

Form **990-T**

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

## 2019

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

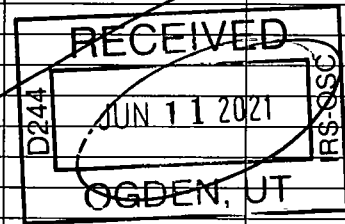
<input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions )		D Employer identification number (Employees' trust see instructions )	
<b>B Exempt under section</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)		<b>Print or Type</b> THE NEBRASKA MEDICAL CENTER Number, street, and room or suite no. If a P O box, see instructions 988145 NEBRASKA MEDICAL CENTER City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68198-8145		91-1858433 <b>E Unrelated business activity code</b> (See instructions ) 56 44	
<b>C Book value of all assets at end of year</b> 2200629584		<b>F Group exemption number</b> (See instructions )		<b>G Check organization type</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses 7 Describe the only (or first) unrelated trade or business here ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of KAREN KERSTETTER Telephone number (402) 552-3278

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances				
c	Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7) (9) or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	1,665,041	ATCH 2	1,665,041
13	Total Combine lines 3 through 12	13	1,665,041		1,665,041



**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15	1,427,932	
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24	190,446	
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J)	26		
27	Other deductions (attach schedule)	27	ATCH 3	182,649
28	Total deductions. Add lines 14 through 27	28		1,801,027
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29		-135,986
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31	Unrelated business taxable income Subtract line 30 from line 29	31		-135,986

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Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 with handwritten annotations 'part I' and '45'.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 with handwritten annotations 'part X' and '7'.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 with handwritten annotations 'part III' and '10'.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57, 58, and 59.

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 taxpayer) is based on all information of which preparer has any knowledge

Sign Here: STEPHANIE DAUBERT, Date 5/17/2021, Title CFO. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with 'Yes' checked.

Paid Preparer Use Only: Print/Type preparer's name DONALD NEAL JR, Preparer's signature Donald Neal Jr, Date 5/17/21, Firm's name KPMG LLP, Firm's address 1212 NORTH 96TH STREET, SUITE 300, OMAHA, NE 68114.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
				8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
							X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25

Totals

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

Department of the Treasury  
Internal Revenue Service

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501(c)(3) Organizations Only

Name of the organization **THE NEBRASKA MEDICAL CENTER** Employer identification number **91-1858433**

Unrelated Business Activity Code (see instructions) ▶ **44**  
Describe the unrelated trade or business ▶ **PHARMACY SERVICES**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>594,971.</u>			
b	Less returns and allowances <u>                    </u> c Balance ▶	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7) . . . . . <u>ATCH 5</u>	<b>2</b>		
3	Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>		<b>159,324.</b>
4a	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .	<b>4b</b>		
c	Capital loss deduction for trusts . . . . .	<b>4c</b>		
5	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
6	Rent income (Schedule C) . . . . .	<b>6</b>		
7	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
10	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
11	Advertising income (Schedule J) . . . . .	<b>11</b>		
12	Other income (See instructions, attach schedule) . . . . .	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	<b>159,324.</b>	<b>159,324.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
15	Salaries and wages . . . . .	<b>15</b>		
16	Repairs and maintenance . . . . .	<b>16</b>		
17	Bad debts . . . . .	<b>17</b>		
18	Interest (attach schedule) (see instructions) . . . . .	<b>18</b>		
19	Taxes and licenses . . . . .	<b>19</b>		
20	Depreciation (attach Form 4562) . . . . .	<b>20</b>		
21	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>21a</b>		<b>21b</b>
22	Depletion . . . . .	<b>22</b>		
23	Contributions to deferred compensation plans . . . . .	<b>23</b>		
24	Employee benefit programs . . . . .	<b>24</b>		
25	Excess exempt expenses (Schedule I) . . . . .	<b>25</b>		
26	Excess readership costs (Schedule J) . . . . .	<b>26</b>		
27	Other deductions (attach schedule) . . . . . <u>ATCH 6</u>	<b>27</b>		<b>69,369</b>
28	<b>Total deductions.</b> Add lines 14 through 27 . . . . .	<b>28</b>		<b>69,369</b>
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>		<b>89,955.</b>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	<b>30</b>		
31	<b>Unrelated business taxable income</b> Subtract line 30 from line 29 . . . . .	<b>31</b>		<b>89,955.</b>

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20

Department of the Treasury  
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501(c)(3) Organizations Only

Name of the organization **THE NEBRASKA MEDICAL CENTER** Employer identification number **91-1858433**

Unrelated Business Activity Code (see instructions) ▶ **53**  
Describe the unrelated trade or business ▶ **RENTAL & LEASED SERVICES**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>			
<b>1 c</b>				
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4 a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4 c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>	1,456,912.	1,456,912.	
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions, attach schedule)	<b>12</b>			
<b>13</b> Total Combine lines 3 through 12	<b>13</b>	1,456,912.	1,456,912.	

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21 a</b>		
<b>21 b</b>			
<b>22</b> Depletion	<b>22</b>		
<b>23</b> Contributions to deferred compensation plans	<b>23</b>		
<b>24</b> Employee benefit programs	<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>27</b>		
<b>28</b> Total deductions Add lines 14 through 27	<b>28</b>		
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>		
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>		
<b>31</b> Unrelated business taxable income Subtract line 30 from line 29	<b>31</b>		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

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Name of the organization **THE NEBRASKA MEDICAL CENTER** Employer identification number **91-1858433**

Unrelated Business Activity Code (see instructions) ▶ **32**  
Describe the unrelated trade or business ▶ **PHARMACEUTICAL MANUFACTURING**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>1 c</b>			
<b>3</b> Gross profit Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 a</b>			
<b>c</b> Capital loss deduction for trusts	<b>4 b</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>4 c</b>			
<b>6</b> Rent income (Schedule C)	<b>5</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>7</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>9</b>			
<b>11</b> Advertising income (Schedule J)	<b>10</b>			
<b>12</b> Other income (See instructions, attach schedule) <b>ATCH 7</b>	<b>11</b>	5,290.		5,290.
<b>13</b> Total Combine lines 3 through 12	<b>12</b>	5,290.		5,290.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>			
<b>15</b> Salaries and wages	<b>15</b>			
<b>16</b> Repairs and maintenance	<b>16</b>			
<b>17</b> Bad debts	<b>17</b>			
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>			
<b>19</b> Taxes and licenses	<b>19</b>			
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21 a</b>			
<b>22</b> Depletion	<b>21 b</b>			
<b>23</b> Contributions to deferred compensation plans	<b>22</b>			
<b>24</b> Employee benefit programs	<b>23</b>			
<b>25</b> Excess exempt expenses (Schedule I)	<b>24</b>			
<b>26</b> Excess readership costs (Schedule J)	<b>25</b>			
<b>27</b> Other deductions (attach schedule) <b>ATCH 8</b>	<b>26</b>			
<b>28</b> Total deductions Add lines 14 through 27	<b>27</b>			5,290.
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>28</b>			5,290.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>29</b>			
<b>31</b> Unrelated business taxable income Subtract line 30 from line 29	<b>30</b>			
	<b>31</b>			

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Schedule M (Form 990-T) 2019



**SCHEDULE M  
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**Unrelated Business Taxable Income from an  
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Name of the organization  
**THE NEBRASKA MEDICAL CENTER**

Employer identification number  
**91-1858433**

Unrelated Business Activity Code (see instructions) ▶ 62  
Describe the unrelated trade or business ▶ CLINICAL RESEARCH

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c Balance ▶</b>	<b>1 c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b>	Capital gain net income (attach Schedule D)	<b>4 a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4 c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions, attach schedule) <u>ATTCH. 9</u>	<b>12</b>	415,470.	415,470.
<b>13</b>	Total Combine lines 3 through 12	<b>13</b>	415,470.	415,470.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b>	Salaries and wages	<b>15</b>		245,020.
<b>16</b>	Repairs and maintenance	<b>16</b>		
<b>17</b>	Bad debts	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b>	Taxes and licenses	<b>19</b>		
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21 a</b>		<b>21 b</b>
<b>22</b>	Depletion	<b>22</b>		
<b>23</b>	Contributions to deferred compensation plans	<b>23</b>		
<b>24</b>	Employee benefit programs	<b>24</b>		
<b>25</b>	Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b>	Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b>	Other deductions (attach schedule) <u>ATTCH. 10</u>	<b>27</b>		60,919
<b>28</b>	Total deductions Add lines 14 through 27	<b>28</b>		305,939.
<b>29</b>	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>		109,531.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>		
<b>31</b>	Unrelated business taxable income Subtract line 30 from line 29	<b>31</b>		109,531.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization

THE NEBRASKA MEDICAL CENTER

Employer identification number

91-1858433

Unrelated Business Activity Code (see instructions) ▶ 54

Describe the unrelated trade or business ▶ TRANSLATION & INTERPRETATION SERVICES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit Subtract line 2 from line 1c	<b>3</b>		
4 a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions, attach schedule) <b>ATTCH 11</b>	<b>12</b>	17,609.	17,609
13	<b>Total</b> Combine lines 3 through 12	<b>13</b>	17,609.	17,609

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
15	Salaries and wages	<b>15</b>		45,391.
16	Repairs and maintenance	<b>16</b>		
17	Bad debts	<b>17</b>		
18	Interest (attach schedule) (see instructions)	<b>18</b>		
19	Taxes and licenses	<b>19</b>		
20	Depreciation (attach Form 4562)	<b>20</b>		
21	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		
22	Depletion	<b>22</b>		
23	Contributions to deferred compensation plans	<b>23</b>		
24	Employee benefit programs	<b>24</b>		11,355.
25	Excess exempt expenses (Schedule I)	<b>25</b>		
26	Excess readership costs (Schedule J)	<b>26</b>		
27	Other deductions (attach schedule)	<b>27</b>		
28	<b>Total deductions</b> Add lines 14 through 27	<b>28</b>		56,746.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>		-39,137.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>		
31	<b>Unrelated business taxable income</b> Subtract line 30 from line 29	<b>31</b>		-39,137.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization **THE NEBRASKA MEDICAL CENTER** Employer identification number **91-1858433**

Unrelated Business Activity Code (see instructions) ▶ 72  
Describe the unrelated trade or business ▶ ACCOMMODATIONS

<b>Part I Unrelated Trade or Business Income</b>			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances				
		c Balance ▶	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)		<b>2</b>		
3	Gross profit Subtract line 2 from line 1c		<b>3</b>		
4 a	Capital gain net income (attach Schedule D)		<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
c	Capital loss deduction for trusts		<b>4c</b>		
5	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
6	Rent income (Schedule C)		<b>6</b>		
7	Unrelated debt-financed income (Schedule E)		<b>7</b>		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
10	Exploited exempt activity income (Schedule I)		<b>10</b>		
11	Advertising income (Schedule J)		<b>11</b>		
12	Other income (See instructions, attach schedule) <u>ATCH 12</u>		<b>12</b>	11,240.	11,240.
13	Total Combine lines 3 through 12		<b>13</b>	11,240.	11,240.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
15	Salaries and wages		<b>15</b>		
16	Repairs and maintenance		<b>16</b>		
17	Bad debts		<b>17</b>		
18	Interest (attach schedule) (see instructions)		<b>18</b>		
19	Taxes and licenses		<b>19</b>		
20	Depreciation (attach Form 4562)		<b>20</b>		
21	Less depreciation claimed on Schedule A and elsewhere on return		<b>21a</b>		<b>21b</b>
22	Depletion		<b>22</b>		
23	Contributions to deferred compensation plans		<b>23</b>		
24	Employee benefit programs		<b>24</b>		
25	Excess exempt expenses (Schedule I)		<b>25</b>		
26	Excess readership costs (Schedule J)		<b>26</b>		
27	Other deductions (attach schedule) <u>ATCH 13</u>		<b>27</b>	11,240.	11,240.
28	Total deductions Add lines 14 through 27		<b>28</b>	11,240.	11,240.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		<b>29</b>		
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		
31	Unrelated business taxable income Subtract line 30 from line 29		<b>31</b>		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

THE NEBRASKA MEDICAL CENTER

91-1858433

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

MEDICAL CLINIC SUPPLIES	2,147.
CONTRACTED SERVICES AND FEES	30,510.
SERVICE CONTRACTS	1,915.
GENERAL SUPPLIES	587.
MILEAGE REIMBURSEMENT	7,929.
UTILITIES	7,423.
MISCELLANEOUS	127,938.
TAX PREP FEES	4,200.

PART II - LINE 27 - OTHER DEDUCTIONS 182,649.

THE NEBRASKA MEDICAL CENTER

ATTACHMENT 4

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	1,665,041.
UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	608,933.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	1,801,027.
DED W/O CHARITABLE CONTRIBUTIONS & DPAD (SCH M)	391,838.
CARRYOVER NOL	<u>127,543.</u>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	19,949.
CHARITABLE CONTRIBUTION	237,262,753.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>19,949.</u>

SQ2215 1508

732049

THE NEBRASKA MEDICAL CENTER

91-1858433  
ATTACHMENT 5

PHARMACY SERVICES

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

1	INVENTORY AT BEGINNING OF YEAR ...		
2	PURCHASES .....	435,647.	
3	COST OF LABOR .....		
4A	ADDITIONAL SECTION 263A COSTS .....		
	B OTHER COSTS .....		
5	TOTAL. ADD LINES 1 THROUGH 4B .....	435,647.	
6	INVENTORY AT END OF YEAR .....		
7	COST OF GOODS SOLD.		
	(SUBTRACT LINE 6 FROM LINE 5) .....		<u>435,647.</u>
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?		N/A

THE NEBRASKA MEDICAL CENTER

ATTACHMENT 6

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PHARMACY EXPENSES

69,369.

PART II - LINE 27 - OTHER DEDUCTIONS

69,369.

THE NEBRASKA MEDICAL CENTER

ATTACHMENT 7

SCHEDULE M - OTHER INCOME

BELLICUM PHARMACEUTICAL INCOME

5,290.

TOTAL

5,290.



THE NEBRASKA MEDICAL CENTER

ATTACHMENT 8

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

MANUFACTURING EVENT CHARGES

5,290.

PART II - LINE 27 - OTHER DEDUCTIONS

5,290.

THE NEBRASKA MEDICAL CENTER

ATTACHMENT 9

SCHEDULE M - OTHER INCOME

MERIDIAN CLINICAL RESEARCH INCOME

415,470.

TOTAL

415,470.

THE NEBRASKA MEDICAL CENTER

ATTACHMENT 10

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PBMC PROCESSING COSTS	23,519.
THERAPY EXPENSES	37,400.

PART II - LINE 27 - OTHER DEDUCTIONS	<u>60,919.</u>
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THE NEBRASKA MEDICAL CENTER

ATTACHMENT 11

SCHEDULE M - OTHER INCOME

SPANISH INTERPRETATIVE SERVICES

17,609.

TOTAL

17,609.

THE NEBRASKA MEDICAL CENTER

ATTACHMENT 12

SCHEDULE M - OTHER INCOME

CEMR HOSTING INCOME

11,240.

TOTAL

11,240.

THE NEBRASKA MEDICAL CENTER

ATTACHMENT 13

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

CEMR HOSTING EXPENSES

11,240.

PART II - LINE 27 - OTHER DEDUCTIONS

11,240.

**THE NEBRASKA MEDICAL CENTER  
FEDERAL NOL 990-T  
2019 TAX RETURN**

ATTACHMENT 14  
FORM 990-T, PART I, LINE 35

**PRIOR TO 2018 TAX REFORM, NOL CARRYFORWARD**

NOL GENERATED 6/30/17 TO EXPIRE 6/30/2037	\$	163,649		
NOL UTILIZED FYE 6/30/19		(36,106)		
NOL UTILIZED FYE 6/30/20		(127,543)		
6/30/17 NOL REMAINING			\$	NONE
NOL CARRYFORWARD FISCAL YEAR 6/30/2021			\$	NONE

**POST 2018 TAX REFORM, NOL CARRYFORWARD**

	<u>ADMINISTRATIVE &amp; SUPPORT SERVICES</u>	<u>PHARMACY SERVICES</u>	<u>RENTAL &amp; LEASED SERVICES</u>
NOL GENERATED 6/30/19	\$ 168,386	\$ NONE	\$ NONE
NOL GENERATED 6/30/20	\$ 135,988	\$ NONE	\$ NONE
NOL CARRYFORWARD FISCAL YEAR 6/30/2021	\$ 304,374	\$ NONE	\$ NONE

	<u>PHARMACEUTICAL MANUFACTURING</u>	<u>CLINICAL RESEARCH</u>	<u>INTERPRETATION SERVICES</u>
NOL GENERATED 6/30/19	\$ 10,209	\$ NONE	\$ 59,661
NOL GENERATED 6/30/20	\$ NONE	\$ NONE	\$ 39,137
NOL CARRYFORWARD FISCAL YEAR 6/30/2021	\$ 10,209	\$ NONE	\$ 98,798