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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
BRYAN MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1600 SOUTH 48TH STREET

City or town, state or province, country, and ZIP or foreign postal code
LINCOLN, NE 685061299

D Employer identification number
47-0376552

E Telephone number
(402) 481-3190

G Gross receipts $ 608,188,069

F Name and address of principal officer
RUSSELL GRONEWOLD
1600 SOUTH 48TH STREET
LINCOLN, NE 685061299

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 BRYANHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCELLENT CARE AND PROMOTE HEALTH WITH A FOCUS ON QUALITY, COLLABORATION AND COMPASSION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	4,130
6	Total number of volunteers (estimate if necessary)	**6**	817
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,030,977
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-11,340

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,468,856	1,281,956
9	Program service revenue (Part VIII, line 2g)	519,380,261	578,054,843
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,999,517	2,672,585
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,417,937	10,770,114
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	539,266,571	592,779,498
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,707,556	151,207
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)	196,908,435	221,175,204
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)	261,538,532	290,184,714
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	460,154,523	511,511,125
19	Revenue less expenses Subtract line 18 from line 12	79,112,048	81,268,373
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	855,779,073	881,974,992
21	Total liabilities (Part X, line 26)	260,320,739	242,889,167
22	Net assets or fund balances Subtract line 21 from line 20	595,458,334	639,085,825

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 — 2016-11-10 Date

Russell Gronewold VP-Finance & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
John Woodhull	John Woodhull			P01305268

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive, Suite 2600, Chicago, IL 606061224 — Phone no (312) 899-7000

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

TO PROVIDE EXCELLENT CARE AND PROMOTE HEALTH WITH A FOCUS ON QUALITY, COLLABORATION AND COMPASSION

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 $ 475,160,639 including grants of $ 151,207) (Revenue $ 577,085,260)

BRYAN MEDICAL CENTER IS A NON-PROFIT, ACUTE CARE HOSPITAL, PROVIDING EXEMPLARY COMPREHENSIVE PATIENT CARE SERVICES, MEDICAL EDUCATION, AND COMMUNITY SERVICES TO RESIDENTS OF THE LINCOLN COMMUNITY, STATE OF NEBRASKA, AND OTHER STATES IN THE REGION BRYAN MEDICAL CENTER IS PART OF BRYAN HEALTH, ONE OF THE LARGEST NON-PROFIT HEALTH CARE ORGANIZATIONS IN THE REGION BRYAN MEDICAL CENTER IS THE LARGEST HOSPITAL IN LINCOLN, LICENSED FOR 640 BEDS AT TWO SEPARATE LOCATIONS PREMIER SERVICES INCLUDE CARDIOLOGY, ORTHOPEDICS, TRAUMA, NEUROSCIENCE, MENTAL HEALTH, WOMEN'S HEALTH AND CHILDREN'S HEALTH AND ONCOLOGY BRYAN MEDICAL CENTER IS THE COMMUNITY'S ONLY PROVIDER OF INPATIENT MENTAL HEALTH SERVICES AND HAS HELPED THOUSANDS OF INDIVIDUALS OVER THE YEARS THROUGH THE BRYAN INDEPENDENCE CENTER RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM DURING 2015, BRYAN MEDICAL CENTER ADMITTED 26,078 INPATIENTS, DELIVERED 3,320 BABIES, AND HAD 80,255 EMERGENCY ROOM VISITS BRYAN MEDICAL CENTER IS COMMITTED TO PROVIDING HEALTH CARE SERVICES FOR THOSE IN NEED REGARDLESS OF THEIR ABILITY TO PAY DURING 2015, BRYAN MEDICAL CENTER PROVIDED LIFE-SAVING PROCEDURES AND MEDICATIONS FOR OVER 8,823 INDIVIDUALS WHO WERE NOT ELIGIBLE FOR ANY GOVERNMENT OR STATE SUPPORT, AND DID NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR HEALTH CARE SERVICES UNREIMBURSED COST FOR CHARITY CARE TOTALED $10 7 MILLION BRYAN MEDICAL CENTER ALSO INCURRED $32 9 MILLION IN UNREIMBURSED MEDICARE COSTS, AND $14 MILLION IN MEDICAID COSTS AND SUPPORT OF OTHER PUBLIC PROGRAMS BRYAN MEDICAL CENTER PROVIDED $454,000 IN THE SUPPORT OF HEALTH PROFESSIONALS' EDUCATION, THROUGH RESIDENCY PROGRAMS AND IN SUPPORT OF THE BRYAN COLLEGE OF HEALTH SCIENCES DURING FALL 2015, THERE WERE 704 STUDENTS ENROLLED IN GRADUATE AND UNDERGRADUATE DEGREE PROGRAMS THROUGH BRYAN'S SCHOOL OF NURSING, HEALTH PROFESSIONS AND NURSE ANESTHESIA PROGRAMS COMMUNITY EDUCATION, SUPPORT PROGRAMS AND SERVICES SUBSIDIZED BY THE MEDICAL CENTER, TOTALED $2,435,000 DONATIONS TO OTHER NON-PROFIT ORGANIZATIONS TOTALED MORE THAN $812,000 BRYAN MEDICAL CENTER'S QUANTIFIABLE COMMUNITY BENEFIT FOR 2015 TOTALED MORE THAN $61 MILLION

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 ▶** 475,160,639

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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		No
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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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**		No
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 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**	Yes	
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**		No
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**		
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**	1,067		
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**	4,130		
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	20		
	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	13		
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		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
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			No

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		No
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	Yes	

Section C. Disclosure

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

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 ▶ RUSSELL GRONEWOLD 1600 SOUTH 48TH STREET LINCOLN, NE 685061299 (402) 481-3190

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								2,963,736	2,064,307	439,021

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 ▶ 142

			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**	Yes	

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
INPATIENT PHYSICIAN ASSOCIATES 2300 SOUTH 16TH STREET LINCOLN, NE 68502	MEDICAL SERVICES	4,074,183
ASSOCIATED ANESTHESIOLOGIST 6911 VAN DORN SUITE 2 LINCOLN, NE 68506	MEDICAL SERVICES	1,670,001
Dialysis Center of Lincoln 7910 O Street Lincoln, NE 68510	Medical Services	1,360,228
Nebraska Trauma & Acute Care 2300 S 16th St Lincoln, NE 68502	Medical Services	1,281,048
Gastroenterology Specialties 4545 R St Ste 100 Lincoln, NE 68503	Medical Services	1,171,852

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 ▶ 38

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	784,375			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	497,581			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		1,281,956			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621990	564,954,415	564,383,652	570,763	
	b BRYAN COLLEGE OF HEALTH SCIENCES REV	611600	9,410,081	9,410,081		
	c PROGRAM RENTAL REVENUE	531190	3,618,018	3,219,198	398,820	
	d PHARMACY	446110	72,329	72,329		
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f		578,054,843			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,838,026		-1,112,922	6,950,948
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	24,085				
	b Less rental expenses	39,503				
	c Rental income or (loss)	-15,418	0			
	d Net rental income or (loss)		-15,418		-15,418	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	12,180,477	23,150			
	b Less cost or other basis and sales expenses	14,734,443	634,625			
	c Gain or (loss)	-2,553,966	-611,475			
	d Net gain or (loss)		-3,165,441			-3,165,441
	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					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722210	3,308,701		155,887	3,152,814
	b CHILD CARE	624410	1,671,616			1,671,616
	c LAB REFERRED TESTING	900099	1,140,446		1,140,446	
	d All other revenue		4,664,769	0	893,401	3,771,368
	e **Total.** Add lines 11a–11d		10,785,532			
	12 **Total revenue.** See Instructions		592,779,498	577,085,260	2,030,977	12,381,305

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	151,207	151,207		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,120,244	1,229,742	890,502	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	167,950,148	166,003,859	1,946,289	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,794,814	8,692,895	101,919	
9 Other employee benefits	30,540,231	30,186,316	353,915	
10 Payroll taxes	11,769,767	11,633,373	136,394	
11 Fees for services (non-employees)				
a Management	145,940		145,940	
b Legal	164,094		164,094	
c Accounting	10,300		10,300	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	467,862		467,862	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,168,309	48,670,427	497,882	0
12 Advertising and promotion	740,914		740,914	
13 Office expenses	114,464,323	113,137,854	1,326,469	
14 Information technology	9,446,235	9,336,767	109,468	
15 Royalties				
16 Occupancy	7,569,882	7,482,158	87,724	
17 Travel	486,396	462,199	24,197	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	216,784	197,021	19,763	
20 Interest	5,155,461	5,095,717	59,744	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,254,710	38,799,807	454,903	
23 Insurance	1,161,744	1,148,281	13,463	
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 BAD DEBT	31,142,828	31,142,828		
b RECRUITMENT EXPENSES	341,002	337,050	3,952	
c CORPORATE COST ALLOCATION	28,429,328		28,429,328	
d RISK MANAGEMENT CLAIMS	252,005	252,005		
e All other expenses	1,566,597	1,201,133	365,464	0
25 **Total functional expenses.** Add lines 1 through 24e	511,511,125	475,160,639	36,350,486	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			1	
	2	Savings and temporary cash investments		171,346,677	2	161,743,338
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		80,716,136	4	75,869,671
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			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			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		9,739,040	8	9,730,715
	9	Prepaid expenses and deferred charges		5,648,163	9	5,512,755
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 767,725,982			
	b	Less accumulated depreciation	10b 441,433,983	326,702,016	10c	326,291,999
	11	Investments—publicly traded securities		191,925,538	11	221,900,064
	12	Investments—other securities See Part IV, line 11		19,978,000	12	25,044,000
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		49,723,503	15	55,882,450
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		855,779,073	16	881,974,992
Liabilities	17	Accounts payable and accrued expenses		51,508,067	17	47,146,905
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		140,280,000	20	129,425,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		68,532,672	25	66,317,262
	26	**Total liabilities.** Add lines 17 through 25		260,320,739	26	242,889,167
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		580,386,474	27	624,570,356
	28	Temporarily restricted net assets		7,993,127	28	8,394,154
	29	Permanently restricted net assets		7,078,733	29	6,121,315
		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		595,458,334	33	639,085,825
	34	Total liabilities and net assets/fund balances		855,779,073	34	881,974,992

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	592,779,498
2	Total expenses (must equal Part IX, column (A), line 25)	2	511,511,125
3	Revenue less expenses Subtract line 2 from line 1	3	81,268,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	595,458,334
5	Net unrealized gains (losses) on investments	5	-18,271,694
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	-19,369,188
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	639,085,825

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	Yes	
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	Yes	

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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			
KATHY CAMPBELL TREASURER	20 0	X		X				0	0	0
NICHOLAS CUSICK VICE CHAIRPERSON	20 0	X		X				0	0	0
JOHN DECKER JR SECRETARY	20 0	X		X				0	0	0
RICHARD EVNEN CHAIRPERSON	20 10	X		X				0	677	0
KIMBERLY RUSSEL PRESIDENT & CHIEF EXECUTIVE OFFICER	350 360	X		X				0	1,345,069	41,670
JOHN WOODRICH CHIEF OPERATING OFFICER	690 10	X		X				685,016	0	48,065
LISA VAIL VP-PATIENT CARE SERVICES/CNO, Board Member Eff 7/6/15	600 0	X			X			364,101	0	36,047
JOHN DITTMAN TRUSTEE	20 0	X						0	0	0
STEVE ERWIN TRUSTEE	10 10	X						0	0	0
BRENDA FRANKLIN RN TRUSTEE	20 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
RON HARRIS TRUSTEE	20 0	X						0	0	0
SCOTT HEASTY MD Trustee, resigned 2/28/15	20 0	X						1,667	0	0
GARY HUSTAD MD TRUSTEE	20 0	X						20,000	0	0
DAVID KECK PHD TRUSTEE	20 0	X						0	0	0
MARTIN MASSENGALE PHD TRUSTEE	20 0	X						0	0	0
GEORGIANNE MASTERA PHD TRUSTEE	20 0	X						0	0	0
Edward Mlinek MD Trustee effective 3/1/15 - 12/31/15	20 0	X						629	0	0
ARDEN (BEAU) REID III TRUSTEE	20 10	X						717	0	0
GENE STOHS MD TRUSTEE	20 0	X						0	0	0
JOHN TRAPP MD TRUSTEE	20 0	X						20,296	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
SCOTT YOUNG TRUSTEE	1 0 0	X						0	0	0
RUSSELL GRONEWOLD VP FINANCE & CHIEF FINANCIAL OFFICER	28 0 ..... 32 0			X				0	718,561	46,578
MARILYN MOORE President - College of Health Sciences, retired 7/23/16	60 0 0				X			327,445	0	25,458
DAVID REESE VP - CLINICAL & SUPPORT SERVICES	59 0 ..... 1 0				X			322,531	0	47,821
SHIRLEY TRAVIS VP Clinical Services, RETIRED 7/16/2015	36 0 ..... 24 0				X			246,338	0	31,145
WILLIAM CORKLE Clinical Pharmacist	50 0 0					X		185,268	0	24,487
SHARON HADENFELDT DEAN OF NURSING ANESTHESIA, BRYAN COLLEGE OF HEALTH SCIENCES, School OF NURSE ANESTHESIA	50 0 0					X		214,559	0	22,015
CHARLES MEYER Perioperative Anesthesia Svcs Director	50 0 0					X		183,078	0	41,620
CHAD MUMA PHARMACIST	50 0 0					X		177,351	0	37,755
JEROME WOHLEB PHARMACY DIRECTOR	50 0 0					X		214,740	0	36,360

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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

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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: 93493315038876

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
BRYAN MEDICAL CENTER	47-0376552

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

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

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		16,239
j	Total Add lines 1c through 1i			16,239
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	BRYAN MEDICAL CENTER IS A MEMBER OF THE NEBRASKA HOSPITAL ASSOCIATION (NHA) DURING THE CURRENT YEAR, THE REPORTING ORGANIZATION MADE PAYMENTS FOR THE MEMBERSHIP DUES TO THE NHA OF $112,995, OF THIS AMOUNT THE NHA REPORTED THAT 11 36% OR $12,836 OF THE TOTAL DUES PAID WERE USED FOR LOBBYING ACTIVITIES BRYAN MEDICAL CENTER IS ALSO A MEMBER OF THE ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF NEBRASKA (AICUN) DURING THE CURRENT YEAR, THE REPORTING ORGANIZATION MADE PAYMENTS FOR MEMBERSHIP DUES TO AICUN OF $20,015, OF THIS AMOUNT AICUN REPORTED THAT 17% OR $3,403 OF THE TOTAL DUES PAID WERE USED FOR LOBBYING ACTIVITIES On various occasions throughout the year, the CEO met with state and local legislators to discuss issues related to healthcare While some related to healthcare reform, other issues discussed included meeting the needs of the indigent/uninsured and underinsured patients, as well as the ongoing need for health services including mental health services for the community
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	BRYAN MEDICAL CENTER IS A MEMBER OF THE NEBRASKA HOSPITAL ASSOCIATION (NHA) DURING THE CURRENT YEAR, THE REPORTING ORGANIZATION MADE PAYMENTS FOR THE MEMBERSHIP DUES TO THE NHA OF $112,995, OF THIS AMOUNT THE NHA REPORTED THAT 11 36% OR $12,836 OF THE TOTAL DUES PAID WERE USED FOR LOBBYING ACTIVITIES BRYAN MEDICAL CENTER IS ALSO A MEMBER OF THE ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF NEBRASKA (AICUN) DURING THE CURRENT YEAR, THE REPORTING ORGANIZATION MADE PAYMENTS FOR MEMBERSHIP DUES TO AICUN OF $20,015, OF THIS AMOUNT AICUN REPORTED THAT 17% OR $3,403 OF THE TOTAL DUES PAID WERE USED FOR LOBBYING ACTIVITIES On various occasions throughout the year, the CEO met with state and local legislators to discuss issues related to healthcare While some related to healthcare reform, other issues discussed included meeting the needs of the indigent/uninsured and underinsured patients, as well as the ongoing need for health services including mental health services for the community

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

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

		(a) Donor advised funds	(b) Funds and other accounts
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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 0

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,030,723	785,063	685,035	748,893	753,846
b	Contributions	290,541	331,955	103,823	1,619	1,628
c	Net investment earnings, gains, and losses	4,414	3,772	2,307	6,348	8,660
d	Grants or scholarships	0	0	0	53,000	0
e	Other expenditures for facilities and programs	0	86,958	4,174	15,675	12,038
f	Administrative expenses	3,070	3,109	1,928	3,150	3,203
g	End of year balance	1,322,608	1,030,723	785,063	685,035	748,893

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 100 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		10,372,402		10,372,402
b Buildings		445,351,683	207,072,000	238,279,683
c Leasehold improvements		1,036,553	384,107	652,446
d Equipment		288,200,313	230,954,110	57,246,203
e Other		22,765,031	3,023,766	19,741,265
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				326,291,999

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

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

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

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

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

(a) Description	(b) Book value
(1) HOSPITALIST SVCS CONTRACT REC	11,308,750
(2) FAS 109 DEFERRED TAX ASSET	576,845
(3) RECEIVABLE ON UNASSERTED CLAIMS	1,946,551
(4) OTHER ACCOUNTS RECEIVABLE	365,627
(5) RECS FROM CRETE AREA MEDICAL	13,519,725
(6) INTEREST IN AFFILIATES	27,240,637
(7) DEFERRED FINANCING COSTS, NET	889,707
(8) CRETE AREA MEDICAL-2008C BONDS	34,608
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	55,882,450

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAP LIABILITY	10,420,482
HOSPITALIST SVCS CTRT PAYABLE	11,308,750
SELF INSURANCE LIABILITY	3,053,472
OTHER LIABILITIES	13,891,072
CURRENT PORTION INTEREST RATE SWAPS	2,546,269
CRETE AREA MEDICAL 2008C BOND	1,723,984
ORIGINAL ISSUE PREMIUM	879,626
ACCRUED PENSION BENEFIT OBLIGATION	22,493,607
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	66,317,262

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
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	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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 III, Line 4 Collections of art - description of collections	BRYAN MEDICAL CENTER IS THE OWNER OF THE WILLIAM JENNINGS BRYAN HOUSE, ALSO KNOWN AS FAIRVIEW FAIRVIEW IS A HISTORIC HOUSE BUILT IN 1902-1903 IN LINCOLN, NEBRASKA, IN 1922, THE HOUSE AND SURROUNDING LAND WAS DONATED TO THE NEBRASKA METHODIST CONFERENCE, WHICH THEN FORMED A SEPARATE NONPROFIT ORGANIZATION FOR PURPOSES OF ESTABLISHING BRYAN MEMORIAL HOSPITAL AND AFFILIATED SCHOOL OF NURSING FAIRVIEW WAS DECLARED A NATIONAL HISTORIC LANDMARK IN 1963 THE HOUSE IS NOW USED FOR BRYAN MEETINGS AND FUNCTIONS IN ADDITION, OVER 1,000 VISITORS TOUR THE HOME ANNUALLY THIS ASSET IS FULLY DEPRECIATED, AND REPORTED ON THE BALANCE AT A NET AMOUNT OF ZERO

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Under Accounting Standards Codification(ASC), Subtopic 740-10, Income Taxes, the System must recognize the tax benefit from an uncertain tax position only if it is "more-likely-than-not" that the tax position will be sustained on examination by the applicable taxing authorities, based on the technical merits of the position The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement ASC Subtopic 740-10 also provides guidance on derecognition, classification, interest and penalties on income taxes and accounting in interim periods and requires increased disclosure There were no uncertain tax benefits identified at December 31, 2015 and 2014 The System does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months Tax returns filed by the System are subject to examination by the IRS up to three years from the extended due date of each return The System recognizes interest and/or penalties related to income tax matters in income tax expense The System did not have any amounts accrued for interest and penalties at December 31, 2015 and 2014 Tax returns filed by the System and its subsidiaries are no longer subject to examination for the years ended May 31, 2011 and prior

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) HOSPITALIST SVCS CONTRACT REC	11,308,750
(2) FAS 109 DEFERRED TAX ASSET	576,845
(3) RECEIVABLE ON UNASSERTED CLAIMS	1,946,551
(4) OTHER ACCOUNTS RECEIVABLE	365,627
(5) RECS FROM CRETE AREA MEDICAL	13,519,725
(6) INTEREST IN AFFILIATES	27,240,637
(7) DEFERRED FINANCING COSTS, NET	889,707
(8) CRETE AREA MEDICAL-2008C BONDS	34,608

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
INTEREST RATE SWAP LIABILITY	10,420,482
HOSPITALIST SVCS CTRT PAYABLE	11,308,750
SELF INSURANCE LIABILITY	3,053,472
OTHER LIABILITIES	13,891,072
CURRENT PORTION INTEREST RATE SWAPS	2,546,269
CRETE AREA MEDICAL 2008C BOND	1,723,984
ORIGINAL ISSUE PREMIUM	879,626
ACCRUED PENSION BENEFIT OBLIGATION	22,493,607

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,678,248		10,678,248	2 22 %
b Medicaid (from Worksheet 3, column a)			44,057,206	30,062,391	13,994,815	2 91 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,150,099	1,004,426	145,673	0 03 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	55,885,553	31,066,817	24,818,736	5 17 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			20,536,916	18,369,881	2,167,035	0 45 %
f Health professions education (from Worksheet 5)			13,058,269	12,604,647	453,622	0 09 %
g Subsidized health services (from Worksheet 6)			470,207	202,307	267,900	0 06 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			811,809		811,809	0 17 %
j **Total.** Other Benefits	0	0	34,877,201	31,176,835	3,700,366	0 77 %
k **Total.** Add lines 7d and 7j	0	0	90,762,754	62,243,652	28,519,102	5 94 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			4,320		4,320	0 %
2	Economic development			11,000		11,000	0 %
3	Community support					0	0 %
4	Environmental improvements					0	0 %
5	Leadership development and training for community members					0	0 %
6	Coalition building					0	0 %
7	Community health improvement advocacy					0	0 %
8	Workforce development					0	0 %
9	Other					0	0 %
10	**Total**	0	0	15,320	0	15,320	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	9,025,498		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	165,355,892
6	Enter Medicare allowable costs of care relating to payments on line 5	6	198,280,968
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-32,925,076
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) www bryanhealth com			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) www bryanhealth com			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) www bryanhealth com			
b	☐ The FAP application form was widely available on a website (list url) www bryanhealth com			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www bryanhealth com			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **11**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Bryan Health

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	31142828

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Bryan Medical Center's Uncompensated Care Cost-to-Charge ratio was used to calculate the amount on line 7A Direct and Indirect costs were deducted from payments to calculate the amounts on 7B For lines 7E, 7F, 7G, and 7I, any offsetting revenue was deducted from expenses directly attributable to the community benefit activity

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE COST OF BAD DEBT EXPENSE WAS DETERMINED BY TAKING THE MEDICAL CENTER'S BAD DEBT COST-TO-CHARGE RATIO TIMES THE BAD DEBT EXPENSE THAT WAS STATED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2015

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE AMOUNT OF THE MEDICAL CENTER'S BAD DEBT EXPENSE AT COST ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE MEDICAL CENTER'S CHARITY CARE POLICY IS ESTIMATED TO BE ZERO BASED ON THE FOLLOWING (1) BRYAN MEDICAL CENTER HAS ESTABLISHED POLICIES THAT DEFINE CHARITY CARE AND PROVIDE GUIDELINES FOR ASSESSING A PATIENTS ABILITY TO PAY, AND ONCE ELIGIBILITY IS VERIFIED, THE MEDICAL CENTER WILL WRITE ACCOUNTS OFF TO CHARITY CARE AND NO LONGER PURSUE DEBT COLLECTION PROCEDURES, (2) BRYAN MEDICAL CENTER HAS COUNSELORS WHO WORK INDIVIDUALLY WITH EACH PATIENT BOTH PRE AND POST DISCHARGE TO ASSESS FINANCIAL NEED AND RECOMMEND APPROPRIATE ASSISTANCE, (3) BRYAN MEDICAL CENTER PROVIDES PRESUMPTIVE FINANCIAL ASSISTANCE WHEN A PATIENT MAY APPEAR ELIGIBLE FOR CHARITY CARE DISCOUNTS, BUT THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO THE LACK OF SUPPORTING DOCUMENTATION ONCE DETERMINED, DUE TO THE INHERENT NATURE OF PRESUMPTIVE CIRCUMSTANCES, THE ONLY DISCOUNT THAT CAN BE GRANTED IS A 100% WRITE-OFF OF THE ACCOUNT BALANCE

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	AS STATED ON PAGE 10 OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS, BRYAN MEDICAL CENTER MAINTAINS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE, TAKING INTO ACCOUNT BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFFS EXPERIENCE BY MAJOR PAYOR CATEGORY THE ALLOWANCE FOR DOUBTFUL ACCOUNTS DOES NOT INCLUDE AMOUNTS FOR PATIENTS WHO ARE KNOWN TO QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE ENTIRE MEDICARE SHORTFALL AS REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT BRYAN MEDICAL CENTER PROVIDES CARE TO MEDICARE PATIENTS, AND MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE ENTIRE COST OF PROVIDING CARE TO THESE PATIENTS CAUSING A SHORTFALL, OR LOSS TO THE ORGANIZATION THE FUNDS BRYAN MEDICAL CENTER USES TO COVER THIS SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE THE ORGANIZATION IS RELIEVING THE GOVERNMENT OF THE FINANCIAL BURDEN OF PAYING THE FULL COSTS OF CARE FOR MEDICARE BENEFICIARIES THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICAL CENTER'S MEDICARE COST REPORT IS THE STEP-DOWN METHOD OF COST ALLOCATION

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	IT IS BRYAN'S POLICY TO OFFER PATIENTS A PAYMENT PLAN AND/OR FINANCIAL ASSISTANCE WHEN IT BECOMES KNOWN THAT A PATIENT IS IN NEED OF ASSISTANCE TO HELP PAY FOR THEIR HOSPITAL BILL IF BRYAN IS AWARE THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THIS ACCOUNT WILL NEVER BE REFERRED TO A COLLECTION AGENCY IF AN ACCOUNT HAS BEEN SENT TO A COLLECTION AGENCY, AND THE COLLECTION AGENCY OBTAINS DOCUMENTATION TO DETERMINE THAT THE PATIENT IS ELIGIBLE FOR CHARITY, THE ACCOUNT IS RETURNED TO BRYAN FOR A CHARITY ADJUSTMENT AND NO FURTHER COLLECTION EFFORT IS MADE

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Bryan Medical Center East Line 16a URL www bryanhealth com,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Bryan Medical Center East Line 16b URL www bryanhealth com,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Bryan Medical Center East Line 16c URL www bryanhealth com,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	AS A HEALTHCARE LEADER IN NEBRASKA, BRYAN MEDICAL CENTER IS COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY BY CONTINUALLY WORKING WITH COMMUNITY PARTNERS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY DURING THE FISCAL YEAR ENDED DECEMBER 31, 2015, REPRESENTATIVES FROM BRYAN PARTICIPATED IN THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) PROCESS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE CITY OF LINCOLN AND LANCASTER COUNTY, NEBRASKA THE 100+ MEMBER MAPP COMMITTEE INCLUDED REPRESENTATIVES FROM THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT, COMMUNITY HEALTH ENDOWMENT OF LINCOLN, LOCAL HOSPITALS, COMMUNITY STAKEHOLDERS AND LOCAL CONSULTANTS THE ROLE OF THE MEMBERS WAS TO ASSIST THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT IN THE IDENTIFICATION OF COMMUNITY PRIORITY HEALTH NEEDS, AND IN THE DEVELOPMENT AND IMPLEMENTATION OF STRATEGIES TO MEET THE IDENTIFIED PRIORITY HEALTH NEEDS THE MAPP PARTICIPANTS IDENTIFIED FOUR PRIORITY COMMUNITY HEALTH NEEDS 1) ACCESS TO CARE, 2) BEHAVIORAL HEALTH CARE, 3) CHRONIC DISEASE PREVENTION, 4) AND INJURY PREVENTION BRYAN USED THE PRIORITIES FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP A DETAILED IMPLEMENTATION STRATEGY TO ENSURE THAT OUR STRENGTHS AND AVAILABLE RESOURCES ARE ALIGNED WITH THE HEALTH NEEDS OF OUR COMMUNITY BRYAN MEDICAL CENTER'S BOARD OF TRUSTEES ADOPTED THIS IMPLEMENTATION STRATEGY ON APRIL 25, 2016 AND IT IS POSTED ON THE BRYAN WEB SITE THIS IMPLEMENTATION STRATEGY SERVES AS THE FOUNDATION FOR BRYAN'S COMMUNITY HEALTH IMPROVEMENT EFFORTS (SEE BRYAN COMMUNITY HEALTH NEEDS ASSESSMENT) AND IS REVIEWED ANNUALLY BRYAN HAS ALSO PARTICIPATED OVER THE PAST FIFTEEN YEARS IN COMMUNITY NEEDS ASSESSMENTS IN COOPERATION WITH OTHER HEALTH CARE PROVIDERS AND THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT, AS WELL AS PARTICIPATING IN THE DEVELOPMENT OF HEALTHY PEOPLE 2020 PLAN FOR LINCOLN-LANCASTER COUNTY IN ADDITION TO PARTICIPATION IN COMMUNITY HEALTH NEEDS ASSESSMENTS, BRYAN CONDUCTS ON-GOING COMMUNITY PERCEPTION SURVEYS THE SURVEY ASSESSES PERCEPTION OF THE QUALITY AND AVAILABILITY OF HEALTH CARE PROVIDERS IN THE REGION BRYAN ALSO ASSESSES MARKET SHARE AND UTILIZATION TRENDS AS WELL AS CHANGES IN POPULATION DEMOGRAPHICS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	IN KEEPING WITH BRYAN MEDICAL CENTER'S MISSION TO TREAT ALL PATIENTS WITH COMPASSION, BRYAN OFFERS A FINANCIAL ASSISTANCE PROGRAM TO PATIENTS WHO CANNOT AFFORD TO PAY FOR PART OR ALL OF THE CARE THEY RECEIVE EDUCATION REGARDING OUR FINANCIAL ASSISTANCE PROGRAM IS PROVIDED AT EACH NEW EMPLOYEE ORIENTATION SO THAT EACH EMPLOYEE WILL HAVE A CLEAR UNDERSTANDING OF THE FINANCIAL ASSISTANCE THAT IS AVAILABLE TO OUR PATIENTS ADDITIONALLY, MANDATORY ANNUAL TRAINING IS PROVIDED BRYAN HAS TRAINED FINANCIAL COUNSELORS WHO WORK INDIVIDUALLY WITH PATIENTS PRE-REGISTRATION AND POST-DISCHARGE, OR AT ANY OTHER TIME THE STAFF ENCOUNTERS INFORMATION DETAILING THE PATIENTS FINANCIAL NEED UNINSURED PATIENTS WHO ARE ADMITTED TO BRYAN WILL AUTOMATICALLY RECEIVE A CONSULTATION WITH A FINANCIAL COUNSELOR THE COUNSELORS RECOMMEND APPROPRIATE ASSISTANCE SUCH AS FEDERAL, STATE OR LOCAL PROGRAMS, OR ELIGIBILITY FOR ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WHEN APPLICABLE, THE FINANCIAL COUNSELORS PROVIDE ASSISTANCE FOR QUALIFYING FOR THE FINANCIAL ASSISTANCE POLICY OR VARIOUS GOVERNMENT PROGRAMS, SUCH AS MEDICAID A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, INCLUDING THE PHONE NUMBER TO CONTACT A BILLING CUSTOMER SERVICE REPRESENTATIVE, IS PROVIDED 1) ON BRYAN'S WEBSITE, 2) IN ALL HOSPITAL REGISTRATION AREAS, INCLUDING THE EMERGENCY DEPARTMENT, 3) IN BILLING OFFICES, 4) IN ALL INPATIENT ADMISSION PACKETS, AND 5) ON EACH BILLING STATEMENT THE ORGANIZATION'S PROCEDURE IS TO MAIL THE FINANCIAL ASSISTANCE POLICY AND APPLICATION FORM TO PATIENTS FREE OF CHARGE UPON REQUEST PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT FROM PRE-ADMISSION TO THE FINAL PAYMENT OF THE BILL, AS WE RECOGNIZE THAT A PATIENTS ABILITY TO PAY OVER AN EXTENDED PERIOD OF TIME MAY BE SUBSTANTIALLY ALTERED DUE TO ILLNESS OR FINANCIAL HARDSHIP, RESULTING IN A NEED FOR FINANCIAL ASSISTANCE ANNUALLY, ALL HOSPITAL EMPLOYEES ARE REQUIRED TO RECEIVE TRAINING REGARDING THE FINANCIAL ASSISTANCE POLICY INCLUDING HOW TO ANSWER QUESTIONS FROM A PATIENT REGARDING WHERE THE PATIENT CAN RECEIVE ADDITIONAL INFORMATION REGARDING THE POLICY

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	BRYAN MEDICAL CENTER PROVIDES A NETWORK OF COMPREHENSIVE HEALTH CARE SERVICES TO THE RESIDENTS OF THE COMMUNITIES WE SERVE BRYAN IS LOCATED IN THE CAPITAL CITY OF LINCOLN, NEBRASKA, THE STATE'S SECOND LARGEST METROPOLITAN AREA WHILE BRYAN SERVES A REGIONAL GEOGRAPHIC AREA EXTENDING BEYOND THE COUNTY, LANCASTER COUNTY RESIDENTS ACCOUNT FOR NEARLY 70 PERCENT OF INPATIENTS AND 84 PERCENT OF OUTPATIENTS THE MEDIAN INCOME IN LANCASTER COUNTY WAS ESTIMATED AT $52,275, AND 14 8% OF THE POPULATION HAD FAMILY INCOMES BELOW THE POVERTY LEVEL THE PERCENT OF UNINSURED ADULTS AGED 18 TO 64 HAS BEEN ESTIMATED AT A RATE OF 15 3% IN 2014 CANCER REMAINED THE LEADING CAUSE OF DEATH FOR LANCASTER COUNTY IN 2014, FOLLOWED BY HEART DISEASE, CHRONIC LUNG DISEASE, UNINTENTIONAL INJURIES, CEREBROVASCULAR DISEASE, AND INTENTIONAL SELF HARM BRYAN AND CHI HEALTH-ST ELIZABETH ARE THE PRIMARY HOSPITALS SERVING LANCASTER COUNTY THE CENSUS BUREAU REPORTED THAT THE COUNTY'S POPULATION GREW FROM 2000 TO 2010 BY OVER 14%, FROM 250,291 TO 285,407, WITH VERY HIGH GROWTH IN MINORITY POPULATIONS DOUBLE DIGIT GROWTH IS EXPECTED TO CONTINUE OVER THE NEXT FOUR DECADES BY AGE, THE LARGEST RATE OF GROWTH IS PROJECTED FOR THE 65+ AGE GROUP BECAUSE OF LINCOLN'S SIZE, RELATIVE STABLE ECONOMY, AND EDUCATIONAL OPPORTUNITIES, THE U S STATE DEPARTMENT DESIGNATED LINCOLN AS "REFUGEE FRIENDLY" IN THE 1970S SINCE THE 70S, WAVES OF IMMIGRANTS FROM ACROSS THE WORLD HAVE RESETTLED IN LINCOLN LINCOLN PUBLIC SCHOOLS NOW INCLUDE CHILDREN SPEAKING APPROXIMATELY 53 LANGUAGES OTHER THAN ENGLISH LANCASTER COUNTY'S DEMOGRAPHIC CHANGES SINCE 2000 REFLECT THE INCREASED DIVERSITY AS OVER THE LAST DECADE, THE MINORITY POPULATION IN LANCASTER COUNTY INCREASED BY 16,481, OR BY 58 4% IN 2010, THE MINORITY POPULATION REPRESENTS 15 7% OF THE TOTAL POPULATION, AN INCREASE IN REPRESENTATION FROM 11 3% OF THE TOTAL 2000 POPULATION OVER THE LAST DECADE, PERSONS OF HISPANIC ORIGIN (MAY BE OF ANY RACE) NEARLY DOUBLED IN SIZE AS THERE WAS A 97 8% INCREASE IN LATINO/LATINA POPULATION OVER THE DECADE THE AFRICAN AMERICAN AND ASIAN POPULATIONS THAT ESSENTIALLY TIE AS THE SECOND LARGEST RACIAL GROUPS HAVE ALSO GROWN OVER THE DECADE PROJECTED GROWTH IN MINORITY POPULATIONS CHALLENGES US TO ACCOMMODATE DIVERSE LANGUAGE AND CULTURAL NEEDS WITH THE SERVICE AREA RAPIDLY EXPANDING, AND THE OVER 65 POPULATION EXPECTED TO GROW BY NEARLY 14% IN THE NEXT FIVE YEARS, BRYAN RECOGNIZES THE IMMENSE NEEDS OF OUR SERVICE AREA ARE EXPANDING AND CHANGING

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	BRYAN MEDICAL CENTER HAS PROVIDED HIGH QUALITY, COMPREHENSIVE MEDICAL SERVICES TO BENEFIT THE COMMUNITY FOR OVER 90 YEARS, AND IS COMMITTED TO IDENTIFYING AND ADDRESSING NEEDS IN THE COMMUNITY IN ORDER TO PROMOTE THE PHYSICAL, EDUCATIONAL AND ECONOMIC HEALTH OF OUR COMMUNITY IN THE FUTURE FUNDAMENTAL TO OUR COMMUNITY COMMITMENT IS THE LEADERSHIP OF OUR LOCAL GOVERNING BOARD BRYAN'S GOVERNING BOARD CONSISTS OF MEDICAL PROFESSIONALS, BUSINESS PROFESSIONALS, AND COMMUNITY LEADERS ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA, AND UNDERSTAND THE NEEDS OF THE COMMUNITY THESE VOLUNTEERS DEDICATE THEIR TIME, WISDOM, INSIGHTS, AND EXPERTISE TO SET POLICY AND STRATEGIC DIRECTION TO ENSURE THAT BRYAN'S VISION, MISSION AND STRATEGIC PLANS ARE ALIGNED WITH ITS CHARITABLE PURPOSE THE MAJORITY OF THE BOARD MEMBERS ARE INDEPENDENT BOARD MEMBERS WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION THE MEDICAL STAFF OF THE ORGANIZATION IS OPEN TO ALL PHYSICIANS IN THE COMMUNITY WHO MEET MEMBERSHIP AND CLINICAL PRIVILEGES REQUIREMENTS AS OF DECEMBER 31, 2015, BRYAN HAD AN ORGANIZED MEDICAL STAFF OF NEARLY 600 PHYSICIANS AND 200 ADVANCE PRACTICE PROVIDERS AS A NON-PROFIT MEDICAL CENTER, SURPLUS FUNDS ARE CONTINUOUSLY UTILIZED TO MAINTAIN ACCESS TO LIMITED PATIENT SERVICES AND TO EXPAND ACCESS POINTS OF CARE TO PATIENTS THROUGHOUT THE COMMUNITY, INCLUDING BUT NOT LIMITED TO 1) PROVIDING A COMPLETE DIAGNOSTIC AND INTERVENTIONAL CARDIAC PROGRAM, 2) PROVIDING A COMPREHENSIVE LEVEL II TRAUMA CENTER FOR SOUTHEAST NEBRASKA WHICH PROVIDES 24-HOUR COVERAGE OF EMERGENCY SERVICES, 3) PROVIDING A HOSPITAL-BASED RESIDENTIAL TREATMENT SUBSTANCE ABUSE FACILITY IN LINCOLN, WHICH SERVES PATIENTS THAT STRUGGLE WITH ADDICTION TO DRUGS AND ALCOHOL FROM SOUTHEAST NEBRASKA AND MANY OTHER STATES , 4) PROVIDING HOSPITAL-BASED MENTAL HEALTH CARE TO LINCOLN AND SURROUNDING COMMUNITIES (DURING 2014, CAPITAL CAMPAIGN WAS COMPLETED AND NEW FACILITIES FOR MENTAL HEALTH AND SUBSTANCE ABUSE WERE OPENED), AND 5) PROVIDING A STATE-OF-THE-ART WOMEN AND CHILDREN'S TOWER WHICH INCLUDES A NEONATAL INTENSIVE CARE UNIT BRYAN IS COMMITTED TO TEACHING AND TRAINING THE HEALTH CARE PROFESSIONALS OF TOMORROW OUR COLLEGE OF HEALTH SCIENCES OFFERS GRADUATE AND UNDERGRADUATE DEGREES THROUGH ITS SCHOOL OF NURSING, SCHOOL OF HEALTH PROFESSIONALS, AND SCHOOL OF NURSE ANESTHESIA PROGRAMS MANY OF THE GRADUATES STAY IN LINCOLN OR THE SURROUNDING AREA, THEREBY PROVIDING A CONTINUOUS SUPPLY OF MEDICAL PROFESSIONALS FOR THE COMMUNITY IN ADDITION, THE MEDICAL CENTER ASSURES CONTINUING QUALITY HEALTH IN OUR COMMUNITY THROUGH RESIDENCY PROGRAMS, WORKSHOPS AND SEMINARS, AND CLINICAL EDUCATION PROGRAMS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	BRYAN MEDICAL CENTER IS PART OF BRYAN HEALTH, ONE OF THE LARGEST NON-PROFIT HEALTH CARE ORGANIZATIONS IN THE REGION BRYAN HEALTH EXISTS TO PROMOTE AND PROVIDE ACCESS TO QUALITY HEALTH CARE, PROVIDE MEDICAL EDUCATION, AND COMMUNITY SERVICE THE COMMUNITY BENEFITS PROVIDED BY BRYAN HEALTH INCLUDE 1) PROVIDING FREE OR DISCOUNTED HEALTH CARE TO THE UNINSURED AND UNDERINSURED, 2) PROVIDING GOVERNMENTAL SPONSORED PROGRAMS SUCH AS MEDICARE AND MEDICAID, 3) HEALTH PROFESSIONALS' EDUCATION 4) COMMUNITY HEALTH IMPROVEMENT SERVICES AND 5) CASH AND IN-KIND CONTRIBUTIONS TO OTHER NON-PROFIT ORGANIZATIONS BRYAN HEALTH PROVIDES A FULL SPECTRUM OF PREVENTION, WELLNESS, ACUTE CARE AND REHABILITATION SERVICES TO URBAN, SUBURBAN AND RURAL COMMUNITIES IN NEBRASKA, KANSAS, IOWA, MISSOURI AND SOUTH DAKOTA BRYAN HEALTH CONSISTS OF THREE ACUTE-CARE HOSPITALS, NUMEROUS OUTPATIENT CLINICS, A PHYSICIAN NETWORK, A COLLEGE, AN URGENT CARE CENTER, A HEALTH AND WELLNESS FACILITY, A PHILANTHROPIC FOUNDATION AND OTHER HEALTHCARE PROVIDERS PREMIER SERVICES INCLUDE CARDIOLOGY, NEUROSCIENCE, ORTHOPEDICS, VASCULAR, TRAUMA AND EMERGENCY CENTERS, INTENSIVE CARE, WOMEN'S AND CHILDREN'S HEALTH, ONCOLOGY, IMAGING AND MENTAL HEALTH

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Bryan Medical Center East 1600 South 48th St Lincoln, NE 68506 www bryanhealth com 500001	X	X		X			X			A
2	BRYAN MEDICAL CENTER WEST 2300 SOUTH 16TH ST LINCOLN, NE 68502 www bryanhealth com 500003	X	X		X		X	X			A

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

_____

	Name and address	Type of Facility (describe)
1	BRYAN MEDICAL CENTER 1500 SOUTH 48TH STREET SUITE 400 LINCOLN,NE 68506	CATH LAB SERVICES
1	BRYAN MEDICAL CENTER 1600 S 48TH ST SUITE 600 ROOM 1 LINCOLN,NE 68506	CARDIAC OUTPATIENT SERVICES
2	BRYAN MEDICAL CENTER 1500 SOUTH 48TH STREET 1ST FLOOR LINCOLN,NE 68506	LAB & RADIOLOGY SERVICES
3	BRYAN MEDICAL CENTER 2221 SOUTH 17TH STREET SUITE 100 LINCOLN,NE 68502	LABORATORY SERVICES
4	BRYAN MEDICAL CENTER 3901 PINE LAKE ROAD SUITE 110 LINCOLN,NE 68516	OUTPATIENT RADIOLOGY SERVICES
5	BRYAN MEDICAL CENTER 2222 S 16TH ST TOWER B SUITE 100 LINCOLN,NE 68502	MRI SERVICES
6	BRYAN MEDICAL CENTER 2221 SOUTH 17TH ST SUITE 201 LINCOLN,NE 68502	COUNSELING SERVICES
7	BRYAN MEDICAL CENTER 7501 S 27TH STREET LINCOLN,NE 68512	THERAPY SERVICES
8	BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET SUITE 500 LINCOLN,NE 68506	VASCULAR OUTPATIENT SERVICES
9	BRYAN MEDICAL CENTER 3901 PINE LAKE ROAD SUITE 111 LINCOLN,NE 68516	LINEAR ACCELERATOR & CT SCANNER SERVICES
10	BRYAN MEDICAL CENTER 2222 S 16TH ST TOWER B SUITE 110 LINCOLN,NE 68502	RADIOLOGY SERVICES

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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," on 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

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

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" on 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

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

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

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

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 Procedures for monitoring use of grant funds	The Contributions Committee of Bryan Health oversees the grant allocation and management for this organization Each potential recipient is required to apply for a grant The Contributions Committee reviews and discusses all submitted requests in detail Grants are awarded based on need and eligibility

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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

(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
American Red Cross Cornhusker Chapter 220 Oakcreek Dr Lincoln, NE 68528	53-0196605	501(c)3	5,000				general operations
Clinic With A Heart 1701 S 17th St Ste 4G Lincoln, NE 68502	20-2850139	501(c)3	27,000				general operations
Madonna Foundation 5401 South St Lincoln, NE 68506	23-7159940	501(c)3	25,000				general operations

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

(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
Partnership for Healthy Lincoln 4600 Valley Rd Ste 250 Lincoln, NE 68510	36-3832796	501(c)3	5,000				general operations
Nebraska Chamber of Commerce PO Box 95128 Lincoln, NE 68509	47-0095161	501(c)6	5,000				general operations
Matt Talbot Kitchen & Outreach PO Box 80935 Lincoln, NE 68501	36-3945814	501(c) 3	0	8,250	fmv	Food Supplies	general operations

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

(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
Lincoln Public Schools 5905 O Street Lincoln, NE 68501	47-6003955	LPS	0	24,000	FMV	Medical Equipment	general operations
The Bridge Behavioral Health 721 K Street Lincoln, NE 68508	47-0656110	501(c)3	0	10,775	FMV	general operations	
Catholic Social Services 2241 O Street Lincoln, NE 68510	47-0751554	501(C)3	0	5,075	FMV	general operations	

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

(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
Memorial Health Care System Seward 300 North Columbia Avenue Seward, NE 68434	47-0375220	501(c)3	0	9,793	FMV	general operations	
Food NET Inc 644 N 32nd St Lincoln, NE 68503	47-0791448	501(c)3	0	6,988	FMV	general operations	

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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" on 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

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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**	Yes	
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**	Yes	
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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on 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" on 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 on 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 on 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
Schedule J, Part II COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES	IN KEEPING WITH BRYAN HEALTH'S BELIEFS AND STANDARDS OF BEHAVIOR REGARDING STEWARDSHIP, NO BOARD MEMBER SERVING ON THE BOARD OF TRUSTEES IS COMPENSATED FOR THEIR SERVICE AS A BOARD MEMBER COMPENSATION AMOUNTS REPORTED ARE FOR SERVICES PROVIDED AS MEDICAL PROFESSIONALS OR EXECUTIVES OF THE ORGANIZATION, OR A RELATED ORGANIZATION
Schedule J, Part I, Line 1a Travel for companions	SEVERAL OF THE MEMBERS OF THE BOARD OF THE TRUSTEES ARE INDEPENDENT COMMUNITY MEMBERS WHO ARE VOLUNTEER BOARD MEMBERS, AND DO NOT RECEIVE ANY COMPENSATION FOR THEIR TIME AND DUTIES AS MEMBERS OF THE BOARD OF TRUSTEES RESPONSIBILITIES OF TRUSTEES ARE COMPLEX, AND EFFECTIVE GOVERNANCE DEPENDS UPON HAVING BOARD MEMBERS THAT ARE WELL EDUCATED ABOUT ALL ASPECTS OF HEALTH CARE AND HEALTH CARE GOVERNANCE BRYAN MEDICAL CENTER ENCOURAGES ONGOING EDUCATION OF ITS TRUSTEES BY PROVIDING REIMBURSEMENT FOR REASONABLE TRAVEL EXPENSES THAT FURTHER THE MISSION OF BRYAN MEDICAL CENTER REIMBURSEMENT FOR COMPANIONS OF VOLUNTEER TRUSTEES IS LIMITED BY THE BOARD OF TRUSTEES' TRAVEL POLICY TO AIR TRAVEL AT THE COACH LEVEL ALL TRAVEL OF COMPANIONS IS APPROVED IN ADVANCE BY THE CHIEF EXECUTIVE OFFICER OF BRYAN HEALTH, AND SUBSTANTIATION OF ALL TRAVEL RELATED EXPENSES IS REQUIRED BEFORE PAYMENT THIS BENEFIT IS TREATED AS TAXABLE COMPENSATION TO THE TRUSTEES
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	BRYAN HEALTH'S BOARD OF TRUSTEES BELIEVES COMPENSATION FOR THE SENIOR MANAGEMENT TEAM MUST REFLECT THE COMPLEXITIES OF LEADING AND MANAGING A MULTI-HOSPITAL HEALTH SYSTEM THAT PROVIDES SERVICES THROUGHOUT MUCH OF THE STATE RECOGNIZING THAT ITS LEADERS ARE RESPONSIBLE FOR THE QUALITY OF CARE, PATIENT SERVICES AND OVERALL FINANCIAL HEALTH OF THE LARGEST PRIVATE EMPLOYER IN LINCOLN/LANCASTER COUNTY, BRYAN HEALTH'S BOARD HAS ESTABLISHED A COMPENSATION PLAN THAT MATCHES THIS LEVEL OF RESPONSIBILITY THIS PLAN, KNOWN AS THE SENIOR MANAGEMENT COMPENSATION PHILOSOPHY IS REVIEWED AT LEAST ANNUALLY BY BRYAN HEALTH'S COMPENSATION COMMITTEE THIS COMPENSATION PHILOSOPHY TARGETS BASE SALARY FOR SENIOR MANAGERS AT THE 50TH PERCENTILE OF THE MARKET THE COMPENSATION COMMITTEE IS APPOINTED BY BRYAN HEALTH'S BOARD OF TRUSTEES AND IS MADE UP OF INDEPENDENT COMMUNITY LEADERS WHO ALL SERVE VOLUNTARILY, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY EXECUTIVE COMPENSATION IS DETERMINED AND REVIEWED PURSUANT TO GUIDELINES OUTLINED IN THE INTERMEDIATE SANCTION RULES UNDER IRC SECTION 4958 INCLUDING TAKING STEPS TO MEET THE REBUTTABLE PRESUMPTION STANDARD OF REASONABLENESS UNDER TREASURY REGULATION SECTION 53 4958-6 THE COMPENSATION COMMITTEE CONDUCTS A COMPREHENSIVE ANNUAL REVIEW OF ALL COMPENSATION PROVIDED BY THE ORGANIZATION TO THE SENIOR MANAGEMENT TEAM THIS REVIEW IS CONDUCTED BY THE COMMITTEE BY UTILIZING NATIONAL SALARY SURVEYS, CONDUCTED BY INDEPENDENT EXTERNAL FIRMS COMPENSATION FOR SENIOR MANAGERS IS COMPARED TO COMPENSATION OF SENIOR MANAGERS AT LIKE INSTITUTIONS ACROSS THE U S TO DETERMINE THAT THE VALUE OF COMPENSATION PROVIDED IS REASONABLE AND AT FAIR MARKET VALUE THE COMPENSATION COMMITTEE ALSO WORKS DIRECTLY WITH AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO THE SENIOR MANAGEMENT TEAM, AND TO ASSURE THAT THE TOTAL COMPENSATION PAID CONFORMS TO THE OVERALL COMPENSATION PHILOSOPHY THE COMPENSATION CONSULTANT PROVIDES WRITTEN OPINIONS TO THE COMPENSATION COMMITTEE THAT ASSESSES THE REASONABLENESS OF THE TOTAL EXECUTIVE COMPENSATION PAID TO SENIOR MANAGERS THE ANNUAL COMPENSATION REVIEW PROCEDURE WAS COMPLETED BY THE COMPENSATION COMMITTEE ON April 20, 2016 ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES WHICH ARE TIMELY REVIEWED AND APPROVED BY THE COMMITTEE
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	IN ORDER TO ATTRACT AND RETAIN TALENTED, EXPERIENCED EXECUTIVES, BRYAN HEALTH OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO ELIGIBLE EMPLOYEES THE FOLLOWING PEOPLE LISTED IN FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING 2015 RUSSELL GRONEWOLD, MARILYN MOORE, DAVID REESE, KIMBERLY RUSSEL, JOHN WOODRICH, and LISA VAIL
Schedule J, Part I, Line 7 Non-fixed payments	BRYAN HEALTH OFFERS A MARKET COMPETITIVE INCENTIVE COMPENSATION PROGRAM FOR MEMBERS OF MANAGEMENT INCENTIVE COMPENSATION IS BASED ON ACHIEVING OBJECTIVE ORGANIZATIONAL AND INDIVIDUAL GOALS THE WEIGHTS ASSIGNED TO EACH GOAL MAY CHANGE ON AN ANNUAL BASIS

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KIMBERLY RUSSEL PRESIDENT & CHIEF EXECUTIVE OFFICER	(I)	0	0	0	0	0	0	0
	(II)	778,213	271,118	295,738	19,950	21,720	1,386,739	0
1JOHN WOODRICH CHIEF OPERATING OFFICER	(I)	402,348	117,672	164,996	19,950	28,115	733,081	0
	(II)	0	0	0	0	0	0	0
2LISA VAIL VP-PATIENT CARE SERVICES/CNO, Board Member Eff 7/6/15	(I)	248,069	50,801	65,231	14,575	21,472	400,148	0
	(II)	0	0	0	0	0	0	0
3RUSSELL GRONEWOLD VP FINANCE & CHIEF FINANCIAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	462,503	107,207	148,851	19,649	26,929	765,139	0
4MARILYN MOORE President - College of Health Sciences, retired 7/23/16	(I)	218,565	51,588	57,292	14,583	10,875	352,903	0
	(II)	0	0	0	0	0	0	0
5DAVID REESE VP - CLINICAL & SUPPORT SERVICES	(I)	245,921	56,001	20,609	22,525	25,296	370,352	0
	(II)	0	0	0	0	0	0	0
6SHIRLEY TRAVIS VP Clinical Services, RETIRED 7/16/2015	(I)	136,166	49,983	60,189	25,139	6,006	277,483	0
	(II)	0	0	0	0	0	0	0
7WILLIAM CORKLE Clinical Pharmacist	(I)	175,974	0	9,294	15,817	8,670	209,755	0
	(II)	0	0	0	0	0	0	0
8SHARON HADENFELDT DEAN OF NURSING ANESTHESIA, BRYAN COLLEGE OF HEALTH SCIENCES, School OF NURSE ANESTHESIA	(I)	203,665	5,751	5,143	18,430	3,585	236,574	0
	(II)	0	0	0	0	0	0	0
9CHARLES MEYER Perioperative Anesthesia Svcs Director	(I)	125,618	15,654	41,806	19,646	21,974	224,698	0
	(II)	0	0	0	0	0	0	0
10CHAD MUMA PHARMACIST	(I)	172,400	0	4,951	11,929	25,826	215,106	0
	(II)	0	0	0	0	0	0	0
11JEROME WOHLEB PHARMACY DIRECTOR	(I)	191,998	18,228	4,514	11,915	24,445	251,100	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

BRYAN MEDICAL CENTER

Employer identification number

47-0376552

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY NE	47-0490169	513886RR4	12-21-2006	61,381,548	SERIES 2006 BONDS REFUNDED PRIOR ISSUES - (09/18/1997), (10/31/1997)		X		X		X
B	HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY NE	47-0721900	513886SR3	05-27-2008	115,216,759	SERIES 2008 A & B BONDS REFUNDED PRIOR ISSUES - (12/20/2002), (02/08/2007)		X		X		X
C	HOSPITAL AUTHORITY NO 1 OF SALINE COUNTY NE	47-0843167	79517TAW6	05-27-2008	13,480,000	SERIES 2008C BONDS REFUNDED PRIOR ISSUE - (2/8/2007)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	22,435,000	33,975,000	1,970,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	63,974,522	115,220,438	13,480,597	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	555,587	981,595	88,670	
8	Credit enhancement from proceeds	0	859,107	141,505	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	0	0	
11	Other spent proceeds	63,418,935	113,379,736	13,250,422	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2001	2008	2003	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			
b	Name of provider			PIPER JAFFRAY		PIPER JAFFRAY			
c	Term of hedge				2300 %		2300 %		
d	Was the hedge superintegrated?				X		X		
e	Was the hedge terminated?				X		X		

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Column (c) LINE B, COLUMN (C) CUSIP NUMBERS	The bond from HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY, NE has 3 separate CUSIP numbers A 513886SR3, B-1 513886SS1, B-2 513886ST9

Return Reference	Explanation
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
Schedule K, Part III PRIVATE BUSINESS USE	PART III HAS NOT BEEN COMPLETED GIVEN THAT ALL BONDS LISTED IN ROWS A THROUGH C OF PART I, WERE ISSUED SOLELY TO REFUND BONDS ISSUED PRIOR TO 2003

Return Reference	Explanation
Schedule K, Part IV, Line 2c Bond A	Issuer Name Hospital Authority No 1 of Lancaster County, NE No rebate due The calculation for computing no rebate due was performed on 11/30/2011 As described in the escrow verification report, the bond proceeds were held in a yield restricted escrow that was invested below the yield on the refunding bonds As no rebatable arbitrage was earned on the escrow and the debt service fund was operated on a bona fide basis, no further rebate analysis is necessary

Return Reference	Explanation
Schedule K, Part IV, Line 2c Bond B	Issuer Name Hospital authority No 1 of Lancaster County, NE No rebate due The calculation for computing no rebate due was performed on 6/1/2011 Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate calculations are necessary

Return Reference	Explanation
Schedule K, Part IV, Line 2c Bond C	Issuer Name Hospital Authority No 1 of Saline County, NE No rebate due The calculation for computing no rebate due was performed on 6/1/2011 Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate calculations are necessary

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NEBRASKA PULMONARY SPECIALTIES	JOHN TRAPP, M D IS A PARTNER IN NEBRASKA PULMONARY SPECIALTIES	1,108,376	PAYMENT FOR PHYSICIAN SERVICES		No
(2) US Bank	Steve Erwin, President of US Bank is a Trustee of Bryan Medical Center	599,798	Letters of credit for bonds		No
(3) E D Associates LLC	Edward Mlinek, MD managing partner of E D Associates	416,000	Medical Director contract		No
(4) Nebraska Emergency Medicine PC	Edward Mlinek, MD, is shareholder in Nebraska Emergency Medicine PC	693,158	contracted fees of $678,750 plus stipend of $14,408		No

Part V Supplemental Information

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

Return Reference	Explanation

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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

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	As the sole member of the filing organization, Bryan Health, a related tax-exempt organization, has broad authority to act on behalf of the governing body Please see the narratives for Part VI, Lines 6, 7a and 7b and Part XII, Line 2c for descriptions of such authority

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	PERSONS LISTED IN PART VII, SECTION A, MAY HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF THEIR EMPLOYMENT BY A BRYAN HEALTH ENTITY - , Steve Erwin and John Dittman - Business relationship, Steve Erwin and Richard Evnen - Business relationship, Steve Erwin and Martin Massengale - Business relationship, Steve Erwin and Kimberly Russel - Business relationship, Steve Erwin and John Woodrich - Business relationship, Steve Erwin and Ron Harris - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	The Bryan Medical Center bylaws were changed in 2015 to change the voting status of the Vice President for Patient Care Services/Chief Nursing Officer from non-voting to voting, and to revise the meeting attendance requirement from attending 50% of meetings to two-thirds of meetings The Bryan Health bylaws were changed in 2015 to contain the same language in regards to meeting attendance and change the member composition of the Governance Committee to add the chair of the Bryan Medical Center board to this committee

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	AS STATED IN THE CORPORATION'S ORGANIZING DOCUMENTS, THE SOLE CORPORATE MEMBER OF THE ORGANIZATION IS BRYAN HEALTH BRYAN HEALTH HAS THE RIGHTS UNDER THE ORGANIZING DOCUMENTS TO (1) APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZATION'S GOVERNING BODY, (2) ELECT THE MEMBERS OF THE GOVERNING BODY, AND (3) RECEIVE ANY REMAINING ASSETS AFTER DISSOLUTION OF THE ORGANIZATION

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	BRYAN HEALTH AS SOLE CORPORATE MEMBER OF THE ORGANIZATION, HAS THE RIGHT UNDER THE ORGANIZING DOCUMENTS TO REMOVE ANY TRUSTEE FROM OFFICE AT ANY TIME, WITH OR WITHOUT CAUSE BY A VOTE OF AT LEAST TWO-THIRDS (2/3) OF ALL THE VOTING TRUSTEES OF BRYAN HEALTH

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	BRYAN HEALTH IS THE SOLE MEMBER OF BRYAN MEDICAL CENTER ("MEDICAL CENTER") PURSUANT TO THE GOVERNING DOCUMENTS, THE BOARD OF THE MEDICAL CENTER MAY MANAGE THE AFFAIRS OF THE CORPORATION, HOWEVER, THE BOARD MAY NOT, WITHOUT THE PRIOR APPROVAL OF THE HEALTH SYSTEM (1) ADOPT ANY LONG-TERM CAPITAL OR OPERATIONAL BUDGET, (2) ADOPT ANY CHANGES IN ANY ANNUAL OR LONG-TERM CAPITAL BUDGET OR OPERATIONAL EXPENSE BUDGET EXCEEDING $5,000,000 IN ANY SINGLE TRANSACTION OR $10,000,000 IN ANY CORPORATION FISCAL YEAR, (3) APPROVE OR IMPLEMENT AMENDMENTS TO ITS MISSION STATEMENT OR STRATEGIC PLAN, (4) APPROVE ANY INDEBTEDNESS OR INCUR A MORTGAGE OR LIEN OF ANY KIND OR NATURE ON ASSETS OF THE CORPORATION WHERE THE BORROWING OR INDEBTEDNESS EXCEEDS $5,000,000 IN ANY SINGLE TRANSACTION OR A TOTAL OF $10,000,000 IN ANY CORPORATION FISCAL YEAR, (5) ENGAGE IN OR ENTER INTO ANY TRANSACTION OR TRANSACTIONS PROVIDING FOR THE TRANSFER, SALE OR OTHER DISPOSITION OF CAPITAL ASSETS IN ANY SINGLE TRANSACTION OF $5,000,000 OR A TOTAL OF $10,000,000 IN ANY CORPORATION FISCAL YEAR, (6) APPROVE THE ELECTION OF MEMBERS OF THE BOARD, (7) APPROVE THE APPOINTMENT OF THE SYSTEM PRESIDENT/CHIEF EXECUTIVE OFFICER, (8) APPROVE PARTICIPATION IN OTHER HEALTH CARE SYSTEMS BY AFFILIATION OR MERGER, (9) APPROVE ITS LIQUIDATION OR DISSOLUTION, (10) ORGANIZE OR ACQUIRE, OR AUTHORIZE THE ORGANIZATION OR ACQUISITION OF ANY INTEREST IN, AS ALLOWED BY THE CODE, OF ANY CORPORATION, ASSOCIATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, TRUST, SHARED SERVICE ARRANGEMENT, JOINT VENTURE OR OTHER ENTITY, DIRECTLY OR INDIRECTLY, WHERE THE CAPITAL EXPENDITURES OR OPERATING EXPENSES BY THE CORPORATION IN CONNECTION WITH SUCH ORGANIZATION OR ACQUISITION IN ANY SINGLE TRANSACTION EXCEEDS $5,000,000 OR A TOTAL OF $10,000,000 IN ANY CORPORATION FISCAL YEAR, (11) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION, OR (12) TAKE ANY OTHER ACTIONS WHICH MAY BE INCONSISTENT WITH THE SYSTEM'S GOALS AND OBJECTIVES

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THIS 990 WAS PREPARED BY BRYAN HEALTH'S TAX DIVISION DURING THE RETURN PREPARATION PROCESS, THE TAX DIVISION WORKS DILIGENTLY WITH OTHER DEPARTMENTS INCLUDING HUMAN RESOURCES, FINANCE, LEGAL, AND DEVELOPMENT TO GATHER INFORMATION TO COMPLETE FORM 990 AND ATTACHED SCHEDULES IN AN ACCURATE AND THOROUGH MANNER THIS 990 WAS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND OTHER KEY OFFICERS OF BRYAN HEALTH THIS 990 WAS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM BRYAN HEALTH'S BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE BOARD'S AUDIT COMMITTEE EACH MEMBER OF THE AUDIT COMMITTEE RECEIVED A COMPLETE COPY OF THIS 990, PRIOR TO FILING THE FORM WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	BRYAN MEDICAL CENTER HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY THAT IS MONITORED AND ENFORCED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES OF BRYAN HEALTH BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE QUESTIONNAIRE TO IDENTIFY ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS, OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT THE QUESTIONNAIRE REQUIRES EACH COVERED PERSON TO SIGN A STATEMENT CERTIFYING THAT HE/SHE (1) HAS REPORTED INFORMATION THAT IS CORRECT AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE, (2) HAS READ THE CONFLICT OF INTEREST POLICY AND UNDERSTANDS THE POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY COVERED PERSONS ARE ALSO REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME SUCH CONFLICTS ARISE PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS FAILURE TO COMPLETE THE QUESTIONNAIRE CAN RESULT IN DISCIPLINARY ACTIONS THE QUESTIONNAIRES ARE REVIEWED IN DETAIL BY THE GOVERNANCE COMMITTEE OF BRYAN HEALTH CONFLICTS ARE CLOSELY MONITORED BY MEMBERS OF THE GOVERNANCE COMMITTEE THE CONFLICT OF INTEREST POLICY HAS RESTRICTIONS FOR ANY BOARD MEMBER WITH A CONFLICT OF INTEREST, SUCH AS, PROHIBITING THEM FROM PARTICIPATING IN DELIBERATIONS AND VOTING WITH REGARD TO CERTAIN TRANSACTIONS IN WHICH THEY HAVE AN INTEREST

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	BRYAN HEALTH'S BOARD OF TRUSTEES BELIEVES COMPENSATION FOR THE SENIOR MANAGEMENT TEAM MUST REFLECT THE COMPLEXITIES OF LEADING AND MANAGING A MULTI-HOSPITAL HEALTH SYSTEM THAT PROVIDES SERVICES THROUGHOUT MUCH OF THE STATE RECOGNIZING THAT ITS LEADERS ARE RESPONSIBLE FOR THE QUALITY OF CARE, PATIENT SERVICES AND OVERALL FINANCIAL HEALTH OF THE LARGEST PRIVATE EMPLOYER IN LINCOLN/LANCASTER COUNTY, BRYAN HEALTH'S BOARD HAS ESTABLISHED A COMPENSATION PLAN THAT MATCHES THIS LEVEL OF RESPONSIBILITY THIS PLAN, KNOWN AS THE SENIOR MANAGEMENT COMPENSATION PHILOSOPHY IS REVIEWED AT LEAST ANNUALLY BY BRYAN HEALTH'S COMPENSATION COMMITTEE. THIS COMPENSATION PHILOSOPHY TARGETS BASE SALARY FOR SENIOR MANAGERS AT THE 50TH PERCENTILE OF THE MARKET THE COMPENSATION COMMITTEE IS APPOINTED BY BRYAN HEALTH'S BOARD OF TRUSTEES AND IS MADE UP OF INDEPENDENT COMMUNITY LEADERS WHO ALL SERVE VOLUNTARILY, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY EXECUTIVE COMPENSATION IS DETERMINED AND REVIEWED PURSUANT TO GUIDELINES OUTLINED IN THE INTERMEDIATE SANCTION RULES UNDER IRC SECTION 4958 INCLUDING TAKING STEPS TO MEET THE REBUTTABLE PRESUMPTION STANDARD OF REASONABLENESS UNDER TREASURY REGULATION SECTION 53 4958-6 THE COMPENSATION COMMITTEE CONDUCTS A COMPREHENSIVE ANNUAL REVIEW OF ALL COMPENSATION PROVIDED BY THE ORGANIZATION TO THE SENIOR MANAGEMENT TEAM THIS REVIEW IS CONDUCTED BY THE COMMITTEE BY UTILIZING NATIONAL SALARY SURVEYS, CONDUCTED BY INDEPENDENT EXTERNAL FIRMS COMPENSATION FOR SENIOR MANAGERS IS COMPARED TO COMPENSATION OF SENIOR MANAGERS AT LIKE INSTITUTIONS ACROSS THE U S TO DETERMINE THAT THE VALUE OF COMPENSATION PROVIDED IS REASONABLE AND AT FAIR MARKET VALUE THE COMPENSATION COMMITTEE ALSO WORKS DIRECTLY WITH AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO THE SENIOR MANAGEMENT TEAM, AND TO ASSURE THAT THE TOTAL COMPENSATION PAID CONFORMS TO THE OVERALL COMPENSATION PHILOSOPHY THE COMPENSATION CONSULTANT PROVIDES WRITTEN OPINIONS TO THE COMPENSATION COMMITTEE THAT ASSESSES THE REASONABLENESS OF THE TOTAL EXECUTIVE COMPENSATION PAID TO SENIOR MANAGERS THE ANNUAL COMPENSATION REVIEW PROCEDURE WAS COMPLETED BY THE COMPENSATION COMMITTEE ON April 20, 2016 ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES WHICH ARE TIMELY REVIEWED AND APPROVED BY THE COMMITTEE.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE FORM 990, PART VI, SECTION B, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S ARTICLES OF INCORPORATION AND AMENDMENTS ARE AVAILABLE TO THE PUBLIC ON THE NEBRASKA SECRETARY OF STATE'S WEBSITE AT WWW SOS NE GOV ALSO, THIS ORGANIZATION IS INCLUDED WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS OF BRYAN HEALTH THAT ARE MADE AVAILABLE TO THE PUBLIC BY THE POSTING OF THESE DOCUMENTS THROUGH THE MUNICIPAL SECURITIES RULEMAKING BOARD WEBSITE AT EMMA MSRB ORG THE ORGANIZATION'S OTHER GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC FEDERAL TAX LAWS DO NOT REQUIRE THAT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION

Return Reference	Explanation
Form 990, Part VII, Section A COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES	IN KEEPING WITH BRYAN HEALTH'S BELIEFS AND STANDARDS OF BEHAVIOR REGARDING STEWARDSHIP, NO BOARD MEMBER SERVING ON BRYAN MEDICAL CENTER'S BOARD IS COMPENSATED FOR THEIR SERVICES AS BOARD MEMBERS COMPENSATION AMOUNTS REPORTED ARE FOR SERVICES PROVIDED AS MEDICAL PROFESSIONALS OR EXECUTIVES OF THE ORGANIZATION, OR A RELATED ORGANIZATION

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 4664769, Related or Exempt Function Revenue , Unrelated Business Revenue 893401, Revenue Excluded from Tax Under Sections 512, 513, or 514 3771368, - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Deferred Tax - 304429, Pension Liability - -2112692, Transfer to related entity - -46562201, Corporate Cost Allocation - 28429328, Change in Temporarily Restricted Interest in Bryan Foundation - 109142, Change in Permanently Restricted Interest in Bryan Foundation - -957418, Other - 291884, Investments in Master Limited Partnerships - 1112922, Debt Financed Rental Property - 15418,

Return Reference	Explanation
Form 990, Part XII, Line 2c OVERSIGHT OF CONSOLIDATED AUDIT	BRYAN MEDICAL CENTER'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED FINANCIAL STATEMENT FOR BRYAN HEALTH, THE ORGANIZATION'S SOLE MEMBER THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF BRYAN HEALTH IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS, AND THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM THAT PERFORMS THE AUDIT

Return Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	1 ACCESS TO CARE BRYAN HEALTH CONTINUES TO WORK WITH COMMUNITY ORGANIZATIONS, OTHER PROVIDERS, AND THE BUSINESS COMMUNITY TO IMPROVE ACCESS TO COMPREHENSIVE, HIGH-QUALITY AND AFFORDABLE HEALTH CARE SERVICES FOR ALL RESIDENTS OF LANCASTER COUNTY SINCE COMPLETION OF THE CHNA, BRYAN HEALTH HAS EXPANDED ITS USE OF NURSE NAVIGATORS TO INCLUDE THREE ONCOLOGY NAVIGATORS THAT FOCUS ON PATIENTS WITH LUNG, BREAST, AND COLORECTAL CANCER THERE CONTINUES TO BE A PATIENT NAVIGATOR FOR BARIATRICS AND A RESPIRATORY THERAPY PATIENT NAVIGATOR HAS BEEN ADDED FOR PATIENTS WITH COPD AS PART OF BRYAN HEALTH, BRYAN HEART HAS ALSO IMPLEMENTED HEART FAILURE NURSE NAVIGATORS TO IDENTIFY POTENTIAL CARE GAPS THAT CAN LEAD TO READMISSIONS THESE INDIVIDUALS ASSIST PATIENTS AND THEIR FAMILIES TO MAKE INFORMED HEALTH CARE DECISIONS AND ACCESS APPROPRIATE HEALTHCARE SERVICES BRYAN HEALTH ALSO CONTINUES TO SUPPORT COMMUNITY HEALTH CENTERS, SUCH AS PEOPLE'S HEALTH CENTER AND CLINIC WITH A HEART, THAT SERVE INDIVIDUALS THAT MIGHT NOT OTHERWISE BE ABLE TO AFFORD PRIMARY CARE SERVICES BRYAN HEALTH HAS MADE PROGRESS IN DEVELOPING THE INFRASTRUCTURE NEEDED TO CREATE A MEDICAL HOME WITH THE CREATION OF MYHEALTH 24-7, BRYAN HEALTH'S PATIENT PORTAL AND INTEGRATED HEALTH RECORD THAT ALLOWS FOR THE EXCHANGE OF INFORMATION BETWEEN PROVIDERS TO PROVIDE ADDITIONAL ACCESS TO PRIMARY CARE SERVICES, BRYAN HEALTH ALSO HAS LAUNCHED BRYAN HEALTH EVISIT IN 2015, WHICH IS A VIRTUAL CARE MODEL WITH 24/7 ACCESS TO A NEBRASKA BOARD CERTIFIED PHYSICIAN VIA COMPUTER OR MOBILE DEVICE BRYAN HEALTH CONTINUES TO EDUCATE ITS KEY STAFF ON PROVISIONS OF THE AFFORDABLE CARE ACT AS THEY ARE PUT INTO PLACE AMONG THESE STAFF ARE THOSE WITHIN THE ED CONNECTIONS PROGRAM, WHO CONNECT INDIVIDUALS PRESENTING IN THE EMERGENCY DEPARTMENT WITH PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE WITHIN LANCASTER COUNTY AND BEYOND, BRYAN HEALTH OFFERS ONLINE, MOBILE, AND ON-SITE SCREENINGS TO IDENTIFY INDIVIDUALS WITH HIGH-RISK FOR CERTAIN CONDITIONS AND TO ENSURE THEY GET TIMELY ACCESS TO PREVENTATIVE CARE A NEW SCREENING THAT IS QUICKLY BEING EMBRACED IS FOR FAMILY MEMBERS OF PATIENTS WITH BICUSPID AORTIC VALVE (BAV) BAV IS ONE OF THE MOST COMMON CONGENITAL HEART DISORDERS AND ABOUT 10 PERCENT OF BAV CASES ARE ATTRIBUTED TO HEREDITARY CAUSES BRYAN HEALTH ALSO PARTNERS WITH MANY CITY OF LINCOLN DEPARTMENTS AS WELL AS PRIVATE BUSINESSES TO PROVIDE MOBILE SCREENINGS, EDUCATION AND HEALTH FAIRS ONE OF THE MAJOR ACTIONS THAT BRYAN HEALTH HAS TAKEN TO INCREASE ACCESS IS THE DECISION SEVERAL YEARS AGO TO PROVIDE AN ADDITIONAL SUBSIDY FOR HEALTH INSURANCE PREMIUMS FOR BRYAN MEDICAL CENTER EMPLOYEES UNDER A CERTAIN WAGE LEVEL THIS PROGRAM WAS CREATED BECAUSE A LARGE GROUP OF LOWER WAGE EMPLOYEES ELECTED NOT TO ENROLL IN BRYAN'S INSURANCE PLAN, AND ELECTED TO REMAIN UNINSURED DUE TO PREMIUM COSTS THE ADDITIONAL SUBSIDY HAS PROVIDED ACCESS TO INSURANCE FOR MORE THAN 400 EMPLOYEES AND THEIR DEPENDENTS ON AN ANNUAL BASIS WE BELIEVE THIS IS A SMALL STEP TOWARD ASSISTING UNINSURED INDIVIDUALS IN OUR COMMUNITY AS INSURED INDIVIDUALS GENERALLY HAVE BETTER ACCESS TO SERVICES THERE ARE MANY REASONS BEHIND LACK OF ACCESS TO HEALTH CARE SERVICES, THE SHORTAGE OF HEALTH CARE PROFESSIONALS IS JUST ONE OF THESE REASONS BRYAN HEALTH IS A HUGE SUPPORTER OF EDUCATION FOR HEALTH CARE PROFESSIONALS - INCLUDING ONGOING FINANCIAL SUPPORT FOR 1) THE BRYAN COLLEGE OF HEALTH SCIENCES, WITH MORE THAN 700 STUDENTS ENROLLED IN GRADUATE AND UNDERGRADUATE DEGREE PROGRAMS THROUGH BRYAN'S SCHOOL OF NURSING, HEALTH PROFESSION AND NURSE ANESTHESIA PROGRAMS, AND 2) THE LINCOLN MEDICAL EDUCATION PARTNERSHIP RESIDENCY PROGRAM FOR FUTURE PRIMARY CARE PROVIDERS IN ADDITION, BRYAN ALSO SERVES AS A CLINICAL TRAINING SITE FOR A LONG LIST OF HEALTH CARE DISCIPLINES, INCLUDING RADIOLOGY, LAB, PHYSICAL THERAPY, PHARMACY, EMTS AND PARAMEDICS, ETC THIS COMMITMENT TO EDUCATION OF THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS ULTIMATELY IMPROVES ACCESS TO HEALTHCARE IN OUR REGION MADONNA IS THE DESIGNATED ORGANIZATION IN THE LINCOLN COMMUNITY THAT PROVIDES HANDICAP-ACCESSIBLE BUS TRANSPORTATION FOR COMMUNITY MEMBERS TO/FROM DOCTORS' APPOINTMENTS, THERAPY AND OTHER OUTPATIENT APPOINTMENTS BRYAN PROVIDES AN ANNUAL CONTRIBUTION OF MORE THAN $25,000 FOR THESE SERVICES SO THAT FINANCIALLY CHALLENGED MEMBERS OF OUR COMMUNITY WILL HAVE ACCESS TO MEDICAL CARE MANY PRIVATE PRACTICE PHYSICIANS IN LINCOLN HAVE ELECTED NOT TO SERVE MEDICAID AND/OR MEDICARE PATIENTS IN THEIR OUTPATIENT CLINICS FOR FINANCIAL REASONS BRYAN PHYSICIAN NETWORK PHYSICIANS ACCEPT MEDICAID/MEDICARE PATIENTS INTO THEIR PRACTICE BY POLICY, THEREFORE, AS BRYAN PHYSICIAN NETWORK CONTINUES TO EXPAND WITHIN THE COMMUNITY, SO DOES ACCESS TO PHYSICIAN CARE FOR AREA MEDICAID/MEDICARE PATIENTS THE COMMUNITY HEALTH ENDOWMENT IS THE DESIGNATED ORGANIZATION IN LINCOLN TO COORDINATE A WIDE VARIETY OF COMMUNITY HEALTH EFFORTS TO FURTHER THE HEALTH AND SAFETY OF THE COMMUNITY CHE'S MISSION IS FOR LINCOLN TO BE THE HEALTHIEST CITY IN THE NATION BRYAN FULLY SUPPORTS CHI's WORK Continued Below

Return Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	2 BEHAVIORAL HEALTH BRYAN HEALTH CONTINUES TO SUPPORT CHANGE AND INNOVATION IN PILOT PROGRAMS SUCH AS DRUG COURT AND SEQUENTIAL INTERCEPT MODEL, AS WELL AS WORKING WITH LAW ENFORCEMENT AND THE CRISIS CENTER TO SUPPORT ENHANCED PRE-CRISIS CARE OVERALL BRYAN HEALTH HAS MADE PROGRESS IN SUPPORTING BEHAVIORAL HEALTH IN THE COMMUNITY BY OPENING A NEW INDEPENDENCE CENTER FACILITY FOR SUBSTANCE ABUSE TREATMENT THIS STATE OF THE ART FACILITY PROVIDES AN IMPROVED ENVIRONMENT FOR TREATMENT AND HEALING FOR INDIVIDUALS IN LANCASTER COUNTY AND BEYOND WHO ARE SEEKING INPATIENT OR OUTPATIENT TREATMENT FOR SUBSTANCE ABUSE THE INDEPENDENCE CENTER ALSO CONTINUES TO PROVIDE INTERVENTION NURSES AT THE BEDSIDE TO ASSESS SUBSTANCE ABUSE AND PLANS TO EXPAND THE HOURS THESE NURSES ARE AVAILABLE IN THE COMING YEAR FURTHERMORE, BRYAN HEALTH SUPPORTS EFFORTS IN THE COMMUNITY TO PROVIDE AN INTEGRATED BEHAVIORAL HEALTH SAFETY NET AND EXPAND ACCESS TO BEHAVIORAL HEALTH PROVIDERS WHO SERVE POOR, UNINSURED, AND MEDICAIDELIGIBLE POPULATIONS THESE EFFORTS INCLUDE PROVIDING A SEGREGATED MENTAL HEALTH EMERGENCY DEPARTMENT STAFFED WITH SPECIALLY TRAINED BEHAVIORAL HEALTH NURSES, SOCIAL WORKERS AND PEER SPECIALISTS IN A SPECIAL PROJECT, BRYAN HEALTH'S MENTAL HEALTH EMERGENCY DEPARTMENT HAS PARTNERED WITH several community providers TO CREATE COMMUNITY PLANS FOR AN IDENTIFIED HIGH USER PATIENT GROUP TO AIDE IN PREVENTING REPEATED HOSPITAL INPATIENT ADMISSIONS ALSO IN THIS AREA, BRYAN HEALTH UTILIZES PEER SPECIALISTS WHO HOLD THREE COMMUNITY WELLNESS GROUPS A WEEK AT NO COST THIS INCLUDES A SEPARATE GROUP FOR AGES 14-18 THERE HAS BEEN LIMITED RESPONSE TO THIS YOUTH GROUP AND STIGMA AND SCHEDULES APPEAR TO BE THE DRIVERS FOR MINIMAL ATTENDANCE EFFORTS HAVE BEEN MADE TO DEVELOP A VIRTUAL GROUP THAT WILL ALLOW YOUTH TO COMMUNICATE WITH PEER FACILITATORS AND PARTICIPATE IN WELLNESS RECOVERY ACTION PLANNING (WRAP) ONLINE THROUGH A SECURE APPLICATION ON SMART PHONES OR COMPUTER AS THE ONLY ACUTE CARE HOSPITAL IN LINCOLN PROVIDING BEHAVIORAL HEALTH SERVICES, BRYAN ACTIVELY ENGAGES WITH AREA PROVIDERS TO SUPPORT THE EXPANDED ROLE OF BEHAVIORAL HEALTH TREATMENT IN THE COMMUNITY AND REGION BRYAN HAS MADE IT A PRIORITY TO SERVE AS A TRAINING SITE FOR COUNSELORS, SOCIAL WORKERS, NURSES, PHYSICIAN'S ASSISTANTS, AND PRIMARY CARE PHYSICIANS THROUGH THE LINCOLN MEDICAL EDUCATION PROGRAM, SOUTHEAST COMMUNITY COLLEGE, DOANE COLLEGE, BRYAN COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF NEBRASKA AND OTHER EDUCATIONAL INSTITUTIONS ONLINE SCREENINGS FOR DEPRESSION, ANXIETY, POST-TRAUMATIC STRESS DISORDER, ALCOHOL ABUSE AND ADOLESCENT DEPRESSION ARE AVAILABLE AT NO COST TO THE PUBLIC ON THE BRYAN HEALTH WEBSITE FINALLY, BRYAN HEALTH WORKS WITH OTHER LINCOLN PROVIDERS AND GROUPS ACROSS THE STATE TO ADDRESS GAPS AND SPECIAL NEEDS IN THE POPULATION AS WELL AS THOSE WHO ARE UNDERSERVED THESE INCLUDE HEALTH 360 INTEGRATED HOME, THE BRIDGE BEHAVIORAL HEALTH TO IMPROVE COORDINATION OF CARE FOR CLIENTS REQUIRING EMERGENCY DETOXIFICATION, JUDICIAL AND PROBATION SYSTEMS IN TREATING PERPETRATORS OF DOMESTIC ABUSE, THE BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA FOR WORKFORCE DEVELOPMENT OF PEER SPECIALISTS, DIVISIONS OF CHILD AND FAMILY SERVICE, MEDICAID & LONG TERM CARE, BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITY WE ARE PROUD TO CO-SPONSOR AND HOST MENTAL ILLNESS AWARENESS WEEK TO PROVIDE COMMUNITY EDUCATION WITH ADDITIONAL OFFERINGS THROUGHOUT THE YEAR ON TOPICS SUCH AS, TRAUMA INFORMED CARE, ELDER ABUSE, GUARDIANSHIPS, ETC BRYAN MEDICAL CENTER MENTAL HEALTH HAS BEEN A LEADER IN SUICIDE PREVENTION FOR OUR COMMUNITY AND STATE ONE OF THE MANAGERS FOR BRYAN MENTAL HEALTH SERVES AS THE CO-CHAIR OF THE NEBRASKA STATE SUICIDE PREVENTION COALITION AND SERVES ON THE LEADERSHIP GROUP TO ESTABLISH THE LINCOLN SUICIDE PREVENTION GOALS IN ADDITION, THIS BRYAN MENTAL HEALTH MANAGER PROVIDED LEADERSHIP IN DEVELOPING THE FIRST LOCAL OUTREACH TO SUICIDE SURVIVORS (LOSS) TEAM IN NEBRASKA AND IS ASSISTING WITH PROVIDING DIRECTION IN THE DEVELOPMENT OF LOSS TEAMS IN OTHER PARTS OF THE STATE DEVELOPING AND IMPLEMENTING THE LOSS TEAM WAS A COLLABORATIVE EFFORT IN WORKING WITH LAW ENFORCEMENT AND POLICE CHAPLAINS AS WELL AS OTHER COMMUNITY AND COUNTY AGENCIES A LOSS TEAM IS A GROUP OF THREE PEOPLE WHO ARE ONCALL (TWO PEOPLE WHO HAVE LOST SOMEONE TO SUICIDE AND A CLINICIAN) AND THEY RESPOND TO FAMILIES WHO HAVE LOST SOMEONE TO SUICIDE AND PROVIDE RESOURCES CONNECTING SUICIDE SURVIVORS TO OTHER SUICIDE SURVIVORS AND RESOURCES IS CONSIDERED SUICIDE POSTVENTION WHICH IS ALSO PREVENTION Continued below

Return Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	3 CHRONIC DISEASE PREVENTION BRYAN MEDICAL CENTER, AS PART OF BRYAN HEALTH, CONTINUES TO SUPPORT EFFORTS IN THE COMMUNITY TO PROMOTE A HEALTHY LIFESTYLE AND ADDRESS THE NEEDS OF THOSE WITH CHRONIC DISEASE AS MENTIONED UNDER ACCESS TO CARE, SEVERAL ONLINE SCREENING TOOLS CONTINUE TO BE AVAILABLE ON BRYAN HEALTH'S WEBSITE AND THE EARLY DETECTION CENTER HAS CONTINUED TO ENHANCE ITS SERVICES BY PROVIDING THE NEW BICUSPID AORTIC VALVE (BAV) SCREENING TO FAMILY MEMBERS OF THOSE WITH A BAV DIAGNOSIS TO SUPPORT THE PREVENTION AND TREATMENT OF CANCER IN THE COMMUNITY, BRYAN HEALTH CONTINUES TO SPONSOR THE CANCER COMMITTEE WITHIN THE COMMUNITY AND IS LOOKING AT WAYS TO CREATE SPECIFIC COMMITTEES CHARGED WITH EXAMINING CASES OF BREAST, COLORECTAL, AND LUNG CANCERS LIFESPRING CANCER RECOVERY PROGRAM STILL PROVIDES SUPPORT AND EXPERTISE FOR CANCER PATIENTS AND SURVIVORS WITHIN LINCOLN AND THE SURROUNDING AREA BRYAN MEDICAL CENTER ALSO PARTICIPATES WITH THE NEBRASKA CANCER RESEARCH CENTER (NCRC) AND THE MISSOURI VALLEY CANCER CONSORTIUM IN OMAHA TO OFFER CLINICAL TRIAL OPPORTUNITIES LOCALLY TO CANCER PATIENTS NEARLY 1,800 PATIENTS HAVE BEEN ENROLLED SINCE 1984 NCRC ALSO PARTNERS WITH NEBRASKA MEDICINE TO ENROLL PATIENTS INTO THE LYMPHOMA STUDY GROUP TO PROTECT THE FUTURE OF THE COMMUNITY, BRYAN HEALTH MAINTAINS ITS SUPPORT OF LINCOLN PUBLIC SCHOOLS IN PROMOTING HEALTH AND WELLNESS TO ELEMENTARY SCHOOL AGE CHILDREN AND HOLDS A POSITION ON THE BOARD OF DIRECTORS FOR PARTNERSHIP FOR A HEALTHY LINCOLN A PRIMARY POPULATION THAT HAS RECEIVED BRYAN FOCUS FOR DISEASE PREVENTION IS OUR OWN EMPLOYEES WE FELT THIS WOULD BE A GOOD START FOR OUR COMMUNITY BECAUSE BRYAN IS THE LARGEST PRIVATE EMPLOYER IN LINCOLN EXTENSIVE WELLNESS PROGRAMMING HAS BEEN ADDED FOR OUR EMPLOYEES, INCLUDING WEIGHT MANAGEMENT, DIABETES PREVENTION AND SMOKING CESSATION MUCH RESEARCH SUPPORTS BREAST FEEDING AS AN IMPORTANT DETERMINANT OF FUTURE HEALTH, INCLUDING OBESITY PREVENTION BRYAN HAS BEEN INVOLVED IN A COMMUNITY-WIDE EFFORT TO PROMOTE BREAST FEEDING AMONG OUR NEW MOMS - THIS HAS INCLUDED ADOPTION OF CONSISTENT EDUCATION STANDARDS BY ALL PROVIDERS IN LINCOLN FINALLY, BRYAN HEALTH THROUGH BRYAN LIFEPOINTE REACHES OUT AND PROVIDES EXTENSIVE EDUCATIONAL OPPORTUNITIES TO THE COMMUNITY THAT PROMOTE EXERCISE, TEACH WELLNESS STRATEGIES, HEALTHY COOKING HABITS AND DISEASE MANAGEMENT ONE OF THE NEWEST PROGRAMS THAT BRYAN LIFEPOINTE HAS IMPLEMENTED IS THE NATIONAL DIABETES PREVENTION PROGRAM TO COMPLEMENT CLASSES IT ALREADY OFFERS FOR THOSE MANAGING AN EXISTING DIABETES DIAGNOSIS BRYAN LIFEPOINTE CONTINUES TO OFFER PHYSICAL AND OCCUPATIONAL THERAPY, CARDIAC AND PULMONARY REHAB, AND AQUATIC THERAPY THE WEIGHT MANAGEMENT PROGRAM LIFETRACKS, AS WELL AS THE PHYSICIAN REFERRED, LIFEFIT, CONTINUE TO SEE MORE CLIENTS AND ARE GENERATING INTEREST IN THE COMMUNITY BRYAN LIFEPOINTE ALSO PLAYS AN INTEGRAL PART IN THE CONTINUUM OF CARE FOR BRYAN BARIATRIC ADVANTAGE SURGERY PATIENTS Continued below

Return Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	4 INJURY PREVENTION BRYAN HEALTH HOSTS A CHILD RESTRAINT SYSTEM CHECKUP CLINIC ONCE A YEAR AND THE MATERNAL AND CHILDBIRTH PROGRAM ALSO PROVIDES GUIDANCE TO PARENTS ON SAFETY MEASURES SAFE SITTER CLASSES ALSO ARE HELD SIX TIMES A YEAR TO EQUIP TEENAGERS AND OTHER CAREGIVERS IN THE COMMUNITY WITH THE SKILLS NECESSARY TO CARE FOR CHILDREN AND AVOID ANY UNINTENTIONAL INJURY OR HARM BRYAN HEALTH CONTINUES TO WORK WITH OTHER ORGANIZATIONS IN THE COMMUNITY TO PROMOTE ACCIDENT PREVENTION THROUGH PUBLIC EDUCATION THIS INCLUDES INVOLVEMENT WITH SAFEKIDS NEBRASKA INJURY PREVENTION EFFORTS, DEVELOPMENT OF A BICYCLE HELMET PROGRAM FOR BRYAN MEDICAL CENTER, AND PARTICIPATION IN SEVERAL KIDS FAIRS INCLUDING THE BRYAN KIDS CLUB KIDS FAIR THE TRAUMA DEPARTMENT HAS ALSO DEVELOPED A TRAUMA SURVIVORS NETWORK WITHIN THE COMMUNITY TO RAISE AWARENESS AS WELL AS CREATE A SUPPORT SYSTEM FOR THOSE WHO HAVE SURVIVED ACCIDENTS AND OTHER TRAUMAS BRYAN HEALTH SHOWS A CONTINUED COMMITMENT TO TRAUMA CARE THROUGH ITS REVERIFICATION BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL 2 TRAUMA CENTER AND PARTICIPATION IN THE STATE OF NEBRASKA STATEWIDE TRAUMA SYSTEM ADDITIONALLY, MEMBERS OF THE TRAUMA PROGRAM HOLD POSITIONS ON THE STATEWIDE TRAUMA ADVISORY BOARD TO RAISE AWARENESS OF THE EMERGENCY RESPONSE SYSTEM IN THE COMMUNITY, BRYAN HEALTH HOSTS A TRIBUTE TO TRAUMA CHAMPIONS EVENT EACH SPRING, RECOGNIZING TWO TRAUMA SURVIVORS AND ALL OF THEIR CAREGIVERS FROM FIRST RESPONDERS, TO TRAUMA CENTER TEAM MEMBERS, TO REHABILITATION AND THERAPY TEAMS THROUGHOUT THE COMMUNITY

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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

2015

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

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)BRYAN HEALTH 1600 SOUTH 48TH STREET LINCOLN, NE 68506 36-3414823	HEALTHCARE	NE	501(c)(3	Type III-FI	BRYAN HEALTH		No
(2)CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE CRETE, NE 68333 47-0841285	HEALTHCARE	NE	501(c)(3	3	BRYAN HEALTH		No
(3)BRYAN FOUNDATION 1600 SOUTH 48TH STREET LINCOLN, NE 68506 23-7005720	FUNDRAISING	NE	501(c)(3	7	BRYAN HEALTH		No
(4)BRYAN PHYSICIAN NETWORK 1600 SOUTH 48TH STREET LINCOLN, NE 68506 20-1357375	HEALTHCARE	NE	501(c)(3	9	BRYAN HEALTH		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?		(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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)BRYAN ENTERPRISES INC 1600 SOUTH 48TH STREET LINCOLN, NE 68506 47-0701037	MEDICAL SERVICES	NE	BRYAN HEALTH	C Corporation	0	0	0 %		No
(2) INTEGRATED CARDIOLOGY GROUP LLC 1600 SOUTH 48TH STREET LINCOLN, NE 68506 47-0844961	CARDIOLOGY	NE	BRYAN HEALTH	C Corporation	0	0	0 %		No
(3)BRYAN HEALTH CONNECT 1600 SOUTH 48TH STREET LINCOLN, NE 68506 36-4771145	PHYSICIAN HOSPITAL ORGANIZATION	NE	BRYAN HEALTH	C Corporation	0	0	0 %		No

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

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

		Yes	No
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		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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	Yes	
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	Yes	
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	Yes	

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

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