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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
The Nebraska Medical Center

% KAREN KERSTETTER
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
988145 NEBRASKA MEDICAL CENTER

City or town, state or province, country, and ZIP or foreign postal code
OMAHA, NE 681988145

D Employer identification number
91-1858433

E Telephone number
(402) 559-4000

G Gross receipts $ 1,500,200,068

F Name and address of principal officer:
STEPHANIE DAUBERT
987400 NEBRASKA MEDICAL CENTER
OMAHA, NE 681987400

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.nebraskamed.com

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

L Year of formation: 1997

M State of legal domicile: NE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Lead the world in transforming lives to create a healthy future for individuals & communities through premier educational programs, innovative research & extraordinary patient care

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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	10,153
6	Total number of volunteers (estimate if necessary)	6	577
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,878,292
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,800,358	17,498,328
	9	Program service revenue (Part VIII, line 2g)	1,253,062,354	1,368,766,590
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,892,665	21,742,912
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,816,814	90,875,419
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,341,572,191	1,498,883,249
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	240,665,456	294,860,140
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	465,959,505	512,000,793
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	26,199	17,508
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶791,083		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	576,475,561	648,437,522
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,283,126,721	1,455,315,963
	19	Revenue less expenses. Subtract line 18 from line 12	58,445,470	43,567,286

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,438,973,391	1,518,041,391
	21	Total liabilities (Part X, line 26)	564,917,572	563,684,281
	22	Net assets or fund balances. Subtract line 21 from line 20	874,055,819	954,357,110

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

****** 2020-07-10
Signature of officer | Date

STEPHANIE DAUBERT CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-07-09		P00798244
Firm's name ▶ KPMG LLP			Firm's EIN ▶	
Firm's address ▶ 1212 North 96th Street Suite 300 Omaha, NE 68114			Phone no. (402) 348-1450	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO LEAD THE WORLD IN TRANSFORMING LIVES TO CREATE A HEALTHY FUTURE FOR INDIVIDUALS & COMMUNITIES THROUGH PREMIER EDUCATIONAL PROGRAMS, INNOVATIVE RESEARCH, & EXTRAORDINARY PATIENT CARE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 239,820,548 including grants of $ 30,364,737) (Revenue $ 291,658,815)

See Additional Data

4b (Code:) (Expenses $ 160,212,669 including grants of $ 19,477,740) (Revenue $ 192,589,286)

See Additional Data

4c (Code:) (Expenses $ 136,671,158 including grants of $ 20,950,283) (Revenue $ 176,418,652)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)

(Expenses $ 911,467,333 including grants of $ 224,067,380) (Revenue $ 708,099,837)

4e **Total program service expenses ▶** 1,448,171,708

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	326			
b	Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 10,153			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	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: ▶ 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.** 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? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

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
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶KAREN KERSTETTER 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 (402) 552-3278

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b Sub-Total	▶			
c Total from continuation sheets to Part VII, **Section A**	▶			
d Total (add lines 1b and 1c)	▶	8,985,446	3,041,693	616,886

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 731

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CARDINAL HEALTH INC, 5840 F STREET OMAHA, NE 68117	MANAGEMENT FEE	7,793,858
SODEXO CTM INC, 7100 COMMERCE WAY STE 280 BRENTWOOD, TN 37027	SERVICE CONTRACT	7,501,256
UNMC, 986900 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	MEDICAL SERVICES	5,366,732
EPIC SYSTEMS CORPORATION, 1979 MILKY WAY VERONA, WI 53593	ONE CHART	5,071,127
HURON CONSULTING SERVICES LLC, 3005 Momentum Place CHICAGO, IL 60689	Mgmt Consulting	4,037,125

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 ▶ 57

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,622,923				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 13,875,405				
	g Noncash contributions included in lines 1a - 1f:$					
	h **Total.** Add lines 1a-1f ▶		17,498,328			
Program Service Revenue		Business Code				
	2a Oncology & BMT	900099	291,658,815	291,658,815		
	b Cardiovascular	900099	192,589,286	192,589,286		
	c Neurosciences	446110	199,936,390	199,936,390		
	d Digestive Disease & Kidney	900099	176,418,652	176,418,652		
	e Other Surgery	900099	108,627,680	108,627,680		
	f All other program service revenue.		399,535,767	399,535,767		
	g **Total.** Add lines 2a–2f ▶		1,368,766,590			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		21,223,294			21,223,294
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real / (ii) Personal				
	6a Gross rents	2,643,715 / 77,697				
	b Less: rental expenses					
	c Rental income or (loss)	2,643,715 / 77,697				
	d Net rental income or (loss) ▶		2,721,412		1,408,274	1,313,138
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	1,536,417 / 300,020				
	b Less: cost or other basis and sales expenses	1,110,456 / 206,363				
	c Gain or (loss)	425,961 / 93,657				
	d Net gain or (loss) ▶		519,618			519,618
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a 0				
	b Less: direct expenses	b 0				
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities. See Part IV, line 19	a 0				
	b Less: direct expenses	b 0				
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances	a 0				
	b Less: cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a PHARMACY SERVICES	900099	62,968,815	62,965,257	3,558	
	b LAB ADMINISTRATION	900099	12,387,103	12,387,103		
	c ONE CHART PRACTICE	900099	7,736,434	7,736,434		
	d All other revenue		5,061,655	2,595,195	2,466,460	
	e **Total.** Add lines 11a–11d ▶		88,154,007			
	12 **Total revenue.** See Instructions. ▶		1,498,883,249	1,454,450,579	3,878,292	23,056,050

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)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	218,663,881	218,663,881		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	76,196,259	76,196,259		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,138,395	785,223	6,353,172	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	396,239,600	395,986,995		252,605
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,804,280	46,783,290		20,990
9 Other employee benefits	32,427,152	32,403,746		23,406
10 Payroll taxes	29,391,366	29,371,792		19,574
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,466,088	1,466,088		
c Accounting	429,261	429,261		
d Lobbying	85,221	85,221		
e Professional fundraising services. See Part IV, line 17	17,508			17,508
f Investment management fees	469,163	469,163		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,496,359	41,088,161		408,198
12 Advertising and promotion	5,583,836	5,583,836		
13 Office expenses	6,046,396	6,043,377		3,019
14 Information technology	24,571,624	24,529,141		42,483
15 Royalties . .	0			
16 Occupancy	30,385,164	30,385,164		
17 Travel	1,257,118	1,257,118		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	707,742	707,742		
20 Interest	8,566,323	8,566,323		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	77,337,845	77,334,681		3,164
23 Insurance . . .	5,158,889	5,158,889		
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 Pharmacy & Medical Supplies	383,677,437	383,677,437		
b Contracted Services	41,560,617	41,560,617		
c REPAIRS AND MAINTENANCE	8,437,055	8,437,055		
d Affiliated Agreements	1,644,510	1,644,510		
e All other expenses	9,556,874	9,556,738		136
25 Total functional expenses. Add lines 1 through 24e	1,455,315,963	1,448,171,708	6,353,172	791,083
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		25,118,022	1	17,702,481
	2	Savings and temporary cash investments		410,035,753	2	450,611,202
	3	Pledges and grants receivable, net		4,230,082	3	5,968,920
	4	Accounts receivable, net		243,856,854	4	264,750,117
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	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		0	6	0
	7	Notes and loans receivable, net		3,146,593	7	2,688,492
	8	Inventories for sale or use		9,169,814	8	9,704,032
	9	Prepaid expenses and deferred charges		35,660,767	9	49,816,976
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,459,722,363			
	b	Less: accumulated depreciation	10b 823,389,471	624,416,111	10c	636,332,892
	11	Investments—publicly traded securities		43,962,393	11	47,182,812
	12	Investments—other securities. See Part IV, line 11		21,073,262	12	23,978,485
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		18,303,740	15	9,304,982
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,438,973,391	16	1,518,041,391
Liabilities	17	Accounts payable and accrued expenses		200,273,030	17	212,217,100
	18	Grants payable		0	18	0
	19	Deferred revenue		13,835,444	19	16,590,928
	20	Tax-exempt bond liabilities		294,175,509	20	288,199,513
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		6,009,990	23	10,396,957
	24	Unsecured notes and loans payable to unrelated third parties		0	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		50,623,599	25	36,279,783
	26	**Total liabilities.** Add lines 17 through 25		564,917,572	26	563,684,281
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		857,744,668	27	934,559,700
	28	Temporarily restricted net assets		13,651,902	28	17,138,061
	29	Permanently restricted net assets		2,659,249	29	2,659,349
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		874,055,819	33	954,357,110
	34	Total liabilities and net assets/fund balances		1,438,973,391	34	1,518,041,391

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,498,883,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,455,315,963
3	Revenue less expenses. Subtract line 2 from line 1	3	43,567,286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	874,055,819
5	Net unrealized gains (losses) on investments	5	5,722,766
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	31,011,239
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	954,357,110

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 91-1858433
Name: The Nebraska Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

ONCOLOGY SERVICE LINE CANCER TREATMENT SERVICES OFFERED BY THE CORPORATION INCLUDE TREATMENT OF LYMPHOMA, LEUKEMIA, MULTIPLE MYELOMA, HEAD AND NECK, BREAST, GASTROINTESTINAL, PANCREATIC, LUNG, GENITOURINARY PROSTATE, GYNECOLOGIC, MELANOMA, BRAIN AND SPINE CANCERS. THE PATIENTS ARE SUPPORTED BY RESEARCH THAT IS CONDUCTED ON THE UNMC CAMPUS. TNMC IS THE ONLY CLINICAL CANCER CENTER IN ITS SERVICE AREA DESIGNATED BY THE NATIONAL CANCER INSTITUTE. IN ADDITION TO TREATMENT AND CLINICAL TRIALS TNMC OFFERS SUPPORT GROUPS, SOCIAL WORK, PAIN MANAGEMENT, FINANCIAL COUNSELORS, SUVIVORSHIP GROUPS, GENETIC COUNSELING, AND A VARIETY OF ADDITIONAL PATIENT SUPPORTIVE SERVICES. IN JUNE 2017, TNMC OPENED THE FRED & PAMELA BUFFETT CANCER CENTER. THE CENTER IS JOINTLY OWNED WITH UNMC AND IS ONE OF THE FOREMOST CANCER RESEARCH AND TREATMENT FACILITIES IN THE COUNTRY. IT IS THE SITE OF INPATIENT HOSPITAL CARE, AS WELL AS OUTPATIENT AND DIAGNOSTIC CARE. UNMC'S FACILITIES, WITHIN THE CENTER, HOUSE RESEARCH LABS. TNMC ALSO OPERATES CANCER TREATMENT LOCATIONS IN BELLEVUE, IN WEST OMAHA AT ITS VILLAGE POINTE LOCATION, AND IN SHENANDOAH, IOWA. IN ADDITION, AS ONE OF THE BUSIEST PROGRAMS IN THE WORLD, THE BONE MARROW TRANSPLANTATION PROGRAM SERVED 189 PATIENTS IN THE YEAR ENDED JUNE 30, 2019. A 24/7 EMERGENCY AND EVALUATION TREATMENT CENTER IS DEDICATED TO CANCER AND TRANSPLANT PATIENTS. THE PROGRAM BENEFITS FROM THE RESEARCH CONDUCTED ON TNMC/UNMC CAMPUS. TNMC WAS ONE OF THE FIRST CANCER CENTERS IN THE NATION TO PARTICIPATE IN CLINICAL TRIALS FOR CAR-T CELL THERAPY. IT WAS FDA-APPROVED IN OCTOBER OF 2017. IN AUGUST OF 2018, THE THERAPY WAS EXTENDED TO LEUKEMIA PATIENTS. IN 2019, MULTIPLE MEYELOMA PATIENTS BEGAN RECEIVING THE THERAPY. DURING FISCAL YEAR 2019, THE ONCOLOGY SERVICE LINE TREATED 122,090 CASES AND 30,464 PATIENT DAYS. APPROXIMATELY 40% OF THE NET REVENUE WAS DERIVED FROM INPATIENT CASES.

Form 990, Part III, Line 4b:

HEART AND VASCULAR SERVICE LINE TNMC PROVIDES A WIDE RANGE OF CARDIOVASCULAR SERVICES FROM DIET COUNSELING TO SURGICAL PROCEDURES AND REHABILITATION. TNMC HAS GROWN INTO ONE OF THE BUSIEST CENTERS IN THE COUNTRY FOR VENTRICULAR ASSIST DEVICE OPERATIONS. TNMC HAS BEEN SUCCESSFUL IN RECRUITING PHYSICIANS AND HAS THE ONLY HEART FAILURE SPECIALIST IN THE REGION AND THE ONLY HEART FAILURE PROGRAM CERTIFIED BY THE JOINT COMMISSION IN THE STATE OF NEBRASKA. IN 2016, TNMC BEGAN A LUNG TRANSPLANT PROGRAM AND IN DECEMBER OF 2017 PERFORMED THE STATE'S FIRST EVER HEART AND LUNG TRANSPLANT. IN THE YEAR ENDED JUNE 30, 2019, TNMC PERFORMED 6 LUNG TRANSPLANTS. THE CONGESTIVE HEART FAILURE PROGRAM AND ACUTE MYOCARDIAL INFARCTION PROGRAM EACH RECEIVED THE GOLD SEAL OF APPROVAL CERTIFICATION FROM AMERICAN HEART ASSOCIATION AND ARE CERTIFIED BY THE JOINT COMMISSION. THESE SERVICES ARE THE FIRST AND ONLY NATIONALLY CERTIFIED PROGRAMS OF THEIR KIND IN THE STATE OF NEBRASKA. THE CHEST PAIN CENTER HAS RECEIVED FULL CHEST PAIN CENTER ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS. THE NEBRASKA MEDICAL CENTER HAS BEEN RECOGNIZED FOR SERVICE EXCELLENCE UNDER THE J.D. POWER AND ASSOCIATES DISTINGUISHED HOSPITAL PROGRAM. TNMC HAS THE ONLY JOINT COMMISSION CERTIFIED DESTINATION THERAPY PROGRAM IN THE STATE AND IS THE ONLY HOSPITAL IN THE REGION PERFORMING ADULT HEART TRANSPLANTS AND IMPLANTING TOTAL ARTIFICIALS HEARTS. TNMC TREATS PATIENTS FROM THE SURROUNDING REGION AND IN THE YEAR ENDED JUNE 30, 2019, 819 OPEN HEART SURGERIES WERE PERFORMED INCLUDING: 35 HEART TRANSPLANTS, AND 44 MECHANICAL CIRCULATORY SYSTEMDEVICE IMPLANTATIONS.

Form 990, Part III, Line 4c:

DIGESTIVE DISEASE & KIDNEY SERVICE LINE THE NEBRASKA MEDICAL CENTER (TNMC) OPERATES ONE OF THE BUSIEST SOLID ORGAN TRANSPLANT PROGRAMS IN THE WORLD. IN 2016, TNMC JOINED A SMALL NUMBER OF TRANSPLANT CENTERS WHICH HAVE PROGRAMS FOR TRANSPLANTS OF ALL SOLID ORGANS. TNMC'S LUNG TRANSPLANT PROGRAM DID ITS FIRST TRANSPLANT IN FEBRUARY OF 2016 AND PERFORMED 9 LUNG TRANSPLANTS DURING 2019. IN THE YEAR ENDED JUNE 30, 2019, TNMC PERFORMED 279 SOLID ORGAN TRANSPLANTS INCLUDING LIVER, KIDNEY, HEART, LUNG, PANCREAS AND SMALL BOWEL. THE SUCCESS OF TNMC'S SOLID ORGAN TRANSPLANT PROGRAM IS HEIGHTENED BY RESEARCH DONE ON THE TNMC/UNIVERSITY OF NEBRASKA MEDICAL CENTER (UNMC) CAMPUS. SINCE ITS INCEPTION, PATIENTS HAVE COME TO TNMC FOR SINGLE OR MULTIPLE ORGAN TRANSPLANTS FROM ALL 50 STATES AND FIVE CONTINENTS. DURING FISCAL YEAR 2019, THE SOLID ORGAN TRANSPLANTATION SERVICE LINE INCURRED 110,680 CASES AND 29,458 PATIENT DAYS. APPROXIMATELY 67% OF THE REVENUE WAS DERIVED FROM INPATIENT CASES. ALL OTHER HOSPITAL SERVICES WITH A HISTORY DATING BACK TO 1869, TNMC WAS FORMED WITH THE MERGING OF BISHOP CLARKSON MEMORIAL HOSPITAL AND UNIVERSITY HOSPITAL, AND IN JULY, 2016, UNMC PHYSICIANS OUTPATIENT CLINICS BECAME PART OF THE ORGANIZATION. TNMC CONTINUES TO ATTRACT PATIENTS FROM THE REGION AND AROUND THE WORLD. TNMC IS A TERTIARY/QUATERNARY ACADEMIC MEDICAL CENTER. IT IS THE LARGEST HEALTH CARE FACILITY IN THE STATE WITH MORE THAN 10,000 EMPLOYEES AND OVER 900 PHYSICIANS PRACTICING IN ALL MAJOR SPECIALTIES AND SUB-SPECIALTIES. BESIDES SEVERAL KEY SERVICES IN CARDIOLOGY, ONCOLOGY, TRANSPLANT AND NEUROLOGY, TNMC OFFERS COMPREHENSIVE CARE IN WOMEN'S SERVICES FOR OBSTETRICS AND GYNECOLOGY, AS WELL AS PEDIATRIC SERVICES, ORTHOPEDICS, RHEUMATOLOGY, AND PULMONARY CARE. IN ADDITION, TNMC HAS ONE OF THE REGION'S LARGEST HYPERBARIC MEDICINE PROGRAMS. TNMC IS THE MOST ESTEEMED ACADEMIC HEALTH SYSTEMS IN THE REGION, WITH 809 LICENSED BEDS AT ITS TWO HOSPITALS, NEBRASKA MEDICINE - NEBRASKA MEDICAL CENTER, AND NEBRASKA MEDICINE - BELLEVUE. TNMC ALSO OPERATES 40 SPECIALTY AND PRIMARY CARE CLINICS IN OMAHA AND SURROUNDING AREAS. TNMC ALSO HAS ONE OF THE FEW BIOCONTAINMENT UNITS IN THE UNITED STATES EQUIPPED TO SAFELY CARE FOR THOSE EXPOSED TO HIGHLY CONTAGIOUS, DANGEROUS DISEASES. IN SEPTEMBER, OCTOBER, AND NOVEMBER OF 2014, THE NEBRASKA BIOCONTAINMENT UNIT WAS ACTIVATED TO PROVIDE CARE FOR THREE AMERICANS WHO CONTRACTED THE EBOLA VIRUS DURING THE WEST AFRICA OUTBREAK. THIS RESPONSE RESULTED IN TNMC AND UNMC BECOMING ONE OF THREE DESIGNATED EBOLA TREATMENT AND EDUCATION CENTERS IN THE UNITED STATES. BIOCONTAINMENT UNIT STAFF HAVE CONTINUED TO EDUCATE PUBLIC HEALTH AND INFECTIOUS DISEASE TEAMS FROM AROUND THE WORLD ABOUT SAFE PROTOCOLS AND RESPONSES TO INFECTIOUS DISEASES. IN 2020, TNMC AND UNMC WILL OPEN THE NATIONAL CENTER FOR HEALTH SECURITY AND BIOPREPAREDNESS, AS A PART OF THE DAVIS GLOBAL CENTER FOR ADVANCED INTERPROFESSIONAL LEARNING. THIS CENTER WILL BE THE NEXT STEP IN PROVIDING TRAINING ON HOW TO HANDLE HIGHLY INFECTIOUS DISEASES, ALONG WITH A QUARANTINE FACILITY FOR THOSE POSSIBLY INFECTED BY SUCH DISEASES. TNMC ALSO FURTHER SOLIDIFIED ITS ROLE AS A REGIONAL LEADER IN TRAUMA CARE WITH THE ESTABLISHMENT OF ITS 24/7 TRAUMA PROGRAM IN AUGUST OF 2014. IN FYE 2017, TNMC BECAME CERTIFIED AS A LEVEL I TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS, EARNING THE GOLD STANDARD FOR TRAUMACARE NATIONWIDE. IN 2016, TNMC OPENED THE LAURITZEN OUTPATIENT CENTER ON ITS CAMPUS. THE CENTER PROVIDES ADDITIONAL SPACE FOR CLINCIAL, RESEARCH AND EDUCATIONAL AREAS. THE FRITCH SURGERY CENTER, AS PART OF THIS NEW BUILDING, PROVIDES OUTPATIENT SURGERY PROCEDURES. THE ORGANIZATION CONTINUES ITS COMMITMENT TO PROVIDING CONVENIENT, COMPREHENSIVE CARE IN OMAHA AND THE SURROUNDING COMMUNITIES. IN JULY 2018, A NEW HEALTH CENTER OPENED AT THE UNIVERSITY OF NEBRASKA - LINCOLN, WITH PRIMARY CARE, COUNSELING, PHARMACY, DENTAL, NUTRITION, LAB AND RADIOLOGY, AMONG OTHER SERVICES, FOR STUDENTS OF THE UNIVERSITY. A NEW DERMATOLOGY CLINIC LOCATED ON THE NEBRASKA MEDICAL CENTER CAMPUS OPENED IN SUMMER 2018. IT ADDRESSES A SHORTAGE OF SERVICES IN THE STATE, WITH NEBRASKA HAVING ONE OF THE LOWEST RATIOS OF DERMATOLOGISTS PER RESIDENTS IN THE COUNTRY. IN DECEMBER 2018, THE FONTENELLE HEALTH CENTER, NOW LOCATED AT 5005 AMES AVENUE, WAS RELOCATED TO BETTER SERVE THE NORTH OMAHA COMMUNITY. THE NEBRASKA MEDICAL CENTER OUTPATIENT PHARMACY, LOCATED IN THE DURHAM OUTPATIENT CENTER WAS RENOVATED AND TRIPLED ITS PREVIOUS SIZE. THE NEW SPACE OPENED IN JANUARY 2019. IN MARCH 2019, CLARKSON FAMILY MEDICINE MOVED ITS PRACTICE TO THE NEWLY OPENED Nebraska Medicine OLD MARKET HEALTH CENTER IN DOWNTOWN OMAHA AT 13TH & LEAVENWORTH STREETS. IN FY19, NEBRASKA MEDICAL CENTER EARNED THE FOLLOWING CERTIFICATIONS: - Magnet designation from the American Nurses Credentialing Center - 14 Nebraska Medicine primary care clinics RECOGNIZED as Level III patient-centered medical homes, the highest quality level of achievement FROM The National Committee for Quality Assurance (NCQA) recognized - full accreditation as a Chest Pain Center with Primary PCI (percutaneous coronary intervention) from the American College of Cardiology - LUNG TRANSPLANT PROGRAM CERTIFICATION FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES - SAFE SLEEP DESIGNATION FROM THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES - Stage 7 designation, the highest certification for electronic medical record adoption, FOR INPATIENT AND OUTPATIENT PRIMARY CARE FROM THE Health Information and Management System Society

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

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

(Code:) (Expenses $ 175,184,869 including grants of $ 21,983,534) (Revenue $ 199,936,390)

NEUROSCIENCES

(Code:) (Expenses $ 736,282,464 including grants of $ 202,083,846) (Revenue $ 508,163,447)

OTHER PROGRAM SERVICES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jeffrey Gold DIRECTOR (CHAIRMAN)	1.0 2.0	X		X				0	0	0
Mogens Bay DIRECTOR (VICE CHAIRMAN)	1.0 2.0	X		X				0	0	0
Bruce Grewcock DIRECTOR (TREASURER)	1.0 2.0	X		X				0	0	0
James Linder SEC THRU 8/18; CEO BEG 8/18	45.0 10.0	X		X				348,011	0	4,170
Nancy Keegan Secretary (Start 10/2/2018)	1.0 2.0	X		X				0	0	0
Louis W Burgher Director	40.0 1.0	X						207,328	0	9,846
James T Canedy Director	1.0 2.0	X						0	0	0
Lance M Fritz Director	1.0 2.0	X						0	0	0
Eric K Keen Director	1.0 2.0	X						0	0	0
James E McClurg Director	1.0 2.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DEBRA ROMBERGER Director	30.0 30.0	X						0	484,540	28,750
DAVID W MERCER Director	30.0 30.0	X						0	576,594	30,622
Carl V Smith Director (thru 10/2/2018)	30.0 30.0	X						0	575,473	24,012
Stephanie R Daubert Officer-NM CFO	45.0 10.0			X				703,778	0	36,422
Daniel DeBehnke Officer-NM CEO (Thru 8/8/2018)	45.0 10.0			X				1,607,237	0	20,634
Suzanne Nuss Chief Nursing Officer	45.0 10.0				X			453,186	0	44,836
Cory D Shaw Chief Operations Officer	45.0 10.0				X			757,107	0	45,298
Harris A Frankel Chief Medical Officer	10.0 45.0				X			0	693,408	25,944
Theresa Franco Cancer Ctr/Rad/Imag Svcs VP	55.0 0.0				X			410,175	0	40,457
Julie Lazure Acute Care/Path Svcs VP	55.0 0.0				X			360,578	0	41,274

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Thomas C Macy Amb Clinics/Clinical Prog VP	55.0 0.0				X			383,159	0	42,055
Matthew E Pospisil Periop Svs/Bellevue VP	55.0 0.0				X			312,069	0	42,231
Frank V Venuto Chief Human Capital Officer	45.0 10.0				X			500,834	0	38,773
Michael A Ash EVP/Chief Transformation Ofc	30.0 30.0				X			0	711,678	27,463
Brian J Lancaster Information Technology VP	30.0 30.0				X			376,042	0	19,425
Anna Cramer Chief Legal Officer	45.0 10.0				X			299,507	0	1,005
Chadwick Brough Chief Experience Officer	55.0 0.0					X		475,569	0	28,653
Frank S Lococo Corp Marketing & Comm VP	55.0 0.0					X		323,479	0	476
Isaac J Berg Staff Physician-Primary	55.0 0.0					X		331,709	0	24,092
Jennifer L Brown Staff Physician-Primary	55.0 0.0					X		354,075	0	24,405

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jian Zhao Faculty Physician	55.0 0.0					X		332,102	0	868
Dennis D Bierle System Clinical Operations COO	0.0 0.0						X	449,501	0	15,175

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: ______

10 ☐ 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.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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 . . . . ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 12a or 12b 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	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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 **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV **Supporting Organizations** (continued)

			Yes	No
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**		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *If "No," describe in **Part VI** 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.*	**1**		
2	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? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	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? *If "Yes," then in **Part VI 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.*	**2a**		
b	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? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	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? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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 (explain in Part VI). **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)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 91-1858433
Name: The Nebraska Medical Center

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

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.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

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	Employer identification number
The Nebraska Medical Center	91-1858433

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ No

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
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 (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -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? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		85,221
j	Total. Add lines 1c through 1i			85,221
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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
Schedule C, Part II-B, Line 1i	LOBBYING EXPENSES THIS AMOUNT CONSISTS OF HOSPITAL LOBBYING DUES PAID THROUGH ANNUAL DUES OF THE NATIONAL AND STATE HOSPITAL ASSOCIATIONS.

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

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? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ 819,284

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	17,850,984	16,989,461	34,360,380	11,773,235	12,403,086
b Contributions	1,863,357	1,044,460	451,767	22,709,595	529,283
c Net investment earnings, gains, and losses	1,457,066	482,671	792,128	342,375	386,414
d Grants or scholarships					
e Other expenditures for facilities and programs	1,373,999	665,608	18,614,814	464,825	1,545,548
f Administrative expenses					
g End of year balance	19,797,408	17,850,984	16,989,461	34,360,380	11,773,235

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 13.000 %

c Temporarily restricted endowment ▶ 87.000 %

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:

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		14,201,136		14,201,136
b Buildings		355,077,200	132,747,615	222,329,585
c Leasehold improvements		32,066,969	12,091,986	19,974,983
d Equipment		1,042,339,449	672,820,956	369,518,493
e Other		16,037,609	5,728,914	10,308,695
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				636,332,892

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
THIRD PARTY PAYOR SETTLEMENT	16,073,035
OTHER CLAIMS PAYABLE	12,333,285
DUE TO AFFILIATES	6,418,145
OTHER LONG-TERM LIABILITIES	1,455,318
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	36,279,783

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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.

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

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-1858433
Name: The Nebraska Medical Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4	DESCRIPTION OF ART COLLECTION THE HOSPITAL DISPLAYS ITS COLLECTION OF ART THROUGHOUT THE W ALLS OF THE ORGANIZATION. IT IS A COLLECTION OF IMAGES & PORTRAITS TAKEN OF VARIOUS CULTUR ES AROUND THE WORLD & PORTRAYS THE HOSPITAL'S CULTURE OF PROVIDING MEDICAL CARE TO PEOPLE OF ALL CULTURES.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	ENDOWMENT FUNDS THE MAJORITY OF THE ENDOWMENT FUNDS HELD BY THE HOSPITAL ARE HELD IN ORDER TO EARN INTEREST IN ORDER TO PROVIDE SCHOLARSHIPS OR EDUCATION FOR EMPLOYEES OF THE HOSPI TAL OR FOR PATIENT NEEDS/EXPERIENCE. THE TERM ENDOWMENT FUNDS INCLUDE CHARITABLE GIFT ANNU ITIES. THE CONTRIBUTIONS WERE MADE TO THE HOSPITAL AND INTEREST IS PAID BACK TO THE CONTRI BUTOR AS AN ANNUITY UNTIL THE TIME OF THEIR PASSING. WHEN THIS OCCURS, THE BALANCE OF THE ANNUITY IS NO LONGER ENDOWED.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 FOOTNOTE NMC HAS ADOPTED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 (FIN 48). FIN 48 PROVIDES SPECI FIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILI TIES, PRESCRIBING RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES. THERE WERE NO UNCERTA IN TAX POSITIONS AT JUNE 30, 2019 OR 2018.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
All amounts under 5000	Grant Writing		No			
University of Nebraska Foundation	Fundraising		No	1,498,962	407,059	
Total . . . . ▶				1,498,962	407,059	

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col.**(a)** through col.**(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes** ______ % ☐ **No**	☐ **Yes** ______ % ☐ **No**	☐ **Yes** ______ % ☐ **No**	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ______

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

b If "No," explain: ______

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

b If "Yes," explain: ______

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493192020250

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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

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. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ______ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ______ %			
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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit 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)		7,364	18,534,547	0	18,534,547	1.270 %
b Medicaid (from Worksheet 3, column a)		121,911	129,317,537	95,352,214	33,965,323	2.330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		611	711,114	379,755	331,359	0.020 %
d Total Financial Assistance and Means-Tested Government Programs		129,886	148,563,198	95,731,969	52,831,229	3.620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	19	22,428	5,421,722	2,723,140	2,698,582	0.180 %
f Health professions education (from Worksheet 5)	7	5,326	51,422,171	9,994,951	41,427,220	2.840 %
g Subsidized health services (from Worksheet 6)	8	21	28,600,208	24,059,320	4,540,888	0.310 %
h Research (from Worksheet 7)	1	0	3,731,170	1,113,258	2,617,912	0.180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	1,337	162,554,700	0	162,554,700	11.130 %
j Total. Other Benefits	47	29,112	251,729,971	37,890,669	213,839,302	14.640 %
k Total. Add lines 7d and 7j	47	158,998	400,293,169	133,622,638	266,670,531	18.260 %

Part II **Community 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 activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	2		1,508,969		1,508,969	0.100 %
2 Economic development	1		40,000		40,000	
3 Community support	2	100	174,890		174,890	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	100	543		543	
7 Community health improvement advocacy						
8 Workforce development	5	3,051	517,305		517,305	0.040 %
9 Other						
10 Total	11	3,251	2,241,707		2,241,707	0.150 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	41,028,857		
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			
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	236,195,550
6	Enter Medicare allowable costs of care relating to payments on line 5	6	267,531,106
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-31,335,556

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

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization’s collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NEB ORTHO HOSPITAL	ORTHOPEDIC HOSPITAL			58.72 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** 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 GROUP A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
	Community Health Needs Assessment			
1	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?	1		No
2	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.	2		No
3	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.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
	a ☑ Hospital facility's website (list url): SEE PART V, SECTION C			
	b ☑ Other website (list url): SEE PART V, SECTION C			
	c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	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.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	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.			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

GROUP A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. % and FPG family income limit for eligibility for discounted care of 400. %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☑ Asset level			
	d ☑ Medical indigency			
	e ☐ Insurance status			
	f ☐ Underinsurance discount			
	g ☐ Residency			
	h ☑ 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?	**15**	Yes	
	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):			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
	a ☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
	b ☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
	c ☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ 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 ☐ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

GROUP A

Name of hospital facility or letter of facility reporting group

		Yes	No
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 nonpayment?	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

		Yes	No
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?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

GROUP A

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
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? . . . . 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? . . . . 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, 16j, 18e, 19e, 20e, 21c, 21d, 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
See Add'l Data	

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? **2**

	Name and address	Type of Facility (describe)
1	NE MEDICINE - INTERNAL MEDICINE 729 North Custer Avenue Grand Island, NE 68805	INTERNAL MEDICINE CLINIC
2	GIRLS INC OF OMAHA 2811 North 45th Street Omaha, NE 68104	FAMILY MEDICINE CLINIC
3		
4		
5		
6		
7		
8		
9		
10		

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	NOT APPLICABLE AS THE ORGANIZATION DOES FOLLOW FPG TO DETERMINE ELIGIBILITY FOR PROVIDING FEE CARE TO LOW INCOME INDIVIDUALS.
Schedule H, Part I, Line 6a	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT CAN BE ACCESSED AT: HTTP://WWW.NEBRASKAMED.COM/ABOUT-US/COMMUNITY-BENEFIT-REPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7	THESE NUMBERS ARE COMPUTED IN A COST ACCOUNTING SYSTEM THAT PRODUCES A COST FOR EVERY SERVICE THE HOSPITAL PROVIDES. RELATIVE VALUE UNITS, FOR SEVEN CATEGORIES OF EXPENSE, ARE UPDATED ANNUALLY FOR EACH PATIENT SERVICE WHICH KEEPS THE COST ACCOUNTING CURRENT. THESE COSTS PER UNIT VALUES ARE APPLIED TO THE PATIENT UTILIZATION TO COMPUTE THE TOTAL COST. THE COST ACCOUNTED TOTAL IS TIED BACK TO THE HOSPITAL'S FINANCIAL STATEMENTS TO ENSURE SYSTEM INTEGRITY. SCHEDULE H, PART I, LINE 7, COLUMN F THE DENOMINATOR USED TO CALCULATE THE PERCENTAGE IN COLUMN(F) IS FORM 990, PART IX, LINE 25(A).
Schedule H, Part II	COMMUNITY BUILDING ACTIVITIES COMMUNITY-BUILDING ACTIVITIES ARE DESIGNED TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS. POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS ALL CONTRIBUTE TO POOR HEALTH. THE TYPES OF PROGRAMS INCLUDED IN THIS CATEGORY SUPPORT WORKFORCE DEVELOPMENT AND TRAINING PROGRAMS TO PROVIDE EMPLOYMENT AND LEADERSHIP SKILLS TRAINING, JOB SHADOWING FOR STUDENTS INTERESTED IN HEALTH CAREERS AND ECONOMIC DEVELOPMENT SUPPORT GRANTS TO HELP REVITALIZE LOW-INCOME AREAS AND BUSINESSES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 & 4	TNMC'S FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE SPECIFICALLY COVERING BAD DEBT EXPENSE. THOUGH PATIENT INCOME MAY QUALIFY THEM FOR FINANCIAL ASSISTANCE, THE PATIENT HAS OBLIGATIONS AS WELL TO COMPLETE FINANCIAL ASSISTANCE FORMS AND TO SUBMIT SUPPORTING DOCUMENTATION TO QUALIFY. PATIENTS WHO PROVIDE THIS INFORMATION AND QUALIFY FOR ASSISTANCE WOULD NEVER GO TO BAD DEBT. THEREFORE, IT IS REASONABLE TO STATE THAT OUR BAD DEBT EXPENSE IS FOR THOSE UNWILLING TO PAY OR UNWILLING TO WORK WITH US TO PROVIDE FINANCIAL ASSISTANCE IF AVAILABLE. IF AN ACCOUNT IS COMPLETELY WRITTEN OFF TO BAD DEBT, THE TOTAL COST VIA THE COST ACCOUNTING SYSTEM IS APPLIED. IF ONLY A PORTION OF THE ACCOUNT WAS WRITTEN OFF TO BAD DEBT, THEN BAD DEBT AS A PERCENTAGE OF CHARGE IS THEN APPLIED TO THE TOTAL COST FOR THE ENCOUNTER TO ESTIMATE THE COST ASSOCIATED WITH THE BAD DEBT. THE AMOUNT THAT GOES TO COLLECTIONS IS PATIENT LIABILITY. NOT COLLECTING THESE DOLLARS IS A DIRECT EXPENSE TO THE ORGANIZATION. AS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, IT IS OUR RESPONSIBILITY TO HELP ANYONE WHO PRESENTS THEMSELVES WITH A HEALTH ISSUE; AS SUCH WE HAVE LESS CONTROL OVER WHAT GETS RECOGNIZED AS BAD DEBT. TO COMPUTE BAD DEBT AT COST, MANAGEMENT USED ALL DISCHARGED CASES IN PRIOR FISCAL YEAR WITH BAD DEBT WRITE-OFF. THE WRITE-OFF WAS COMPUTED AS A PERCENTAGE OF CHARGE AND THEN MULTIPLIED BY THE TOTAL COST (DETERMINED BY A DETAILED COST ACCOUNTING METHODOLOGY) TO ESTIMATE THE COST OF BAD DEBT.
Schedule H, Part III, Line 8	OVERALL MEDICARE PATIENTS PRODUCE A NEGATIVE 13.27% MARGIN ON GROSS CHARGES. THIS IS SPREAD ACROSS MOST OF OUR PRODUCT LINES. OUR HEAVIEST LOSSES ARE FROM THE INPATIENT NEUROLOGY, ONCOLOGY AND CARDIAC PRODUCT LINES AND FROM ONCOLOGY AND SURGERY ON THE OUTPATIENT SIDE. IN GENERAL MEDICARE INPATIENTS DO COVER THE DIRECT COSTS OF PROVIDING THEIR CARE. HOWEVER, THE INDIRECT COSTS TO SUPPORT THE HOSPITAL MUST BE ACCOUNTED FOR AND TURNS THE MARGIN NEGATIVE. THESE NUMBERS ARE COMPUTED IN A COST ACCOUNTING SYSTEM THAT PRODUCES A COST FOR EVERY SERVICE THE HOSPITAL PROVIDES. THE SYSTEM IS UPDATED ANNUALLY AND TIED TO OUR FINANCIAL STATEMENTS TO ENSURE INTEGRITY OF THE PRODUCT LINE PROFITABILITY STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b	A PATIENT KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE (ONCE ALL PAPERWORK IS RECEIVED AND APPROVED) ARE FLAGGED IN THE SYSTEM AND MONITORED ACCORDINGLY TO ENSURE FINANCIAL ASSISTANCE IS POSTED TO THE PATIENT ACCOUNT. WHEN THE 12 MONTH APPROVAL EXPIRES, PATIENTS ARE CONTACTED IF SERVICES HAVE BEEN RENDERED WITHIN THE LAST SIX MONTHS TO DISCUSS SUBMITTAL OF NEW INFORMATION FOR CONTINUATION OF ASSISTANCE. IF PATIENTS NO LONGER QUALIFY, OTHER PAYMENT OPTIONS ARE DISCUSSED PER ORGANIZATIONAL POLICY. REPORTS ARE UTILIZED FOR FOLLOW UP PURPOSES. PATIENTS WHO QUALIFY FOR 100% ASSISTANCE DO NOT RECEIVE GUARANTOR STATEMENTS (BILLS) FROM THE ORGANIZATION. PATIENTS WHO QUALIFY FOR AN 80% OR 60% DISCOUNT WORK WITH CUSTOMER SERVICE OR COLLECTION STAFF TO OUTLINE PAYMENT ARRANGEMENTS ACCORDING TO SET POLICY.
Schedule H, Part VI, Line 2	NEEDS ASSESSMENT NEBRASKA MEDICINE USES DISEASE INCIDENCE AND PREVALENCE DATA, LEADING CAUSES OF DEATH, COMMUNITY HEALTH STATUS RESEARCH AND SUPPLY AND DEMAND ANALYSIS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. ADDITIONALLY, NEBRASKA MEDICINE ENGAGED PROFESSIONAL RESEARCH CONSULTANTS (PRC) TO PERFORMA COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN COLLABORATION WITH THE LOCAL HEALTH SYSTEMS AND COUNTY HEALTH DEPARTMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE TNMC AND BMC EMPLOY FINANCIAL COUNSELORS, CUSTOMER SERVICE STAFF AND COLLECTION STAFF, ALL OF WHOM ARE TRAINED IN ASSISTING OUR PATIENTS WITH RESOLUTION OF PATIENT LIABILITY. DEPENDING UPON INDIVIDUAL PATIENT NEEDS, PAYMENT ARRANGEMENTS OR FINANCIAL ASSISTANCE MAY BE OFFERED TO ASSIST OUR CUSTOMERS WITH RESOLUTION OF PATIENT BALANCES. ADDITIONALLY, THE ORGANIZATION WORKS WITH OUR SELF PAY POPULATION TO PURSUE COVERAGE THROUGH STATE, FEDERAL OR LOCAL PROGRAMS. CHARITY CARE POLICY: THIS POLICY OUTLINES THE GUIDELINES PATIENT FINANCIAL SERVICES (PFS) WILL USE TO ENSURE ADEQUATE AND APPROPRIATE FOLLOW UP IS COMPLETED IN ORDER FOR QUALIFYING PATIENTS TO RECEIVE CHARITY CARE. PFS WILL WORK WITH PATIENTS TO FIND PAYMENT SOLUTIONS WHEN AVAILABLE. THIS POLICY IS WRITTEN TO ENSURE A FAIR AND COMPREHENSIVE SYSTEM OF DISTRIBUTING CHARITY CARE TO FINANCIALLY BURDENED PATIENTS WITHIN THE AVAILABLE RESOURCES OF NMC IN A MANNER THAT DOES NOT DISCRIMINATE BASED ON RACE, CREED, COLOR, SEX, NATIONAL ORIGIN, RELIGION OR AGE. POLICY: A. CHARITY CARE IS AVAILABLE WHEN ALL OTHER RECOVERY SOURCES HAVE BEEN EXHAUSTED. B. CHARITY CARE IS PROVIDED TO PATIENTS WHO HAVE DEMONSTRATED INABILITY TO MEET THEIR FINANCIAL OBLIGATION TO NMC. C. CHARITY CARE WILL NOT BE APPROVED FOR ELECTIVE AND/OR COSMETIC CARE. D. CHARITY CARE MAY BE APPROVED IN THE INSTANCE OF CATASTROPHIC CARE AS DEFINED. 1. THIS COULD BE OCCASIONED BY A PERSONAL CATASTROPHE OR UNAVOIDABLE CRISIS AFFECTING AN INDIVIDUAL WHO WOULD OTHERWISE BE ABLE TO PAY FOR SERVICE, OR A PERSON WHO HAS INCOME ABOVE POVERTY LEVEL BUT IS STILL NOT ABLE TO PAY THE ENTIRE COST OF SERVICE. 2. A PATIENT GENERALLY MAY QUALIFY FOR CATASTROPHIC CHARITY CARE IN INSTANCES WHERE THE PATIENT LIABILITY IS IN EXCESS OF 25% OF ANNUAL HOUSEHOLD INCOME. E. ALL TRANSPLANT AND IRP PATIENTS MUST MEET WITH A TRANSPLANT FINANCIAL COUNSELOR TO SECURE FINANCIAL CLEARANCE. TRANSPLANT AND IRP PATIENTS MUST PASS FINANCIAL SCREENING (ACCESS-FIC-082) OR MUST BE APPROVED VIA THE TRANSPLANT VARIANCE POLICY (FN 21) CHARITY APPROVAL FOR OTHER SERVICES PRIOR TO CONSIDERATION FOR TRANSPLANT DOES NOT MEET THIS REQUIREMENT. F. PRIOR APPROVAL FOR CHARITY CARE DOES NOT APPLY FOR FUTURE ELECTIVE OR COSMETIC PROCEDURES. GUIDELINES: A. IDENTIFICATION PROCESS 1) THE HOSPITAL MAINTAINS A SEPARATE POLICY IN ORDER TO ASSURE COMPLIANCE WITH THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA) AND A SEPARATE PATIENT RIGHTS AND ORGANIZATIONAL ETHICS POLICY. THIS CHARITY CARE POLICY IS SUBJECT TO THE TERMS OF THOSE POLICIES. 2) FINANCIAL COUNSELORS AUTHORIZED BY NMC WILL IDENTIFY PATIENTS REQUIRING FINANCIAL SCREENING. B. VERIFICATION OF INSURANCE ELIGIBILITY AND BENEFITS 1) THE PATIENT WILL EXECUTE AN ASSIGNMENT OF INSURANCE BENEFITS ON BEHALF OF THE HOSPITAL. 2) VERIFICATION OF ELIGIBILITY, BENEFITS, AND PAYER SOURCE WILL BE PERFORMED IN A TIMELY MANNER ACCORDING TO PATIENT FINANCE AND ACCESS SERVICES DEPARTMENTAL PROCEDURES. C. FINANCIAL COUNSELING 1) FINANCIAL COUNSELORS AND CONTRACTED VENDORS WILL ASSIST PATIENTS REQUIRING FINANCIAL ASSISTANCE. 2) FINANCIAL COUNSELORS AND VENDORS WILL ASSIST PATIENTS IN SEEKING REIMBURSEMENT FROM LOCAL, STATE, AND FEDERAL PROGRAMS WHEN THERE IS NO OTHER SOURCE OF PAYMENT AS WELL AS ASSISTING PATIENTS WITH APPLICATIONS OR MAKING APPOINTMENTS TO QUALIFY FOR GOVERNMENT PROGRAMS. 3) PATIENTS ARE RESPONSIBLE FOR FOLLOW UP MEETINGS WITH AN AGENCY THAT MAY PROVIDE FINANCIAL RESOURCES FOR HEALTH CARE SERVICES. CHARITY ASSISTANCE MAY BE TERMINATED AT ANY TIME DUE TO NON COMPLIANCE WITH THIS EXPECTATION.
Schedule H, Part VI, Line 4	WE SERVE MANY COMMUNITIES, INTERNATIONAL, REGIONAL, STATE AND LOCAL OMAHA. THE STATISTICS BELOW DESCRIBE OUR LOCAL OMAHA COMMUNITY DEFINED AS DOUGLAS AND SARPY COUNTIES IN NEBRASKA. THIS LOCAL AREA REPRESENTS APPROXIMATELY 70% OF OUR INPATIENT AND OUTPATIENT DISCHARGES AND VISITS. THE 2018 COLLEGE OF PUBLIC HEALTH PROFESSIONS TRACKING ESTIMATED POPULATION FOR THIS LOCAL AREA IS 834,374. THE ESTIMATED RACE BREAKDOWN OF THE POPULATION IS BELOW. WHITE NON-HISPANIC 83.1% BLACK NON-HISPANIC 8.3% SOME OTHER RACE 5.8% MULTIPLE RACES 2.7% THERE ARE ELEVEN HOSPITALS IN NEBRASKA TO SERVE THE LOCAL COMMUNITY. METHODIST HOSPITAL, METHODIST WOMEN'S HOSPITAL, LAKESIDE HOSPITAL, BERGAN MERCY MEDICAL CENTER, MIDLANDS HOSPITAL, CREIGHTON MEDICAL CENTER, CHILDREN'S HOSPITAL, IMMANUEL HOSPITAL, NEBRASKA ORTHOPAEDIC HOSPITAL, THE NEBRASKA MEDICAL CENTER AND BELLEVUE MEDICAL CENTER. THERE ARE FOUR DESIGNATED MEDICALLY UNDERSERVED AREAS IN DOUGLAS COUNTY (THREE AREAS) AND SARPY COUNTY (ONE AREA.)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	COMMUNITY BUILDING ACTIVITIES AND PROMOTION OF HEALTH TNMC RECOGNIZES THE COMMUNITY BENEFIT OF ADDRESSING ROOT CAUSES OF POOR HEALTH IN ORDER TO IMPROVE COMMUNITY HEALTH. THE HOSPITAL PARTICIPATED IN SEVERAL COMMUNITY BUILDING ACTIVITIES THROUGHOUT THE PAST YEAR DESIGNED TO ADDRESS THESE ROOT CAUSES. INCLUDED IN THIS TOTAL ARE THE HOSPITAL'S EFFORTS TO SUPPORT THE MID-AMERICA HOSPITAL ALLIANCE (MAHA); AN ALLIANCE OF RURAL AND CRITICAL ACCESS HOSPITALS IN THE REGION OF WHICH THE HOSPITAL IS A FOUNDING MEMBER. THE HOSPITAL SPENDS TIME COORDINATING RESOURCES TO ENSURE SMALLER, RURAL HOSPITALS CAN HAVE ACCESS TO THE EXPERTISE AND SERVICES OF A LARGE ACADEMIC MEDICAL CENTER. TNMC'S COMMUNITY BUILDING ACTIVITIES ALSO INCLUDE PROGRAMS INTENDED TO DRIVE ENTRY INTO HEALTH CAREERS AND NURSING PRACTICE. MANY HOSPITAL STAFF MEMBERS GIVE EDUCATIONAL PRESENTATIONS ON THE HEALTH PROFESSIONS AND PROVIDE MOCK INTERVIEW TRAINING TO AREA STUDENTS. NMC ALSO PROVIDES JOB SHADOWING OPPORTUNITIES TO UNDERGRADUATE STUDENTS WHO WISH TO EXPLORE THE HEALTH CAREERS. ADDITIONALLY, TNMC HAS THE ONLY BIO-CONTAINMENT UNIT IN THE STATE AND ONE OF FEW ACROSS THE NATION, CONTRIBUTING TO DISASTER PREPAREDNESS ABOVE AND BEYOND LICENSURE REQUIREMENTS. MEMBERS OF THE HOSPITAL'S CRITICAL CARE AND TRAUMA STAFF SHARE THE EXPERTISE BY PARTICIPATING IN COMMUNITY COALITIONS TO IMPROVE SAFETY AND REDUCE ACCIDENTS AMONG CHILDREN, TEENS, AND SENIORS. THE HOSPITAL WORKS TO ENCOURAGE ECONOMIC GROWTH AND DEVELOPMENT BY SUPPORTING AN ECONOMIC DEVELOPMENT PARTNERSHIP AIMED AT THE DEVELOPMENT OF NEW BUSINESS IN THE CITY'S URBAN AREAS. BELLEVUE MEDICAL CENTER HAS PARTICIPATED IN, AND HOSTED A NUMBER OF EVENTS DESIGNED TO PROMOTE A HEALTHIER COMMUNITY. IN ADDITION TO FINANCIAL SUPPORT OF SEVERAL COMMUNITY-BASED CHARITABLE ORGANIZATIONS AND THE LOCAL CHAMBER OF COMMERCE, THE HOSPITAL'S LEADERSHIP TEAM IS ACTIVE ON COMMUNITY BOARDS. OTHER INFORMATION TNMC IS A NONPROFIT HOSPITAL MEETING THE REQUIREMENTS OF REVENUE RULING 69-545. IN SUMMARY, TNMC OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS WITHOUT REGARD TO ABILITY TO PAY, THE HOSPITAL ALSO HAS A BOARD COMPRISED OF MEMBERS FROM THE COMMUNITY, THEY HAVE AN OPEN MEDICAL STAFF POLICY, THEY ACCEPT PATIENTS PAYING THEIR BILLS WITH MEDICAID AND MEDICARE, AND THEY USE THE SURPLUS OF THEIR FUNDS TO IMPROVE THEIR FACILITIES, EQUIPMENT, PATIENT CARE, MEDICAL TRAINING, EDUCATION, AND RESEARCH.
Schedule H, Part VI, Line 6	NEITHER TNMC NOR BMC ARE IN AN AFFILIATED HEALTHCARE SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	TNMC AND BMC FILE A COMMUNITY BENEFIT REPORT WITH THE NEBRASKA HOSPITAL ASSOCIATION ANNUALLY.

Additional Data

Software ID:
Software Version:
EIN: 91-1858433
Name: The Nebraska Medical Center

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? **2** 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	THE NEBRASKA MEDICAL CENTER 987400 Nebraska Medical Center Omaha, NE 68198 HTTP://NEBRASKAMED.COM 260011	X	X		X			X			A
2	BELLEVUE MEDICAL CENTER 2500 Bellevue Medical Center Drive Bellevue, NE 68123 HTTP://BELLEVUE.NEBRASKAMED.COM H000115	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 5	(CHNA) FOR NEBRASKA MEDICINE (WHICH INCLUDES TNMC and BELLEVUE MEDICAL CENTER (BMC)) FOR THE COMPREHENSIVE CHNA PROCESS, A STEERING COMMITTEE COMPRISED OF KEY STAKEHOLDERS FROM AREA HEALTH SYSTEMS, LOCAL COUNTY HEALTH DEPARTMENT REPRESENTATIVES, AND KEY INFORMANTS FROM SEVERAL COMMUNITY AGENCIES WORKED COLLABORATIVELY TO OVERSEE THE PROCESS. THE CHNA STEERING COMMITTEE RETAINED PROFESSIONAL RESEARCH CONSULTANTS (PRC), INC. TO CONDUCT THE SURVEY. PRC IS A NATIONALLY RECOGNIZED HEALTH CARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING CHNAS SUCH AS THIS IN HUNDREDS OF COMMUNITIES ACROSS THE UNITED STATES SINCE 1994. INPUT FROM COMMUNITY STAKEHOLDERS KEY INFORMANT FOCUS GROUP DISCUSSIONS INCLUDED REPRESENTATION FROM ALL OF THE ASSESSED COUNTIES. FOCUS GROUP PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO PROVIDE INPUT REGARDING VULNERABLE OR MEDICALLY UNDERSERVED POPULATIONS, MINORITIES, AND/OR POPULATIONS WITH CHRONIC DISEASE. ONE HUNDRED SIXTY-THREE COMMUNITY STAKEHOLDERS, INCLUDING PHYSICIANS, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND BUSINESS AND COMMUNITY LEADERS PARTICIPATED IN FOCUS GROUP SESSIONS. A FULL LIST OF PARTICIPATING KEY INFORMANT FOCUS GROUPS AND THEIR AREAS OF EXPERTISE CAN BE FOUND HERE: HTTPs://WWW.NEBRASKAMED.COM/ABOUT-US/COMMUNITY-HEALTH-IMPROVEMENT STEERING COMMITTEE PARTICIPANT NAMES BELOW IS A LISTING OF THE PARTICIPANTS AND THE SPONSORING ORGANIZATIONS REPRESENTING THE CHNA STEERING COMMITTEE. CHI HEALTH: KELLY NIELSEN - DIRECTOR, COMMUNITY BENEFIT AND HEALTHIER COMMUNITIES DOUGLAS COUNTY HEALTH DEPARTMENT: DR. ADI POUR - HEALTH DIRECTOR LIVE WELL OMAHA: SARAH SJOLIE - EXECUTIVE DIRECTOR METHODIST HEALTH SYSTEM: JEFF PROCHASKA - DIRECTOR, STRATEGIC PLANNING SARPY/CASS COUNTY HEALTH DEPARTMENT: SARAH SCHRAM - HEALTH DIRECTOR NEBRASKA MEDICINE (TNMC and BMC): BECKY JACKSON, DIRECTOR, PATIENT & COMMUNITY ENGAGEMENT VISITING NURSES ASSOCIATION/POTTAWATTAMIE COUNTY: KRIS STAPP - VICE PRESIDENT, COMMUNITY HEALTH SERVICE CHARLES DREW HEALTH CENTER: KENNY MCMORRIS, CHIEF EXECUTIVE OFFICER OMAHA COMMUNITY FOUNDATION: KALI BAKER, VICE PRESIDENT OF COMMUNITY RELATIONS ONEWORLD COMMUNITY HEALTH CENTERS: ANDREA SKOLKIN, CHIEF EXECUTIVE OFFICER UNITED WAY OF THE MIDLANDS: MARIEL HARDING, DIRECTOR, COMMUNITY IMPACT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 6a & 6b	THE CHNA WAS CONDUCTED WITH OTHER HOSPITAL AND COMMUNITY BASED FACILITIES AS LISTED BELOW: THE NEBRASKA MEDICAL CENTER AND BELLEVUE MEDICAL CENTER CHI HEALTH METHODIST HEALTH SYSTEM DOUGLAS, SARPY, CASS AND POTTAWATTAMIE COUNTY HEALTH DEPARTMENTS LIVE WELL OMAHA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 7b	HTTP://WWW.DOUGLASCOUNTYHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT SCHEDULE H, PART V, LINE 7A & 10A HTTP://WWW.NEBRASKAMED.COM/ABOUT-US/COMMUNITY-HEALTH-IMPROVEMENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	NEBRASKA MEDICINE HAS CURRENT PROGRAMS AND SERVICES IN PLACE TO ADDRESS EACH OF THE ELEVEN CHNA-IDENTIFIED COMMUNITY NEEDS. HOWEVER, IN ORDER TO MAKE MEANINGFUL IMPACT, AND TO USE ITS FINANCES MOST EFFECTIVELY AND EFFICIENTLY, NEBRASKA MEDICINE WILL PLACE A PRIMARY FOCU S ON INJURY & VIOLENCE PREVENTION, MENTAL HEALTH AND ACCESS TO HEALTHCARE SERVICES. HOWEVE R, IT HAS NO PLANS TO DISCONTINUE OTHER COMMUNITY BENEFIT EFFORTS ADDRESSING THE REMAINING CHNA-IDENTIFIED NEEDS, AND MAY TOUCH UPON EACH OF THESE CATEGORIES WITHIN ITS EFFORTS TO ADDRESS ISSUES SURROUNDING ACCESS TO CARE IN UNDERSERVED POPULATIONS. FURTHER, IN ORDER TO ENSURE ALL IDENTIFIED NEEDS WILL BE ADDRESSED IN THE COMMUNITY, NEBRASKA MEDICINE MET WIT H THE OTHER LOCAL HEALTH SYSTEMS AND COUNTY HEALTH DEPARTMENTS TO DISCUSS THE CHNA-IDENTIF IED COMMUNITY NEEDS AND LOOK FOR OPPORTUNITIES TO COLLABORATE. THE IDENTIFIED NEEDS NOT BE ING ADDRESSED BY NEBRASKA MEDICINE ARE IDENTIFIED AS CANCER, NUTRITION, PHYSICAL ACTIVITY & WEIGHT, SUBSTANCE ABUSE, DIABETES, HEART DISEASE & STROKE, DEMENTIA INCLUDING ALZHEIMER' S DISEASE, RESPIRATORY DISEASES AND SEXUALLY TRANSMITTED DISEASES. EACH OF THESE REMAINING CHNA-IDENTIFIED NEEDS ARE BEING ADDRESSED BY ONE OF THE OTHER COMMUNITY HEALTH SYSTEMS, L OCAL UNIVERSITY MEDICAL SCHOOLS, COUNTY HEALTH DEPARTMENTS, OR COMMUNITY-BASED ORGANIZATIO NS. A FULL LISTING OF THESE ARE PROVIDED IN TNMC'S CHNA REPORT AND CAN BE FOUND HERE: HTTP ://WWW.NEBRASKAMED.COM/ABOUT-US/COMMUNITY-HEALTH-IMPROVEMENT IMPLEMENTATION STRATEGY PLAN UPDATE NEBRASKA MEDICINE'S FISCAL 2016-2019 CHNA AND IMPLEMENTATION PLANNING CYCLE IDENTIF IED ELEVEN SIGNIFICANT HEALTH NEEDS, FOUR OF WHICH WERE PRIORITIZED FOR THE PLANNING PERIO D: (1)CANCER, (2)INJURY AND VIOLENCE PREVENTION, (3)MENTAL HEALTH AND (4) ACCESS TO HEALTHC ARE SERVICES. BELOW ARE SOME HIGHLIGHTS ON THE PROGRESS OF THE 2016-2019 PLAN: - ESTABLISH ED 4 IMMEDIATE CARE CLINIC LOCATIONS THROUGHOUT THE METRO AREA. - HELPED SECURE HEALTH INS URANCE AND NAVIGATION OF THE HEALTHCARE MARKETPLACE TO OVER 6,180 INDIVIDUALS OVER THE THR EE YEAR PERIOD. - INVESTED OVER $200,000 IN SERVERAL NON-PROFIT PARTNERS TO CONNECT UNDERS ERVED CANCER PATIENTS TO COMMUNITY RESOURCES. - INCREASED THE NUMBER OF MENTAL HEALTH PROV IDERS FOR OUTPATIENT CARE WITHIN THE THREE YEAR PERIOD. - TRAINED OVER 1,549 INDIVIDUALS I N THE STOP THE BLEED CAMPAIGN TO BUILD A TRAUMA-INFORMED COMMUNITY OVER THE THREE YEAR PER IOD. DURING FISCAL YEAR 2019, THE NEXT CHNA WAS CONDUCTED TO MEET THE 2019-2022 TIMELINE. NEBRASKA MEDICINE'S 2019-2022 CHNA AND IMPLEMENTATION PLANNING CYCLE IDENTIFIED ELEVEN SIG NIFICANT HEALTH NEEDS, THREE OF WHICH WERE PRIORITIZED FOR THE PLANNING PERIOD: (1) INJURY & VIOLENCE PREVENTION, (2) MENTAL HEALTH AND (3) ACCESS TO HEALTHCARE SERVICES. BELOW ARE SOME HIGHLIGHTS ON THE PROGRESS OF THE 2019-2022 PLAN. - INCREASE AVAILABILITY/ACCESSIBIL ITY OF DOCTOR APPOINTMENTS AND POINTS OF CARE FOR RESIDENTS OF THE OMAHA METRO AREA, WITH AN ADDITIONAL FOCUS ON EXPANDI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	NG CARE FOR POPULATIONS IN NORTHEAST OMAHA - HELP PATIENTS SECURE HEALTH INSURANCE THROUGH ASSISTANCE WITH THE ENROLLMENT PROCESS AND NAVIGATION OF THE HEALTHCARE MARKETPLACE - RED UCE THE NUMBER OF PREVENTABLE DEATHS RELATED TO POISONING, FALLS AND MOTOR VEHICLE ACCIDEN TS - PARTICIPATE IN COMMUNITY INITIATIVES TO REDUCE VIOLENT CRIME AND BUILD A TRAUMA INFOR MED COMMUNITY - INCREASE THE CAPACITY TO TREAT PATIENTS WITH CO-OCCURING MENTAL HEALTH AND SUBSTANCE USE PROBLEMS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section b, Line 13h	POLICY FN16: DISCOUNT/FINANCIAL ADJUSTMENTS TALKS ABOUT DISCOUNTS FOR PATIENTS WITH NON THIRD-PARTY PAYMENT SOURCE, DISCOUNTS, SIMILAR TO DISCOUNTS OFFERED TO MANAGED CARE PLANS, ARE OFFERED FOR MOST PATIENTS THAT DO NOT HAVE THIRD-PARTY INSURANCE AND DO NOT MEET THE GUIDELINES FOR GOVERNMENTAL ASSISTANCE PROGRAMS. THIS DISCOUNT IS SUBJECT TO CHANGE BASED ON THE RATES AGREED UPON THROUGH MANAGED CARE CONTRACTS. THESE DISCOUNTS ARE INDEPENDENT OF THE CHARITY ADJUSTMENTS, AND THAT CHARITY ADJUSTMENTS ARE APPLIED AFTER THE SELF-PAY ADJUSTMENT IS APPLIED TO THE BILLED CHARGES.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 16a-16c	HTTPS://WWW.NEBRASKAMED.COM/PATIENTS/BILLING/FINANCIAL-COUNSELING

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16J	INFORMATION ON HOW TO GET FINANCIAL ASSISTANCE IS POSTED ON THE WEBSITE UNDER PATIENT FRIENDLY BILLING WHICH IS LOCATED UNDER THE PATIENT & VISITORS SECTION. THERE ARE DEPARTMENTS LISTED WITH PHONE NUMBERS TO CALL FOR MORE INFORMATION OR TO SET UP AN APPOINTMENT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section D	WE DO NOT HAVE REHABILITATION, FREE STANDING DIAGNOSTIC FACILITIES, OR SKILLED NURSING. OUR OFF SITE DIAGNOSTIC SERVICES ARE INCLUDED ON OUR HOSPITAL LICENSE AND OUR HOSPITAL ANCILLARY SERVICES ARE HOSPITAL BASED AND INCLUDED ON OUR LICENSE.

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 32

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

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) Financial Assistance (Charity Care)	7364		73,508,529	Book	Charity Care
(2) Financial Assistance (Renal-Indigent Patients)	24		975,703	Book	Indigent Dialysis
(3) Financial Assistance (Pharmaceuticals)	5198		1,712,027	Book	Pharmaceuticals
(3)					
(4)					
(5)					
(6)					
(7)					

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 I, Line 1	REVIEW AND APPROVAL OF CHARITABLE CONTRIBUTIONS THE NEBRASKA MEDICAL CENTER (NMC) HAS A COMMITTEE WHOSE RESPONSIBILITY IS TO REVIEW AND APPROVE OR DISPROVE REQUESTS FOR SPONSORSHIP. THIS COMMITTEE IS COMPRISED OF KEY EXECUTIVES AND OTHER MEMBERS OF THE LEADERSHIP TEAM, AS WELL AS REPRESENTATIVES FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER. DECISIONS ARE MADE ON EACH REQUEST INDIVIDUALLY BASED ON A SET OF GUIDELINES ESTABLISHED BY THE ORGANIZATION. IN ORDER TO EFFECTIVELY EVALUATE AND REVIEW THE MANY REQUESTS WE RECEIVE, EACH REQUEST IS BROUGHT BEFORE OUR SPONSORSHIPS AND CHARITABLE CONTRIBUTIONS COMMITTEE FOR CONSIDERATION. THIS COMMITTEE IS COMPRISED OF KEY EXECUTIVES AND OTHER MEMBERS OF THE HOSPITAL LEADERSHIP TEAM. THE COMMITTEE CONSIDERS EACH REQUEST INDIVIDUALLY, AND CONTRIBUTIONS ARE MADE BASED ON THREE PRIMARY OBJECTIVES: 1) TO SUPPORT THE COMMUNITY NEED FOR RESOURCES ADDRESSING NEBRASKA'S LEADING CAUSES OF DEATH; INCLUDING CANCER, STROKE AND HEART DISEASE. 2) TO ALIGN WITH ORGANIZATIONS FURTHERING NMC'S CHARITABLE MISSION TO SUPPORT CAUSES WHICH SIGNIFICANTLY IMPACT THE OVERALL HEALTH STATUS OF THE COMMUNITY. 3) TO SUPPORT ORGANIZATIONS WHICH IMPACT FAVORABLY THE PUBLIC IMAGE OF THE HOSPITAL AND ENHANCE EXISTING PARTNERSHIPS OR INITIATIVES. IF A SPONSORSHIP OR CHARITABLE CONTRIBUTION REQUEST FALLS WITHIN OUR THREE PRIMARY OBJECTIVES, THE FOLLOWING CRITERIA ARE THEN APPLIED TO FURTHER ASSIST THE COMMITTEE IN MAKING FUNDING DECISIONS: 1) ORGANIZATION MUST PROVIDE PROOF OF 501(C)(3) STATUS FROM THE IRS, OR NONPROFIT DESIGNATION AS A GOVERNMENTAL OR TRIBAL ENTITY. 2) ALL REQUESTS MUST BE RECEIVED IN WRITING- NO PHONE REQUESTS WILL BE CONSIDERED. 3) REQUESTOR MUST BE ABLE TO PROVIDE THE ORGANIZATION'S NON-DISCRIMINATION POLICY. 4) MUST BE ABLE TO PROVIDE AN ORGANIZATIONAL OPERATING BUDGET AND PROJECT BUDGET UPON REQUEST. 5) PROPOSAL MUST INCLUDE A LIST OF BOARD MEMBERS, DIRECTORS, AND KEY PROJECT STAFF MEMBERS AND THE ROLE THEY SERVE IN THE ORGANIZATION. 6) REQUEST MUST INCLUDE A BRIEF NARRATIVE OF THE PROJECT, INCLUDING AN ESTIMATE OF NUMBERS OF PEOPLE SERVED BY THE REQUEST AND LOCATION OF COMMUNITIES IMPACTED BY THE ORGANIZATION'S MISSION. 7) REQUESTS FOR SPONSORSHIP NEED TO BE SUBMITTED AT LEAST 90 DAYS PRIOR TO THE EVENT, WITH REQUESTS OVER $10,000 BEING SUBMITTED BY MARCH 1 FOR CONSIDERATION IN THE NEXT FISCAL YEAR. GROUPS, PROGRAMS, AND ACTIVITIES NOT SUPPORTED BY NMC: 1) ORGANIZATIONS WITHOUT IRS 501(C)(3) OR EQUIVALENT TAX EXEMPT STATUS. 2) ORGANIZATIONS THAT DISCRIMINATE ON THE BASIS OF AGE, DISABILITY, RELIGION, ETHNIC ORIGIN, GENDER, OR SEXUAL ORIENTATION. 3) ORGANIZATIONS WITH DIVISIVE OR LITIGIOUS PUBLIC AGENDAS. 4) MEMBER BASED ORGANIZATIONS, INCLUDING CHAMBERS OF COMMERCE, ROTARY CLUBS OR IRS 501(C)(4) LEGIONS AND ASSOCIATIONS. 5) MUNICIPALITIES, INCLUDING FIRE AND POLICE DEPARTMENTS OR RELATED SOCIAL SERVICE GROUPS AND POLITICAL ORGANIZATIONS. 6) RELIGIOUS ORGANIZATIONS OR SECTARIAN PROGRAMS FOR RELIGIOUS PURPOSES. 7) FRATERNAL ORGANIZATIONS, SOCIAL CLUBS, SPORTS TEAMS OR CLUBS, ATHLETIC COMPETITIONS. 8) ENDOWMENTS. 9) MULTIYEAR REQUESTS AND PLEDGES. 10) INDIVIDUALS REQUESTING LOANS, DEBT RETIREMENTS, SCHOLARSHIP OR FELLOWSHIP ASSISTANCE. 11) TRAVEL- INCLUDING STUDENT TRIPS OR TOURS. 12) MARKETING ACTIVITIES OR PROMOTIONAL MERCHANDISE. 13) PURCHASE OR MAINTENANCE OF VEHICLES. 14) FILM OR VIDEO PROJECTS, INCLUDING DOCUMENTARIES. 15) BEAUTY PAGEANTS Schedule I, Part I, Line 2 Grant Monitoring Procedures Based on the detailed gift policy in part I, line 1, the funds are only provided for charitable purposes, and those organizations that receive monies from nmc are required to follow their 501(c)(3) requirements surrounding the use of funds received.
Schedule I, Part III	AMOUNTS PROVIDED TO PATIENTS ARE DETERMINED BY THE NEBRASKA MEDICAL CENTER'S WRITTEN AND PUBLISHED FINANCIAL ASSISTANCE POLICY.

Additional Data

Software ID:
Software Version:
EIN: 91-1858433
Name: The Nebraska Medical Center

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 9850 Nicholas St Omaha, NE 68114	13-1788491	501(C)(3)	26,250				General Support
American Heart Association 10100 J St Ste A Omaha, NE 68127	13-5613797	501(C)(3)	25,090				General Support General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Father Flanagan's Boy Home 13603 Flanagan Blvd Omaha, NE 68010	47-0376606	501(C)(3)	10,000				General Support General Support
Great Plains Colon Cancer PO Box 3434 Omaha, NE 68103	27-2123378	501(C)(3)	6,500				General Support General Support

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Greater Omaha Chamber Foundation 1301 Harney St Omaha, NE 68102	47-0258610	501(C)(3)	42,250				General support for clinic operations serving unde General support
Heartland Family Services 2101 S 42nd St Omaha, NE 68105	47-0390618	501(C)(3)	11,000				General Support General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hope Medical Outreach Coalition 4920 S 30th St Omaha, NE 68107	47-0548990	501(C)(3)	30,000				General Support General support
JDRF 9202 W Dodge St Ste 304 Omaha, NE 68114	23-1907729	501(C)(3)	7,500				support General support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leukemia and Lymphoma Society 12100 W Center Rd Ste 202 Omaha, NE 68154	13-5644916	501(C)(3)	15,000				General Support General support
Live Well Omaha PO Box 31518 Omaha, NE 68131	47-0834161	501(C)(3)	10,000				General Support General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Make a Wish 11926 Arbor St Ste 102 Omaha, NE 68144	47-0671096	501(C)(3)	10,000				General Support General support
March of Dimes 11840 Nicholas St Omaha, NE 68154	13-1846366	501(C)(3)	22,000				General support for lymphoma research and educatio General support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Safety Council 11620 M Cir Omaha, NE 68137	47-0259720	501(C)(3)	10,000				General Support General support
Nebraska Aids Project 250 S 77th St Ste A Omaha, NE 68114	47-0786622	501(C)(3)	10,000				General Support General support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nebraska HOSA PO Box 94711 Lincoln, NE 68509	45-4782061	501(C)(3)	15,000				General support of auxiliary's community efforts General support
Omaha Equestrian Foundation 1004 Farnam St Ste 400 Omaha, NE 68102	27-3520778	501(C)(3)	7,500				General support of society's operations General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Omaha Symphony 1605 Howard St Omaha, NE 68102	47-6039304	501(C)(3)	6,500				General support of museum operations General support
Professional Research 11326 P St Omaha, NE 68137	47-0628654	501(C)(3)	17,880				General operations and support CHNA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Project Pink'd Inc 4089 S 84th St Ste 108 Omaha, NE 68127	45-5212995	501(C)(3)	7,000				Faculty Support for the University General support
Ronald McDonald House 620 S 38th St Omaha, NE 68105	47-0755104	501(C)(3)	265,700				General support (AAA agreement) General support

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

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Susan G Komen Nebraska 8707 W Center Rd Omaha, NE 68124	75-1835298	501(C)(3)	10,000				General support General support
Team Mates Mentoring 6801 O St Lincoln, NE 68510	47-0840990	501(C)(3)	6,000				General support General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of the Midlands 1805 Harney St Omaha, NE 68102	47-0376605	501(C)(3)	50,600				General support General Support
Visiting Nurse Foundation 12565 W Center Rd Ste 100 Omaha, NE 68144	91-1467848	501(C)(3)	10,000				Matching Grants General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Building Healthy Futures 3555 Farnam St Ste 222 Omaha, NE 68131	46-0598062	501(C)(3)	2,471,451				General support General Support
University of Nebraska - Lincoln PO Box 830861 Lincoln, NE 68583	47-0049123	501(C)(3)	82,041				General support General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Stratigic Research Institute 984238 Nebraska Medical Center 405 E Main St Omaha, NE 68198	45-5426026	501(C)(3)	140,913				General support General Support
Board of Regents - University of Nebraska 3835 Holdrege Lincoln, NE 68583	47-0049123	501(C)(3)	8,000,000				Support the College of Public Health for reducing General support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clarkson College 101 S 42nd St Omaha, NE 68131	36-3649217	501(C)(3)	5,670,363				Support Operations General support
Clarkson Regional Health Sevices Inc 9300 Underwood Ave Ste 110 Omaha, NE 68114	47-0376531	501(C)(3)	8,000,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Nebraska Medical Center 986800 NE MED CTR Omaha, NE 68198	47-0049123	501(C)(3)	70,753,736				General support
UNMC Physicians 988145 NE MED CTR Omaha, NE 68198	47-0785575	501(C)(3)	120,865,135				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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
6	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:			
a	The organization?	**6a**	Yes	
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 4a	SEVERANCE PAYMENTS THE FOLLOWING EMPLOYEES WERE TERMED PRIOR TO FISCAL YEAR 2019 AND RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2018: DENNIS BIERLE: $278,919 CHADWICH BROUGH: $47,332 DANIEL DEBEHNKE: $325,410

Return Reference	Explanation
Schedule J, Part I, Line 4b	NONQUALIFIED RETIREMENT PLANS CERTAIN EXECUTIVES DO PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. NO PAYOUT OCCURRED DURING THE YEAR FROM A SUPPLEMENTAL NONQUALIFIED PLAN TO CURRENT OR FORMER* INDIVIDUALS. IN ADDITION, TNMC HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (AMENDED AND RESTATED JANUARY 1, 2008) WHICH CONSTITUTES AN UNFUNDED, UNSECURED PLAN TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES UPON SEPARATION OF SERVICE, SUBJECT TO THE TERMS AND CONDITIONS OF THE PLAN. THE BENEFIT IS PAID IN FULL ONE YEAR AFTER EMPLOYMENT SEPARATION, AND THE AMOUNT IS BASED ON THE PARTICIPANT'S ANNUAL COMPENSATION, VALUE OF THE PARTICIPANT'S TNMC QUALIFIED RETIREMENT PLAN BENEFIT, SOCIAL SECURITY BENEFIT, AND NUMBER OF YEARS OF SERVICE. NO PAYOUT OCCURRED DURING THE YEAR FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO ANY CURRENT AND FORMER* INDIVIDUALS.

Return Reference	Explanation
Schedule J, Part I, Line 6a	CONTINGENT COMPENSATION THE ORGANIZATION'S FINANCIAL RESULTS ARE TAKEN INTO CONSIDERATION WHEN CALCULATING COMPENSATION IN ADDITION TO OTHER NON-FINANCIAL FACTORS. EXECUTIVE INCENTIVE COMPENSATION IS DETERMINED BY SEVERAL KEY METRICS THAT ARE ESTABLISHED BY THE NEBRASKA MEDICAL CENTER GOVERNING BODY. THESE METRICS ARE INCLUSIVE OF STRATEGIC, FINANCIAL, OPERATIONAL AND QUALITY OUTCOMES. ON AN ANNUAL BASIS, THE NEBRASKA MEDICAL CENTER GOVERNING BODY REVIEWS ACHIEVEMENT OF PRESET TARGETS AND APPROVES INCENTIVES WHEN WARRANTED. THESE PERFORMANCE PAYMENTS ARE SET IN CONSIDERATION OF TOTAL COMPENSATION VS. COMPARED TO MARKET FOR SIMILIAR POSITIONS. AS IT WAS DETERMINED THAT IT IS IN THE BEST INTEREST OF THE ORGANIZATION TO HAVE A PORTION OF THEIR BASE PAY SUBJECT TO FORFEITURE UNLESS THE PRE-DETERMINED FINANCIAL AND NON-FINANCIAL FACTORS DISCUSSED ABOVE ARE ACHIEVED. INCENTIVE COMPENSATION RELATED TO FY19 PERFORMANCE WERE PAID TO THE FOLLOWING INDIVIDUALS: Deborah Romberger: $166,353 Carl V. Smith: $106,710 David W. Mercer: $152,319 Daniel DeBehnke: $751,005 Stephanie Daubert: $175,208 Cory Shaw: $195,704 William Pospisil: $49,350 Theresa Franco: $68,811 Anna L. Cramer: $36,141 Michael A. Ash: $199,000 Thomas Macy: $68,006 Frank Venuto: $125,112 Julie Lazure: $53,495 Isaac J. Berg: $21,761 Jennifer L. Brown: $101,198 Frank S. Lococo: $62,500 Brian J. Lancaster: $70,176 Harris Frankel: $173,956 Chad Brough: $135,392 Suzanne Nuss: $111,575 Dennis Bierle: $68,373 Jian Zhao: $146,003

Additional Data

Software ID:
Software Version:
EIN: 91-1858433
Name: The Nebraska Medical Center

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				
James Linder SEC THRU 8/18; CEO BEG 8/18	(i)	343,327	0	4,684	0	5,624	353,635	0
	(ii)	0	0	0	0	0	0	0
Louis W Burgher Director	(i)	206,686	0	642	9,846	0	217,174	0
	(ii)	0	0	0	0	0	0	0
DEBRA ROMBERGER Director	(i)	0	0	0	0	0	0	0
	(ii)	318,187	166,353	0	28,750	2,991	516,281	0
DAVID W MERCER Director	(i)	0	0	0	0	0	0	0
	(ii)	424,275	152,319	0	30,622	2,991	610,207	0
Carl V Smith Director (thru 10/2/2018)	(i)	0	0	0	0	0	0	0
	(ii)	468,763	106,710	0	24,012	2,991	602,476	0
Dennis D Bierle System Clinical Operations COO	(i)	99,678	68,373	281,450	9,037	7,135	465,673	0
	(ii)	0	0	0	0	0	0	0
Stephanie R Daubert Officer-NM CFO	(i)	498,705	175,208	29,865	22,125	15,377	741,280	0
	(ii)	0	0	0	0	0	0	0
Daniel DeBehnke Officer-NM CEO (Thru 8/8/2018)	(i)	512,849	751,005	343,383	14,438	7,520	1,629,195	0
	(ii)	0	0	0	0	0	0	0
Suzanne Nuss Chief Nursing Officer	(i)	331,376	111,575	10,235	22,131	24,427	499,744	0
	(ii)	0	0	0	0	0	0	0
Cory D Shaw Chief Operations Officer	(i)	551,290	195,704	10,113	22,125	24,177	803,409	0
	(ii)	0	0	0	0	0	0	0
Harris A Frankel Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	511,052	173,956	8,400	23,971	2,964	720,343	0
Theresa Franco Cancer Ctr/Rad/Imag Svcs VP	(i)	340,407	68,811	957	22,540	17,917	450,632	0
	(ii)	0	0	0	0	0	0	0
Julie Lazure Acute Care/Path Svcs VP	(i)	305,816	53,495	1,267	22,126	21,848	404,552	0
	(ii)	0	0	0	0	0	0	0
Thomas C Macy Amb Clinics/Clinical Prog VP	(i)	313,312	68,006	1,841	22,131	19,924	425,214	0
	(ii)	0	0	0	0	0	0	0
Matthew E Pospisil Periop Svs/Bellevue VP	(i)	261,662	49,350	1,057	22,126	21,904	356,099	0
	(ii)	0	0	0	0	0	0	0
Frank V Venuto Chief Human Capital Officer	(i)	366,043	125,112	9,679	14,438	24,335	539,607	0
	(ii)	0	0	0	0	0	0	0
Michael A Ash EVP/Chief Transformation Ofc	(i)	0	0	0	0	0	0	0
	(ii)	504,278	199,000	8,400	27,145	3,309	742,132	0
Brian J Lancaster Information Technology VP	(i)	304,107	70,176	1,759	0	19,425	395,467	0
	(ii)	0	0	0	0	0	0	0
Anna Cramer Chief Legal Officer	(i)	258,603	36,141	4,763	1,005	1,401	301,913	0
	(ii)	0	0	0	0	0	0	0
Chadwick Brough Chief Experience Officer	(i)	286,174	135,392	54,003	7,049	22,601	505,219	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
Frank S Lococo Corp Marketing & Comm VP	(i)	260,214	62,500	765	0	2,264	325,743	0
	(ii)	0	0	0	0	0	0	0
Isaac J Berg Staff Physician-Primary	(i)	309,200	21,761	748	0	29,268	360,977	0
	(ii)	0	0	0	0	0	0	0
Jennifer L Brown Staff Physician-Primary	(i)	252,145	101,198	732	0	24,405	378,480	0
	(ii)	0	0	0	0	0	0	0
Jian Zhao Faculty Physician	(i)	185,711	146,003	388	0	1,948	334,050	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	HOSPITAL AUTH NO 2 OF DOUGLAS COUNTY NE	52-1440769	259230MV9	08-23-2016	157,496,093	CAPITAL PROJECT & REFUND PRIOR LEA		X		X		X
B	HOSPITAL AUTH NO 1 OF SARPY COUNTY NE	47-0834151	80372PAR7	08-23-2016	147,968,496	Capital Project & refund prior lea		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,070,000	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	157,516,214	147,968,496		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	115,024,453	130,156,459		
11	Other spent proceeds	42,491,761	17,812,037		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2016	2016		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2.260 %		2.260 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	2.260 %		2.260 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X		X					
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, LINE A, COLUMN (E) DUE TO INVESTMENT EARNINGS.

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number

91-1858433

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

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) Bruce Grewcock	Kiewit Construction, President	983,584	Construction Services		No
(2) Stephanie Daubert	NOH, LLC Board Member	146,246	Services and Supplies		No
(3) James T Canedy	Simply Well Board Member	938,099	Services and Supplies		No
(4) James T Canedy	Wife is employee	66,178	Employment		No

Part V Supplemental Information

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

Return Reference	**Explanation**
Schedule L, Part IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS 1.) THE SERVICES THAT ARE PROVIDED BY KIEWIT CONSTRUCTION CONSIST OF FEES EARNED ON CONSTRUCTION CONTRACTS FOR PROJECTS THROUGHOUT THE CAMPUS. 2.) THE TRANSACTIONS WITH SIMPLYWELL CONSISTS OF RENTAL INCOME TO NMC FOR THE LEASE OF SPACE AND OTHER INCOME FOR SALE OF SERVICES AND SUPPLIES, SUCH AS PARKING, SUPPLY CHAIN AND PHONE SERVICES. APPROXIMATELY 80% OF THE TOTAL TRANSACTION RELATES TO PAYMENTS TO SIMPLYWELL FOR THE WELLNESS PROGRAM FOR NMC EMPLOYEES. 3.) THE SERVICES PROVIDED TO/FROM NOH LLC ARE COMPRISED OF RENT, SUPPLIES AND SERVICES.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4D	NEUROLOGICAL SCIENCES SERVICE LINE THE CORE SERVICES INCLUDE PRECISE DIAGNOSIS AND TREATME NT OF STROKE AND VASCULAR DISEASE, MOVEMENT AND MEMORY DISORDERS, MULTIPLE SCLEROSIS BRAIN AND SPINAL TUMORS, SPINE AS WELL AS EPILEPSY. THE EPILEPSY CENTER IS THE ONLY LEVEL 4 CEN TER IN THE REGION AND TREATS PATIENTS FROM THE STATE OF NEBRASKA AND THE REGION. TNMC HAS ONE OF THE FEW MAGNETOENCEPHALOGRAPH (MEG) SCANNERS AND TRAINED MEG SCIENTISTS IN THE REGI ON. THE MEG CAN DETECT BRAIN ACTIVITY IN MUCH GREATER DETAIL AND WITH MORE ACCURACY THAN P REVIOUS METHODS AND ADVANCES PATIENT CARE AND RESEARCH OPPORTUNITIES GREATLY. IN JULY OF 2 018, TNMC OPENED THE TWIN CREEK HEALTH CENTER, A DEDICATED NEUROLOGICAL SCIENCES AMBULATOR Y CLINIC IN BELLEVUE. TNMC HAS EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOC IATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT AWARD. GET WITH THE GUIDELIN ES IS A HOSPITAL-BASED, QUALITY-IMPROVEMENT PROGRAM DESIGNED TO ENSURE HOSPITALS CONSISTEN TLY CARE FOR CARDIAC AND STROKE PATIENTS FOLLOWING THE MOST UP-TO-DATE GUIDELINES AND RECO MMENDATIONS. TNMC ALSO HOSTS THE ONLY YOUNG ADULT STROKE SUPPORT GROUP TO ADDRESS THE EMOT ION AND PHYSICAL CHALLENGES OF RECOVERING FROM STROKE. DURING FISCAL YEAR 2019, NEUROSCIEN CES INCURRED 6,098 INPATIENTS WITH 30,608 PATIENT DAYS AND OVER 151,703 OUTPATIENT BILLING UNITS. APPROXIMATELY 53% OF THE REVENUE WAS DERIVED FROM INPATIENT CASES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2	BUSINESS AND FAMILY RELATIONSHIPS MR. BRUCE GREWCOCK AND MR. MOGENS BAY HAVE A BUSINESS RE LATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP). DR. JAMES T. CANEDY, MS. STEPHANIE D AUBERT AND MR. LOUIS BURGHER HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELA TIONSHIP, CLARKSON REGIONAL HEALTH SERVICES). DR. JAMES T. CANEDY, MR. THOMAS MACY, AND MS . STEPHANIE DAUBERT HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP, NEBRASKA HEALTH PARTNERS). DR. LOUIS BURGHER AND DR. JAMES T. CANEDY HAVE A BUSINESS RELA TIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP, CLARKSON COLLEGE). DR. JAMES T. CANEDY, MR. DANIEL DEBEHNKE, DR. CARL SMITH AND MS. STEPHANIE DAUBERT HAVE A BUSINESS RELATIONSHI P (THROUGH BOARD OF DIRECTORS RELATIONSHIP, NEBRASKA HEALTH NETWORK). DR. JAMES T. CANEDY AND MS. STEPHANIE DAUBERT HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIO NSHIP, NEBRASKA ORTHOPAEDIC HOSPITAL).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6	MEMBERS Nebraska Medicine is the sole member of TNMC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a	EFFECTIVE 2017, TNMC HAS ONE MEMBER, NEBRASKA MEDICINE, A NONPROFIT ORGANIZATION THAT HAS BEEN RECOGNIZED AS EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. T NMC'S BYLAWS PROVIDE THAT THE MEMBERS OF TNMC'S BOARD OF DIRECTORS SHALL BE THE SAME PERSO NS WHO SERVE AS MEMBERS OF THE BOARD OF NEBRASKA MEDICINE. THE TNMC BOARD IS COMPRISED OF 15 DIRECTORS, SPECIFICALLY 11 VOTING DIRECTORS AND 4 EX-OFFICIO NON-VOTING DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b	THE FOLLOWING POWERS ARE RESERVED TO TNMC'S SOLE MEMBER, NEBRASKA MEDICINE: - AMENDMENT TO TNMC'S ARTICLES OF INCORPORATION; - A MERGER OR CONSOLIDATION OF TNMC WITH OR INTO ANY OT HER ENTITY; - SALE, TRANSFER, LEASE, DISPOSITION, OR CHANGE IN USE OF (A) MORE THAN 50% OF THE ASSETS OF THE CLINICAL OPERATIONS OF TNMC; OR (B) SUCH OTHER ASSETS AS THE TNMC BOARD DESIGNATES; - ENTRY INTO A JOINT OPERATING AGREEMENT, INTEGRATION AGREEMENT, OR SIMILAR A GREEMENT, OR AMENDMENT TO ANY EXISTING SIMILAR AGREEMENT; - ISSUANCE OR INCURRENCE OF INDE BTEDNESS RESULTING IN A DEBT/EQUITY RATIO IN EXCESS OF 40% OR A DEBT COVERAGE RATIO LESS T HAN 1.25; - LIQUIDATION OR DISSOLUTION OF TNMC; - ADMISSION OF ONE OR MORE ADDITIONAL MEMB ERS OF TNMC; - ENTRY INTO ANY AFFILIATIONS THAT WOULD CHANGE THE SIZE OF THE BOARD, A CHAN GE TO THE QUORUM REQUIREMENTS, OR CHANGE IN THE SUPERMAJORITY VOTING REQUIREMENTS; - APPRO VAL OF ANY AMENDMENT TO THE BYLAWS; OR - A GIFT, PLEDGE, DONATION, OR GRANT IN EXCESS OF O NE MILLION DOLLARS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b	REVIEW OF 990 PRIOR TO FILING A COPY OF THE FORM 990 WAS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. IN ADDITION, THE BOARD OF DIRECTORS WERE PROVIDED A COPY OF THE FORM 990 TO REVIEW ON THE SECURED BOARD PORTAL CALLED BOARD EFFECT BEFORE IT WAS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	MONITORING AND ENFORCEMENT OF BOARD INDEPENDENCE EACH MEMBER OF THE BOARD OF DIRECTORS, OF FICERS AND KEY EMPLOYEES DISCLOSES ANNUALLY THAT HE/SHE IS EITHER AN OFFICER, DIRECTOR, ME MBER, OWNER, AGENT OR ASSOCIATED IN SOME MANNER WITH DELINEATED BUSINESS ENTITIES THAT EIT HER HAVE OR MIGHT REASONABLY BE EXPECTED TO HAVE A BUSINESS RELATIONSHIP WITH TNMC. EACH B OARD MEMBER AGREES TO MAKE CONFLICTS KNOWN AND WITHDRAW FROM PARTICIPATION IN DELIBERATION S IF A SUBSEQUENT CONFLICT ARISES. DISCLOSURE STATEMENTS ARE DISTRIBUTED ANNUALLY AND MONI TORED BY THE CORPORATE COMPLIANCE OFFICER FOR COMPLETION. ANY DISCLOSED CONFLICTS ARE BROU GHT TO THE ATTENTION OF THE CHAIRMAN OF THE BOARD FOR BOARD MEMBERS AND OFFICERS OR TO THE OFFICERS FOR KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a & 15b	POLICIES - COMPENSATION THE EXECUTIVE AND PHYSICIAN COMPENSATION COMMITTEE OF THE TNMC BOA RD OF DIRECTORS IS COMPRISED OF A CHAIR, APPOINTED BY THE BOARD OF DIRECTORS, A VICE CHAIR , AND NOT LESS THAN TWO (2) ADDITIONAL DIRECTORS FROM THE BOARD, ALL OF WHOM ARE DETERMINE D BY THE BOARD TO BE INDEPENDENT FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER AND NEBRAS KA MEDICINE, WHICH INCLUDES UNMC PHYSICIANS AND TNMC. THE COMPENSATION COMMITTEE IS RESPON SIBLE FOR OVERSEEING THE PERFORMANCE AND COMPENSATION OF THE CEO, ASSESSING THE APPROPRIAT ENESS AND REASONABLENESS OF THE EXECUTIVE COMPENSATION AND BENEFIT PROGRAMS, AND MONITORIN G COMPENSATION PROGRAMS WITH SENIOR EXECUTIVES AND PHYSICIANS TO CONFIRM COMPLIANCE WITH R EGULATIONS AND BUSINESS NEED. THE COMMITTEE REVIEWS ALL PROPOSED COMPENSATION FOR PHYSICIA NS AND SENIOR EXECUTIVES INCLUDING THE CEO. ALL COMPENSATION SUBMITTED FOR REVIEW MUST BE SUPPORTED BY APPROPRIATE DOCUMENTATION, INCLUDING, BUT NOT LIMITED TO, COMPARABILITY DATA (I.E., ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC)) RELEVANT FOR THE OCCUPATION AND CO RPORATION POSITION. SUCH DATA IS COMPARED TO SIMILARLY SITUATED AAMC ORGANIZATIONS OF COMP ARABLE REVENUE. THE EXECUTIVE COMPENSATION DATA IS PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM HIRED BY THE COMMITTEE AND ARE REPORTED DIRECTLY TO THE COMMITTEE. THE CO MMITTEE ENSURES THAT ITS REVIEW AND APPROVAL QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF R EASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS (26 C.F.R. 53.4958-6, AS AMENDE D). TO ENSURE SUCH COMPLIANCE, THE COMMITTEE: 1. ENSURES COMMITTEE MEMBERS ARE FREE FROM A NY RELATIONSHIPS OR CONFLICTS OF INTEREST THAT MAY IMPAIR, OR APPEAR TO IMPAIR, A COMMITTE E MEMBER'S ABILITY TO MAKE INDEPENDENT JUDGMENTS; 2. RECEIVES AND RELIES UPON APPROPRIATE DATA AS TO COMPARABILITY FROM INTERNAL OR EXTERNAL RESOURCES PRIOR TO MAKING ITS DETERMINA TION; AND 3. DOCUMENTS THE BASIS FOR ITS DETERMINATION OF REASONABLENESS CONCURRENTLY WITH MAKING THAT DETERMINATION. SUCH DOCUMENTATION INCLUDES: A) THE TERMS OF THE ARRANGEMENT T HAT WAS APPROVED AND THE DATE IT WAS APPROVED; B) THE MEMBERS OF THE COMMITTEE WHO WERE PR ESENT AND THOSE WHO VOTED ON IT (QUORUM IS REQUIRED FOR ANY APPROVAL); C) THE COMPARABILIT Y DATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW SUCH MATERIAL WAS OBTAINED; AND D) THE ACTION(S) TAKEN BY THE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	PUBLIC DISCLOSURE OF DOCUMENTS THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FI NANCIAL STATEMENTS ARE TYPICALLY NOT MADE AVAILABLE TO THE PUBLIC. HOWEVER, IF SOMEONE COM ES INTO THE ACCOUNTING DEPARTMENT AND REQUESTS TO VIEW THE DOCUMENTS, THEY WOULD BE MADE A VAILABLE TO VIEW IN THE OFFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	RECONCILIATION OF NET ASSETS INVESTMENT IN CLARKSON COLLEGE $ 5,454,847 CHANGE IN PENSION ACCOUNTS $ 26,967,191 NET ASSETS RELEASED $ (1,412,503) OTHER $ 1,704 ________________ TO TAL $ 31,011,239

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

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Name of the organization
The Nebraska Medical Center

Employer identification number
91-1858433

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Bellevue Medical Ctr 2500 BMC DR Bellevue, NE 68123 20-4305186	Acute Care	NE	85,994,894	142,564,364	NMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)UNMC Physicians 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 68198 47-0785575	Healthcare	NE	501(C)(3)	Line 3	NM		No
(2)CLARKSON COLLEGE 101 SOUTH 42ND STREET OMAHA, NE 68131 36-3649217	COLLEGE	NE	501(C)(3)	LINE 2	TNMC	Yes	
(3) Nebraska Medicine 987400 Nebraska Medical Center Omaha, NE 681987400 81-3158267	SUPPORT	NE	501(C)(3)	12, Type 1	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NE HEALTH NETWORK 8511 DODGE RD OMAHA, NE 68114 27-1784907	HEALTHCARE	NE	NH PARTNERS	Related	0	0		No			No	
(2) NC LAB LLC 8303 DODGE ST OMAHA, NE 68114 46-1173104	DIAGNOSTIC SVC	NE	NMC	Related	0	0		No		Yes		25.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)NHS ORTHOPAEDIC SERVICES INC 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 47-0845238	INVESTMENT SVC	NE	NMC	C Corp	4,040,822	12,177,998	100.000 %	Yes	
(2)NEBRASKA HEALTH PARTNERS INC 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 47-0816463	MANAGEMENT	NE	NMC	C Corp	1,703,495	2,687,813	100.000 %	Yes	

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.

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) CLARKSON COLLEGE	b	5,610,770	BOOK
(2) CLARKSON COLLEGE	j	15,936,111	BOOK
(3) CLARKSON COLLEGE	l	5,290,773	BOOK
(4) NEBRASKA HEALTH PARTNERS	o	868,896	BOOK

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation