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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Nebraska Methodist Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8511 West Dodge Road

City or town, state or country, and ZIP + 4
Omaha, NE 68114

D Employer identification number
47-0376604

E Telephone number
(402) 354-4000

G Gross receipts $ 393,484,704

F Name and address of principal officer
Stephen L Goeser
8511 West Dodge Road
Omaha, NE 68114

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www bestcare org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1891 | **M** State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Improving the quality of life through excellence in healthcare

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	3,056
6	Total number of volunteers (estimate if necessary)	**6**	300
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,879,981
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	365,005

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,322,724	1,829,551
	9 Program service revenue (Part VIII, line 2g)	364,067,624	384,819,275
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-520,562	1,783,715
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,468,086	3,677,006
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	369,337,872	392,109,547
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	320,116	550,909
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	157,936,307	161,529,065
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	185,513,656	192,634,422
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	343,770,079	354,714,396
	19 Revenue less expenses Subtract line 18 from line 12	25,567,793	37,395,151

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	459,328,370	514,264,377
	21 Total liabilities (Part X, line 26)	276,082,322	300,296,184
	22 Net assets or fund balances Subtract line 21 from line 20	183,246,048	213,968,193

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: 2010-11-11

Linda K Burt Vice Pres-Finance & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	kpmg llp 2 central park plaza suite 1501 omaha, NE 68102		EIN ▶ Phone no ▶ (402) 348-1450

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Nebraska Methodist Hospital is an acute care facility dedicated to bringing high quality care for the mind, body and spirit of every person We provide community-based health care, health education and support services ever mindful of the intrinsic honor and responsibility accompanying our mission

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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

4a (Code) (Expenses $ 335,180,354 including grants of $ 550,909) (Revenue $ 386,432,802)

The hospital has 315 total staffed beds designed to bring the full resources of our healthcare providers, educators and support services to the patient Core services include medical/surgical services, an emergency department, maternity services, diagnostic center and cancer care The hospital also emphasizes education for patients, family and the community through its resource center The synergy of combined efforts and resources generates powerful outcomes for the community through numerous community benefit programs and charity care for those in need Assistance is available to uninsured and underinsured patients through counselors who help to determine if they are eligible for assistance through medicaid or other government funded programs Counselors also help patients to apply for and obtain financial assistance Methodist provided charity care of over $4 million at cost in 2009 Methodist Hospital was named one of Omaha's Most Preferred Hospitals for overall quality, doctors, nurses, image and reputation by local consumers according to a National Research Corporation (NRC) Healthcare Market Guide Study Our values stress patient-centered, patient-driven services, honor and respect for the dignity of all, excellence in all our dealings, dedication to our community and working together to strengthen the health and well-being of the individuals and communities we serve

4b (Code) (Expenses $ 938,824 including grants of $ 0) (Revenue $ 0)

Methodist Hospital's Community Counseling program provides free, confidential counseling to people where they live, learn and worship Seventeen counselors spent time at 30 locations in the community including 12 middle schools and 8 high schools Demand for services has risen steadily since the program began as a single site in 1996 In 2009 the program helped more than 14,505 community members There were 72 presentations made to community groups on topics such as youth drug and alcohol abuse or parenting in addition to 8,402 consultations and 8,160 client sessions

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 336,119,178

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	119		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,056		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**		No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

linda k burt
8511 w dodge road
omaha, NE 68114
(402) 354-4000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 add'l data										

1b Total . . . . . ▶	3,725,644	1,890,339	1,086,965

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 141

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Heart Consultants PC 6901 North 72 Street Omaha, NE 68122	Medical	1,980,993
Reproductive Health Specialists 8111 Dodge Street Ste 237 Omaha, NE 68114	Medical	1,124,250
ARUP Laboratories P O Box 27964 Salt Lake City, UT 84127	medical	1,095,148
UNMC Physicians 981225 Nebraska Medical Center omaha, NE 68198	Medical	821,276
Pulmonary Medicine Institute 4242 Farnam Street 470 Omaha, NE 68131	Medical	407,512
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 17		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	3,760			
	c	Fundraising events	1c				
	d	Related organizations	1d	1,825,791			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,829,551			
Program Service Revenue			Business Code				
	2a	net patient svc rev	621,990	362,880,297	362,880,297		
	b	Other patient revenue	621,990	19,593,170	19,593,170		
	c	Operating Agrmts	541,900	1,965,880	1,965,880		
	d	Medical Research	541,700	379,928	379,928		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		384,819,275			
	3	Investment income (including dividends, interest and other similar amounts)		1,673,532			1,673,532
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	999,829				
	b	Less rental expenses	944,027				
	c	Rental income or (loss)	55,802				
	d	Net rental income or (loss)		55,802			55,802
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		136,580			
	b	Less cost or other basis and sales expenses		26,397			
	c	Gain or (loss)		110,183			
	d	Net gain or (loss)		110,183			110,183
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 140,206				
	b	Less direct expenses	b 125,219				
	c	Net income or (loss) from fundraising events		14,987			14,987
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 490,875				
	b	Less cost of goods sold	b 279,514				
	c	Net income or (loss) from sales of inventory		211,361		98,652	112,709
		Miscellaneous Revenue	Business Code				
	11a	cafeteria revenue	722,210	1,613,527	1,613,527		
	b	laboratory	621,500	991,789		991,789	
	c	Prof consulting	541,900	320,539		320,539	
	d	All other revenue		469,001		469,001	
	e	**Total.** Add lines 11a–11d		3,394,856			
	12	**Total revenue.** See Instructions		392,109,547	386,432,802	1,879,981	1,967,213

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	550,909	550,909		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,725,644	2,554,910	1,170,734	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	122,921,323	122,921,323		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,705,394	8,617,266	1,088,128	
9 Other employee benefits	16,107,894	16,107,894		
10 Payroll taxes	9,068,810	9,068,810		
11 Fees for services (non-employees)				
a Management				
b Legal	354,149		354,149	
c Accounting				
d Lobbying	28,555		28,555	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	18,831,192	18,831,192		
12 Advertising and promotion	2,005,121	2,005,121		
13 Office expenses	18,655,119	18,655,119		
14 Information technology	2,038,332	2,038,332		
15 Royalties				
16 Occupancy	9,443,996	9,443,996		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,986,729	1,986,729		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,782,631	24,782,631		
23 Insurance	1,997,619	1,997,619		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Medical Supplies	67,561,220	67,561,220		
b system allocations	15,953,652		15,953,652	
c charity care	13,384,827	13,384,827		
d provision for bad debts	10,482,777	10,482,777		
e Staff Education & Devel	1,224,392	1,224,392		
f All other expenses	3,904,111	3,904,111		
25 **Total functional expenses.** Add lines 1 through 24f	354,714,396	336,119,178	18,595,218	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	13,726,745
	2	Savings and temporary cash investments		112,284,420	2	38,073,886
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		53,667,493	4	56,936,047
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,343,343	8	2,230,538
	9	Prepaid expenses and deferred charges		1,586,236	9	2,715,671
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 422,213,786			
	b	Less accumulated depreciation	10b 280,510,462	145,419,122	10c	141,703,324
	11	Investments—publicly traded securities		46,627,405	11	74,385,005
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,847,911	13	3,687,155
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		96,552,440	15	180,806,006
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		459,328,370	16	514,264,377
Liabilities	17	Accounts payable and accrued expenses		52,126,097	17	53,765,979
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		217,941,735	20	240,645,355
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,597,770	23	1,468,130
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,416,720	25	4,416,720
	26	**Total liabilities.** Add lines 17 through 25		276,082,322	26	300,296,184
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		183,246,048	27	213,968,193
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		183,246,048	33	213,968,193
	34	Total liabilities and net assets/fund balances		459,328,370	34	514,264,377

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Nebraska Methodist Hospital	47-0376604

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

A Check ☑ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	28,555	70,755
c Total lobbying expenditures (add lines 1a and 1b)	28,555	70,755
d Other exempt purpose expenditures	354,685,841	390,123,954
e Total exempt purpose expenditures (add lines 1c and 1d)	354,714,396	390,194,709
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	51,049	42,140	68,476	70,755	232,420
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,415,742		6,415,742
b Buildings		196,670,208	117,218,471	79,451,737
c Leasehold improvements				
d Equipment		219,127,836	163,291,991	55,835,845
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				141,703,324

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Other Receivables	817,168
construction in progress	169,865,681
due from affiliates	97,296
other assets	2,807,502
def debt issuance exp	6,666,222
Securities on Loan	552,137
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	180,806,006

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
conditional asset retirement obligation	4,416,720
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,416,720

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	0
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	0
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Form 990, Part X, line 2 In accordance with FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes, included in FASB ASC Subtopic 741-10 - Income Taxes - Overall, the Health System recognizes the effect of income tax positions only if those positions are more likely than not of being sustained Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized Changes in recognition or measurement are reflected in the period in which the change in judgment occurs In 2009 and 2008, management determined that there are no income tax positions requiring recognition in the consolidated financial statements

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Tournament (event type)	(b) Event #2 "chairish" auction (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	71,915	65,930		137,845
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	71,915	65,930		137,845
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	19,284			19,284
	7 Food and beverages		29,232		29,232
	8 Entertainment				
	9 Other direct expenses	5,361	57,745		63,106
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				111,622
	11 Net income summary Combine lines 3, column d, and line 10 ▶				26,223

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
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			
	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?	**17a**		
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 ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 0000000000 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			6,514,949		6,514,949	1 840 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			2,257,676		2,257,676	0 640 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0			
d **Total** Charity Care and Means-Tested Government Programs			8,772,625		8,772,625	2 480 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			2,236,648		2,236,648	0 630 %
f Health professions education (from Worksheet 5)			2,640,124		2,640,124	0 740 %
g Subsidized health services (from Worksheet 6)			7,344,985		7,344,985	2 070 %
h Research (from Worksheet 7)			321,497		321,497	0 090 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			591,679		591,679	0 170 %
j **Total** Other Benefits			13,134,933		13,134,933	3 700 %
k **Total.** Add lines 7d and 7j			21,907,558		21,907,558	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members			52,020		52,020	0 010 %
6	Coalition building			60,719		60,719	0 020 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			112,739		112,739	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,459,316		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	87,257,133
6	Enter Medicare allowable costs of care relating to payments on line 5	6	102,888,587
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-15,631,454
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or 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	West Dodge Imaging LLC	Diagnostic Imaging Services	50 000 %		50 000 %
2	Midwest Surgical Hospital	Specialty Surgical Hospital	12 550 %		53 000 %
3	Methodist Endoscopy Center LLC	ambulatory surgical facility	50 000 %		50 000 %
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Nebraska Methodist Hospital 8303 Dodge Street Omaha, NE 68114	X	X		X		X	X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 7g Part VI, line 1 A subsidized health service benefit is calculated for departments and services recognizing these areas operate at a negative margin Emergency department and transport services, the Renaissance Health Clinic, the Sexual Assault Nurse Examiner and Sexual Assault Response Team (SANE/SART) Survivor program, the lung cancer program and other programs aimed at cancer risk assessment and prevention all operate at negative margins Renaissance Clinic The Renaissance health clinic, located in north Omaha, is an ongoing joint community project of Nebraska Methodist Hospital and the Salvation Army that helps to meet the health needs of Omaha's low-income population within an atmosphere of caring and respect Advanced practice nurses offer both walk-in and scheduled appointments A sliding fee scale is used based on the patient's ability to pay Free or low-cost services include physical exams, treatment of minor and chronic health problems and illnesses, physician referrals, health education, family planning services, adolescent routine care, school physicals, HIV testing and risk counseling, STD testing and treatment, and treatment for victims of sexual assault and domestic abuse SANE/SART program The Sexual Assault Nurse Examiner and Sexual Assault Response Team (aka SANE/SART)survivor program is a collaboration that unites methodist hospital with government and community agencies This program, the only one of its kind in the omaha metro area, was instituted in 2003 Prior to that, emergency room care after sexual assault was far too similar to emergency room care after an accident or injury This program has been established to provide elements of privacy and comfort for victim of sexual assault Through SANE/SART, Methodist Hospital and its affiliates including jennie edmundson memorial hospital in council bluffs, iowa, offer compassionate emergency care from health care professionals specifically trained not just to meet the survivor's special medical and emotional needs, but trained also in proper methods of recognizing and collecting forensic evidence Dedicated SANE/SART nurses, available 24/7, are key members of the team that cares for survivors Their neutral evidence collection and testimony can aid authorities in any criminal investigation The SANE/SART unit also offers a private location for women to be interviewed by police officers and to meet with a YWCA victim advocate The advocate helps survivors find counseling and support groups as well as guiding them through legal proceedings Cancer programs Battling cancer includes more than medical research and clinical technology Methodist Hospital takes a multi-disciplinary approach and provides programs and education for the whole person The Methodist Estabrook Cancer Center sponsors a range of education and community events focused on increasing cancer awareness and promoting the healing of cancer survivors Some of the programs include the relay for life event which celebrates survivors and inspires the community to fight back against cancer, Harper's Hope Cancer Survivorship program, a young adult survivor's network, breast cancer support groups and prostate cancer support groups Harper's hope expresses the meaning of care at every turn of the cancer journey Main program components include social work, behavioral health/counseling, nutrition services, physical wellness and cancer prevention and hereditary risk assessment These resources help patients and their family members live with, through and beyond the cancer diagnosis

Part I, Line 7f Part VI, line 1 The method used to report amounts In Part I, line 7, column (f) The percentage is arrived at by dividing net community benefit expense in column (e) by the sum of the amount on Form 990, Part IX, line 25, column (a)

Part I, Line 7 The methods primarily used are the ratio of cost to charges, financial information from the Medicare Cost Report and actual charges

Part III, Line 4 Text of footnote to the financial statements describing bad debt The provision for bad debts is based upon management's assessment of expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Management periodically assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable The health system follows established guidelines for placing certain patient balances with collection agencies Self pay accounts are charged against the allowance for uncollectible accounts at the time of transfer to the collection agency During fourth quarter 2008, management refined its uninsured discount policy and related processes which caused a decrease in bad debt expense and corresponding increase in administrative adjustments, a component of contractual allowances

Part III, Line 9b Collection practices to be followed for patients who are known to qualify for charity care or financial assistance It is the policy of Nebraska Methodist Hospital to write-off patient balances as charity care when it can be determined that the patient (responsible party) does not have the ability to pay for care because of either a limited amount of resources or because of an extraordinary amount of total healthcare related debt that limits their ability to pay If information becomes available on a patient account that indicates the patient may be eligible for financial assistance, the patient is asked to complete a financial assistance application form

Part V Nebraska Methodist Hospital operates the Renaissance Clinic in an underserved section of the community The clinic is a collaborative effort between Nebraska Methodist Hospital and the Salvation army It is situated in north Omaha, an area of the community with greater concentrations of low-income individuals and families

Part I, line 6a and 6b Does the organization prepare an annual community benefit report?Nebraska Methodist prepares an annual community benefits report which includes information from all affiliates In addition, a quarterly publication, "Chart" addresses on a more current basis ongoing community benefit activities the website "methodistchart org" is dedicated to Methodist Hospital and Nebraska Methodist Health System affiliates' community works It provides information about the successes in impacting the community's overall health Part VI, line 8 No direct report is provided to the state of nebraska however, information from the hospital's community benefits data is included in a report compiled by the nebraska hospital association

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 The broad-based community health and outreach initiatives include targeted programs that align closely with the key health needs identified by LiveWell Omaha, a collaboration of local organizations dedicated to improving the health of those who live and work in the metropolitan Omaha area

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 charity care policy

Part VI, Line 3 Methodist Health System financial assistance program is designed to serve those in financial need with fairness, consistency and compassion Methodist Hospital provides, at no cost to the patient, services of financial aid counselors who are specially trained to help individuals determine if they qualify for federal or state government entitlements or other assistance programs Internal financial counselors are available to discuss discounted payments, charity care or other payment plans General information about the charity care policy of Methodist Health System is available on the website, bestcare org Applications for financial assistance are readily available on the website or from financial counselors

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Nebraska Methodist Hospital's service area the greater Omaha metropolitan area Douglas, Sarpy, Saunders, Dodge, Washington and Cass counties are included One of the Methodist Health System affiliates operates in Iowa counties extending the potential for patient care outside the metropolitan area According to US Census Department reports, this area is home to more than 837,900 people Methodist hospital has a number of programs that extend beyond the metropolitan area such as the Perinatal Outreach program that provides targeted educational opportunities for medical personnel from across Nebraska and Iowa

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Nebraska methodist hospital provides monetary support through the greater omaha chamber foundation members of the staff provide their talent and expertise through involvement on more than 15 community organizations Methodist Hospital along with other health care providers and public safety agencies, quietly plays an important role in the community's ability to respond to and improve emergency response during a natural disaster, hazardous materials spill or domestic terrorist attack Omaha Metropolitan Medical Response System (OMMRS) was established through a federal grant in 2000, as a multidisciplinary group of first responders and other health care providers OMMRS benefits the community in standardizing emergency response equipment and training and developing response plans to maximize community resources and clarify communication processes between agencies While grants have provided funding to cover some expenses, training and other needed equipment are provided by Methodist as a community benefit Methodist employs a full-time emergency preparedness coordinator, in addition to a safety team with partial responsibility for emergency preparedness Salaries paid to employees who attend after-hours planning meetings and participate in the annual weekend disaster drill are not covered by grants As one of the members of the OMMRS, Methodist would provide treatment for second-level injuries, walking wounded and overflow trauma patients when established trauma centers are overwhelmed Annually, members of the hospital staff help organize and solicit help for the Brush Up Nebraska paint-a-thon This is a community based volunteer program that paints homes of qualified low-income elderly and disabled homeowners in the omaha area so that they may maintain their property, increase energy efficiency and beautify the community

6 Provide any other information important to describing how the organization's hospitals 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)

Part VI, Line 6 Methodist Hospital's board of directors provides oversite of all operations It is composed of community leaders with diverse backgrounds with a blend of those individuals with longevity on the board and those who are new members There is significant physician involvement on the board lending to the ability to be leaders in medical services Medical staff privileges are extended to all practitioners who continuously meet the qualifications, standards and requirements to promote a uniform standard of quality patient care, treatment and services Additional criteria for clinical privileges may include a requirement of specialty board certification if is is believed to be an important objective indicator of training and competence

7 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 communites served

Part VI, Line 7 The Nebraska Methodist Health System includes Nebraska Methodist Hospital, Nebraska Methodist Hospital Foundation, Jennie Edmundson Memorial Hospital, Jennie Edmundson Hospital Foundation, Nebraska Methodist Health System, Physicians Clinic, and the Nebraska Methodist College of Nursing As a group, these entities are committed to caring for the people of our community by providing outstanding care, educational opportunities and support services The more than 5000 employees of our hospitals, clinics, college and foundation work to strengthen the health and well-being of the individuals and communities we serve To fulfill our mission of caring for people, affiliates have developed a variety of ways to contribute care and health-related education to the poor, minorities, and to other underserved groups as well as to the broader community broad-based community health and outreach initiatives include targeted programs that align closely with the key health needs identified by livewell omaha, a collaboration of local organizations dedicated to improving the health of those who live and work in the metropolitan omaha area as individual affiliates, a unified health system, and active partner with other community and governmental agencies, we are committed to improving the health and quality of life of the residents of our region We respect and embrace the responsibility that accompanies our tax exempt status and we are honored to offer leadership, support and resources to benefit our community

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 14

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0376604
Name: Nebraska Methodist Hospital

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 9850 Nicholas Street Omaha, NE 68114	74-1185665	501(c)(3)	5,000				In support of cancer research
pride omaha6143 Whitmore Street Omaha, NE 68152	47-0628729	501(c)(3)	5,000				Diminish drug, alcohol & tobacco use among youth
American Heart Association 10100 J Street Omaha, NE 68127	13-5613797	501(c)(3)	57,500				Cure/prevention of heart attacks
behavioral Health Support Foundation1044 N 115 Street 440 Omaha, NE 68154	20-5322440	501(c)(3)	250,000				Mental health for community and support for Lasting Hope Recovery Center
YWCA229 South 29 Street Omaha, NE 68131	47-0376585	501(c)(3)	8,250				Provide Domestic violence & sexual assault services, along with other women's programs
Alzheimer's association-midlands chapter7101 newport avenue omaha, NE 68164	47-0648438	501(c)(3)	5,000				Research on cure for Alzheimer's Disease
hOPE mEDICAL OUTREACH 1722 St Marys Avenue 105 oMAHA, NE 68102	91-8850344	501(c)(3)	19,000				Assist Community Health Centers in finding medical care for primary care patients who do not qualify for government assistance
ICAN12565 W Center Road Omaha, NE 68144	47-0633139	501(c)(3)	27,486				Leadership development targeted at community needs
March of Dimes-Nebraska Chapter11840 Nicholas Street 220 Omaha, NE 68154	13-1846366	501(c)(3)	20,000				Improving health of babies by preventing birth defects, premature births and infant mortality
National Multiple Sclerosis Society328 South 72 Street Omaha, NE 68114	47-0439079	501(c)(3)	5,000				Research and education on multiple sclerosis

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Project Harmony7110 F Street Omaha, NE 68114	47-0789054	501(c)(3)	10,000				Protect children by providing community-based child abuse assessment and investigation
Special Friends Celebration 4115 north 139 street Omaha, NE 68164	47-0801459	501(c)(3)	12,500				cancer survivor's support group/cancer research
Susan G Komen Foundation 8610 Brentwood Drive 3 LaVista, NE 68128	26-0056671	501(c)(3)	10,000				Breast cancer awareness and research
Women's Fund of Greater Omaha7642 Pierce Street Omaha, NE 68124	47-0840885	501(c)(3)	10,000				Research the needs of women in the community and direct dollars where they have greatest impact

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Steven T Bailey MD	(i)	0	0	0	0	0	0	0
	(ii)	194,707	62,652	747	58,978	14,640	331,724	0
Craig Bassett MD	(i)	0	0	0	0	0	0	0
	(ii)	346,137	69,826	248,660	54,876	21,130	740,629	231,014
John M fraser	(i)	0	0	0	0	0	0	0
	(ii)	467,410	25,030	37,073	139,489	18,045	687,047	0
Daniel Lydiatt MD DDS	(i)	203,819	0	4,300	17,131	13,465	238,715	0
	(ii)	0	0	0	0	0	0	0
ruth freed	(i)	174,735	30	22,727	68,100	12,136	277,728	0
	(ii)	0	0	0	0	0	0	0
glen hoffschneider	(i)	146,664	13,663	18,239	37,512	10,384	226,462	0
	(ii)	0	0	0	0	0	0	0
stephen l goeser	(i)	271,635	10,030	23,152	66,428	20,947	392,192	0
	(ii)	0	0	0	0	0	0	0
Susan Korth	(i)	162,666	2,530	1,690	21,185	17,378	205,449	0
	(ii)	0	0	0	0	0	0	0
Josie Abboud	(i)	125,841	25,030	332	22,701	21,300	195,204	0
	(ii)	0	0	0	0	0	0	0
Brad Hansen	(i)	151,566	2,530	17,674	29,161	17,045	217,976	0
	(ii)	0	0	0	0	0	0	0
Linda K Burt	(i)	0	0	0	0	0	0	0
	(ii)	285,740	20,030	20,349	82,225	7,928	416,272	0
Randall T Duckert MD	(i)	406,246	124,950	393	55,619	16,709	603,917	0
	(ii)	0	0	0	0	0	0	0
Peter Morris MD	(i)	441,105	15,000	400	56,290	19,068	531,863	0
	(ii)	0	0	0	0	0	0	0
william shiffermiller MD	(i)	276,354	30,256	79,374	93,018	19,736	498,738	30,226
	(ii)	0	0	0	0	0	0	0
Tien-Shew Huang MD	(i)	372,738	185,904	256	29,094	14,542	602,534	0
	(ii)	0	0	0	0	0	0	0
David Crotzer MD	(i)	396,508	15,000	2,307	26,205	20,534	460,554	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Social club expenses are reimbursed for the business portion Internal policy requires substantiation of all business use expenses
	Part I, Line 4a	The following individuals participated in a Nebraska Methodist Health System nonqualified plan during 2009 and received contributions, plan accruals or plan distributions in the following amounts Steven Bailey, MD $14,497 accrual Craig Bassett, MD $8,209 accrual, $231,014 plan distribution John Fraser $89,815 accrual Linda Burt $66,558 accrual Steve Goeser, $48,614 accrual Susan Korth $10,967 accrual Ruth Freed $18,076 accrual Josie Abboud $6,780 accrual Brad Hansen $18,421 accrual Randall Duckert MD $18,855 accrual Peter Morris MD $18,940 accrual Tien -Shew Huang MD $10,824 accrual David Crotzer MD $9,216 accrual William Shiffermiller MD $48,728 accrual and $30,226 plan distribution
	Part I, Line 7	Bonuses and retirement gifts which were included in the W-2 compensation are considered non-fixed payments

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0376604
Name: Nebraska Methodist Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Steven T Bailey MD	(I)	0	0	0	0	0	0	0
	(II)	194,707	62,652	747	58,978	14,640	331,724	0
Craig Bassett MD	(I)	0	0	0	0	0	0	0
	(II)	346,137	69,826	248,660	54,876	21,130	740,629	231,014
John M fraser	(I)	0	0	0	0	0	0	0
	(II)	467,410	25,030	37,073	139,489	18,045	687,047	0
Daniel Lydiatt MD DDS	(I)	203,819	0	4,300	17,131	13,465	238,715	0
	(II)	0	0	0	0	0	0	0
ruth freed	(I)	174,735	30	22,727	68,100	12,136	277,728	0
	(II)	0	0	0	0	0	0	0
glen hoffschneider	(I)	146,664	13,663	18,239	37,512	10,384	226,462	0
	(II)	0	0	0	0	0	0	0
stephen l goeser	(I)	271,635	10,030	23,152	66,428	20,947	392,192	0
	(II)	0	0	0	0	0	0	0
Susan Korth	(I)	162,666	2,530	1,690	21,185	17,378	205,449	0
	(II)	0	0	0	0	0	0	0
Josie Abboud	(I)	125,841	25,030	332	22,701	21,300	195,204	0
	(II)	0	0	0	0	0	0	0
Brad Hansen	(I)	151,566	2,530	17,674	29,161	17,045	217,976	0
	(II)	0	0	0	0	0	0	0
Linda K Burt	(I)	0	0	0	0	0	0	0
	(II)	285,740	20,030	20,349	82,225	7,928	416,272	0
Randall T Duckert MD	(I)	406,246	124,950	393	55,619	16,709	603,917	0
	(II)	0	0	0	0	0	0	0
Peter Morris MD	(I)	441,105	15,000	400	56,290	19,068	531,863	0
	(II)	0	0	0	0	0	0	0
william shiffermiller MD	(I)	276,354	30,256	79,374	93,018	19,736	498,738	30,226
	(II)	0	0	0	0	0	0	0
Tien-Shew Huang MD	(I)	372,738	185,904	256	29,094	14,542	602,534	0
	(II)	0	0	0	0	0	0	0
David Crotzer MD	(I)	396,508	15,000	2,307	26,205	20,534	460,554	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

Part I Bond Issues

	(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	
							Yes	No	Yes	No
A	Nebraska Inv Finance Authority	47-0613449		10-17-2003	6,000,000	Equipment		X		X
B	Nebraska Inv Finance Authority	47-0613449		05-12-2005	3,856,335	Equipment		X		X
C	nebraska Inv Finance Authority	47-0613449		12-28-2006	3,570,000	Building additions and capital improvements		X		X
D	Hospital Authority No 3 of Douglas County Nebraska	47-0689293	259234BG6	05-20-2008	205,887,435	Bldg Addition/Refund Debt (11/25/97)		X		X
E	Hospital Authority No 2 of Douglas County Nebraska	52-1440796		12-22-2009	16,625,000	Building additions and capital improvements		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	6,042,413	3,886,741	3,639,666	178,529,841	16,625,000
2	Gross proceeds in reserve funds	14,619,666			14,619,666	
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	16,370,965			16,370,965	11,527,003
5	Issuance costs from proceeds	70,000		70,000		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	6,042,413	3,886,741	3,569,666	147,539,211	5,097,997
8	Year of substantial completion	2004	2006	2007		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						0 %		
6	Total of lines 4 and 5		0 %						0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X	X			X
b	Name of provider	Morgan Stanley & Co						Morgan Stanley & Co			
c	Term of GIC	1 700000000000						1 700000000000			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X	X			X
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X			X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Hospital authority No 3 of Douglas County Nebraska	47-0689293		12-22-2009	13,375,000	Building additions and capital improvements		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	13,375,000				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	13,375,000				
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X								
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the Form 990 was provided to the members of the Nebraska Methodist Health System Audit Committee who reviewed it in detail The audit committee reported to the board of directors on their review of the Federal Form 990 A copy was made available to members for review through a secure internet portal Nebraska Methodist Hospital is an affiliate of the Nebraska Methodist Health System The policies and practices of Nebraska Methodist Health System apply to all its affiliates Information for the Form 990 is gathered from appropriate responsible parties throughout the organization including finance, human resources and corporate compliance, is reviewed by external tax advisors and has a final review by the Chief Financial Officer for the Nebraska Methodist Health System and the organization's chief executive officer
Form 990, Part VI, Section B, line 12c		An annual questionnaire is sent to all officers, directors and key employees pursuant to the Methodist Health System conflicts of interest policy which requires the disclosure of all conflicts of interest, not just financial, that could give rise to conflicts with the organization Should a conflict be identified, the officer, director or key employee is not permitted to vote or use personal influence on the matter and is not counted in determining a quorum for a meeting at which the matter is discusssed potential conflicts of interest, once identified, must be evaluated on a case by case basis In order to approve the transaction which involves a direct conflict of interest, the board must first find, by majority vote of directors not involved in the conflict, at a meeting at which a quorum is present, that the arrangement or transaction is in the best interests of Nebraska Methodist Hospital and/or the Methodist Health System affiliates, is fair and reasonable, and after investigation, the directors have determined that a more advantageous transaction or arrangement cannot be obtained with reasonable efforts under the circumstances
Form 990, Part VI, Section B, line 15		Methodist Health System with which Nebraska Methodist Hospital is affiliated, retains an independent consultant to review all officer compensation for each affiliate Under this process, market data on compensation is gathered and analyzed and compensation ranges are set The information is then provided to the compensation committee of the Board of Nebraska Methodist Health System, Inc , a nebraska non-profit corporation All officer compensation is reviewed, evaluated and approved by this committee Physician compensation is compared to national compensation survey data, such as MGMA or other reliable comparability data The policy on "physician compensation" is followed when contracting with physicians to ensure appropriate approvals, including approval by the board of directors, are obtained when warranted Opinions of fair market value regarding a particular compensation arrangement or transaction may also be obtained from reputtable, independent valuation consultants
Form 990, Part VI, Section C, line 18		The organization filed the Form 1023 in 1968 Applications filed before July 15, 1987 need not be made publicly available A copy of IRS determination letter will be provided upon written request
Form 990, Part VI, Section C, line 19		The organization does not make these documents separately available to the public However, the Restated Articles of Incorporation of the organization are available through the Nebraska Secretary of State's website The conflict of interest policy is distributed to members of the board of directors and employees Financial information is available to the public through the IRS Form 990 and form 990-t The organization also contributes information regarding the community benefits it provides as part of the Methodist Health System's annual community benefit report The report is available to the public on the website www bestcare org
Form 990, Part VII, Section A	Average hours per week	directors, who are also employees, with reportable compensation from Nebraska Methodist Hospital or related organizations have indicated the average number of hours worked with Nebraska Methodist Hospital or the related organization as an employee and not as a director Employees are not compensated for being a director and work an average of 1 hour a week in that capacity
Form 990, Part V, line 2a	Enter the number of employees reported on form W-3	Beginning in 2009, the payroll system for Nebraska Methodist Hospital is being handled by a common agent, Nebraska Methodist Health System Inc All W-2 forms are issued under the tax identification number of Nebraska Methodist Health System All required federal employment tax returns were filed by Nebraska Methodist Health System
schedule C, part II-B, line 1f	grants to other organizations for lobbying purposes	a portion of the dues paid by the organization to the american hospital association and the Nebraska hospital association is attributable to lobbying activities

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Nebraska Methodist Hospital

Employer identification number
47-0376604

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

(a) Name, address, and EIN 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
Heart Services LLC 8511 W Dodge Road Omaha, NE 68114 27-1141616	Cardiology Services	NE	0	328,609	

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
Nebraska Methodist Health System Inc 8511 W Dodge Road Omaha, NE 68114 47-0639839	Administrative support	NE	501(c)(3)	L11 III-FI	N/A
Jennie Edmundson Memorial Hospital 933 E Pierce Street Council Bluffs, IA 51503 42-0680355	Licensed Hospital	IA	501(c)(3)	L3	N/A
Nebraska Methodist Hospital Foundation 8511 W Dodge Road Omaha, NE 68114 47-0595345	Support of Nebraska Methodist Hospital and affiliates exempt activities	NE	501(c)(3)	I7	N/A
nebraska Methodist college of Nursing and Allied Health 8511 W Dodge Road Omaha, NE 68114 47-0724387	Educational Institution	NE	501(c)(3)	I2	N/A
Jennie Edmundson Memorial Hospital Foundation 933 E Pierce Street Council Bluffs, IA 51503 42-1439454	Support of Jennie Edmundson Memorial Hospital	IA	501(c)(3)	L11 I	N/A
Nebraska Methodist Health System Self Insurance Trust 8511 W Dodge Road Omaha, NE 68114 36-3699672	Insurance	NE	501(c)(3)	L11 III-FI	N/A
Real Estate Holdings 8511 W Dodge Road omaha, NE 68114 47-0649790	Property Management	NE	501(c)(2)		N/A

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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
Shared Service Systems Inc 8511 W Dodge Road omaha, NE68114 47-0649534	Medical Supply Distribution & Laundry	NE	N/A	C			
Healthcare Partners of Western Iowa 933 E Pierce Street Council Bluffs, IA51503 42-1411452	Managed Care Contracting	IA	N/A	C			
Methodist Health Partners 8511 W Dodge Road Omaha, NE68114 47-0797563	Managed Care Contracting	NE	N/A	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Nebraska Methodist College of Nursing & Allied Health	Q	4,095,880

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 47-0376604
Name: Nebraska Methodist Hospital

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

(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 501(c)(3))	(f) Direct Controlling Entity
Nebraska Methodist Health System Inc 8511 W Dodge Road Omaha, NE68114 47-0639839	Administrative support	NE	501(c)(3)	L11 III-FI	N/A
Jennie Edmundson Memorial Hospital 933 E Pierce Street Council Bluffs, IA 51503 42-0680355	Licensed Hospital	IA	501(c)(3)	L3	N/A
Nebraska Methodist Hospital Foundation 8511 W Dodge Road Omaha, NE68114 47-0595345	Support of Nebraska Methodist Hospital and affiliates exempt activities	NE	501(c)(3)	I7	N/A
nebraska Methodist college of Nursing and Allied Health 8511 W Dodge Road Omaha, NE68114 47-0724387	Educational Institution	NE	501(c)(3)	I2	N/A
Jennie Edmundson Memorial Hospital Foundation 933 E Pierce Street Council Bluffs, IA 51503 42-1439454	Support of Jennie Edmundson Memorial Hospital	IA	501(c)(3)	L11 I	N/A
Nebraska Methodist Health System Self Insurance Trust 8511 W Dodge Road Omaha, NE68114 36-3699672	Insurance	NE	501(c)(3)	L11 III-FI	N/A
Real Estate Holdings 8511 W Dodge Road omaha, NE68114 47-0649790	Property Management	NE	501(c)(2)		N/A

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TY 2009 Affiliated Group Schedule

Name: Nebraska Methodist Hospital

EIN: 47-0376604

Affiliated Group Business Name:	nebraska methodist health system inc
Address. Either US or Foreign Type:	8511 w dodge road omaha, NE 68114
EIN:	47-0639839
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	42,200
Total Lobbying Expenditures:	42,200
Other Exempt Purpose Expenditures:	35,438,113
Total Exempt Purpose Expenditures:	35,480,313
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	nebraska methodist hospital
Address. Either US or Foreign Type:	8511 w dodge road omaha, NE 68114
EIN:	47-0376604
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	28,555
Total Lobbying Expenditures:	28,555
Other Exempt Purpose Expenditures:	354,685,841
Total Exempt Purpose Expenditures:	354,714,396
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Additional Data

Software ID:
Software Version:
EIN: 47-0376604
Name: Nebraska Methodist Hospital

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	(C) Position (check all that apply)						(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			
Spencer Stevens Chairman	1 00	X		X				0	0	0
Constance M Ryan vice chair	1 00	X		X				0	0	0
Art N Burtscher Treasurer	1 00	X		X				0	0	0
Larry V pearson Secretary	1 00	X		X				0	0	0
Steven T Bailey MD Director	40 00	X						0	258,106	69,508
Craig Bassett MD Director	40 00	X						0	664,623	71,573
Larry De Roin director	1 00	X						0	0	0
John M fraser president/ceo	40 00	X		X				0	529,513	153,992
W Gary Gates director	1 00	X						0	0	0
richard c hahn director	1 00	X						0	0	0
Dan Kinney Ph D director	1 00	X						0	0	0
R Michael Kroeger MD director	20 00	X						0	111,978	8,567
C L Landen director	1 00	X						0	0	0
Harris A Frankel MD director	1 00	X						0	0	0
james l mounce director	1 00	X						0	0	0
john p nelson director	1 00	X						0	0	0
Daniel Lydiatt MD DDS director	40 00	X						208,119	0	30,296
L B Thomas director	1 00	X						0	0	0
Adam Yale Director	1 00	X						0	0	0
ruth freed Exec - nursing	40 00				X			197,492	0	76,420
glen hoffschneider former Exec	40 00				X			178,566	0	47,896
stephen l goeser CEO	40 00				X			304,817	0	85,998
Susan Korth COO Women's Hospital	40 00				X			166,886	0	31,715
Josie Abboud VP-Clinical/Ancillary Sv	40 00				X			151,203	0	41,568
Brad Hansen VP-Administration	40 00				X			171,770	0	44,691

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	(C) Position (check all that apply)						(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			
Linda K Burt Vice Pres Finance/CFO	40 00				X			0	326,119	89,235
Randall T Duckert MD Physician	40 00					X		531,589	0	71,225
Peter Morris MD physician	40 00					X		456,505	0	72,044
william shiffermiller MD Physician	40 00					X		385,984	0	108,814
Tien-Shew Huang MD physician	40 00					X		558,898	0	40,584
David Crotzer MD physician	40 00					X		413,815	0	42,839

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Medical Supplies	67,561,220	67,561,220		
system allocations	15,953,652		15,953,652	
charity care	13,384,827	13,384,827		
provision for bad debts	10,482,777	10,482,777		
Staff Education & Devel	1,224,392	1,224,392		