>91-1170040          | HEALTHCARE              | WA                                               | 501(c)(3                   | 3                                                   | FHS                              | Yes                                           |    |
| SET OF COLORADO SPRINGS INC<br>2864 S CIRCLE DR STE 450<br>COLORADO SPRINGS, CO 80906<br>84-1183335                   | LTERM CARE              | CO                                               | 501(c)(3                   | 7                                                   | CHIC                             | Yes                                           |    |
| SAINT CLARE'S COMMUNITY CARE INC<br>25 POCONO RD<br>DENVER, NJ 07834<br>22-2876836                                    | HEALTHCARE              | NJ                                               | 501(c)(3                   | Type II                                             | SCHS                             | Yes                                           |    |
| SAINT CLARE'S FOUNDATION INC<br>25 POCONO RD<br>DENVER, NJ 07834<br>22-2502997                                        | FUNDRAISING             | NJ                                               | 501(c)(3                   | 7                                                   | SCHS                             | Yes                                           |    |
| SAINT CLARE'S HEALTH SERVICES INC<br>25 POCONO RD<br>DENVER, NJ 07834<br>22-3639733                                   | MANAGEMENT              | NJ                                               | 501(c)(3                   | Type II                                             | CHI                              | Yes                                           |    |
| SAINT CLARE'S HOSPITAL INC<br>25 POCONO RD<br>DENVER, NJ 07834<br>22-3319886                                          | HEALTHCARE              | NJ                                               | 501(c)(3                   | 3                                                   | SCHS                             | Yes                                           |    |
| SAINT ELIZABETH FOUNDATION<br>555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523                                        | FUNDRAISING             | NE                                               | 501(c)(3                   | 7                                                   | SERMC                            | Yes                                           |    |
| SAINT ELIZABETH HEALTH SERVICES<br>555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120                                   | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | SERMC                            | Yes                                           |    |
| SAINT ELIZABETH REGIONAL MEDICAL CENTER<br>555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836                           | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| SAINT FRANCIS MEDICAL CENTER<br>2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601                                | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| SAINT FRANCIS MEDICAL CENTER FOUNDATION<br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267                        | FUNDRAISING             | NE                                               | 501(c)(3                   | 7                                                   | SFMC                             | Yes                                           |    |
| SAINT JOSEPH BEREА HOSPITAL FOUNDATION INC<br>305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877                          | FUNDRAISING             | KY                                               | 501(c)(3                   | 7                                                   | SJHS                             | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                           |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| SAINT JOSEPH HEALTH SYSTEM INC<br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1334601           | HEALTHCARE              | KY                                               | 501(c)(3)                  | 3                                                   | KOH                              | Yes                                           |    |
| SAINT JOSEPH HOSPITAL FOUNDATION INC<br>ONE SAINT JOSEPH DRIVE<br>LEXINGTON, KY 40504<br>61-1159649       | FUNDRAISING             | KY                                               | 501(c)(3)                  | Type I                                              | SJHS                             | Yes                                           |    |
| SAINT JOSEPH LONDON FOUNDATION INC<br>1001 SAINT JOSEPH LANE<br>LONDON, KY 40741<br>26-0438748            | FUNDRAISING             | KY                                               | 501(c)(3)                  | 7                                                   | SJHS                             | Yes                                           |    |
| SAINT JOSEPH MOUNT STERLING FOUNDATION INC<br>225 FALCON DR<br>MOUNT STERLING, KY 40353<br>27-2884584     | FUNDRAISING             | KY                                               | 501(c)(3)                  | 7                                                   | SJHS                             | Yes                                           |    |
| SAINT JOSEPH'S HOSPITAL FOUNDATION<br>30 WEST 7TH ST<br>DICKINSON, ND 58601<br>36-3418207                 | FUNDRAISING             | ND                                               | 501(c)(3)                  | Type I                                              | SJHHC                            | Yes                                           |    |
| SAMARITAN BEHAVIORAL HEALTH INC<br>601 S EDWIN C MOSES BLVD<br>DAYTON, OH 45417<br>02-0633634             | HEALTHCARE              | OH                                               | 501(c)(3)                  | 7                                                   | SHP                              | Yes                                           |    |
| SAMARITAN HEALTH PARTNERS<br>110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>31-1107411                      | HEALTHCARE              | OH                                               | 501(c)(3)                  | Type I                                              | CHI                              | Yes                                           |    |
| SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC<br>104 W 17TH ST<br>SCHUYLER, NE 68661<br>36-3630014            | FUNDRAISING             | NE                                               | 501(c)(3)                  | Type I                                              | AHMHS                            | Yes                                           |    |
| SJRCM JOPLIN MISSOURI<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>44-0545809                    | HEALTHCARE              | MO                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| SL AUGUSTA CORP<br>PO BOX 20269<br>HOUSTON, TX 77225<br>76-0226623                                        | TITLE HOLDING           | TX                                               | 501(c)(2)                  |                                                     | SLPC                             | Yes                                           |    |
| ST ALEXIUS MEDICAL CENTER<br>900 EAST BROADWAY AVENUE<br>BISMARCK, ND 58501<br>45-0226711                 | HEALTHCARE              | ND                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| ST ANTHONY HOSPITAL<br>1601 SE COURT AVE<br>PENDLETON, OR 97801<br>93-0391614                             | HEALTHCARE              | OR                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| ST ANTHONY HOSPITAL FOUNDATION<br>1601 SE COURT AVE<br>PENDLETON, OR 97801<br>93-0992727                  | FUNDRAISING             | OR                                               | 501(c)(3)                  | Type I                                              | SAH                              | Yes                                           |    |
| ST ANTHONY'S HOSPITAL ASSOCIATION<br>FOUR HOSPITAL DR<br>MORRILTON, AR 72110<br>71-0245507                | HEALTHCARE              | AR                                               | 501(c)(3)                  | 3                                                   | SVIMC                            | Yes                                           |    |
| ST CATHERINE HOSPITAL<br>401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>48-0543721                        | HEALTHCARE              | KS                                               | 501(c)(3)                  | 3                                                   | CHI                              | Yes                                           |    |
| ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION<br>401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>20-0598702 | FUNDRAISING             | KS                                               | 501(c)(3)                  | Type I                                              | SCH                              | Yes                                           |    |
| ST CLARE COMMONS<br>5942 RENAISSANCE PLACE STE A<br>TOLEDO, OH 43623<br>27-0163752                        | LIVING COMM             | OH                                               | 501(c)(3)                  | 9                                                   | FLC                              | Yes                                           |    |
| ST DOMINIC OF ONTARIO OREGON<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0433692             | HEALTHCARE              | OR                                               | 501(c)(4)                  |                                                     | CHI                              | Yes                                           |    |
| ST FRANCIS HOME<br>2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0729978                             | LTERM CARE              | MN                                               | 501(c)(3)                  | 9                                                   | CHI                              | Yes                                           |    |
| ST FRANCIS LIFE CARE CORPORATION<br>19 POCONO RD<br>DENVER, NJ 07834<br>22-2536017                        | ELDERLY CARE            | NJ                                               | 501(c)(3)                  | 9                                                   | SCHS                             | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                                           |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| ST FRANCIS MEDICAL CENTER<br>2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0695598                                   | HEALTHCARE              | MN                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| ST FRANCIS OF BAKER CITY<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0412495                                 | HEALTHCARE              | OR                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| ST JOSEPH FOUNDATION OF BRYAN TEXAS<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2351158                             | FUNDRAISING             | TX                                               | 501(c)(3                   | Type I                                              | SJSC                             | Yes                                           |    |
| ST JOSEPH MANOR<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2847594                                                 | HEALTHCARE              | TX                                               | 501(c)(3                   | 9                                                   | SJSC                             | Yes                                           |    |
| ST JOSEPH MEDICAL CENTER INC<br>201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-0591461                   | HEALTHCARE              | MD                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| ST JOSEPH PHYSICIAN ASSOCIATES<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>20-3159302                                  | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SJSC                             | Yes                                           |    |
| ST JOSEPH PHYSICIAN ENTERPRISE INC<br>201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-1311775             | PHYSICIANS              | MD                                               | 501(c)(3                   | Type I                                              | SJMC                             | Yes                                           |    |
| ST JOSEPH REGIONAL HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-1282696                                | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SJSC                             | Yes                                           |    |
| ST JOSEPH REGIONAL HEALTH PARTNERS<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>45-4088170                              | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SJSC                             | Yes                                           |    |
| ST JOSEPH REGIONAL HEALTH PARTNERS ACO<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>46-3265423                          | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SJSC                             | Yes                                           |    |
| ST JOSEPH SERVICES CORPORATION<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2455161                                  | MANAGEMENT              | TX                                               | 501(c)(3                   | Type I                                              | SFH                              | Yes                                           |    |
| ST JOSEPH'S AREA HEALTH SERVICES<br>600 PLEASANT AVE<br>PARK RAPIDS, MN 56470<br>41-0695603                               | HEALTHCARE              | MN                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| ST JOSEPH'S HOSPITAL AND HEALTH CENTER<br>30 WEST 7TH ST<br>DICKINSON, ND 58601<br>45-0226429                             | HEALTHCARE              | ND                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| ST LEONARD<br>8100 CLYO ROAD<br>CENTERVILLE, OH 45458<br>34-1940863                                                       | LIVING COMM             | OH                                               | 501(c)(3                   | 9                                                   | FLC                              | Yes                                           |    |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0274448                 | MANAGEMENT              | TX                                               | 501(c)(3                   | Type I                                              | SLHS                             | Yes                                           |    |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>27-3733278           | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SLCDC                            | Yes                                           |    |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-1947374    | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SLHS                             | Yes                                           |    |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0335902 | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SLCDC                            | Yes                                           |    |
| ST LUKE'S COMMUNITY HEALTH SERVICES<br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536234                         | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SLHS                             | Yes                                           |    |
| ST LUKE'S FOUNDATION<br>1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>45-3811485                                     | FUNDRAISING             | TX                                               | 501(c)(3                   | 7                                                   | SLHS                             | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                                 |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| ST LUKE'S HEALTH SYSTEM CORPORATION<br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536232               | MANAGEMENT              | TX                                               | 501(c)(3                   | Type I                                              | CHI                              | Yes                                           |    |
| ST LUKE'S HOSPITAL AT THE VINTAGE<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606                 | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SLHS                             | Yes                                           |    |
| ST LUKE'S MEDICAL GROUP<br>6624 FANNIN ST<br>HOUSTON, TX 77030<br>76-0458535                                    | PHYSICIANS              | TX                                               | 501(c)(3                   | 3                                                   | SLHS                             | Yes                                           |    |
| ST LUKE'S MEDICAL TOWER CORPORATION<br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0531713               | PROPERTY MGMT           | TX                                               | 501(c)(3                   | Type I                                              | CHI-SLH                          | Yes                                           |    |
| ST LUKE'S PROPERTIES CORPORATION<br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0531716                  | PROPERTY MGMT           | TX                                               | 501(c)(3                   | Type I                                              | SLHS                             | Yes                                           |    |
| ST LUKE'S SUGAR LAND PROPERTIES CORPORATION<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549       | PROPERTY MGMT           | TX                                               | 501(c)(3                   | Type I                                              | SLCDC-SL                         | Yes                                           |    |
| ST MARY'S COMMUNITY HOSPITAL<br>1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0443636                           | HEALTHCARE              | NE                                               | 501(c)(3                   | 3                                                   | CHI NEBRASKA                     | Yes                                           |    |
| ST MARY'S HOSPITAL FOUNDATION<br>1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604                          | FUNDRAISING             | NE                                               | 501(c)(3                   | 7                                                   | SMCH                             | Yes                                           |    |
| ST VINCENT FOUNDATION<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>51-0169537                           | FUNDRAISING             | AR                                               | 501(c)(3                   | Type I                                              | SVIMC                            | Yes                                           |    |
| ST VINCENT INFIRMARY MEDICAL CENTER<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0236917             | HEALTHCARE              | AR                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| ST VINCENT MEDICAL GROUP<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0830696                        | HEALTHCARE              | AR                                               | 501(c)(3                   | 9                                                   | SVIMC                            | Yes                                           |    |
| SYLVANIA FRANCISCAN HEALTH<br>1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>34-1412964                        | HEALTHCARE              | OH                                               | 501(c)(3                   | Type I                                              | CHI                              | Yes                                           |    |
| SYLVANIA FRANCISCAN HEALTH FOUNDATION<br>1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>45-5357161             | FUNDRAISING             | OH                                               | 501(c)(3                   | Type I                                              | FLC                              | Yes                                           |    |
| THE COMMONS OF PROVIDENCE<br>5000 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1826097                          | ASSIST LIVING           | OH                                               | 501(c)(3                   | 9                                                   | FLC                              | Yes                                           |    |
| THE COMMUNITY HOSPITAL OF BRAZOSPORT<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>74-1385192               | HEALTHCARE              | TX                                               | 501(c)(3                   | 3                                                   | SLHS                             | Yes                                           |    |
| THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-0537486 | HEALTHCARE              | OH                                               | 501(c)(3                   | 3                                                   | CHI                              | Yes                                           |    |
| THE PHYSICIAN NETWORK<br>2000 Q ST STE 500<br>LINCOLN, NE 68503<br>47-0780857                                   | PHYSICIANS              | NE                                               | 501(c)(3                   | Type I                                              | CHI NEBRASKA                     | Yes                                           |    |
| TOTAL HEALTHCARE<br>188 INVERNESS DRIVE WEST STE 500<br>ENGLEWOOD, CO 80112<br>84-0927232                       | HEALTHCARE              | CO                                               | 501(c)(3                   | 3                                                   | CHIC                             | Yes                                           |    |
| TRINITY HEALTH FOUNDATION<br>380 SUMMIT AVENUE<br>STEBENVILLE, OH 43952<br>31-1329423                           | FUNDRAISING             | OH                                               | 501(c)(3                   | Type I                                              | THS                              | Yes                                           |    |
| TRINITY HEALTH SYSTEM<br>380 SUMMIT AVENUE<br>STEBENVILLE, OH 43952<br>34-1818681                               | HEALTHCARE              | OH                                               | 501(c)(3                   | Type I                                              | SFH                              | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                             | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                   |                         |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| TRINITY HEALTH SYSTEM GROUP<br>380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>30-0752920          | HEALTHCARE              | OH                                                     | 501(c)(3)                     | 3                                                             | THS                                 | Yes                                                    |    |
| TRINITY HOSPITAL HOLDING COMPANY<br>380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>34-1842025     | HEALTHCARE              | OH                                                     | 501(c)(3)                     | 3                                                             | THS                                 | Yes                                                    |    |
| TRINITY HOSPITAL TWIN CITY<br>819 NORTH FIRST STREET<br>DENNISON, OH 44621<br>27-5401105          | HEALTHCARE              | OH                                                     | 501(c)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| TRI-STATE HEALTH SERVICES INC<br>ONE ROSS PARK BLVD<br>STEUBENVILLE, OH 43952<br>34-1522484       | ASSIST LIVING           | OH                                                     | 501(c)(3)                     |                                                               | THS                                 | Yes                                                    |    |
| UNITY FAMILY HEALTHCARE<br>815 SE 2ND ST<br>LITTLE FALLS, MN 56345<br>41-0721642                  | HEALTHCARE              | MN                                                     | 501(c)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| VILLA NAZARETH INC<br>801 PAGE DR<br>FARGO, ND 58103<br>45-0226714                                | LTERM CARE              | ND                                                     | 501(c)(3)                     | 9                                                             | CHI                                 | Yes                                                    |    |
| VISITING NURSE ASSOCIATION OF ST CLARE'S INC<br>191 WOODPORT RD<br>SPARTA, NJ 07871<br>22-1768334 | HOME HEALTH             | NJ                                                     | 501(c)(3)                     | 9                                                             | SCHS                                | Yes                                                    |    |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                         | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproprrtionate<br>allocations? |    | (i)<br>Code V - UBI amount<br>in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|------------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                                                                                  |                         |                                                                 |                                        |                                                                                                               |                                 |                                        | Yes                                     | No |                                                                              | Yes                                          | No |                                |
| Alegent Health Northwest<br>Imaging Center LLC<br><br>3606 N 156th St<br>OMAHA, NE 68116<br>06-1786985                           | OP Diagnostics          | NE                                                              | ACH                                    | Related                                                                                                       | -7,263                          | 485,853                                |                                         | No | 0                                                                            | Yes                                          |    | 51 %                           |
| Audubon Land Company<br>LLC<br><br>5390 N Academy Blvd STE<br>300<br>COLORADO SPRINGS, CO<br>80918<br>84-1513085                 | Real Estate             | CO                                                              | CHIC                                   | Related                                                                                                       | 250,214                         | 23,193,712                             |                                         | No | 0                                                                            |                                              | No | 50 %                           |
| AVON EMERGENCY AND<br>URGENT CARE CENTER<br>LLC<br><br>188 INVERNESS DRIVE<br>WEST 500<br>ENGLEWOOD, CO 80112<br>81-1727282      | HEALTHCARE<br>SRVC      | CO                                                              | CHIC                                   | Related                                                                                                       | 0                               | 0                                      |                                         | No | 0                                                                            | Yes                                          |    | 77 %                           |
| BAYLOR CHI ST LUKES<br>HEALTH SERVICES LLC<br><br>6624 Fannin St Ste 1100<br>HOUSTON, TX 77030<br>47-2079184                     | HEALTHCARE<br>SRVC      | TX                                                              | SLHS                                   | Related                                                                                                       | 0                               | 0                                      |                                         | No | 0                                                                            | Yes                                          |    | 65 %                           |
| BERGAN MERCY SURGERY<br>CENTER LLC<br><br>7710 Mercy Rd Ste 200<br>OMAHA, NE 68124<br>20-8671994                                 | AMBUL SURG CTR          | NE                                                              | ACH                                    | Related                                                                                                       | 709,407                         | 1,953,385                              |                                         | No | 0                                                                            |                                              | No | 58 %                           |
| BERYWOOD OFFICE<br>PROPERTIES LLC<br><br>400 BERYWOOD TRAIL<br>CLEVELAND, TN 37312<br>62-1875199                                 | PHYS OFFICE             | TN                                                              | MHCS                                   | Related                                                                                                       | 127,778                         | 958,445                                |                                         | No | 0                                                                            | Yes                                          |    | 63 %                           |
| BLUEGRASS REGIONAL<br>IMAGING CENTER<br><br>1218 SOUTH BROADWAY<br>STE 310<br>LEXINGTON, KY 40504<br>61-1386736                  | DIAGNOSTIC<br>IMAGING   | KY                                                              | SJHS                                   | Related                                                                                                       | 312,944                         | 3,261,145                              |                                         | No | 0                                                                            |                                              | No | 65 %                           |
| CATHOLIC HEALTH<br>INITIATIVES PHYSICIAN<br>SERVICES LLC<br><br>198 INVERNESS DRIVE<br>WEST<br>ENGLEWOOD, CO 80112<br>46-2945938 | PRACTICE MGMT<br>SRVC   | DE                                                              | CHI                                    | Related                                                                                                       | -572,758                        | 28,961,482                             |                                         | No | 0                                                                            | Yes                                          |    | 80 %                           |
| CENTRAL NEBRASKA<br>HOME CARE SERVICES<br><br>PO BOX 1146 4502 N<br>SECOND AVE<br>KEARNEY, NE 68848<br>47-0692112                | HEALTHCARE<br>SRVC      | NE                                                              | na                                     | Related                                                                                                       | -33,398                         | 156,208                                |                                         | No | 0                                                                            | Yes                                          |    | 100 %                          |
| CENTRAL NEBRASKA<br>REHABILITATION<br>SERVICES LLC<br><br>3004 W FAIDLEY AVENUE<br>GRAND ISLAND, NE<br>68803<br>81-0653461       | Physical Therapy        | NE                                                              | SFMC                                   | Related                                                                                                       | 2,441,607                       | 3,412,341                              |                                         | No | 0                                                                            |                                              | No | 51 %                           |
| CENTURA-SCA<br>HOLDINGS LLC<br><br>569 BROOK VILLAGE STE<br>901<br>BIRMINGHAM, AL 35209<br>47-4823023                            | OP SURGERY<br>CENTER    | AL                                                              | CHIC                                   | Related                                                                                                       | 525,814                         | 1,305,299                              |                                         | No | 0                                                                            | Yes                                          |    | 65 %                           |
| CHI OPERATING<br>INVESTMENT PROGRAM<br>LP<br><br>198 INVERNESS DRIVE<br>WEST<br>ENGLEWOOD, CO 80112<br>47-0727942                | INVESTMENTS             | CO                                                              | CHI                                    | Unrelated                                                                                                     | 332,023,271                     | 6,703,637,716                          |                                         | No | 515,470                                                                      | Yes                                          |    | 100 %                          |
| CHI ST LUKE'S HEALTH<br>EMERGENCY CENTER LLC<br><br>6624 Fannin St Ste 1100<br>HOUSTON, TX 77030<br>81-0743412                   | URGENT CARE             | TX                                                              | SLHS                                   | Related                                                                                                       | 0                               | 0                                      |                                         | No | 0                                                                            | Yes                                          |    | 65 %                           |
| CHICAMSURG Surgery<br>Centers LLC<br><br>188 INVERNESS DRIVE<br>WEST 500<br>ENGLEWOOD, CO 80112<br>46-5683027                    | SURGERY CENTER          | CO                                                              | CHIC                                   | Related                                                                                                       | 0                               | 0                                      |                                         | No | 0                                                                            |                                              | No | 51 %                           |
| CHICLARKIN VENTURES<br>LLC<br><br>188 INVERNESS DRIVE<br>WEST 500<br>ENGLEWOOD, CO 80112<br>47-4210888                           | URGENT CARE             | CO                                                              | CHIC                                   | Related                                                                                                       | 0                               | 0                                      |                                         | No | 0                                                                            | Yes                                          |    | 87 %                           |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in<br>Box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|---------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|------------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                                                         |                         |                                                                 |                                        |                                                                                                               |                                 |                                        | Yes                                    | No |                                                                              | Yes                                          | No |                                |
| Colorado Springs CK Leasing LLC<br><br>8770 W Bryn Mawr Ste 1370<br>CHICAGO, IL 60631<br>26-2982714     | REAL ESTATE             | CO                                                              | CHIC                                   | Related                                                                                                       | 599,151                         | 425,148                                |                                        | No | 0                                                                            | Yes                                          |    | 40 %                           |
| HC SL VINTAGE I LLC<br><br>18000 W SARAH LANE STE 250<br>BROOKFIELD, WI 53045<br>27-0453767             | PROPERTY HOLDING        | WI                                                              | SL HOSP-VINTAGE                        | Related                                                                                                       | 1,365,254                       | 375,590,761                            |                                        | No | 0                                                                            |                                              | No | 51 %                           |
| HEALTHCARE SUPPORT SERVICES LLC<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>72-1546196              | LAUNDRY                 | NE                                                              | na                                     | Related                                                                                                       | 256,166                         | 3,371,484                              |                                        | No | 0                                                                            |                                              | No | 100 %                          |
| Heartland Oncology LLC<br><br>2337 E Crawford St<br>SALINA, KS 67401<br>46-4265403                      | ONCOLOGY                | KS                                                              | SCH                                    | Related                                                                                                       | -457,809                        | 1,985,911                              |                                        | No | 0                                                                            |                                              | No | 51 %                           |
| HIGHLINE IMAGING LLC<br><br>PO BOX 184<br>BRUSH PRAIRIE, WA 98606<br>20-0460005                         | DIAGNOSTIC IMAGING      | WA                                                              | HMC                                    | Related                                                                                                       | 65,074                          | 1,408,012                              |                                        | No | 0                                                                            |                                              | No | 80 %                           |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC<br><br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130<br>20-4267902 | AMBUL SURG CTR          | NE                                                              | ACH                                    | Related                                                                                                       | 4,111,597                       | 2,474,455                              |                                        | No | 0                                                                            |                                              | No | 54 %                           |
| LAKESIDE ENDOSCOPY CENTER LLC<br><br>17001 LAKESIDE HILLS PLZ STE 201<br>OMAHA, NE 68130<br>20-5544496  | ENDOSCOPY SRVC          | NE                                                              | ACH                                    | Related                                                                                                       | 670,348                         | 721,021                                |                                        | No | 0                                                                            |                                              | No | 51 %                           |
| LINCOLN CK LEASING LLC<br><br>6003 Old Cheney Rd<br>Lincoln, NE 68516<br>26-2496856                     | Real Estate             | NE                                                              | SERMC                                  | Related                                                                                                       | 488,450                         | 230,998                                |                                        | No | 0                                                                            |                                              | No | 54 %                           |
| NEBRASKA SPINE HOSPITAL LLC<br><br>6901 N 72ND ST<br>OMAHA, NE 68122<br>27-0263191                      | SPINE HOSPITAL          | NE                                                              | ACH                                    | Related                                                                                                       | 10,386,143                      | 19,795,974                             |                                        | No | 0                                                                            |                                              | No | 51 %                           |
| NORTH RIVER SURGERY CENTER LLC<br><br>2209 WILDWOOD AVE<br>SHERWOOD, AR 72120<br>71-0799771             | AMBUL SURG CTR          | AR                                                              | SVIMC                                  | Related                                                                                                       | 163,900                         | 1,280,229                              |                                        | No | 0                                                                            |                                              | No | 57 %                           |
| ORTHOCOLORADO LLC<br><br>11650 WEST 2ND PLACE<br>LAKEWOOD, CO 80255<br>37-1577105                       | ORTHO HOSPITAL          | CO                                                              | THC                                    | Related                                                                                                       | 9,902,290                       | 2,561,198                              |                                        | No | 0                                                                            |                                              | No | 60 %                           |
| PENINSULA RADIATION ONCOLOGY LLC<br><br>314 MLK JR WAY STE 11<br>TACOMA, WA 98405<br>87-0808610         | HEALTHCARE SRVC         | WA                                                              | FHS                                    | Related                                                                                                       | 343,465                         | 2,173,284                              |                                        | No | 0                                                                            |                                              | No | 60 %                           |
| Penrad Imaging<br><br>1390 Kelly Johnson Blvd<br>COLORADO SPRINGS, CO 80920<br>84-1072619               | Medical Imaging         | CO                                                              | CHIC                                   | Related                                                                                                       | 1,160,221                       | 2,168,695                              |                                        | No | 0                                                                            |                                              | No | 70 %                           |
| PMC HOSPITAL LLC<br><br>3100 MAIN ST STE 500<br>HOUSTON, TX 77002<br>27-3280598                         | HOSPITAL                | TX                                                              | SL CDC-PMC                             | Related                                                                                                       | 5,287,747                       | 67,411,280                             |                                        | No | 0                                                                            | Yes                                          |    | 51 %                           |
| PRAIRIE HEALTH VENTURES LLC<br><br>421 S 9TH ST STE 102<br>LINCOLN, NE 68508<br>20-4962103              | TECH SRVC               | NE                                                              | AH-IMC                                 | Related                                                                                                       | 1,126,606                       | 2,905,862                              |                                        | No | 0                                                                            | Yes                                          |    | 66 %                           |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                             | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>Box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                                                                      |                         |                                                                 |                                        |                                                                                                               |                                 |                                        | Yes                                    | No |                                                                            | Yes                                          | No |                                |
| Pueblo Ambulatory Surgery<br>Center LLC<br><br>188 INVERNESS DRIVE<br>WEST 500<br>ENGLEWOOD, CO 80112<br>62-1488737  | SURGERY CENTER          | CO                                                              | CHIC                                   | Related                                                                                                       | -155,230                        | 107,312                                |                                        | No | 0                                                                          |                                              | No | 51 %                           |
| Saint JOSEPH - PAML LLC<br><br>200 ABRAHAM FLEXNER<br>WAY<br>LOUISVILLE, KY 40202<br>45-2116736                      | MGMT SVCS               | KY                                                              | SJHS                                   | Related                                                                                                       | 57,681                          | 589,808                                |                                        | No | 0                                                                          | Yes                                          |    | 63 %                           |
| SAINT JOSEPH - SCA<br>HOLDINGS LLC<br><br>1451 Harrodsburg RD<br>LEXINGTON, KY 40503<br>45-3801157                   | OP SURGERY              | DE                                                              | SJHS                                   | Related                                                                                                       | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 51 %                           |
| SAINT JOSEPH-ANC<br>HOME CARE SERVICES<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-3330545                      | HOME HEALTH             | KY                                                              | JHSMH                                  | Related                                                                                                       | 5,517,685                       | 7,112,135                              |                                        | No | 0                                                                          |                                              | No | 100 %                          |
| SCA Premier Surgery<br>Center of Louisville LLC<br><br>200 Abraham Flexner Way<br>LOUISVILLE, KY 40202<br>72-1386840 | SURGERY CENTER          | KY                                                              | JHSMH                                  | Related                                                                                                       | -177,796                        | 2,205,015                              |                                        | No | 0                                                                          |                                              | No | 51 %                           |
| ST FRANCIS LAND<br>COMPANY<br><br>5390 N ACADEMY BLVD<br>STE 300<br>COLORADO SPRINGS,<br>CO 80918<br>26-3134100      | REAL ESTATE             | CO                                                              | CHIC                                   | Related                                                                                                       | -82,977                         | 14,572,659                             |                                        | No | 0                                                                          |                                              | No | 51 %                           |
| ST FRANCIS MEDICAL<br>CENTER ASSOCIATES<br><br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1352698                     | MED OFFICE              | WA                                                              | FHS                                    | Related                                                                                                       | 265,442                         | 1,984,098                              |                                        | No | 0                                                                          |                                              | No | 61 %                           |
| ST LUKE'S DIAGNOSTIC<br>CATH LAB LLP<br><br>6624 FANNIN ST STE<br>800<br>HOUSTON, TX 77030<br>71-0959365             | DIAGNOSTICS             | TX                                                              | SLHS<br>HOLDINGS                       | Related                                                                                                       | 611,532                         | 1,117,217                              |                                        | No | 0                                                                          |                                              | No | 57 %                           |
| ST LUKE'S LAKESIDE<br>HOSPITAL LLC<br><br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0427437                    | HOSPITAL                | TX                                                              | SL CDC-W                               | Related                                                                                                       | 277,867                         | 42,485,184                             |                                        | No | 0                                                                          | Yes                                          |    | 51 %                           |
| ST LUKE'S THE<br>WOODLANDS SLEEP<br>CENTER LLC<br><br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>46-2795726         | DIAGNOSTICS             | TX                                                              | SLHSH                                  | Related                                                                                                       | -76,879                         | 1,171,971                              |                                        | No | 0                                                                          | Yes                                          |    | 51 %                           |
| Superior Medical Imaging<br>LLC<br><br>5000 North 26th ST<br>LINCOLN, NE 68521<br>26-2884555                         | OP Diagnostics          | NE                                                              | SERMC                                  | Related                                                                                                       | 9,528                           | 402,804                                |                                        | No | 0                                                                          | Yes                                          |    | 51 %                           |
| SURGERY CENTER OF<br>LEXINGTON LLC<br><br>200 ABRAHAM FLEXNER<br>WAY<br>LOUISVILLE, KY 40202<br>62-1179539           | SURGERY CENTER          | KY                                                              | SJHS                                   | Related                                                                                                       | 187,315                         | 2,777,419                              |                                        | No | 0                                                                          | Yes                                          |    | 51 %                           |
| SURGERY CENTER OF<br>LOUISVILLE LLC<br><br>200 Abraham Flexner Way<br>LOUISVILLE, KY 40202<br>62-1179537             | SURGERY CENTER          | KY                                                              | JHSMH                                  | Related                                                                                                       | 11,207                          | 803,899                                |                                        | No | 0                                                                          | Yes                                          |    | 51 %                           |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a)<br>Name, address, and EIN of<br>related organization                                                                                                  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                                                           |                         |                                                           |                                        |                                                           |                                 |                                           |                                | Yes                                                   | No |
| Alegent HealthCreighton St Joseph<br>(1) Managed Care Services Inc<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>47-0802396                                | Managed Care            | NE                                                        | CHI Nebraska                           | C Corporation                                             | 8,129,445                       | 5,108,822                                 | 100 %                          | Yes                                                   |    |
| (1)<br>All Saints Insurance Company SPC Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN<br>KY11001<br>CJ<br>98-0556913                                | Insurance               | CJ                                                        | CHI                                    | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| ALLIANCE HEALTH PROVIDERS OF<br>(2) BRAZOS Valley Inc<br>2801 FRACNISCAN DRIVE<br>BRYAN, TX 77802<br>74-2466914                                           | Healthcare              | TX                                                        | SJSC                                   | C Corporation                                             | 204,115                         | 535,165                                   | 100 %                          | Yes                                                   |    |
| Alternative Insurance Management<br>(3) Service Inc<br>3900 OLYMPIC BLVD STE 400<br>Erlanger, KY 41018<br>84-1112049                                      | Management<br>Services  | CO                                                        | CHI                                    | C Corporation                                             | 0                               | 6,056,338                                 | 100 %                          | Yes                                                   |    |
| (4) AMERICAN NURSING CARE Inc<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1085414                                                                        | HOME HEALTH             | OH                                                        | CHS                                    | C Corporation                                             | 91,903,143                      | 55,758,044                                | 100 %                          | Yes                                                   |    |
| (5) AMERIMED INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1158699                                                                                     | HOME HEALTH             | OH                                                        | ANC                                    | C Corporation                                             | 21,464,273                      | 12,744,198                                | 100 %                          | Yes                                                   |    |
| (6) BC HOLDING COMPANY INC<br>1850 BLUEGRASS AVE<br>LOUISVILLE, KY 40215<br>31-1542851                                                                    | Fitness Club            | KY                                                        | JHSMH                                  | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (7) BrazoSport Health Alliance<br>1 WEST WAY COURT<br>LAKE JACKSON, TX 77566<br>76-0518376                                                                | Health Care             | TX                                                        | BRHS                                   | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (8) Caduceus Medical Associates INC<br>5600 Brainerd Road Ste 500<br>Chattanooga, TN 37411<br>62-1570736                                                  | Healthcare              | TN                                                        | MHCS                                   | C Corporation                                             | 0                               | 1,008                                     | 100 %                          | Yes                                                   |    |
| (9) Captive Management Initiatives Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN<br>KY11001<br>CJ<br>98-0663022                                     | Captive<br>Management   | CJ                                                        | CHI                                    | C Corporation                                             | 29,750                          | 112,461                                   | 100 %                          | Yes                                                   |    |
| Carmona-DeSoto Building Horizontal<br>(10) Property Regime Inc<br>300 Werner St<br>Hot Springs, AR 71913<br>71-0771076                                    | Healthcare              | AR                                                        | CHI-SVHS                               | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (11)<br>Catholic Health Initiatives Center for<br>Translational Research<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-2269511                 | Research                | CO                                                        | CIRI                                   | C Corporation                                             | 510,763                         | 3,054,989                                 | 100 %                          | Yes                                                   |    |
| (12)<br>CHI St Luke's Health Baylor College of<br>Medicine Medical Center Condominium<br>Assoc<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>46-5079545 | Condo Assoc             | TX                                                        | CHI-SLHBCM                             | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (13) ClearRiver Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4495960                                                                   | Insurance               | TN                                                        | PHPSI                                  | C Corporation                                             | -186,666                        | 6,973,984                                 | 100 %                          | Yes                                                   |    |
| (14) Comcare Services Inc<br>5570 DTC Parkway<br>Englewood, CO 80111<br>84-0904813                                                                        | Inactive                | CO                                                        | CHIC                                   | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a)<br>Name, address, and EIN of<br>related organization                                                         | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                  |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                   | No |
| (16)<br>CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212                        | HOME HEALTH             | OH                                                        | CHI                                 | C Corporation                                             | 247,400                         | 51,845,030                                | 100 %                          | Yes                                                   |    |
| (1) Des Moines Medical Center Inc<br>1111 6TH AVE<br>Des Moines, IA 50314<br>42-0837382                          | Real Estate             | IA                                                        | CHI-IA Corp                         | C Corporation                                             | 71,628                          | 1,151,078                                 | 93 %                           | Yes                                                   |    |
| (2) Diversified Health Resources Inc<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>76-0222679                | Health Care             | TX                                                        | BRHS                                | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (3) East Texas Clinical Services Inc<br>2801 Via Fortuna 500<br>Austin, TX 78746<br>45-4736213                   | Healthcare              | TX                                                        | MHSET                               | C Corporation                                             | 0                               | 16,782                                    | 100 %                          | Yes                                                   |    |
| (4) First Initiatives Insurance LTD<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0203038  | Insurance               | CJ                                                        | CHI                                 | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (5) Franciscan Services Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2487967                     | Healthcare              | CO                                                        | CHI                                 | C Corporation                                             | 318,497                         | 11,891,645                                | 100 %                          | Yes                                                   |    |
| (6) Good Samaritan Outreach Services<br>PO Box 1990<br>Kearney, NE 68848<br>47-0659440                           | Medical Clinic          | NE                                                        | CHI Nebraska                        | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (7) HarvestPlains Health of Iowa<br>32129 Weyerhaeuser Way S STE 201<br>FEDERAL WAY, WA 98001<br>47-3451750      | Insurance               | WA                                                        | QCHPS                               | C Corporation                                             | 2,182                           | 3,002,182                                 | 100 %                          | Yes                                                   |    |
| (8) Health Systems Enterprises Inc<br>1700 EDISON DR<br>MILFORD, OH 45150<br>47-0664558                          | MGMT                    | NE                                                        | GSH                                 | C Corporation                                             | 84,269                          | 1,115,210                                 | 100 %                          | Yes                                                   |    |
| (9)<br>Healthcare MGMT Services Organization<br>INC<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1865474          | Health Org              | WA                                                        | FHS                                 | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (10) HeartlandPlains Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4368223                     | Insurance               | NE                                                        | PHPSI                               | C Corporation                                             | 1,755,860                       | 3,679,133                                 | 100 %                          | Yes                                                   |    |
| (11) Highline Medical Group<br>15811 AMBUAN Blvd SW STE A<br>Burien, WA 98166<br>91-1407026                      | Medical<br>Services     | WA                                                        | HMC                                 | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (12) Medquest<br>1301 15TH AVENUE WEST<br>Williston, ND 58801<br>45-0392137                                      | Sale of DME             | ND                                                        | MMC Williston                       | C Corporation                                             | 677,839                         | 1,583,325                                 | 100 %                          | Yes                                                   |    |
| (13)<br>Memorial CV Service Line Management<br>Company LLC<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-3622849 | Heath Care              | TX                                                        | MHSET                               | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (14) Mercy Park Apartments LTD<br>1111 6th AVE<br>Des Moines, IA 50314<br>42-1202422                             | Housing                 | IA                                                        | CHI-IA Corp                         | C Corporation                                             | 1,888,173                       | 2,376,812                                 | 100 %                          | Yes                                                   |    |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a)<br>Name, address, and EIN of<br>related organization                                                                                            | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                                                     |                         |                                                           |                                        |                                                           |                                 |                                           |                                | Yes                                                   | No |
| (31) Mercy Services Corp<br>2700 STEWART PARKWAY<br>Roseburg, OR 97471<br>93-0824308                                                                | Retail Sales            | OR                                                        | MMC                                    | C Corporation                                             | 2,502,051                       | 1,446,108                                 | 100 %                          | Yes                                                   |    |
| (1) MHI Clinical Services<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-1967952                                                                     | Healthcare              | TX                                                        | MHSET                                  | C Corporation                                             | 10,063,699                      | 1,339,619                                 | 100 %                          | Yes                                                   |    |
| (2) Mountain Management Services Inc<br>6028 Shallowford Rd<br>Chattanooga, TN 37421<br>62-1570739                                                  | MGMT SVC<br>ORG         | TN                                                        | MHCS                                   | C Corporation                                             | 31,344,101                      | 6,237,932                                 | 100 %                          | Yes                                                   |    |
| (3) Nazareth Assurance Company<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN<br>KY11001<br>CJ<br>03-0304831                                       | Insurance               | CJ                                                        | CHI                                    | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (4)<br>PATIENT TRANSPORT SERVICES INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1100798                                                          | HOME HEALTH             | OH                                                        | ANC                                    | C Corporation                                             | 9,010,987                       | 6,688,783                                 | 100 %                          | Yes                                                   |    |
| (5) PhysicianHealth System Network<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1746721                                                              | Health Org              | WA                                                        | FHS                                    | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (6) QCA Health Plan Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0794605                                                      | Insurance               | AR                                                        | QCHI                                   | C Corporation                                             | 104,106,960                     | 86,204,029                                | 100 %                          | Yes                                                   |    |
| (7) QualChoice Advantage<br>32129 WEYERHAEUSER WAY S STE<br>201<br>FEDERAL WAY, WA 98001<br>47-3433912                                              | Insurance               | WA                                                        | QCPS                                   | C Corporation                                             | 2,767                           | 3,502,767                                 | 100 %                          | Yes                                                   |    |
| (8)<br>QualChoice Health Plan Services Inc (fka<br>CollabHealth Plan Services Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1224037 | Admin Services          | CO                                                        | QCHI                                   | C Corporation                                             | 17,917,443                      | 64,152,898                                | 100 %                          | Yes                                                   |    |
| (9)<br>QualChoice Health Inc (fka CollabHealth<br>Managed Solutions Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1222808           | Holding Co              | CO                                                        | CHI                                    | C Corporation                                             | 2,010,400                       | -2,237,656                                | 100 %                          | Yes                                                   |    |
| (10) QualChoice Holdings Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>27-4075520                                                 | Holding Co              | AR                                                        | PHPS                                   | C Corporation                                             | 0                               | 10,190                                    | 100 %                          | Yes                                                   |    |
| (11)<br>QualChoice Life and Health Insurance<br>Company Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0386640                  | Insurance               | AR                                                        | QCH                                    | C Corporation                                             | 19,949,469                      | 19,444,633                                | 100 %                          | Yes                                                   |    |
| (12) QualChoice of Nebraska<br>2401 S 73rd St<br>Omaha, NE 68124<br>81-0738827                                                                      | Insurance               | NE                                                        | QCH                                    | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (13) RiverLink Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4380824                                                              | Insurance               | OH                                                        | PHPS                                   | C Corporation                                             | 2,069,874                       | 3,679,879                                 | 100 %                          | Yes                                                   |    |
| (14) RiverLink Health of Kentucky Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4828332                                              | Insurance               | KY                                                        | PHPS                                   | C Corporation                                             | 1,590,037                       | 5,958,786                                 | 100 %                          | Yes                                                   |    |

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|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                                        |                         |                                                           |                                        |                                                           |                                 |                                           |                                | Yes                                                   | No |
| (46) Ross Park Pharmacy Inc<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1832654                                                  | Pharmacy                | OH                                                        | THS                                    | C Corporation                                             | 1,104,611                       | 2,024,431                                 | 100 %                          | Yes                                                   |    |
| (1) Saint Clare's Primary Care Inc<br>66 FORD RD<br>Denville, NJ 07834<br>22-2441202                                                   | Billing Services        | NJ                                                        | SCCC                                   | C Corporation                                             | 499,042                         | 1,183,247                                 | 100 %                          | Yes                                                   |    |
| (2) SAMARITAN FAMILY CARE INC<br>40 W FOURTH ST STE 1700<br>Dayton, OH 45402<br>31-1299450                                             | Healthcare              | OH                                                        | SHP                                    | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (3) SJH Services Corporation<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2307408                                          | Healthcare              | CO                                                        | FSI                                    | C Corporation                                             | 2,007,370                       | 2,441,286                                 | 100 %                          | Yes                                                   |    |
| SJL PHYSICIAN MANAGEMENT<br>(4) SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>Lexington, KY 40503<br>27-0164198                      | Mgmt                    | KY                                                        | SJHS                                   | C Corporation                                             | 41                              | 0                                         | 100 %                          | Yes                                                   |    |
| (5) SLMT Parking Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>76-0637140                                                         | Parking                 | TX                                                        | SLHS                                   | C Corporation                                             | 3,345,698                       | 205,200                                   | 100 %                          | Yes                                                   |    |
| (6) SoundPath Health Inc<br>32129 Weyerhaeuser Way S STE 201<br>Federal Way, WA 98001<br>42-1720801                                    | Insurance               | WA                                                        | PHPS                                   | C Corporation                                             | 138,106,211                     | 32,840,909                                | 100 %                          | Yes                                                   |    |
| (7) St Alexius Health Services Inc<br>900 East Broadway Avenue<br>Bismarck, ND 58501<br>45-0402812                                     | Healthcare              | ND                                                        | SAMC                                   | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (8) St Anthony Development Company<br>1415 Southgate<br>Pendleton, OR 97801<br>93-1216943                                              | Athletic Club           | OR                                                        | SAH                                    | C Corporation                                             | 1,541,465                       | 2,192,287                                 | 100 %                          | Yes                                                   |    |
| (9) St Joseph Development Company Inc<br>1717 SOUTH J ST<br>Tacoma, WA 98405<br>91-1480569                                             | Rental                  | WA                                                        | FSI                                    | C Corporation                                             | 3,758,845                       | 12,828,493                                | 100 %                          | Yes                                                   |    |
| ST JOSEPH OFFICE PARK<br>(10) ASSOCIATION<br>1401 HARRODSBURG RD BLDG B70<br>Lexington, KY 40504<br>61-1079899                         | Mgmt                    | KY                                                        | SJHS                                   | C Corporation                                             | 200,108                         | 1,137,660                                 | 85 %                           | Yes                                                   |    |
| St Luke's 6620 Main Condominium<br>(11) Association<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>30-0355517                         | Condo Assoc             | TX                                                        | SLPC                                   | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (12)<br>St Luke's Anesthesiology Associates<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>46-1517163                                 | Medical Clinic          | TX                                                        | CHI-SLH                                | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (13)<br>St Luke's Episcopal Hospital Physician<br>Hospital Organization Inc<br>6720 Bertner MC4-262<br>Houston, TX 77030<br>76-0377932 | PHO                     | TX                                                        | CHI-SLH                                | C Corporation                                             | 0                               | 0                                         | 60 %                           | Yes                                                   |    |
| (14)<br>St Luke's Health System Holdings Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>76-0637138                                 | Holding Co              | TX                                                        | SLHS                                   | C Corporation                                             | 2,163,924                       | 4,389,084                                 | 100 %                          | Yes                                                   |    |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                                                                                  |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                   | No |
| St Luke's Medical Arts Center I<br>(61) Condominium Association<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>30-0355518                                                       | Condo Assoc             | TX                                                        | SLPC                                | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| St Luke's Medical Tower Condominium<br>(1) Association<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>76-0298751                                                                | Condo Assoc             | TX                                                        | SLMTC                               | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (2)<br>St Vincent Community Health Services<br>Inc<br>TWO ST VINCENT CIRCLE<br>Little Rock, AR 72205<br>71-0710785                                                               | Healthcare              | AR                                                        | SVIMC                               | C Corporation                                             | 4,033,444                       | 16,764,150                                | 100 %                          | Yes                                                   |    |
| (3) StableView Health Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4373713                                                                                       | Insurance               | KY                                                        | PHPS                                | C Corporation                                             | 301,615                         | 5,787,296                                 | 100 %                          | Yes                                                   |    |
| (4) Sugar Land Doctor Group<br>1317 Lake Point Parkway<br>Sugar Land, TX 77478<br>45-4270163                                                                                     | Medical Clinic          | TX                                                        | SLCDC-SL                            | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| The Texas Heart Institute at St Luke's<br>(5) Episcopal Hospital Denton A Cooley B<br>uilding Comdominium Association<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>90-0064009 | Condo Assoc             | TX                                                        | CHI-SLH                             | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| (6) Towson Management Inc<br>7601 OSLER DR<br>Towson, MD 21204<br>52-1710750                                                                                                     | Mgmt Services           | MD                                                        | FSI                                 | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |
| TRINITY MANAGEMENT SERVICES<br>(7) ORGANIZATION<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1471026                                                                        | Mgmt Services           | OH                                                        | THS                                 | C Corporation                                             | -76,969                         | 259,991                                   | 100 %                          | Yes                                                   |    |
| (8) Vintage Doctor Group<br>6624 Fannin STE 1100<br>Houston, TX 77030                                                                                                            | Medical Clinic          | TX                                                        | CHI-SLH                             | C Corporation                                             | 0                               | 0                                         | 100 %                          | Yes                                                   |    |