

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**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

**D** Employer identification number: 91-1858433

**E** Telephone number: (402) 559-4000

**G** Gross receipts \$ 1,632,347,113

**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

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	10,153
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	655
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	4,166,533
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	63,749

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	17,498,328	70,267,424
<b>9</b> Program service revenue (Part VIII, line 2g)	1,368,766,590	1,426,317,370
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,742,912	9,397,744
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,875,419	124,150,539
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,498,883,249	1,630,133,077
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	294,860,140	335,764,475
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	512,000,793	524,434,053
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	17,508	430,475
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 678,745		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	648,437,522	719,297,997
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,455,315,963	1,579,927,000
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	43,567,286	50,206,077

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,518,041,391	2,200,629,584
<b>21</b> Total liabilities (Part X, line 26)	563,684,281	1,182,108,173
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	954,357,110	1,018,521,411

## Part II Signature Block

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2021-05-17

STEPHANIE DAUBERT CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-05-17

Check  if self-employed PTIN: P00798244

Firm's name ▶ KPMG LLP Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ 1212 North 96th Street Suite 300 Phone no. (402) 348-1450  
 Omaha, NE 68114

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 \$ 254,986,069 including grants of \$ 16,965,209 ) (Revenue \$ 300,913,769 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 163,240,606 including grants of \$ 17,838,609 ) (Revenue \$ 193,517,008 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 141,750,566 including grants of \$ 10,265,079 ) (Revenue \$ 175,958,083 )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 1,013,086,889 including grants of \$ 290,695,578 ) (Revenue \$ 755,928,510 )

**4e Total program service expenses** ▶ 1,573,064,130

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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.

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

<b>2a</b> 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 . . . . .	<b>2a</b>	10,153			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>		Yes		
<b>4a</b> 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)? . . . . .	<b>4a</b>				No
<b>b</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).					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>				No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> 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? . . . . .	<b>6a</b>				No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .	<b>7a</b>				No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>				No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>				No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9 Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations. Enter:</b>					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations. Enter:</b>					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</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 . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>				No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>				
<b>15</b> 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? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>	<b>15</b>		Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . <b>If "Yes," complete Form 4720, Schedule O.</b>	<b>16</b>				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

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (6), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 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.
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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

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

<b>1b Sub-Total</b> . . . . .									
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>1d Total (add lines 1b and 1c)</b> . . . . .						8,970,425	2,879,225	828,493	

**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 ▶ 794

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
UNMC, 986900 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	MEDICAL SERVICES	8,369,024
CARDINAL HEALTH INC, 5840 F STREET OMAHA, NE 68117	MANAGEMENT FEE	8,035,906
NEBRASKA PEDIATRIC PRACTICE, 8200 Dodge St OMAHA, NE 68114	MEDICAL SERVICES	7,714,182
EPIC SYSTEMS CORPORATION, 1979 MILKY WAY VERONA, WI 53593	IT service contract	4,866,856
SODEXO CTM INC, PO Box 415000 NASHVILLE, TN 37241	Medical Equip Serv	4,856,150

**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 ▶ 118



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	60,290,253		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,977,171		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	2,009,619		
	<b>h Total.</b> Add lines 1a-1f . . . . .		70,267,424		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> ONCOLOGY & BMT		900099	300,913,769	300,913,769	
<b>b</b> NEUROSCIENCES		900099	204,660,972	204,660,972		
<b>c</b> CARDIOVASCULAR		446110	193,517,008	193,517,008		
<b>d</b> DIGESTIVE DISEASE & KIDNEY		900099	175,958,083	175,958,083		
<b>e</b> ALL OTHER		900099	551,267,538	551,267,538		
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			1,426,317,370			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			9,577,421			9,577,421	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	2,826,198	77,214			
			(ii) Personal					
			<b>6b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>	2,826,198	77,214				
	<b>d</b> Net rental income or (loss) . . . . .			2,903,412		1,456,912	1,446,500	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,933,235	101,124			
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2,194,031	20,005		
	<b>c</b> Gain or (loss)	<b>7c</b>	-260,796	81,119				
	<b>d</b> Net gain or (loss) . . . . .			-179,677			-179,677	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0			
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>		0		
	<b>c</b> Net income or (loss) from fundraising events . . . . .				0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0			
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>		0		
	<b>c</b> Net income or (loss) from gaming activities . . . . .				0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0			
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>		0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> Pharmacy Services		900099	75,748,322	75,588,998	159,324			
<b>b</b> Lab Administration		900099	23,977,181	23,977,181				
<b>c</b> One Chart Practice		900099	11,303,895	11,303,895				
<b>d</b> All other revenue . . . . .			10,217,729	7,667,432	2,550,297			
<b>e Total.</b> Add lines 11a-11d . . . . .			121,247,127					
<b>12 Total revenue.</b> See instructions . . . . .			1,630,133,077	1,544,854,876	4,166,533	10,844,244		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	237,262,753	237,262,753		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	98,501,722	98,501,722		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,948,455	764,330	6,184,125	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	424,814,729	424,644,778		169,951
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	22,796,636	22,783,359		13,277
<b>9</b> Other employee benefits . . . . .	39,385,262	39,370,301		14,961
<b>10</b> Payroll taxes . . . . .	30,488,971	30,477,819		11,152
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	1,383,889	1,383,889		
<b>c</b> Accounting . . . . .	468,923	468,923		
<b>d</b> Lobbying . . . . .	117,621	117,621		
<b>e</b> Professional fundraising services. See Part IV, line 17	430,475			430,475
<b>f</b> Investment management fees . . . . .	372,233	372,233		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,645,328	32,645,328		
<b>12</b> Advertising and promotion . . . . .	4,854,620	4,854,620		
<b>13</b> Office expenses . . . . .	9,272,062	9,269,704		2,358
<b>14</b> Information technology . . . . .	32,008,421	31,975,720		32,701
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	31,570,231	31,570,231		
<b>17</b> Travel . . . . .	1,007,557	1,007,557		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	506,612	506,612		
<b>20</b> Interest . . . . .	10,468,590	10,468,590		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	81,646,298	81,643,134		3,164
<b>23</b> Insurance . . . . .	4,343,604	4,343,604		
<b>24</b> 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.)				
<b>a</b> Medical Supplies & Equipment	431,537,747	431,537,747		
<b>b</b> Contracted Services	54,301,025	54,301,025		
<b>c</b> REPAIR & MAINTENANCE	7,934,926	7,934,926		
<b>d</b> AFFILIATED AGREEMENTS	6,849,513	6,849,513		
<b>e</b> All other expenses	8,008,797	8,008,091		706
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,579,927,000	1,573,064,130	6,184,125	678,745
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	17,702,481	<b>1</b>	10,839,704
	<b>2</b> Savings and temporary cash investments . . . . .	450,611,202	<b>2</b>	921,307,808
	<b>3</b> Pledges and grants receivable, net . . . . .	5,968,920	<b>3</b>	7,522,469
	<b>4</b> Accounts receivable, net . . . . .	264,750,117	<b>4</b>	257,873,378
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,688,492	<b>7</b>	2,587,407
	<b>8</b> Inventories for sale or use . . . . .	9,704,032	<b>8</b>	11,122,055
	<b>9</b> Prepaid expenses and deferred charges . . . . .	49,816,976	<b>9</b>	21,535,224
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,496,431,581		
	<b>b</b> Less: accumulated depreciation	815,821,979		
	<b>11</b> Investments—publicly traded securities . . . . .	47,182,812	<b>11</b>	49,029,100
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	23,978,485	<b>12</b>	28,657,986
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	9,304,982	<b>15</b>	209,544,851
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,518,041,391	<b>16</b>	2,200,629,584	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	212,217,100	<b>17</b>	212,172,199
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	16,590,928	<b>19</b>	174,037,694
	<b>20</b> Tax-exempt bond liabilities . . . . .	288,199,513	<b>20</b>	282,617,705
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	10,396,957	<b>23</b>	307,129,173
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	36,279,783	<b>25</b>	206,151,402
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	563,684,281	<b>26</b>	1,182,108,173
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	934,559,700	<b>27</b>	995,626,887
	<b>28</b> Net assets with donor restrictions . . . . .	19,797,410	<b>28</b>	22,894,524
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	954,357,110	<b>32</b>	1,018,521,411	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,518,041,391	<b>33</b>	2,200,629,584	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,630,133,077
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,579,927,000
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	50,206,077
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	954,357,110
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,939,205
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	8,019,019
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,018,521,411

**Part XII Financial Statements and Reporting**

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

- 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?  
 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?  
 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?  
 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-1858433

**Name:** The Nebraska Medical Center

Form 990 (2019)

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### **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, survivorship 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 171 patients in the year ended June 30, 2020. 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 myeloma patients began receiving the therapy. During fiscal year 2020, the oncology service line treated 122,002 cases and 25,086 patient days. Approximately 40% of the net revenue was derived from inpatient cases.

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**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, 2020, TNMC performed 8 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 artificial hearts. TNMC treats patients from the surrounding region and in the year ended June 30, 2020, 762 open heart surgeries were performed including: 46 heart transplants, and 36 mechanical circulatory system-device implantations.

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## Form 990, Part III, Line 4c: 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 8 lung transplants during 2020. In the year ended June 30, 2020, TNMC performed 313 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 2020, the solid organ transplantation service line incurred 112,386 cases and 26,346 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 January 2020, the Davis Global Center opened. It houses advanced education in simulation, artificial and virtual reality to learners and staff. Located in the center, the global center for health security includes biopreparedness, infectious diseases and high-consequence infections research, education and clinical care. The organization continues to strive toward its mission to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care. This was demonstrated through a variety of activities throughout FY20 as well as the health system emerging as a local, regional and national leader in the response to the covid-19 pandemic. FY20 expansion included the addition of a new linear accelerator at the Village Pointe Health Center in West Omaha, allowing for radiation treatments to be performed faster and more conveniently for cancer patients. A new cath/electrophysiology lab opened at the Nebraska Medical Center, consolidating heart and vascular services and increasing capacity. This is an important service offering, as cardiovascular disease is one of the top diseases affecting Nebraskans. Bellevue medical center marked its 10th anniversary in May 2020 and is home to nearly 500 employees and serves more than 31,000 emergency department visits, 4,600 discharges and 2,300 surgery cases each year. As of August 2019, patients have access to health information during their inpatient stay through a hospital-provided tablet. This is available on all medical-surgical, progressive care, and critical care units. A new benefit was added for staff beginning in July 2019, allowing for paid time off to volunteer within the community. In partnership with UNMC, Nebraska Medicine launched the Be Extraordinary Together culture shaping initiative in January 2020. The following initiatives were launched as a result of the COVID-19 pandemic: . Telehealth expansion allowing video visits to be scheduled through the online portal and includes primary, specialty and immediate care appointments . Provided inpatient and outpatient clinical care for patients affected by COVID-19 . Conducted educational Outreach calls to patients at greater risk of Covid-19 . Universal masking and personal protective equipment policies for staff and patients . Invention of Ultraviolet N95 decontamination process for personal protective equipment in short supply; this method was endorsed by the Centers for Disease Control and Prevention and used across the country . Partnership with Douglas County Health Department and One World Health Center to provide drive-through specimen collection in underserved South Omaha . Creation of training materials through The Global Center for Health Security . Provided training and education for health care workers through NETEC . Conducted and participated in clinical trials, including the use of Remdesivir in treating patients . Served as a community and national expert through media and social media IN FY20, Nebraska Medical Center earned the following: . U.S. news and world report recognition as one of the best hospitals, rated #1 in the Omaha metro and the state of Nebraska; cancer program received national ranking and gastroenterology/GI surgery and neurology/neurosurgery were ranked as high performing. Also received highest ranking possible for five procedures: Chronic Obstructive Pulmonary Disease, Colon Cancer Surgery, Heart Bypass Surgery, Heart Failure, Hip Replacement . Diabetes services named a top performer by the Society of Hospital Medicine (SHM) for Glycemic Control . College of Cardiology's National Cardiovascular Data Registry Chest Pain - Myocardial Infarction Registry Platinum Performance Achievement Award. Nebraska Medical Center was one of only 225 hospitals nationwide to receive the honor . Training Magazine's Top 125 Companies for Training Programs award . Becker's 100 Great Hospitals in America recognition . Newsweek's World's Best Hospitals 2020 ranking: #54 on the list of best hospitals in the United States

**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 \$	190,252,259	including grants of \$	15,041,727 )	(Revenue \$	204,660,972 )
NEUROSCIENCES						

(Code: )	(Expenses \$	822,834,630	including grants of \$	275,653,851 )	(Revenue \$	551,267,538 )
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 (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			
James Linder ..... CEO	45.0 ..... 10.0			X				1,423,430	0	29,084
Cory D Shaw ..... Chief Operations Officer	45.0 ..... 10.0				X			788,073	0	66,666
Stephanie Daubert ..... CFO	45.0 ..... 10.0			X				743,860	0	48,454
Daniel DeBehnke ..... Former CEO	0.0 ..... 0.0						X	752,470	0	0
Harris A Frankel ..... Chief Medical Officer	10.0 ..... 45.0				X			0	702,331	41,489
Michael A Ash ..... EVP/Chief Transformation Ofc	30.0 ..... 30.0				X			0	669,576	20,032
Kenneth Follett ..... Emeritus, Neurosurgery	55.0 ..... 0.0					X		0	595,661	15,650
Frank V Venuto ..... Chief Human Capital Officer	45.0 ..... 10.0				X			532,590	0	49,950
Suzanne Nuss ..... Chief Nursing Officer	45.0 ..... 10.0				X			513,174	0	61,461
Anna Cramer ..... Chief Legal Officer	45.0 ..... 10.0				X			512,215	0	22,822

**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 (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			
David W Mercer ..... Director	30.0 ..... 30.0	X						0	482,789	12,965
Theresa Franco ..... Cancer Ctr/Rad/Imag Svcs VP	55.0 ..... 0.0				X			395,539	0	66,184
Debra Romberger ..... Director	30.0 ..... 30.0	X						0	428,868	26,952
Thomas C Macy ..... Amb Clinics/Clinical Prog VP	55.0 ..... 0.0				X			384,004	0	55,385
Brian J Lancaster ..... Information Technology VP	30.0 ..... 30.0				X			395,398	0	42,603
Julie Lazure ..... Acute Care/Path Svcs VP	55.0 ..... 0.0				X			365,781	0	56,770
Matthew E Pospisil ..... Periop Svcs/Bellevue VP	55.0 ..... 0.0				X			331,059	0	52,665
Jennifer L Brown ..... Staff Physician-Primary	55.0 ..... 0.0					X		333,885	0	47,317
Michael A Donner ..... Staff Physician-Primary	55.0 ..... 0.0					X		312,740	0	49,340
Frank S Lococo ..... Corp Marketing & Comm VP	55.0 ..... 0.0					X		322,976	0	20,807

**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 (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			
Jay C Anderson ..... Staff Physician-Primary	55.0 ..... 0.0					X		306,162	0	21,671
Dennis D Bierle ..... System Clinical Operations COO	0.0 ..... 0.0						X	279,996	0	0
Aubray D Orduna ..... Interim Pres Clarkson College	55.0 ..... 0.0				X			253,888	0	20,226
Louis W Burgher ..... Director (thru 12/31/2019)	40.0 ..... 1.0	X						23,185	0	0
Jeffrey P 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
Nancy Keegan ..... Director (Secretary)	1.0 ..... 2.0	X		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

**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 (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			
James E McClurg ..... Director	1.0 ..... 2.0	X						0	0	0
Jim Pillen ..... Director (beg 1/5/2020)	1.0 ..... 2.0	X						0	0	0
James T Canedy ..... Director	1.0 ..... 2.0	X						0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b>	Add lines 10a and 10b. . . . .						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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 The Nebraska Medical Center	Employer identification number 91-1858433
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**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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		117,621
<b>j</b> Total. Add lines 1c through 1i .....			117,621
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

- 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	19,797,408	17,850,984	16,989,461	34,360,380	11,773,235
<b>b</b> Contributions . . . . .	3,334,961	1,863,357	1,044,460	451,767	22,709,595
<b>c</b> Net investment earnings, gains, and losses	1,163,014	1,457,066	482,671	792,128	342,375
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	1,955,715	1,373,999	665,608	18,614,814	464,825
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	22,339,668	19,797,408	17,850,984	16,989,461	34,360,380

**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 ▶ 11.900 %
- c** Temporarily restricted endowment ▶ 88.100 %

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

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
<b>1a</b> Land . . . . .		14,201,136		14,201,136
<b>b</b> Buildings . . . . .		378,415,601	141,968,126	236,447,475
<b>c</b> Leasehold improvements		32,110,079	14,230,780	17,879,299
<b>d</b> Equipment . . . . .		1,054,310,613	653,194,701	401,115,912
<b>e</b> Other . . . . .		17,394,152	6,428,372	10,965,780
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				680,609,602

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) BOND ACQUISITION COSTS	2,735,422
(2) CASH SURRENDER VALUE - SERP	2,290,335
(3) SOFTWARE AS SERVICE IMPLEMENT	288,229
(4) ROU ASSET OPERATING	200,897,365
(5) OTHER LONG TERM ASSETS	3,333,500
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	209,544,851

**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
(2) THIRD PARTY PAYOR SETTLEMENT	12,399,293
(3) OTHER CLAIMS PAYABLE	12,288,470
(4) DUE TO AFFILIATES	14,598,729
(5) OTHER LONG-TERM LIABILITIES	1,783,311
(6) RIGHT OF USE OPERATING LEASES	165,081,599
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	206,151,402

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.

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



## 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 walls of the organization. It is a collection of images & portraits taken of various cultures 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 hospital or for patient needs/experience. The term endowment funds include charitable gift annuities.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 Footnote TNMC has adopted FASB interpretation no. 48, accounting for uncertainty in income taxes - an interpretation of FASB statement no. 109 (fin 48). Fin 48 provides specific guidance on how to address uncertainty in accounting for income tax assets and liabilities, prescribing recognition thresholds and measurement attributes. There were no uncertain tax positions at June 30, 2020 or 2019.





**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	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> 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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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
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**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		9,531	22,386,063		22,386,063	1.420 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		90,151	124,355,950	87,323,348	37,032,602	2.340 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .		1,436	2,715,501	2,810,000	0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		101,118	149,457,514	90,133,348	59,418,665	3.760 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .	16	18,666	4,179,964	2,655,106	1,524,858	0.100 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .		371	54,587,559	10,765,553	43,822,006	2.770 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			28,567,489	20,684,679	7,882,810	0.500 %
<b>h</b> Research (from Worksheet 7) . . . . .			4,167,843	990,490	3,177,353	0.200 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	13	804	185,513,457		185,513,457	11.740 %
<b>j Total.</b> Other Benefits . . . . .	29	19,841	277,016,312	35,095,828	241,920,484	15.310 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	29	120,959	426,473,826	125,229,176	301,339,149	19.070 %

**Part III 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	1	0	11,448	0	11,448	0 %
2 Economic development	1	0	30,000	0	30,000	0 %
3 Community support	2	40	10,616	0	10,616	0 %
4 Environmental improvements		0	0	0	0	0 %
5 Leadership development and training for community members		0	0	0	0	0 %
6 Coalition building	1	0	217	0	217	0 %
7 Community health improvement advocacy		0	0	0	0	
8 Workforce development	6	3,565	361,794	0	361,794	0.020 %
9 Other		0	0	0	0	
<b>11 Total</b>	<b>11</b>	<b>3,605</b>	<b>414,075</b>	<b>0</b>	<b>414,075</b>	<b>0.020 %</b>

**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 Healthcare 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	39,737,643
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	196,100,573
6 Enter Medicare allowable costs of care relating to payments on line 5	6	225,914,859
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,814,286
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:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(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			59.72 %
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)

See Additional Data Table	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

**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)  
GROUP A

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> .% and FPG family income limit for eligibility for discounted care of <u>400</u> .%		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> 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
<b>17</b>	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
<b>18</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	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): <b>a</b> <input type="checkbox"/> 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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
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**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 \_\_\_\_\_

**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.

**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.

	Yes	No
<b>23</b>		No
<b>24</b>		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, 20a, 20b, 20c, 20d, 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? 4

Name and address	Type of Facility (describe)
<b>1</b> NE MEDICINE - INTERNAL MEDICINE 729 North Custer Avenue Grand Island, NE 68805	INTERNAL MEDICINE CLINIC
<b>2</b> GIRLS INC OF OMAHA 2811 North 45th Street Omaha, NE 68104	FAMILY MEDICINE CLINIC
<b>3</b> Nebraska Medicine University Health Ctr 550 N 19th Street Lincoln, NE 68588	Medical Clinic
<b>4</b> Nebraska Medicine UNO Health Ctr 6001 Dodge Street Omaha, NE 68182	Medical Clinic
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

**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: <a href="http://www.nebraskamed.com/about-us/community-benefit-report">http://www.nebraskamed.com/about-us/community-benefit-report</a>

**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	<p>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.</p>
Schedule H, Part III, Line 8	<p>Overall Medicare patients produce a negative 15.20% 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.</p>

**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 perform a 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	<p>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 TNMC 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 TNMC. 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 TNMC 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 noncompliance with this expectation.</p>
Schedule H, Part VI, Line 4	<p>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 67% of our inpatient and outpatient discharges and visits. The 2020 estimated census population (derived from 2010 census) for this local area is 769,749. The estimated race breakdown of the population is below. *White Alone 76.0% *Black Alone 9.3% *American Indian Alone 0.7% *Asian Alone 4.1% *Pacific Islander Alone 0.1% *Some Other Race Alone 6.1% *Two or More Races 3.6% *Hispanic Origin (Any Race) 12.7% There are sixteen acute care and children's hospitals in Douglas and Sarpy to serve the local community. Bellevue medical center, boys town national research hospital, chi health Creighton University Medical Center - Bergan Mercy, chi Health Immanuel, chi health lakeside, chi health midlands, children's hospital &amp; medical center, Douglas county health center, Madonna rehabilitation hospitals-Omaha campus, Methodist hospital, Methodist women's hospital, Midwest surgical hospital, Nebraska spine hospital, Orthonebraska, select specialty hospital - Omaha, the Nebraska Medical Center. There are five designated medically underserved areas in Douglas County (three areas) and Sarpy county (two areas).</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	<p>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. TNMC 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.</p>
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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		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	<p>(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: <a href="https://www.nebraskamed.com/about-us/community-health-improvement-steering-committee-participant-names">HTTps://www.NEBRASKAMED.COM/ABOUT-US/COMMUNITY-HEALTH-IMPROVEMENT STEERING COMMITTEE PARTICIPANT NAMES</a> 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 &amp; 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</p>
Schedule H, Part V, Line 6a & 6b	<p>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</p>

**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	<p><a href="http://www.douglascountyhealth.com/community-health-needs-assessment">HTTP://WWW.DOUGLASCOUNTYHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> SCHEDULE H, PART V, LINE 7A &amp; 10A <a href="http://www.nebraskamed.com/about-us/community-health-improvement">HTTP://WWW.NEBRASKAMED.COM/ABOUT-US/COMMUNITY-HEALTH-IMPROVEMENT</a></p>
Schedule H, Part V, Line 11	<p>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 FOCUS ON INJURY &amp; VIOLENCE PREVENTION, MENTAL HEALTH AND ACCESS TO HEALTHCARE SERVICES. HOWEVER, 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 WITH THE OTHER LOCAL HEALTH SYSTEMS AND COUNTY HEALTH DEPARTMENTS TO DISCUSS THE CHNA-IDENTIFIED COMMUNITY NEEDS AND LOOK FOR OPPORTUNITIES TO COLLABORATE. THE IDENTIFIED NEEDS NOT BEING ADDRESSED BY NEBRASKA MEDICINE ARE IDENTIFIED AS CANCER, NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT, SUBSTANCE ABUSE, DIABETES, HEART DISEASE &amp; 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, LOCAL UNIVERSITY MEDICAL SCHOOLS, COUNTY HEALTH DEPARTMENTS, OR COMMUNITY-BASED ORGANIZATIONS. A FULL LISTING OF THESE ARE PROVIDED IN TNMC'S CHNA REPORT AND CAN BE FOUND HERE: <a href="http://www.nebraskamed.com/about-us/community-health-improvement-implementation-strategy-plan-update">HTTP://WWW.NEBRASKAMED.COM/ABOUT-US/COMMUNITY-HEALTH-IMPROVEMENT IMPLEMENTATION STRATEGY PLAN UPDATE</a> NEBRASKA MEDICINE'S FISCAL 2019-2022 CHNA AND IMPLEMENTATION PLANNING CYCLE IDENTIFIED ELEVEN SIGNIFICANT HEALTH NEEDS, THREE OF WHICH WERE PRIORITIZED FOR THE PLANNING PERIOD: (1) INJURY &amp; VIOLENCE PREVENTION, (2) MENTAL HEALTH AND (3) ACCESS TO HEALTHCARE SERVICES. BELOW ARE SOME HIGHLIGHTS ON THE PROGRESS OF THE 2019-2022 PLAN. - Opened a new 24/7 psychiatric emergency services unit in late calendar year 2019 to best meet the mental health needs of our community. - Increased the number of health providers by 3 MD's and 4 APRN's in the Intensive Outpatient program. - Assist 5,900 patients in securing prescription medications at the lowest possible cost. - Actively partnering with Medicare on the Primary Care First program which will expand further focus on population health management. - Funded over \$150,000 to community nonprofit partners towards initiatives and programs related to accessing care. - Invested in the poison center which has had over 30,000 follow-up calls related to COVID-19.</p>

**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.
Schedule H, Part V, Line 16a-16c	<a href="https://www.nebraskamed.com/patients/billing/financial-counseling">HTTPS://WWW.NEBRASKAMED.COM/PATIENTS/BILLING/FINANCIAL-COUNSELING</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, 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.
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.

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

Schedule I (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30
3 Enter total number of other organizations listed in the line 1 table 2



**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)	7453		87,115,630	Book	Charity Care
(2) Financial Assistance (Renal-Indigent Patients)	28		896,499	Book	Indigent Dialysis
(3) Financial Assistance (Pharmaceuticals)	4308		10,175,530	Book	Pharmaceuticals
(4) Financial Assistance (Utilization Mgmt - Patients)	650		287,384	BOOK	UTILIZATION MGMT
(5) Financial Assistance (Behavioral Health-Patients)	19		26,679	Book	Behavioral Health
(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	<p>Review and Approval of Charitable Contributions The Nebraska Medical Center (TNMC) has a committee whose responsibility is to review and approve or disprove requests for sponsorship. This Committee is comprised of the chief medical officer and members of the community engagement team. 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 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 access to healthcare services, mental health and injury &amp; violence prevention. 2) to align with organizations Furthering TNMC'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, if requested, 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. Groups, programs, and activities not supported by TNMC: 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 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 TNMC are required to follow their 501(c)(3) requirements surrounding the use of funds received.</p>
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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Cancer Society 9850 Nicholas St Omaha, NE 68114	13-1788491	501(C)(3)	12,500				General Support
American Heart Association 10100 J St Ste A Omaha, NE 68127	13-5613799	501(C)(3)	28,700				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Father Flanagan's Boy Home 13603 Flanagan Blvd Omaha, NE 68010	47-0376606	501(C)(3)	10,000				General Support
Greater Omaha Chamber Foundation 1301 Harney St Omaha, NE 68102	47-0258610	501(C)(3)	23,050				General support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Heartland Family Services 2101 S 42nd St Omaha, NE 68105	47-0390618	501(C)(3)	20,750				General Support
Hope Medical Outreach Coalition 4920 S 30th St Omaha, NE 68107	47-0548990	501(C)(3)	25,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JDRF 9202 W Dodge Rd Ste 304 Omaha, NE 68114	23-1907729	501(C)(3)	6,480				General support
Leukemia and Lymphoma Society 12100 W Center Rd Ste 202 Omaha, NE 68154	13-5644916	501(C)(3)	12,500				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Make a Wish 11926 Arbor St Ste 102 Omaha, NE 68144	47-0671096	501(C)(3)	9,500				General Support
March of Dimes 11840 Nicholas St Omaha, NE 68154	13-1846366	501(C)(3)	30,600				General support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
National Safety Council 11620 M Cir Omaha, NE 68137	47-0259720	501(C)(3)	5,300				General Support
Nebraska Aids Project 250 S 77th St Ste A Omaha, NE 68114	47-0786622	501(C)(3)	8,500				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Nebraska HOSA PO Box 94711 Lincoln, NE 68509	46-1094994	501(C)(3)	15,000				General support
Project Pink'd Inc 4089 S 84th St Ste 108 Omaha, NE 68127	45-5212995	501(C)(3)	8,450				General support



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ronald McDonald House 620 S 38th St Omaha, NE 68105	47-0755104	501(C)(3)	14,250				General support
Susan G Komen Nebraska 8707 W Center Rd Omaha, NE 68124	26-0056671	501(C)(3)	7,500				General support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Team Mates Mentoring 6801 O St Lincoln, NE 68510	47-0840990	501(C)(3)	5,300				General support
United Way of the Midlands 1805 Harney St Omaha, NE 68102	47-0376605	501(C)(3)	37,552				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Visiting Nurse Foundation 12565 W Center Rd Ste 100 Omaha, NE 68144	47-0690846	501(C)(3)	9,800				General Support
Building Healthy Futures 3555 Farnam St Ste 222 Omaha, NE 68131	46-0598062	501(C)(3)	1,237,851				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Nebraska - Lincoln PO Box 830861 Lincoln, NE 68583	47-0049123	501(C)(3)	29,537				General support General Support
National Strategic Research Institute 984238 NE MED CTR 405 E Main St Omaha, NE 68198	45-5426026	501(C)(3)	144,537				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Board of Regents - University of Nebraska 3835 Holdrege Lincoln, NE 68583	47-0049123	501(C)(3)	8,000,000				General support
Clarkson College 101 S 42nd St Omaha, NE 68131	36-3649217	501(C)(3)	8,876,781				General support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Clarkson Regional Health Sevices Inc 9300 Underwood Ave Ste 110 Omaha, NE 68114	47-0376531	501(C)(3)	8,000,000				General Support
University of Nebraska Medical Center 986800 NE MED CTR Omaha, NE 68198	47-0049123	501(C)(3)	73,638,961				General support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNMC Physicians 988145 NE MED CTR Omaha, NE 68198	47-0785575	501(C)(3)	136,621,573				General support
Wellcom 6001 Dodge St Community Engagement Center Room 2 Omaha, NE 68182	47-0642708	501(C)(3)	7,880				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Benson High (Metro Comm ColNM Hlthcre Academy) 5120 Maple St Omaha, NE 68104	47-0596504	501(C)(3)	40,000				Scholarship
Lauritzen Garden 100 Bancroft St Omaha, NE 68108	47-0659701	501(C)(3)	25,000				Scholarship



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
I-AM-HOME 987810 NE MED CTR ARS 2020 Omaha, NE 68198	47-0049123	GOVT	10,000				General Support
City of Omaha Blackstone BID 1819 Farnam St Omaha, NE 68183	47-6006304	GOVT	10,000				General Support

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

Name of the organization  
The Nebraska Medical Center

Employer identification number  
91-1858433

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes on 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</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	Yes			
	<b>6b</b>		No		
<p><b>7</b> 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 . . . . .</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				



**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 2020 and received severance payments during calendar year 2019: Daniel DeBehnke: \$752,470
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. A payout occurred during the year from the supplemental nonqualified retirement plan to the following current and former* individuals: Dennis D. Bierle: \$279,996 Daniel Bebehnke: \$196,700
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 similar 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 FY20 performance were paid to the following individuals: David W. Mercer: \$68,409 Deborah Romberger: \$109,661 Stephanie Daubert: \$193,580 James Linder: \$464,400 Michael A. Ash: \$209,884 Anna L. Cramer: \$129,828 Theresa Franco: \$73,549 Harris Frankel: \$186,985 Brian J. Lancaster: \$75,136 Julie Lazure: \$68,940 Thomas Macy: \$71,561 Suzanne Nuss: \$137,225 Aubray Orduna: \$2,220 Matthew E. Pospisil: \$59,621 Cory D. Shaw: \$202,611 Frank Venuto: \$142,362 Jay C. Anderson: \$49,304 Jennifer L. Brown: \$65,345 Michael Donner: \$71,624 Kenneth Follett: \$118,861 Frank S. Lococo: \$55,414





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

Schedule K (Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization The Nebraska Medical Center

Employer identification number

91-1858433

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Includes rows for HOSPITAL AUTH NO 2 OF DOUGLAS COUNTY NE and HOSPITAL AUTH NO 1 OF SARPY COUNTY NE.

Part II Proceeds

Table with columns A, B, C, D for various bond proceeds items. Includes rows for Amount of bonds retired, Total proceeds of issue, and various expenditure categories.

Part III Private Business Use

Table with columns A, B, C, D for private business use questions. Includes rows for partnership/LLC ownership and lease arrangements.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> 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					
<b>4</b> 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 . . . . . ▶		0 %		0 %				
<b>5</b> 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 . . . . . ▶		0 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b> 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		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .	X		X					
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

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

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-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
<b>Total</b>							▶ \$ _____					

**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	1,017,500	Construction Services		No
(2) Stephanie Daubert	NOH, LLC Board Member	113,401	Services and Supplies		No
(3) James T Canedy	Wife is employee	54,598	Employment		No
(4) Eric Keen	CEO HDR, Inc.	130,731	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 services provided to/from NOH LLC are comprised of rent, supplies and services. 3.) The services that are provided by HDR, Inc. consist of Architect and Engineer Services.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Nebraska Medical Center

Employer identification number  
91-1858433

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	8,860	2,009,619	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Column(b)	Column b, line 9 represents the number of shares contributed.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

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	<p>NEUROLOGICAL SCIENCES SERVICE LINE The core services include precise diagnosis and treatment 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 center 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 region. The meg can detect brain activity in much greater detail and with more accuracy than previous methods and advances patient care and research opportunities greatly. In July of 2018, TNMC opened the twin creek health center, a dedicated neurological sciences ambulatory clinic in Bellevue. TNMC has earned the American heart association/American stroke association's get with the guidelines stroke gold plus achievement award. Get with the guidelines is a hospital-based, quality-improvement program designed to ensure hospitals consistently care for cardiac and stroke patients following the most up-to-date guidelines and recommendations. TNMC also hosts the only young adult stroke support group to address the emotion and physical challenges of recovering from stroke. During fiscal year 2020, neurosciences incurred 5,552 inpatients with 28,027 patient days and over 155,902 outpatient billing units. Approximately 49% of the revenue was derived from inpatient cases.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 2	Business And Family Relationships Mr. Bruce Grewcock and Mr. Mogens bay have a business relationship (through board of directors relationship). Dr. James T. Canedy, Ms. Stephanie Daubert, and Dr. Harris Frankel have a business relationship (through board of directors relationship, Nebraska Orthopedic Hospital). Dr. James T. Canedy and Ms. Stephanie Daubert have a business relationship (through board of directors relationship, Nebraska Health Partners and Nebraska Health Network).

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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. TNMC'S bylaws provide that the members of TNMC'S board of directors shall be the same persons who serve as members of the board of Nebraska medicine. The TNMC board is comprised of 11 directors, specifically 9 voting directors and 2 ex-officio non-voting directors.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7b	<p>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 other 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 agreement, or amendment to any existing similar agreement; - issuance or incurrence of indebtedness resulting in a debt/equity ratio in excess of 40% or a debt coverage ratio less than 1.25; - liquidation or dissolution of TNMC; - admission of one or more additional members of TNMC; - entry into any affiliations that would change the size of the board, a change to the quorum requirements, or change in the supermajority voting requirements; - approval of any amendment to the bylaws; or - a gift, pledge, donation, or grant in excess of one million dollars.</p>

## 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**

<b>Return Reference</b>	<b>Explanation</b>
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, member, owner, agent or associated in some manner with delineated business entities that either have or might reasonably be expected to have a business relationship with TNMC. Each board member agrees to make conflicts known and withdraw from participation in deliberations if a subsequent conflict arises. Disclosure statements are distributed annually and monitored by the corporate compliance officer for completion. Any disclosed conflicts are brought 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a & 15b	<p>Policies - Compensation The executive and physician compensation committee of the TNMC board 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 determined by the board to be independent from the university of Nebraska medical center and Nebraska medicine, which includes UNMC physicians and TNMC. The compensation committee is responsible for overseeing the performance and compensation of the CEO, assessing the appropriateness and reasonableness of the executive compensation and benefit programs, and monitoring compensation programs with senior executives and physicians to confirm compliance with regulations and business need. The committee reviews all proposed compensation for physicians 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 corporation position. Such data is compared to similarly situated AAMC organizations of comparable 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 committee ensures that its review and approval qualifies for the rebuttable presumption of reasonableness under the intermediate sanctions regulations (26 C.F.R. 53.4958-6, as amended). To ensure such compliance, the committee:</p> <ol style="list-style-type: none"><li>1. Ensures committee members are free from any relationships or conflicts of interest that may impair, or appear to impair, a committee member's ability to make independent judgments;</li><li>2. Receives and relies upon appropriate data as to comparability from internal or external resources prior to making its determination; and</li><li>3. Documents the basis for its determination of reasonableness concurrently with making that determination. Such documentation includes: a) the terms of the arrangement that was approved and the date it was approved; b) the members of the committee who were present and those who voted on it (quorum is required for any approval); c) the comparability data obtained and relied upon by the committee and how such material was obtained; and d) the action(s) taken by the committee. All compensation and benefits for the CEO is reviewed and recommended by the committee to the board of directors for final approval.</li></ol>

## 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 financial statements are typically not made available to the public. However, if someone comes into the accounting department and requests to view the documents, they would be made available to view in the office.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9	RECONCILIATION OF NET ASSETS INVESTMENT IN CLARKSON COLLEGE \$ 8,367,116 CHANGE IN PENSION ACCOUNTS \$ 1,051,823 NET ASSETS RELEASED \$ (1,400,860) OTHER \$ 940 ----- TOTA L \$ 8,019,019

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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	88,327,741	170,018,491	TNMC

**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 68198 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) Disproportionate 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	
<b>(1)</b> NE HEALTH NETWORK  8511 DODGE RD OMAHA, NE 68114 27-1784907	HEALTHCARE	NE	NH PARTNERS	Related	0	0		No			No	

**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	No
<b>(1)</b> NHS ORTHOPAEDIC SERVICES INC  988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 47-0845238	INVESTMENT SVC	NE	TNMC	C Corp	4,850,188	11,686,409	100.000 %	Yes	
<b>(2)</b> NEBRASKA HEALTH PARTNERS INC  988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 47-0816463	MANAGEMENT	NE	TNMC	C Corp	2,183,713	2,895,883	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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	8,844,411	BOOK
(2) CLARKSON COLLEGE	j	15,489,736	BOOK
(3) CLARKSON COLLEGE	l	3,750,951	BOOK
(4) NEBRASKA HEALTH PARTNERS	o	902,219	BOOK



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

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

<b>Return Reference</b>	<b>Explanation</b>