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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 07-01-2009 and ending 06-30-2010

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
UNMC Physicians

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
988101 NEBRASKA MEDICAL CENTER

City or town, state or country, and ZIP + 4
OMAHA, NE 681988101

D Employer identification number
47-0785575

E Telephone number
(402) 559-9789

G Gross receipts $ 203,880,432

F Name and address of principal officer
MR TROY K WILHELM
988101 NEBRASKA MEDICAL CENTER
OMAHA, NE 681988101

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 UNMCPHYSICIANS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1995 | **M** State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT THE MISSION OF UNIVERSITY OF NEBRASKA MEDICAL CENTER, IMPROVE HEALTH OF NEBRASKA THROUGH EDUCATION, RESEARCH, THE HIGHEST QUALITY PATIENT CARE, AND OUTREACH TO UNDERSERVED POPULATIONS

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**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of employees (Part V, line 2a)	**5**	1,410
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)		442,860
9	Program service revenue (Part VIII, line 2g)	186,192,306	203,767,140
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	506,601	403,495
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,068,908	-733,063
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,767,815	203,880,432
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,996,949	37,224,110
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	113,141,592	112,913,065
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	47,325,212	52,011,757
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	181,463,753	202,148,932
19	Revenue less expenses Subtract line 18 from line 12	6,304,062	1,731,500

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	115,279,150	117,107,955
21	Total liabilities (Part X, line 26)	41,874,375	38,573,920
22	Net assets or fund balances Subtract line 21 from line 20	73,404,775	78,534,035

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

****** | 2011-02-03
Signature of officer | Date

TROY K WILHELM CHIEF FINANCIAL OFFICER
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 Two Central Park Plaza Suite 1501 Omaha, NE 681021626		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

SUPPORT THE MISSION OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, AND ALSO TO IMPROVE THE HEALTH OF NEBRASKA THROUGH PREMIER EDUCATIONAL PROGRAMS, INNOVATIVE RESEARCH, THE HIGHEST QUALITY PATIENT CARE, AND OUTREACH TO UNDERSERVED POPULATIONS

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 $ 196,928,066 including grants of $ 37,224,110) (Revenue $ 204,777,880)

UNMC PHYSICIANS DIRECTS ITS RESOURCES TOWARD GIVING LEADING PHYSICIANS THE RESOURCES TO PROVIDE EXCELLENT HEALTHCARE TO PATIENTS ACROSS NEBRASKA AND BEYOND UNMC PHYSICIANS CONTINUES TO LEAD THE REGION THROUGH A FOCUSED MISSION INCLUDING EXCEPTIONAL PATIENT CARE, EDUCATION THAT EMPOWERS, CUTTING-EDGE RESEARCH AND AN EMPHASIS ON GIVING BACK TO THE COMMUNITY WITH MORE THAN 50 SPECIALTIES AND SUB-SPECIALTIES, UNMC PHYSICIANS PROVIDES SPECIALIZED SERVICES AND THE LATEST IN TREATMENT OPTIONS TO ITS PATIENTS OUR PHYSICIANS NOT ONLY TREAT PATIENTS, BUT THEY EDUCATE FUTURE PHYSICIANS MANY OF OUR DOCTORS TRAINED AND NOW TEACH AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER THEY, ALONG WITH EXPERIENCED NURSES, ALLIED HEALTH PROFESSIONALS AND BUSINESS SUPPORT PERSONNEL ARE DEDICATED TO SERVING THE HEALTHCARE NEEDS OF OUR COMMUNITY CHARITABLE CARE IS A HIGH PRIORITY, AND WE MAKE TREATMENT AVAILABLE TO ALL PERSONS WHO PRESENT THEMSELVES FOR CARE, REGARDLESS OF RACE, CREED, LIFESTYLE, OR ABILITY TO PAY DURING FISCAL 2009, UNMC PHYSICIANS SERVED MORE THAN 390 THOUSAND PATIENTS IN ITS CLINICS AND OVER 260 THOUSAND PATIENTS THROUGH INPATIENT AND OTHER ANCILLARY SERVICE LINES IN ADDITION, UNMC PHYSICIANS SUPPORTS MANY COMMUNITY BASED HEALTH PROGRAMS SERVING THE POOR THROUGH DONATED FUNDS, SUPPLIES, PHYSICIAN TIME AND NURSE TIME UNMC PHYSICIANS PROVIDED MORE THAN 2 5 MILLION DOLLARS, AT COST, IN CHARITABLE CARE TO THE UNDERSERVED AND THOSE UNABLE TO PAY FOR MEDICALLY NECESSARY HEALTHCARE SERVICES IN ADDITION, OVER 29 PERCENT OF UNMC PHYSICIANS NET PATIENT SERVICE REVENUE CAME FROM GOVERNMENT FUNDED HEALTH INSURANCE PROGRAMS, SUCH AS MEDICAID, MEDICARE AND TRICARE WHILE THESE GOVERNMENT PROGRAMS DO NOT COVER THE FULL COST OF THE HEALTH SERVICES PROVIDED, UNMC PHYSICIANS TRANSFERRED OVER 31 MILLION DOLLARS TO THE COLLEGE OF MEDICINE AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER IN SUPPORT OF ITS CLINICAL, EDUCATION AND RESEARCH MISSION PLEASE SEE THE COMMUNITY BENEFIT REPORT FOR ADDITIONAL DETAILS AT WWW UNMCPHYSICIANS COM

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

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** ▶ $ 196,928,066

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		No
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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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**		No
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**		No
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	75		
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	1,410		
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	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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 20		
b	Enter the number of voting members that are independent	1b 0		
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	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 ▶

MR TROY K WILHELM
988101 NEBRASKA MEDICAL CENTER
OMAHA, NE 681988101
(402) 559-7990

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 . . . . . ▶	8,908,549	5,293,412	1,094,286

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 ▶ 37

			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
KIEWIT BUILDING GROUP INC 3921 MASON STREET OMAHA, NE 681051840	GENERAL CONTRACTOR	4,524,529
NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145	MEDICAL CALL CENTER	383,344
GOLDNER COOPER COTTON SUNDELL 8901 W DODGE RD SUITE 210 OMAHA, NE 68114	Physician Svcs	200,000
ADP PO BOX 78415 PHOENIX, AZ 85062	PAYROLL SERVICE	190,050
RELAYHEALTH PO BOX 403421 ATLANTA, GA 30384	STMT PRINTING & MAIL	183,170

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 ▶ 9

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				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 442,860				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		442,860			
Program Service Revenue			Business Code				
	2a	PATIENT SVC REVENUE	621,400	196,781,195	196,781,195		
	b	MISC CLINICAL SUPPORT REVENUE	900,099	2,106,464	2,106,464		
	c	THE NEBRASKA MEDICAL CENTER - CLINIC SUPPORT	900,099	4,879,481	4,879,481		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		203,767,140			
	3	Investment income (including dividends, interest and other similar amounts)		403,495			403,495
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	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		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	DEPARTMENTAL MISC DEPOSITS	561,000	1,010,740	1,010,740		
	b	LOSSES IN JOINT VENTURE	900,099	-1,743,803			-1,743,803
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		-733,063			
	12	**Total revenue.** See Instructions		203,880,432	204,777,880		-1,340,308

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	31,619,635	31,619,635		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	5,604,475	5,604,475		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	11,488,744	11,488,744		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	80,760,049	80,760,049		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,444,412	10,444,412		
9	Other employee benefits	6,190,522	6,190,522		
10	Payroll taxes	4,029,338	4,029,338		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	79,864		79,864	
c	Accounting	108,951		108,951	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	466,191	466,191		
13	Office expenses	1,398,149	1,398,149		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,043,709	3,043,709		
17	Travel	292,387	292,387		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	107,930	107,930		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,498,059	1,498,059		
23	Insurance	402,889		402,889	
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	DEAN & DEPT DEVELOPMENT FUND	9,450,170	9,450,170		
b	CONTRACTED PHYSICIAN SVC	9,341,824	9,341,824		
c	PROVISION FOR BAD DEBT EXPENSE	8,256,269	8,256,269		
d	MEDICAL SUPPLIES/EQUIPMENT	4,136,734	4,136,734		
e	MEDICAL MALPRACTICE EXPENSE	3,097,220	3,097,220		
f	All other expenses	10,331,411	5,702,249	4,629,162	
25	**Total functional expenses.** Add lines 1 through 24f	202,148,932	196,928,066	5,220,866	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		25,771,012	1	14,881,197
	2	Savings and temporary cash investments		2,459,892	2	2,470,322
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,229,942	4	33,061,316
	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		236,751	7	392,868
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		77,892	9	522,565
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 33,247,123			
	b	Less accumulated depreciation	10b 11,684,998	16,786,819	10c	21,562,125
	11	Investments—publicly traded securities		31,434,141	11	35,552,760
	12	Investments—other securities See Part IV, line 11		2,340,142	12	462,251
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,942,559	15	8,202,551
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		115,279,150	16	117,107,955
Liabilities	17	Accounts payable and accrued expenses		23,889,457	17	23,551,686
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		17,984,918	25	15,022,234
	26	**Total liabilities.** Add lines 17 through 25		41,874,375	26	38,573,920
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		73,404,775	27	78,534,035
	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		73,404,775	33	78,534,035
	34	Total liabilities and net assets/fund balances		115,279,150	34	117,107,955

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
UNMC Physicians

Employer identification number
47-0785575

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 ")					442,860	442,860
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	145,982,067	157,535,782	179,803,474	187,261,214	204,777,880	875,360,417
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	145,982,067	157,535,782	179,803,474	187,261,214	205,220,740	875,803,277
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	12,299,303	14,737,271	17,833,743	25,842,227	25,069,283	95,781,827
c Add lines 7a and 7b	12,299,303	14,737,271	17,833,743	25,842,227	25,069,283	95,781,827
8 **Public Support** (Subtract line 7c from line 6)						780,021,450

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	145,982,067	157,535,782	179,803,474	187,261,214	205,220,740	875,803,277
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	833,226	985,619	901,909	506,601	403,495	3,630,850
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			207,897			207,897
c Add lines 10a and 10b	833,226	985,619	1,109,806	506,601	403,495	3,838,747
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)					-1,743,803	-1,743,803
13 **Total support** (Add lines 9, 10c, 11 and 12)	146,815,293	158,521,401	180,913,280	187,767,815	203,880,432	877,898,221

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	88 851 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	89 530 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 437 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0 460 %

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

Additional Data

Software ID:
Software Version:
EIN: 47-0785575
Name: UNMC Physicians

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			
CHARLES A ENKE DIRECTOR	40 0	X						298,865	218,007	34,030
KEVIN L GARVIN DIRECTOR	40 0	X						340,822	205,708	33,477
JOHN L GOLLAN EX OFFICIO DIRECTOR	40 0	X						152,808	288,781	24,077
DONALD A LEOPOLD DIRECTOR	40 0	X						262,821	203,847	38,198
CARL V SMITH VICE CHAIR/DIRECTOR	40 0	X		X				213,592	219,005	27,337
CRAIG W WALKER DIRECTOR	40 0	X						375,996	221,400	38,679
STEVEN WENGEL DIRECTOR	40 0	X						40,000	221,850	24,199
JAMES WISECARVER DIRECTOR	40 0	X						246,087	114,283	43,840
Lynell Klassen DIRECTOR	40 0	X						47,716	263,870	26,922
GERALD GROGGEL DIRECTOR	40 0	X						204,423	106,615	19,222
ROBERT MUELLEMAN SECRETARY-TREASURER/DIRECTOR	40 0	X		X				211,222	166,582	44,135
RODNEY S MARKIN CHAIR/PRESIDENT/CEO	40 0	X		X				336,091	193,565	36,862
MICHAEL SITORIUS DIRECTOR	40 0	X						58,800	227,922	27,844
PIERRE FAYAD DIRECTOR	40 0	X						139,505	209,906	20,783
MARK MAILLIARD DIRECTOR	40 0	X						180,105	108,668	18,274
JOHN SPARKS DIRECTOR	40 0	X						144,400	206,073	19,507
DEBRA ROMBERGER DIRECTOR	40 0	X						210,678	31,948	7,471
THOMAS HEJKAL DIRECTOR	40 0	X						262,627	116,197	24,798
STEVE HINRICHS DIRECTOR	40 0	X						218,000	211,615	38,314
KEN FOLLETT DIRECTOR	40 0	X						446,808	130,822	43,659
SHIELA ELLIS DIRECTOR	40 0	X						271,320	103,276	30,134
DAVID W MERCER DIRECTOR	40 0	X						166,650	86,061	46,738
CORY D SHAW EXEC VP/CAO	40 0			X				200,444	154,080	25,180
TROY WILHELM CFO	40 0			X				251,135	0	19,026
DENNIS BIERLE COO	40 0			X				225,647	0	20,501

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			
CARIN BORG ADMINISTRATOR	40.0				X			75,699	102,525	21,998
HAROLD MAURER PHYSICIAN/CHANCELLOR	40.0				X			89,077	512,593	42,607
LISA RUNCO ADMINISTRATOR	40.0				X			79,838	86,788	24,436
BRYAN SCHWAHN ADMINISTRATOR	40.0				X			103,193	75,282	29,458
DAVID MELLIGER administrator	40.0				X			70,640	82,715	21,234
JEAN BOTHA PHYSICIAN	40.0					X		633,121	70,881	44,533
ALAN LANGAS PHYSICIAN	40.0					X		819,049	95,179	43,106
WENDY JEAN WARD PHYSICIAN	40.0					X		633,308	70,807	44,401
TRACY DORHEIM PHYSICIAN	40.0					X		434,298	112,567	44,736
WILLIAM THORELL PHYSICIAN	40.0					X		463,764	73,994	44,570

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
DEAN & DEPT DEVELOPMENT FUND	9,450,170	9,450,170		
CONTRACTED PHYSICIAN SVC	9,341,824	9,341,824		
PROVISION FOR BAD DEBT EXPENSE	8,256,269	8,256,269		
MEDICAL SUPPLIES/EQUIPMENT	4,136,734	4,136,734		
MEDICAL MALPRACTICE EXPENSE	3,097,220	3,097,220		

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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
UNMC Physicians

Employer identification number
47-0785575

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		2,358,686		2,358,686
b Buildings		4,416,180	192,596	4,223,584
c Leasehold improvements		6,604,066	1,497,994	5,106,072
d Equipment		14,299,343	9,994,408	4,304,935
e Other		5,568,848	0	5,568,848
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				21,562,125

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
LAND HELD FOR FUTURE EXPANSION	3,043,800
DUE FROM UNMC	2,802,534
DUE FROM OUTSIDE CONTRACTS	1,869,427
COLLEGE OF NURSING	0
DUE FROM WVP MED BLDG LLC	486,790
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	8,202,551

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
FEES PAYABLE TO UNMC	7,193,239
RESERVE FOR SELF INSURANCE	4,883,373
EDUCATION BUILDING COMMITMENT	2,000,000
UNMC PAYABLE - NPPI	945,622
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,022,234

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	203,880,432
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	202,148,932
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,731,500
4	Net unrealized gains (losses) on investments	4	3,397,760
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	3,397,760
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,129,260

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	193,417,448
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,397,760		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-13,860,744		
e	Add lines **2a** through **2d**			2e	-10,462,984
3	Subtract line **2e** from line **1**			3	203,880,432
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	203,880,432

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

1	Total expenses and losses per audited financial statements			1	188,288,188
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	188,288,188
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	13,860,744		
c	Add lines **4a** and **4b**			4c	13,860,744
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	202,148,932

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 XII, Line 2D		8,256,269 Bad Debt Expense Reclass 5,604,475 CHARITY CARE RECLASS ---------- 13,860,744
EXPLANATION TO THE ORGANIZATION'S FINANCIAL STATEMENTS (FIN 48)	PART X	FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48) IS NOT APPLICABLE TO UNMC PHYSICIANS AS THEY ARE CONSIDERED A GOVERNMENTAL ENTITY FOR ACCOUNTING PURPOSES
Part XIII, Line 4B		8,256,269 Bad Debt Expense Reclass

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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
UNMC Physicians

Employer identification number
47-0785575

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 _____	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)			2,382,536		2,382,536	1 210 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			20,169,576	17,350,959	2,818,618	1 430 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,791	421	1,370	
d **Total** Charity Care and Means-Tested Government Programs			22,553,903	17,351,380	5,202,524	2 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			168,495		168,495	0 090 %
f Health professions education (from Worksheet 5)			4,995,592		4,995,592	2 530 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			36,074,213		36,074,213	18 290 %
j **Total** Other Benefits			41,238,300		41,238,300	20 910 %
k **Total.** Add lines 7d and 7j			63,792,203	17,351,380	46,440,824	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						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

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	3,559,421		
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	1,150,585		
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	21,746,122		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	41,489,993		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-19,743,871		
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					
2					
3					
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)
BELLEVUE MEDICAL CENTER LLC 2500 medical center drive BELLEVUE, NE 68123	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

BELLEVUE MEDICAL CENTER IS STRUCTURED AS AN LLC AND IS A HOSPITAL UNMC PHYSICIANS IS NOT A HOSPITAL, BUT ITS INFORMATION IS BEING REPORTED AS REQUIRED due to its ownership held in the llc Per the instructions, unmc physicians has answered part I line 3 based on the joint venture charity care policy OF The Bellevue Medical Center, which is a hospital, and not on the charity care policy of UNMC Physicians, which is not a hospital However, unmc physician's policy is determined by the fpg level of 150% for part I line 3a and 350% for part I line 3b

The UNMC Physicians community benefit report can be accessed at www unmcphysicians com/v2/default asp?id=13 Bellevue Medical Center was opening the new hospital during the fiscal year and had a little over a month of activity Therefore, a community benefit report has not been completed

The organization does not have information that indicates that services are provided despite a financial loss to the organization Bellevue Medical Center did not engage in subsidized services during the fiscal year

The amount used to calculate the table 7 percentages is $197,196,609 This amount is derived from part ix line 25 in the amount of $202,148,932, less bad debt of $8,256,269 for unmc physicians Per the instructions, then the proportionate share of total expenses of the Bellevue medical center joint venture of $3,337,826, less bad debt of $33,880 was added to the unmc physicians' amount

BOTH UNMC PHYSICIANS AND BELLEVUE MEDICAL CENTER USED THE COST TO CHARGE RATIO FOR FIGURES REPORTED IN THE TABLE THIS COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 OF THE INSTRUCTIONS

Patient Service Revenue may qualify for financial assistance The Patient is obligated to complete financial assistance forms and to submit supporting documentation to qualify Services to patients who provide this information and qualify for assistance are not considered bad debt Bad Debt is reported for services rendered to those unwilling to pay and /or work with the organization to provide financial assistance if available This is only after the organization has exhausted all reasonable efforts to collect outstanding balances from the patient If an account is determined to meet the criteria of a bad debt, the remaining balance will be written off to bad debt expense As the organization does not have a cost accounting system, the COST OF THE BAD DEBT WAS ESTIMATED USING THE COST TO CHARGE RATIO THERE IS NO SPECIFIC FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS FOR BAD DEBT, HOWEVER, A DISCUSSION ON NET PATIENT SERVICE REVENUE STATES, "UNMC Physicians has agreements with third party payers that provide payment to UNMC Physicians at amounts different from its established rates Net patient service revenue is reported at the net realizable amounts from patients, third-party payers and others for services rendered "

As a part of our mission, we will provide treatment to any patient who needs it We have a disproportionate share of Medicare patients in the community where we provide care below our cost This produces a loss and is considered a community benefit Our costing methodology is the cost to charge ratio We are not a hospital and do not have a hospital cost accounting system to produce detailed cost information at the service level We do not have or prepare Medicare cost reports, therefore we use the cost to charge ratio

UNMC Physicians provides financial assistance to qualified uninsured or underinsured patients requiring non-elective medically necessary treatment Patients known to qualify for financial assistance (after completing all paperwork and receiving approval) are identified accordingly in the financial systems to ensure financial assistance is used to cover services rendered by UNMC Physicians Financial assistance can result in 100% assistance sliding to 20% Consideration is given to medically necessary current charges and can extend for a period up to six months Patients can renew every six months A reevaluation of the patient's financial situation may be performed if the patient is unable to comply with the financial assistance arrangements Patients receive a statement from the organization as long as they have a balance due Patients of the Bellevue Medical Center known to qualify for financial assistance (once all paperwork is received and approved) are flagged in the system and monitored accordingly to ensure financial assistance is "posted" to the patient account When the 12 month approval expires, patients are contacted if services have been rendered within the last six months to discuss submittal of new information for continuation of assistance If patients no longer qualify, other payments options are discussed per organizational policy Reports are utilized for follow up purposes Patients who qualify for 100% assistance do not receive guarantor statements (bills) from the organization Patients who qualify for an 80% or 60% discount work with customer service or collection staff to outline payment arrangements according to set policy

UNMC PHYSICIANS SUPPORTS THE MISSION OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, TO IMPROVE THE HEALTH OF NEBRASKA THROUGH PREMIER EDUCATIONAL PROGRAMS, INNOVATIVE RESEARCH, THE HIGHEST QUALITY PATIENT CARE, AND OUTREACH TO UNDERSERVED POPULATIONS UNMC PHYSICIANS IS NOT A HSOPITAL, HOWVEVER, UNMC PHYSICIANS OWNS 19% OF BELLEVUE MEDICAL CENTER, LLC, WHICH IS A HOSPITAL THEREFORE, per the instructions, SCHEDULE H INCLUDES ALL CLINICAL ACTIVITIES OF UNMC PHYSICIANS, PLUS 19% OF HOSPITAL ACTIVITY OF BELLEVUE MEDICAL CENTER, LLC

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

UNMC Physicians uses disease incidence and prevalence data, leading causes of death, community health status research and supply and demand analysis to assess the health care needs of the communities it serves Bellevue Medical Center is majority owned by The Nebraska Medical Center UNMC Physicians HAS A MINORITY OWNERSHIP both OF THESE ORGANIZATIONS are 501(c)(3) organizations It was determined that the community had a need for medical services that was not currently being fulfilled Between the two organizations they own over 80% of Bellevue Medical Center

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

UNMC PHYSICIANS employs financial counselors and customer service staff, all of whom are trained in assisting our patients with resolution of the patients' liability Depending on individual patient needs, payment arrangements or financial assistance may be offered to assist our patients with resolution of their balances Patients are educated about the requirements and eligibility for patient assistance by financial counselors onsite at clinic locations, through brochures and pamphlets, and through the unmc physicians' website Bellevue Medical Center employs Financial Counselors, Customer Service Staff and Collection Staff, all of whom are trained in assisting our patients with resolution of patient liability Depending upon individual patient needs, payment arrangements or financial assistance may be offered to assist our customers with resolution of patient balances Additionally, the organization contracts with a company to work with our self pay population to pursue coverage through state, federal or local programs The contract organization provides this patient population with financial assistance applications to complete as well, therefore, if the patient does not meet requirements for state, federal or local coverage, a financial assistance application can be utilized

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

Our mission is to further the University of Nebraska Medical Center's mission by giving leading physicians the resources necessary to provide high quality health care to patients from across Nebraska and beyond In addition, we support the missions of, and provide services to, The Nebraska Medical Center, Children's Hospital, and the Omaha VA Medical Center We generally serve the local area of Omaha, but provide service to patients throughout the state of Nebraska In addition, given our close proximity to Iowa, we serve many patients from that state as well patients from the Omaha Metro area served by UNMC Physicians are predominately White-Non Hispanic with over 70% in this category Black Non-Hispanic make up 13% of the population, 7 5% is Hispanic - White The remaining 9% includes Asian, Native American, and Unknown classifications UNMC Physicians continues to lead the region through a focused mission including exceptional patient care, education that empowers, cutting-edge research and an emphasis on giving back to the community At UNMC Physicians, we recognize an individual's right to quality healthcare regardless of age, sex, race, religion, national origin, or ability to pay In addition to providing free or reduced healthcare to low income patients, UNMC Physicians supports the community through employee volunteer hours, donations to many charities and extensive financial support of the University of Nebraska Medical Center Because of the continued dedication of our talented physicians, we are able to significantly impact the community through leadership in many medical fields UNMC Physicians grants credit without collateral to its patients, most of whom are local residents and are insured under third party payor arrangements The mix of our receivables from patients as of June 30, 2010 was Medicare - 19%, Medicaid -10%, Commercial Payors - 41%, Self-Pay 18% and Other 12% Bellevue Medical Center is located in Bellevue, Nebraska Statistics of the population served is not yet available since the hospital was only open for a month during this fiscal year

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

The organization does not currently participate in these types of community building activities the organization is a physician practice focused on its mission of providing exceptional patient care, education of future medical professionals for the region, and research, while supporting the community Bellevue Medical Center did not have any community building activities in FY10 as the hospital was only operational 45 days of the fiscal year However, Bellevue Medical Center plans to partake in community building activities once the hospital has had a chance to develop PART VI, LINE 6 Unmc physicians is not a hospital and therefore this question is not applicable Bellevue medical center is a hospital, however, it is not a tax exempt organization, and therefore this question is not applicable

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 i, line 2 for further clarification of part i, line 2, both unmc physicians, which is not a hospital and bellevue medical center, which is a hospital through a joint venture, have separate and distinct charity care policies therefore the "generally tailored to individual hospitals" has been checked

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

UNMC Physicians is a not for profit corporation committed to supporting the mission of the University of Nebraska Medical Center ("UNMC") It was established by UNMC to provide a vehicle for the faculty of the College of Medicine to develop an integrated practice for management of clinical activities The mission of the University of Nebraska Medical Center is to improve the health of Nebraska through premier education programs, innovative research, the highest quality patient care, and outreach to underserved populations Bellevue Medical Center is not part of a affiliated group PART VI LINE 8 Unmc physicians is not required to file its community benefit report with any state, however Unmc physicians does make it available to the public via the web link provided above Bellevue medical center is also not required to file a community benefit report with any state

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
UNMC Physicians

Employer identification number
47-0785575

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
AMERICAN HEART ASSOCIATION HEARTLAND AFFILIATE 10100 J STREET SUITE A OMAHA,NE 68127	135613797	501(C)(3)	25,000				FURTHER EXEMPT PURP
AMERICAN DIABETES ASSOCIATION14216 DAYTON CIR STE 6 OMAHA,NE 68137	131623888	501(C)(3)	10,000				FURTHER EXEMPT PURP
NATIONAL MULTIPLE SCLEROSIS SOCIETY328 south 72nd street OMAHA,NE 68114	470439079	501(C)(3)	10,000				FURTHER EXEMPT PURP
UNIVERSITY OF NEBRASKA MEDICAL CENTER986800 NE MED CTR OMAHA,NE 68198	470049123	GOVT	31,171,955				EDUC SUPPORT
UNIVERSITY HOSPITAL AUXILIARY987509 NE MED CTR OMAHA,NE 68198	470591991	501(C)(3)	21,000				FURTHER EXEMPT PURP
UNIVERSITY OF NEBRASKA FOUNDATION 8712 W DODGE RD STE 100 OMAHA,NE 68114	470379839	501(C)(3)	174,000				FURTHER EXEMPT PURP
UNMC COLLEGE OF NURSING985330 NE MED CTR OMAHA,NE 68198	470049123	501(C)(3)	76,750				FURTHER EXEMPT PURP
THE DURHAM MUSEUM801 SOUTH 10TH STREET OMAHA,NE 68108	470556061	501(C)(3)	16,875				FURTHER EXEMPT PURP
AMERICAN COLLEGE OF PHYSICIANS NEBRASKA CHAPTER4904 S SWEETBRIAR DR SIOUX FALLS,SD 57108	510253459	501(C)(3)	7,500				FURTHER EXEMPT PURP
Metro Omaha Medical Society7906 DAVENPORT STREET OMAHA,NE 68114	470258950	501(C)(6)	35,000				FURTHER EXEMPT PURP
OMAHA PERFORMING ARTS SOCIETY1200 DOUGLAS ST OMAHA,NE 68102	470832480	501(C)(3)	33,333				FURTHER EXEMPT PURP

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 10

3 Enter total number of other organizations . . . . . ▶ 1

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
CHARITY CARE	4585		5,604,475	BOOK	PATIENT FIN'L ASSIST
See Additional Data Table					

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
PART I, LINE 2		CHARITABLE GIVING IS PRIORITIZED AS FOLLOWS 1) HEALTH AND WELLNESS 2) HUMAN SERVICES 3) MEDICAL EDUCATION AND RESEARCH PROCEDURES FOR MONITORING THE USE OF THE GRANT FUNDS IN THE U S DONATIONS WILL BE BUDGETED AT THE DEPARTMENT OR COST CENTER LEVEL FURTHERMORE, ALL DONATION REQUESTS MUST BE SUBMITTED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL THE CFO MAY ALSO REQUEST ADDITIONAL INFORMATION, AND/OR MAKE THE APPROVAL CONTINGENT UPON THE ORGANIZATION PROVIDING ONE OR MORE REPORTS DURING OR AT THE CONCLUSION OF THE PROJECT SHOWING HOW THE GRANT FUNDS WERE SPENT ANY SINGLE DONATION REQUEST, OR DONATIONS IN THE AGGREGATE TO ANY ONE CHARITY IN A FISCAL YEAR OF $10,000, SHALL REQUIRE THE APPROVAL OF THE UNMC PHYSICIANS BOARD OF DIRECTORS
PART III		UNMC PHYSICIANS HAS A WRITTEN FINANCIAL ASSISTANCE/CHARITY CARE POLICY

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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
UNMC Physicians

Employer identification number
47-0785575

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**		
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**		
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**		No
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**		No
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				
See Additional Data Table							

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0785575
Name: UNMC Physicians

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				
CHARLES A ENKE	(I)	263,514	35,351	0	7,042	3	305,910	0
	(II)	218,007	0	0	18,098	8,977	245,082	0
KEVIN L GARVIN	(I)	305,000	35,822	0	17,001	3	357,826	0
	(II)	205,708	0	0	16,476	408	222,592	0
JOHN L GOLLAN	(I)	130,997	21,811	0	0	3	152,811	0
	(II)	266,781	0	22,000	18,571	5,506	312,858	0
DONALD A LEOPOLD	(I)	233,702	29,119	0	16,732	3	279,556	0
	(II)	181,847	0	22,000	16,634	4,832	225,313	0
CARL V SMITH	(I)	208,730	4,862	0	10,135	3	223,730	0
	(II)	197,005	0	22,000	14,370	2,832	236,207	0
CRAIG W WALKER	(I)	278,496	97,500	0	14,119	3	390,118	0
	(II)	221,400	0	0	18,170	6,485	246,055	0
STEVEN WENGEL	(I)	40,000	0	0	0	3	40,003	0
	(II)	221,850	0	0	18,175	6,090	246,115	0
JAMES WISECARVER	(I)	216,087	30,000	0	28,811	3	274,901	0
	(II)	114,283	0	0	9,523	5,506	129,312	0
Lynell Klassen	(I)	37,933	9,783	0	0	3	47,719	0
	(II)	263,870	0	0	21,484	5,438	290,792	0
GERALD GROGGEL	(I)	179,423	25,000	0	8,750	3	213,176	0
	(II)	84,615	0	22,000	8,617	1,855	117,087	0
ROBERT MUELLEMAN	(I)	196,222	15,000	0	21,248	3	232,473	0
	(II)	166,582	0	0	13,997	8,890	189,469	0
RODNEY S MARKIN	(I)	326,091	10,000	0	18,353	3	354,447	0
	(II)	171,565	0	22,000	15,677	3,156	212,398	0
MICHAEL SITORIUS	(I)	37,800	21,000	0	0	3	58,803	0
	(II)	227,922	0	0	18,954	9,178	256,054	0
PIERRE FAYAD	(I)	112,977	26,528	0	0	3	139,508	0
	(II)	209,906	0	0	17,032	3,751	230,689	0
CORY D SHAW	(I)	152,088	48,356	0	5,162	3	205,609	0
	(II)	137,580	0	16,500	12,846	7,244	174,170	0
TROY WILHELM	(I)	207,245	31,864	12,026	14,386	4,643	270,164	0
	(II)	0	0	0	0	0	0	0
MARK MAILLIARD	(I)	175,105	5,000	0	8,574	3	188,682	0
	(II)	108,668	0	0	8,721	1,099	118,488	0
JOHN SPARKS	(I)	104,400	40,000	0	76	3	144,479	0
	(II)	184,073	0	22,000	15,225	4,530	225,828	0
DEBRA ROMBERGER	(I)	195,384	15,294	0	1,352	3	212,033	0
	(II)	31,948	0	0	2,764	3,355	38,067	0
THOMAS HEJKAL	(I)	129,043	133,584	0	9,870	3	272,500	0
	(II)	116,197	0	0	9,696	5,484	131,377	0
STEVE HINRICHS	(I)	188,000	30,000	0	16,144	3	234,147	0
	(II)	211,615	0	0	17,280	5,142	234,037	0
KEN FOLLETT	(I)	359,613	87,195	0	26,461	3	473,272	0
	(II)	130,822	0	0	10,908	6,290	148,020	0
SHIELA ELLIS	(I)	241,320	30,000	0	17,967	3	289,290	0
	(II)	103,276	0	0	8,495	3,672	115,443	0
DENNIS BIERLE	(I)	198,115	27,532	0	16,923	3,581	246,151	0
	(II)	0	0	0	0	0	0	0
JEAN BOTHA	(I)	383,292	249,829	0	34,950	3	668,074	0
	(II)	54,381	0	16,500	5,911	3,768	80,560	0
ALAN LANGAS	(I)	568,220	250,829	0	31,669	3	850,721	0
	(II)	95,179	0	0	7,841	3,596	106,616	0
WENDY JEAN WARD	(I)	383,479	249,829	0	34,977	3	668,288	0
	(II)	54,307	0	16,500	5,896	3,648	80,351	0
CARIN BORG	(I)	75,699	0	0	9,940	3	85,642	0
	(II)	102,525	0	0	8,452	3,606	114,583	0
HAROLD MAURER	(I)	89,077	0	0	0	3	89,080	0
	(II)	512,593	0	0	39,775	4,185	556,553	0
LISA RUNCO	(I)	79,838	0	0	11,753	3	91,594	0
	(II)	86,788	0	0	7,314	5,393	99,495	0
BRYAN SCHWAHN	(I)	86,193	17,000	0	18,896	3	122,092	0
	(II)	75,282	0	0	5,390	5,172	85,844	0
TRACY DORHEIM	(I)	434,298	0	0	33,325	3	467,626	0
	(II)	112,567	0	0	7,521	3,890	123,978	0
DAVID MELLIGER	(I)	43,140	27,500	0	11,980	3	82,623	0
	(II)	82,715	0	0	6,777	2,477	91,969	0
DAVID W MERCER	(I)	166,650	0	0	45,000	3	211,653	0
	(II)	86,061	0	0	17	1,771	87,849	0
WILLIAM THORELL	(I)	412,141	51,623	0	34,510	3	498,277	0
	(II)	60,794	0	13,200	6,170	3,890	84,054	0

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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
UNMC Physicians

Employer identification number
47-0785575

Identifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT, AND DISCLOSURE - CONFLICTS OF INTEREST	PART VI, SECTION B, QUESTION 12C	All Covered Persons are required to complete, on an annual basis (at a minimum), a Conflict of Interest Questionnaire and Attestation of Compliance Any Covered Person considering activity that could create an actual or potential Conflict of Interest must immediately disclose the nature of the Conflict of Interest including all material facts within the Conflict of Interest Questionnaire and Attestation of Compliance During the time period between annual attestations, Covered Persons are encouraged to seek counsel and advice from the Chairman of the Board of Directors (Chairman) or Chief Executive Officer (CEO) should any questions arise as to whether or not personal activity or proposed activity would be considered a Conflict of Interest Whenever there is reason to believe that an actual or potential Conflict of Interest exists between UNMC Physicians and a Covered Person, the following procedures for reviewing a potential Conflict of Interest shall be undertaken 1 Conflicts involving Board members or Members of Board Committees The Chairman shall serve as the Designated Reviewing Official and shall have responsibility (except when he/she is a Covered Person) to promptly bring the actual or potential Conflict of Interest to the attention of the Board for action at the next regular meeting of the Board, or during a special meeting called specifically to review the potential conflict of interest When the Chairman has an actual or potential Conflict of Interest, the CEO shall serve as the Designated Reviewing Official 2 Conflicts involving CEO, CFO or COO The Chairman shall serve as the Designated Reviewing Official and shall have responsibility to promptly bring the actual or potential Conflict of Interest to the attention of the Board for action at the next regular meeting of the Board, or during a special meeting called specifically to review the actual or potential Conflict of Interest 3 Conflicts involving all other Covered Persons The CEO shall serve as the Designated Reviewing Official and shall be responsible for reviewing the actual or potential Conflict of Interest UNMC Physicians shall refrain from acting upon any transaction involving an actual or potential Conflict of Interest until such time as the actual or potential Conflict of Interest has been reviewed and final resolution (i e , approved, denied, and/or proposed an alternative arrangement) has been determined through the applicable process described below 1 Conflicts involving Board members or Members of Board Committees A) The Covered Person shall have an opportunity and must be available to provide factual information about the actual or potential Conflict of Interest B) The Covered Person shall not participate in any way in, or be present during, the deliberations and decision-making vote with respect to such actual or potential Conflict of Interest C) The disinterested members of the Board shall consider whether the terms of the actual or potential Conflict of Interest are fair and reasonable to UNMC Physicians and shall vote to determine final resolution D)Final resolution of the arrangement by the disinterested members of the Board shall be by vote of a majority of directors in attendance at a meeting at which a quorum is present A Covered Person shall not be counted for purposes of determining whether a quorum is present, nor for purposes of determining what constitutes a majority vote of Board members in attendance 2 Conflicts involving CEO, CFO, COO A)The Covered Person shall have an opportunity and must be available to provide factual information about the actual or potential Conflict of Interest B)The Covered Person shall not participate in any way in, or be present during, the deliberations and decision-making vote with respect to the actual or potential Conflict of Interest C)The Chairman shall bring actual or potential Conflicts of Interest to the attention of the Board for action Members of the Board shall consider whether the terms of the actual or potential Conflict of Interest are fair and reasonable to UNMC Physicians and shall vote to determine final resolution D)Final resolution of the actual or potential Conflict of Interest by the disinterested members of the Board shall be by vote of a majority of directors in attendance at a meeting at which a quorum is present 3 Conflicts involving all other Covered Persons A) The Covered Person shall have an opportunity and must be available to provide factual information about the actual or potential Conflict of Interest B) The Covered Person shall not participate in any way in, or be present during, the deliberations and decision-making vote with respect to such actual or potential Conflict of Interest C) The CEO shall be responsible for reviewing and determining final resolution of actual or potential Conflicts of Interest All results shall be reported to the Chairman who may then determine whether any further board review or action is necessary
POLICIES - COMPENSATION	PART VI, SECTION B, QUESTION 15	The Compensation Committee for accepting/revising/rejecting executive compensation is comprised of 1 the Chair of the Board of Directors of UNMC Physicians ("Board"), 2 Vice Chancellor for Business and Finance of the University of Nebraska Medical Center (UNMC) who shall serve as the Committee Chair (Committee Chair), 3 two (2) members who are not employees of UNMC Physicians These two (2) members shall be appointed by the Committee Chair and are subject to approval of Board, and 4 three (3) Board members, who are chairs of clinical departments The Compensation Committee reviews all proposed compensation All compensation submitted for review must be supported by appropriate documentation, including but not limited to comparability data (i e , Association of American Medical Colleges (AAMC)) relevant for the occupation and Corporation position The Compensation Committee shall ensure, when reviewing and approving all compensation (subject to the Compensation Committee Policy and Procedure) that its review and approval qualifies for the rebuttable presumption of reasonableness under the Intermediate Sanctions regulations (26 C F R 53 4958-6, as amended) To ensure such compliance, the Compensation Committee shall 1 ensure that no conflict of interest is present with Compensation Committee members present, 2 receive and rely upon appropriate data as to comparability from internal or external resources prior to making its determination, and 3 document the basis for its determination of reasonableness concurrently with making that determination Such documentation shall include a) the terms of the arrangement that was approved and the date it was approved, b) the members of the Compensation Committee who were present and those who voted on it (Quorum is required for any approval), c) the comparability data obtained and relied upon by the Compensation Committee and how such material was obtained, and d) the action(s) taken by the Compensation Committee
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	Form 990, Part VI, Line 19	Governing documents, Conflict of Interest policy, and audited financial statements are available to the public upon request in the administration offices
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, LINE 11	The Form 990 is initially reviewed in detail by the Finance Committee of the Board of Directors, with executive management and independent tax specialists present to assist with the review The Finance Committee's role is to thoroughly understand the Form 990 contents and to report to the full board of directors the results of its review The review with the full Board of Directors is conducted prior to the filing of the Form 990 with the IRS The Form 990 is sent to each Director of the Board one week prior to the Board Meeting at which the Form 990 will be reviewed and reported upon by the Finance Committee
IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	SCHEDULE R, PART II	UNIVERSITY OF NEBRASKA MEDICAL CENTER IS A PART OF THE UNIVERSITY OF NEBRASKA GOVERNED BY THE BOARD OF REGENTS
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, SECTION A, LINE 6	The Corporation's Bylaws and Articles of Incorporation provide that all full time, part time and volunteer faculty members of the University of Nebraska College of Medicine who provide professional clinical healthcare services and have a separate employment arrangement with Corporation are deemed members of the Corporation Each full time member is entitled to one vote on any matter submitted to a vote of the members
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, SECTION A, LINE 7A	Four director seats on the board of directors shall be filled by and elected by the full time members of the corporation
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, SECTION A, LINE 7B	The Board of Regents of the University of Nebraska (Board of Regents), is a public corporate body organized and existing under the Constitution and laws of the State of Nebraska The Corporation exists under the provisions of the medical service plan as adopted by the Board of Regents Therefore, certain actions taken by the Corporation require approval by the Board of RegentS In addition, certain matters taken up by the Corporation's Board of Directors may require member approval

Identifier	Return Reference	Explanation
IRS FILINGS AND TAX COMPLIANCE	990 PART V LINE 2A	The number of employees reported on the w-3 return is different than the number reported on Line 2a of the form 990 This is due to a clerical error in the filing of the w-2 returns that generated blank w-2s

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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
UNMC Physicians

Employer identification number
47-0785575

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

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
UNIVERSITY OF NEBRASKA MEDICAL CENTER 986800 NEBRASKA MEDICAL CENTER OMAHA, NE 68198 47-0049123	EDUCATION	NE	GOVT	N/A	NA

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

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(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**		**No**
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**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
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**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
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)			
(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