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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

C Name of organization
UNMC PHYSICIANS
% LINDA SCHOLTING

Doing business as

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

Room/suite

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

D Employer identification number
47-0785575

E Telephone number
(402) 559-9789

G Gross receipts $ 224,661,501

F Name and address of principal officer
DR CARL V SMITH
988145 NEBRASKA MEDICAL CENTER
OMAHA, NE 681988145

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW 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
LEAD THE WORLD IN TRANSFORMING LIVES TO CREATE A HEALTHY FUTURE FOR INDIVIDUALS & COMMUNITIES THROUGH PREMIER EDUCATIONAL PROGRAMS, INNOVATIVE RESEARCH & EXTRAORDINARY PATIENT CARE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	1,465
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	354,702
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	298,809

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	23,820,664
9	Program service revenue (Part VIII, line 2g)	238,483,952	200,379,209
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,423,912	389,674
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,556,050	71,954
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	245,463,914	224,661,501

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	48,170,707	10,520,694
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)	135,250,676	156,039,572
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–24e)	50,359,876	59,228,472
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	233,781,259	225,788,738
19	Revenue less expenses Subtract line 18 from line 12	11,682,655	-1,127,237

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	165,028,007	164,911,839
21	Total liabilities (Part X, line 26)	45,526,177	44,474,709
22	Net assets or fund balances Subtract line 21 from line 20	119,501,830	120,437,130

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2015-12-14 — Date

Dr Carl V Smith Chairman — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LORRAINE A EGGER	LORRAINE A EGGER			P00223617

Firm's name ▶ KPMG LLP — Firm's EIN ▶

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our mission is to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 224,509,467 including grants of $ 10,520,694) (Revenue $ 200,451,163)

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 2015, UNMC PHYSICIANS SERVED MORE THAN 467 THOUSAND PATIENTS IN ITS CLINICS AND OVER 269 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 3 9 MILLION DOLLARS, AT COST, IN CHARITABLE CARE TO THE UNDERSERVED AND THOSE UNABLE TO PAY FOR MEDICALLY NECESSARY HEALTHCARE SERVICES IN ADDITION, OVER 32 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 2 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** ▶ 224,509,467

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	56		
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	1,465		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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**		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		Yes	

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶LINDA SCHOLTING
988145 NEBRASKA MEDICAL CENTER
OMAHA, NE 681988145 (402) 559-9789

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								9,317,491	5,182,061	1,380,845

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 342

			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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE UROLOGY CENTER PC, 111 SOUTH 90TH ST OMAHA, NE 68114	PHYSICIAN SERVICES	1,243,514
NEBRASKA PEDIATRIC PRACTICE, 8200 DODGE ST OMAHA, NE 68114	PHYSICIAN SERVICES	316,247
WHITEWAY BUILDING SERVICE, 3003 S 87TH ST OMAHA, NE 68124	JANITORIAL SERVICE	110,433

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 23,820,664				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		23,820,664			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621400	181,830,392	181,830,392		
	b OTHER CONTRACTUAL REVENUE	900099	18,548,817	18,548,817		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		200,379,209			
	3 Investment income (including dividends, interest, and other similar amounts)		389,674		354,702	34,972
	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)	0	0				
	d Net rental income or (loss)			0			

		(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		561000	71,954	71,954		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			71,954			
	12 **Total revenue.** See Instructions			224,661,501	200,451,163	354,702	34,972

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,092,733	2,092,733		
2 Grants and other assistance to domestic individuals See Part IV, line 22	8,427,961	8,427,961		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	6,547,689	6,547,689		
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	127,035,784	127,035,784		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,213,468	13,213,468		
9 Other employee benefits	5,224,128	5,224,128		
10 Payroll taxes	4,018,503	4,018,503		
11 Fees for services (non-employees)				
a Management	0			
b Legal	50,228		50,228	
c Accounting	120,085		120,085	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	506,313	506,313		
12 Advertising and promotion	138,520	138,520		
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	4,670,261	4,670,261		
17 Travel	173,815	173,815		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	72,010	72,010		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,841,572	1,841,572		
23 Insurance	3,753,329	2,644,371	1,108,958	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DEAN & DEPT DEVELOPMENT FUND	10,811,350	10,811,350		
b CONTRACTED SERVICES	12,183,345	12,183,345		
c PROVISION FOR BAD DEBT EXPENSE	12,325,416	12,325,416		
d MEDICAL SUPPLIES/EQUIPMENT	5,438,254	5,438,254		
e All other expenses	7,143,974	7,143,974		
25 **Total functional expenses.** Add lines 1 through 24e	225,788,738	224,509,467	1,279,271	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		61,043,468	1	33,018,025
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		37,776,780	4	52,011,042
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		903,595	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		474,236	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 36,342,442			
	b	Less accumulated depreciation	10b 21,368,728	16,815,286	10c	14,973,714
	11	Investments—publicly traded securities		46,742,383	11	62,842,527
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		989,382	13	2,066,531
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		282,877	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		165,028,007	16	164,911,839
Liabilities	17	Accounts payable and accrued expenses		27,898,634	17	39,234,296
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		17,627,543	25	5,240,413
	26	**Total liabilities.** Add lines 17 through 25		45,526,177	26	44,474,709
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		119,501,830	27	119,268,326
	28	Temporarily restricted net assets		0	28	1,168,804
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		119,501,830	33	120,437,130
	34	Total liabilities and net assets/fund balances		165,028,007	34	164,911,839

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	224,661,501
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,788,738
3	Revenue less expenses Subtract line 2 from line 1	3	-1,127,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,501,830
5	Net unrealized gains (losses) on investments	5	893,733
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,168,804
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,437,130

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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		

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Carl V Smith Chairman	30 0 30 0	X		X				419,742	246,938	51,348
(1) Michael Sitorius Vice Chair/Department Chair	30 0 30 0	X		X				87,037	250,577	54,865
(2) Robert Muelleman Secretary/Treasurer/Dept Chair	30 0 30 0	X		X				321,131	183,998	65,585
(3) Charles Enke Director	30 0 30 0	X						314,133	233,428	65,388
(4) Kevin Garvin Director	30 0 30 0	X						517,809	223,476	18,296
(5) Jeffrey Harrison Director	30 0 30 0	X						26,836	187,106	35,981
(6) Steve Hinrichs Director	30 0 30 0	X						259,109	224,506	66,060
(7) Dwight Jones Director	1 0 40 0	X						0	248,411	25,563
(8) Steven Lisco Director	30 0 30 0	X						388,313	249,378	57,819
(9) David W Mercer Director	30 0 30 0	X						496,814	229,268	62,497
(10) Quan Nguyen Director	30 0 30 0	X						346,825	243,063	54,451
(11) James O'Dell Director	30 0 30 0	X						116,011	73,543	27,819
(12) Troy Plumb Director	30 0 30 0	X						290,333	92,847	37,489
(13) Matthew Rizzo Director	30 0 30 0	X						122,500	182,408	45,504
(14) Debra Romberger Director	30 0 30 0	X						44,951	52,897	16,066
(15) Joe Sisson Director	30 0 30 0	X						200,049	121,776	33,855
(16) John Sparks Director	1 0 40 0	X						0	222,989	21,983
(17) Craig W Walker Director	30 0 30 0	X						306,452	288,517	62,640
(18) Steven Wengel Director	30 0 30 0	X						78,454	240,974	46,555
(19) Rosanna Morris CEO effective March 2015	30 0 30 0			X				0	0	0
(20) Dennis Bierle COO	30 0 10 0			X				434,206	0	20,911
(21) Bradley Britigan President	10 0 45 0			X				37,333	377,619	26,942
(22) William Dinsmoor CEO thru March 2015	10 0 45 0			X				0	0	0
(23) Cory D Shaw Executive VP	30 0 10 0			X				250,911	169,112	47,243
(24) Troy Wilhelm CFO thru October 2014	30 0 10 0			X				275,929	0	18,602

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Carin Borg Administrator	20 0 20 0				X			103,504	115,020	31,124
(1) David Melliger Administrator	20 0 20 0				X			108,644	109,044	36,902
(2) Lisa Runco Administrator	20 0 20 0				X			115,113	94,798	35,320
(3) Bryan Schwahn Administrator	20 0 20 0				X			115,306	84,791	34,793
(4) Ronald Hollins Physician	50 0 10 0					X		546,382	94,534	53,864
(5) Alan Langnas Physician	50 0 10 0					X		855,808	99,203	54,792
(6) William Thorell Physician	50 0 10 0					X		773,210	81,806	55,507
(7) Daniel Surdell Jr Physician	50 0 10 0					X		761,996	69,307	56,832
(8) Perry Johnson Physician	50 0 10 0					X		602,650	90,727	58,249

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	345,357	0	0	0	23,820,664	24,166,021
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	218,271,919	218,294,260	225,076,407	241,040,002	200,451,163	1,103,133,751
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	218,617,276	218,294,260	225,076,407	241,040,002	224,271,827	1,127,299,772
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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	31,518,323	35,899,279	53,348,364	54,616,699	2,417,166	177,799,831
c Add lines 7a and 7b	31,518,323	35,899,279	53,348,364	54,616,699	2,417,166	177,799,831
8 **Public support** (Subtract line 7c from line 6)						949,499,941

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	218,617,276	218,294,260	225,076,407	241,040,002	224,271,827	1,127,299,772
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	430,515	384,618	426,118	498,248	389,674	2,129,173
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			2,181	117,248	298,809	418,238
c Add lines 10a and 10b	430,515	384,618	428,299	615,496	688,483	2,547,411
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	219,047,791	218,678,878	225,504,706	241,655,498	224,960,310	1,129,847,183

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	84 038 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	81 870 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	0 226 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	0 200 %

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493357001265

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		407,536		407,536
b Buildings		4,427,095	718,188	3,708,907
c Leasehold improvements		12,991,308	5,581,594	7,409,714
d Equipment		18,516,503	15,068,946	3,447,557
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				14,973,714

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
FEES PAYABLE TO UNMC	1,265,640
RESERVE FOR SELF-INSURANCE	3,974,773
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,240,413

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	204,801,857
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	893,733		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-20,753,377		
e	Add lines **2a** through **2d**			2e	-19,859,644
3	Subtract line **2e** from line **1**			3	224,661,501
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	224,661,501

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	205,035,361
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	205,035,361
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	20,753,377		
c	Add lines **4a** and **4b**			4c	20,753,377
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	225,788,738

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	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
SCHEDULE D, PART XI, LINE 2D	BAD DEBT EXPENSE RECLASS 12,325,416 CHARITY CARE RECLASS 8,427,961 ---------- TOTAL 20,753,377
SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE RECLASS 12,325,416 CHARITY CARE RECLASS 8,427,961 ---------- TOTAL 20,753,377

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNMC PHYSICIANS

Employer identification number
47-0785575

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sub-Saharan Africa			PROGRAM SERVICES	SEE PART IV	9,406
(2)					
(3)					
(4)					
(5)					
3a Sub-total					9,406
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					9,406

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	GENERAL INFORMATION ON ACTIVITIES OUTSIDE THE U S UNMC PHYSICIANS FINANCIALLY SUPPORTS U NMC COLLEGE OF MEDICINE'S MEDICAL RESIDENT ROTATION PROGRAM STUDENTS DO A MONTHLY ROTATIO N IN SOUTH AFRICA WORKING IN LOCAL HOSPITALS AND CLINICS UNMC PHYSICIANS PAID $9,406 FOR THE MEDICAL RESIDENT HOUSING

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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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NEBRASKA MEDICAL CENTER 986800 NE MED CTR OMAHA,NE 68198	47-0049123	GOVT	2,096,733				EDUCATION SUPPORT

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CHARITY CARE	7431		8,427,961	BOOK	PATIENT FIN'L ASSIT

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	CHARITABLE GIVING IS PRIORITIZED AS FOLLOWS 1) HEALTH & WELLNESS 2) HUMAN SERVICES 3) MEDICAL EDUCATION & RESEARCH PROCEDURES FOR MONITORING THE USE OF THE GRANT FUNDS IN THE U S ALL DONATION REQUESTS MUST BE SUBMITTED TO THE CHARITABLE DONATIONS COMMITTEE AND 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
SCHEDULE I, PART III	UNDER THE CLINICAL ENTERPRISE INTEGRATION AND MANAGEMENT AGREEMENT, UNMC PHYSICIANS FOLLOWS THE WRITTEN FINANCIAL ASSISTANCE/CHARITY CARE POLICY OF THE NEBRASKA MEDICAL CENTER

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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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 Carl V Smith, Chairman	(I)	417,311	2,431	0	32,424	0	452,166	0
	(II)	224,438	0	22,500	16,146	2,778	265,862	0
1 Michael Sitorius, Vice Chair/Department Chair	(I)	44,017	43,000	20	28,233	0	115,270	0
	(II)	250,577	0	0	20,498	6,206	277,281	0
2 Robert Muelleman, Secretary/Treasurer/Dept Chair	(I)	272,131	49,000	0	45,102	0	366,233	0
	(II)	183,998	0	0	15,113	6,034	205,145	0
3 Charles Enke, Director	(I)	314,133	0	0	37,902	0	352,035	0
	(II)	233,428	0	0	19,196	8,482	261,106	0
4 Kevin Garvin, Director	(I)	508,698	9,111	0	0	0	517,809	0
	(II)	223,476	0	0	17,889	407	241,772	0
5 Jeffrey Harrison, Director	(I)	17,318	9,518	0	18,241	0	45,077	0
	(II)	187,106	0	0	15,166	2,574	204,846	0
6 Steve Hinrichs, Director	(I)	224,109	35,000	0	45,102	0	304,211	0
	(II)	201,508	0	22,998	18,180	4,056	246,742	0
7 Dwight Jones, Director	(I)	0	0	0	0	0	0	0
	(II)	248,411	0	0	20,285	5,470	274,166	0
8 Steven Lisco, Director	(I)	338,238	25,000	25,075	32,400	0	420,713	0
	(II)	226,386	0	22,992	20,285	5,134	274,797	0
9 David W Mercer, Director	(I)	496,794	0	20	45,076	0	541,890	0
	(II)	229,268	0	0	15,006	2,535	246,809	0
10 Quan Nguyen, Director	(I)	321,825	25,000	0	32,400	0	379,225	0
	(II)	243,063	0	0	19,694	3,635	266,392	0
11 James O'Dell, Director	(I)	111,811	4,200	0	19,848	0	135,859	0
	(II)	73,543	0	0	5,971	2,048	81,562	0
12 Troy Plumb, Director	(I)	260,333	30,000	0	23,502	0	313,835	0
	(II)	92,847	0	0	7,853	6,134	106,834	0
13 Matthew Rizzo, Director	(I)	116,250	6,250	0	28,156	0	150,656	0
	(II)	182,408	0	0	14,700	2,792	199,900	0
14 Joe Sisson, Director	(I)	179,291	20,758	0	20,438	0	220,487	0
	(II)	98,776	0	23,000	9,917	3,500	135,193	0
15 John Sparks, Director	(I)	0	0	0	0	0	0	0
	(II)	199,989	0	23,000	18,005	4,002	244,996	0
16 Craig W Walker, Director	(I)	240,452	66,000	0	33,075	0	339,527	0
	(II)	265,525	0	22,992	23,431	6,326	318,274	0
17 Steven Wengel, Director	(I)	72,654	5,800	0	21,085	0	99,539	0
	(II)	240,974	0	0	19,680	5,826	266,480	0
18 Ronald Hollins, Physician	(I)	546,382	0	0	45,102	0	591,484	0
	(II)	94,534	0	0	7,569	1,193	103,296	0
19 Dennis Bierle, COO	(I)	415,676	18,500	30	13,500	7,956	455,662	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Bradley Britigan, President	(I)	37,313	0	20	0	0	37,333	0
	(II)	354,619	0	23,000	24,824	2,118	404,561	0
1 Cory D Shaw, Executive VP	(I)	250,891	0	20	27,102	0	278,013	0
	(II)	169,112	0	0	14,007	6,134	189,253	0
2 Troy Wilhelm, CFO thru October 2014	(I)	257,429	18,500	0	13,695	5,336	294,960	0
	(II)	0	0	0	0	0	0	0
3 Carin Borg, Administrator	(I)	93,484	10,000	20	17,909	0	121,413	0
	(II)	115,020	0	0	9,437	3,826	128,283	0
4 David Melliger, Administrator	(I)	53,124	55,500	20	25,606	0	134,250	0
	(II)	109,044	0	0	8,849	2,447	120,340	0
5 Lisa Runco, Administrator	(I)	115,093	0	20	22,645	0	137,758	0
	(II)	94,798	0	0	7,897	4,802	107,497	0
6 Bryan Schwahn, Administrator	(I)	115,286	0	20	22,805	0	138,111	0
	(II)	84,791	0	0	5,854	6,134	96,779	0
7 Alan Langnas, Physician	(I)	760,156	95,652	0	45,102	0	900,910	0
	(II)	99,203	0	0	7,991	1,699	108,893	0
8 William Thorell, Physician	(I)	773,210	0	0	45,102	0	818,312	0
	(II)	81,806	0	0	6,771	3,634	92,211	0
9 Daniel Surdell Jr, Physician	(I)	761,996	0	0	45,102	0	807,098	0
	(II)	51,807	0	17,500	5,940	5,910	81,157	0
10 Perry Johnson, Physician	(I)	527,650	75,000	0	45,102	0	647,752	0
	(II)	90,727	0	0	7,113	6,034	103,874	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
UNMC PHYSICIANS	47-0785575

Return Reference	Explanation
Form 990, Part VI, Line 1a	THE BOARD OF DIRECTORS OF UNMC PHYSICIANS ADOPTED A RESOLUTION WHICH DELEGATED CERTAIN AUTHORITY OVER THE GOVERNANCE OF UNMCP TO AN ADVISORY BOARD COMPRISED OF JEFFREY GOLD, MD, BRADLEY BRITIGAN, MD, ROSANNA MORRIS, AS OF MARCH 2015, FORMERLY HELD BY WILLIAM DINSMOOR, MOGENS BAY, BRUCE GREWCOCK, NANCY KEEGAN, JAMES MCCLURG PHD, CHARLES BURT, MD, TIMOTHY KINGSTON, MD, DEBRA ROMBERGER MD, AND CARL SMITH MD THE UNMCP'S BOARD OF DIRECTORS RETAINED THE AUTHORITY TO ISSUE NON-OPERATING DEBT, MATTERS CONCERNING ITS MEMBERS, AND COMMITMENTS OF UNMCP'S ASSETS IN EXCESS OF $500,000 THE BOARD ALSO RETAINED THE RIGHT AND AUTHORITY TO RESCIND OR AMEND THE RESOLUTION AT ANY TIME. THIS RESOLUTION AND THE RESULTING CREATION OF AN ADVISORY BOARD IS AN INTERIM STEP TOWARDS THE COMBINATION OF THE NEBRASKA MEDICAL CENTER (TNMC), BELLEVUE MEDICAL CENTER (BMC) AND UNMCP TO FORM AN INTEGRATED CLINICAL ENTERPRISE. UNMC PHYSICIANS EXECUTIVE DUTIES OF PRESIDENT AND CEO WERE ASSIGNED TO BRAD BRITIGAN, MD AND WILLIAM DINSMOOR WILLIAM DINSMOOR TERMINATED HIS EMPLOYMENT ON MARCH 3, 2015 HE WAS REPLACED BY INTERIM CEO ROSANNA MORRIS

Return Reference	Explanation
Form 990, Part VI, Line 3	Effective July 1, 2014, UNMCP and The Nebraska Medical Center ("TNMC") entered into an Interim Clinical Enterprise Integration and Management Agreement (the "Interim Agreement") The Clinical Enterprise is defined as TNMC, and UNMCP Under the terms of the agreement, UNMCP designates TNMC as its agent and service provider to provide Management Services to UNMCP and to facilitate the financial, operational, and managerial integration of the Clinical Enterprise effective July 1, 2014 During the term of this agreement, the parties will continue to work towards finalization of the legal integration and creation of a permanent governance structure for the Clinical Enterprise As part of the permanent integration, it is anticipated that a significant portion of the assets and liabilities of UNMCP will not be contributed to the Clinical Enterprise, and will remain in control of the UNMC College of Medicine With the Interim Agreement, TNMC manages the day to day functions for UNMCP including cash collections, patient billings, accounts payable and other support functions TNMC assumed employment for certain non-physician staff and clinical employees as of December 19, 2014 UNMCP contracted to lease back certain clinical staff after this date to support the clinical activities In addition, TNMC assumed the funding for certain UNMC College of Medicine costs during 2015, under an Academic Program Funding Agreement These costs historically were funded by UNMCP by transfers to UNMC and then partially reimbursed by TNMC through their contracts with UNMCP This has further reduced the other contract revenue To the extent that the costs and expenses attributable to UNMCP exceed the cash receipts, TNMC is responsible for the difference and the amount is shown as a contribution from TNMC on the Form 990

Return Reference	Explanation
Form 990, Part VI, Line 6	GOVERNANCE, MANAGEMENT, AND DISCLOSURE THE CORPORATION'S BY LAWS 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 THE 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

Return Reference	Explanation
Form 990, Part VI, Line 7a	GOVERNANCE, MANAGEMENT, AND DISCLOSURE FOUR DIRECTOR SEATS ON THE BOARD OF DIRECTORS SHALL BE FILLED BY AND ELECTED BY THE FULL TIME MEMBERS OF THE CORPORATION

Return Reference	Explanation
Form 990, Part VI, Line 7b	GOVERNANCE, MANAGEMENT, AND DISCLOSURE 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

Return Reference	Explanation
Form 990, Part VI, Line 9	TROY WILHELM VICE PRESIDENT OF FINANCE UNIVERSITY OF MINNESOTA PHYSICIANS 720 WASHINGTON AVE SE MINNEAPOLIS, MN 55414 William S Dinsmoor 987400 Nebraska Medical Center Omaha, NE 68179-7400

Return Reference	Explanation
Form 990, Part VI, Line 11b	GOVERNANCE, MANAGEMENT, AND DISCLOSURE 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 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 COMMITTEE.

Return Reference	Explanation	
	Form 990, Part VI, Line 12c	GOVERNANCE, MANAGEMENT, AND DISCLOSURE - CONFLICTS OF INTEREST ALL COVERED PERSONS ARE REQ UIRED 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 CO NFLICT OF INTEREST INCLUDING ALL MATERIAL FACTS WITHIN THE CONFLICT OF INTEREST QUESTIONNA IRE AND ATTESTATION OF COMPLIANCE. DURING THE TIME PERIOD BETWEEN ANNUAL ATTESTATIONS, COV ERED PERSONS ARE ENCOURAGED TO SEEK COUNSEL AND ADVICE FROM THE CHAIRMAN OF THE BOARD OF D IRECTORS (CHAIRMAN) OR CHIEF EXECUTIVE OFFICER (CEO) SHOULD ANY QUESTIONS ARISE AS TO WHET HER OR NOT PERSONAL ACTIVITY OR PROPOSED ACTIVITY WOULD BE CONSIDERED A CONFLICT OF INTERE ST WHENEVER THERE IS REASON TO BELIEVE THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST E XISTS BETWEEN UNMC PHYSICIANS AND A COVERED PERSON, THE FOLLOWING PROCEDURES FOR REVIEWING A POTENTIAL CONFLICT OF INTEREST SHALL BE UNDERTAKEN 1 CONFLICTS INVOLVING BOARD MEMBER S OR MEMBERS OF BOARD COMMITTEES THE CHAIRMAN SHALL SERVE AS THE DESIGNATED REVIEWING OFFI CIAL AND SHALL HAVE RESPONSIBILITY (EXCEPT WHEN HE/SHE IS A COVERED PERSON) TO PROMPTLY BR ING 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 CONFLICTS INVOLVING BOARD MEMBERS OR MEMBERS OF BOARD COMMITTEES A) THE COVERED PERSON SHALL HAVE A N OPPORTUNITY AND MUST BE AVAILABLE TO PROVIDE FACTUAL INFORMATION ABOUT THE ACTUAL OR POT ENTIAL 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 CONSID ER WHETHER THE TERMS OF THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE FAIR AND REASONAB LE 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 SHA LL NOT BE COUNTED FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS PRESENT, NOR FOR PURPOSE S OF DETERMINING WHAT CONSTITUTES A MAJORITY VOTE OF BOARD MEMBERS IN ATTENDANCE 2 CONFL ICTS INVOLVING CEO, CFO OR COO THE CHAIRMAN SHALL SERVE AS THE DESIGNATED REVIEWING OFFICI AL AND SHALL HAVE RESPONSIBILITY TO PROMPTLY BRING THE ACTUAL OR POTENTIAL CONFLICT OF INT EREST TO THE ATTENTION OF THE BOARD FOR ACTION AT THE NEXT REGULAR MEETING OF THE BOARD, O R DURING A SPECIAL MEETING CALLED SPECIFICALLY TO REVIEW THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST CONFLICTS INVOLVING CEO, CFO, COO A) THE COVERED PERSON SHALL HAVE AN OPPORTU NITY AND MUST BE AVAILABLE TO PROVIDE FACTUAL INFORMATION ABOUT THE ACTUAL OR POTENTIAL CO NFLICT OF INTEREST B) THE COVERED PERSON SHALL NOT PARTICIPATE IN ANY WAY IN, OR BE PRESE NT DURING, THE DELIBERATIONS AND DECISION-MAKING VOTE WITH RESPECT TO THE ACTUAL OR POTENT IAL CONFLICT OF INTEREST C) THE CHAIRMAN SHALL BRING ACTUAL OR POTENTIAL CONFLICTS OF INT EREST TO THE ATTENTION OF THE BOARD FOR ACTION MEMBERS OF THE BOARD SHALL CONSIDER WHETHE R THE TERMS OF THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE FAIR AND REASONABLE TO UNM C PHYSICIANS AND SHALL VOTE TO DETERMINE FINAL RESOLUTION D) FINAL RESOLUTION OF THE ACTU AL 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 THE CEO SHALL SERVE AS THE DESIGNATED REV IEWING 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 ACT UAL 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 PROPOSE D AN ALTERNATIVE ARRANGEMENT) HAS BEEN DETERMINED THROUGH THE APPLICABLE PROCESS DESCRIBED BELOW A) THE COVERED PERSON SHALL HAVE AN OPPORTUNITY AND MUST BE AVAILABLE TO PROVIDE F ACTUAL INFORMATION ABOUT THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST B) THE COVERED PERS ON SHALL NOT PARTICIPATE IN ANY WAY IN, OR BE PRESENT DURING, THE DELIBERATIONS AND DECISI ON-MAKING VOTE WITH RESPECT TO SUCH ACTUAL OR POTENTIAL CONFLICT OF INTEREST C) THE CEO S HALL 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 DETERMIN E WHETHER ANY FURTHER BOARD REVIEW OR ACTION IS NE

Return Reference	Explanation	
	Form 990, Part VI, Line 12c	CESSARY

Return Reference	Explanation
Form 990, Part VI, Line 15a & 15B	POLICIES - COMPENSATION 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, 3 TWO MEMBERS WHO ARE NOT EMPLOYEES OF UNMC PHYSICIANS THESE TWO MEMBERS SHALL BE APPOINTED BY THE COMMITTEE CHAIR AND ARE SUBJECT TO APPROVAL OF BOARD, AND 4 THREE 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 AT THE END OF FISCAL 2014, UNMC PHYSICIANS RETAINED THE SERVICES OF AN INDEPENDENT CONSULTANT TO EVALUATE AND MAKE APPROPRIATE RECOMMENDATIONS ON EXECUTIVE COMPENSATION FOR FISCAL YEAR 2015

Return Reference	Explanation
Form 990, Part VI, Line 19	GOVERNANCE, MANAGEMENT, AND DISCLOSURE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN THE ADMINISTRATION OFFICES

Return Reference	Explanation
FORM 990, PART VII, SECTION A	IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS UNIVERSITY OF NEBRASKA MEDICAL CENTER IS A PART OF THE UNIVERSITY OF NEBRASKA GOVERNED BY THE BOARD OF REGENTS

Return Reference	Explanation
FORM 990, PART IV, LINE 12B	REQUIRED SCHEDULES UNMC PHYSICIANS IS A BLENDED COMPONENT UNIT OF THE UNIVERSITY OF NEBRASKA

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTION FROM NONCONTROLLING INTEREST $1,168,804

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) UNIVERSITY OF NEBRASKA MEDICAL CENTER 986800 NEBRASKA MEDICAL CENTER OMAHA, NE 68198 47-0049123	EDUCATION	NE	GOVT	N/A	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HD Group LLC 988101 Nebraska Medical Center Omaha, NE 681988101 47-2318001	Healthcare	NE	UNMC Physicians	Unrelated	75,612	1,302,313		No	75,603	Yes		51 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HD Group LLC	D	800,000	BOOK
(2) HD Group LLC	R	421,613	BOOK

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation