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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	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	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 NEBRASKA METHODIST HOSPITAL		D Employer identification number 47-0376604
	Doing business as		E Telephone number (402) 354-4840
	Number and street (or P.O. box if mail is not delivered to street address) 8511 WEST DODGE ROAD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68114		G Gross receipts \$ 581,244,618
F Name and address of principal officer STEPHEN L GOESER 8511 WEST DODGE ROAD OMAHA, NE 68114		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ WWW.BESTCARE.ORG		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1891	M State of legal domicile NE

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities IMPROVING THE QUALITY OF LIFE THROUGH EXCELLENCE IN HEALTHCARE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,817	
6 Total number of volunteers (estimate if necessary)	6	597	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,100,618	
b Net unrelated business taxable income from Form 990-T, line 34	7b	1,326,795	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	11,632,589	14,074,957
	9 Program service revenue (Part VIII, line 2g)	471,633,408	535,144,681
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,219,083	8,652,053
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,199,115	10,669,944
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	501,684,195	568,541,635
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,261,317	19,326,986
	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)	187,173,053	210,274,466
	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)	229,726,905	272,374,007
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	434,161,275	501,975,459
	19 Revenue less expenses Subtract line 18 from line 12	67,522,920	66,566,176
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	678,328,125	736,522,708
	21 Total liabilities (Part X, line 26)	340,806,390	370,293,319
	22 Net assets or fund balances Subtract line 21 from line 20	337,521,735	366,229,389

Part II	Signature Block
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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	2016-11-15
	JEFFREY E FRANCIS VICE PRES-FINANCE & CFO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name LORRAINE A EGGER	Preparer's signature LORRAINE A EGGER	Date	Check ☐ if self-employed	PTIN P00223617
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
	Firm's address ▶ 1212 NORTH 96TH STREET SUITE 300 OMAHA, NE 68114			Phone no	

Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization’s mission

NEBRASKA METHODIST HOSPITAL IS AN ACUTE CARE FACILITY DEDICATED TO BRINGING HIGH QUALITY CARE FOR THE MIND, BODY AND SPIRIT OF EVERY PERSON WE PROVIDE COMMUNITY-BASED HEALTH CARE, HEALTH EDUCATION AND SUPPORT SERVICES EVER MINDFUL OF THE INTRINSIC HONOR AND RESPONSIBILITY ACCOMPANYING OUR MISSION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 29,968,158 including grants of \$ 1,962,492) (Revenue \$ 47,157,074)

HEART DISEASE AND STROKE ARE THE NATION'S LEADING CAUSES OF DEATH IN DOUGLAS COUNTY, HEART DISEASE IS THE SECOND LEADING CAUSE OF DEATH AND STROKE IS THE SIXTH METHODIST HOSPITAL IS COMMITTED TO THE HEALTH OF OUR COMMUNITY AND OUR PATIENTS OUR PHYSICIANS, NURSES, AND TECHNICIANS WORK CLOSELY TO ENSURE THAT CARE IS TAILORED TO SUIT THE PATIENT'S SPECIFIC NEEDS OUR CARDIAC AND VASCULAR DIAGNOSTIC TESTS COVER A VAST ARRAY OF SOPHISTICATED PROCEDURES INCLUDING INNOVATIVE 3-D IMAGING ALL TESTS ARE CONDUCTED BY SKILLED PROFESSIONALS WHOSE DEDICATION TO ACCURACY AND EFFICIENCY AS WELL AS PATIENT COMFORT AND SAFETY HELP ENSURE THE PHYSICIAN MAKES THE PROPER DIAGNOSIS CONTINUOUS PERFORMANCE ASSESSMENTS INDICATE THAT METHODIST HOSPITAL'S OUTCOMES FOR SUCH KEY CARDIAC CARE MEASURES AS 'DOOR-TO-BALLOON RATES', THE AMOUNT OF TIME IT TAKES TO MOVE A HEART PATIENT FROM THE EMERGENCY ROOM ENTRANCE TO LIFESAVING PROCEDURE - ARE CONSISTENTLY BETTER THAN NATIONAL STANDARDS METHODIST HOSPITAL'S COMMITMENT AND SUCCESS IN IMPLEMENTING AN EXCEPTIONAL STANDARD OF CARE FOR HEART ATTACK PATIENTS HAS BEEN RECOGNIZED BY THE AMERICAN HEART ASSOCIATION (AHA) AND BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION AND SOCIETY OF THORACIC SURGEONS FOR EXAMPLE, METHODIST HOSPITAL IS ONE OF ONLY 256 HOSPITALS NATIONWIDE TO RECEIVE THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION REGISTRY-GWTG PLATINUM PERFORMANCE ACHIEVEMENT AWARD FOR 2015 NCDR ACTION REGISTRY-GWTG IS A RISK-ADJUSTED, OUTCOMES-BASED QUALITY IMPROVEMENT PROGRAM THAT EMPOWERS HEALTH CARE PROVIDER TEAMS TO CONSISTENTLY TREAT HEART ATTACK PATIENTS ACCORDING TO THE MOST CURRENT, SCIENCE-BASED GUIDELINES METHODIST HOSPITAL CONSISTENTLY FOLLOWED THE ACTION REGISTRY-GWTG PREMIER TREATMENT GUIDELINES FOR EIGHT CONSECUTIVE QUARTERS AND MET A PERFORMANCE STANDARD OF 90 PERCENT FOR SPECIFIC PERFORMANCE MEASURES ALSO IN 2015, METHODIST HOSPITAL EARNED CHEST PAIN CENTER ACCREDITATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE (SCPC) FOLLOWING A RIGOROUS EVALUATION OF METHODIST'S ABILITY TO ASSESS, DIAGNOSE, AND TREAT PATIENTS WHO MAY BE EXPERIENCING A HEART ATTACK TO THE COMMUNITY METHODIST SERVES, THIS MEANS THAT PROCESSES ARE IN PLACE WHICH MEET STRICT CRITERIA AIMED AT REDUCING THE TIME FROM ONSET OF SYMPTOMS TO DIAGNOSIS AND TREATMENT, TREATING PATIENTS MORE QUICKLY DURING THE CRITICAL WINDOW OF TIME WHEN THE INTEGRITY OF THE HEART MUSCLE CAN BE PRESERVED AND MONITORING PATIENTS WHEN IT IS NOT CERTAIN THAT THEY ARE HAVING A HEART ATTACK TO ENSURE THAT THEY ARE NOT SENT HOME TOO QUICKLY OR NEEDLESSLY ADMITTED TO THE HOSPITAL IN ADDITION, METHODIST HOSPITAL SERVES AS A POINT OF ENTRY INTO THE HEALTHCARE SYSTEM TO EVALUATE AND TREAT OTHER MEDICAL PROBLEMS, WHILE HELPING TO PROMOTE HEALTHIER LIFESTYLES TO REDUCE RISK FACTORS FOR HEART ATTACK

4b

(Code) (Expenses \$ 21,254,310 including grants of \$ 925,117) (Revenue \$ 21,206,304)

AT METHODIST HOSPITAL, WE UNITE ALL OF OUR RESOURCES TO JOIN OUR PATIENTS IN THEIR FIGHT AGAINST CANCER IN ITS TOTALITY OUR UNIQUE MULTIDISCIPLINARY APPROACH IS ONE OF METHODIST'S GREATEST STRENGTHS WORKING TOGETHER WITH THE PATIENT ON THE TEAM, WE FOCUS A RARE LEVEL OF COMBINED EXPERTISE TO EXPAND TREATMENT OPTIONS, IMPROVE OUTCOMES AND PROVIDE COMFORT AND HOPE IN 2015, THE METHODIST BREAST CARE CENTER EARNED FULL RE-ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS' NATIONAL ACCREDITATION FOR BREAST CENTERS (NAPBC) METHODIST WAS THE FIRST IN NEBRASKA TO BE NAPBC-ACCREDITED IN 2009 AND WAS RE-ACCREDITED FOR THE FIRST TIME IN 2012 ACCREDITATION BY THE NAPBC IS GRANTED ONLY TO THOSE CENTERS THAT ARE VOLUNTARILY COMMITTED TO PROVIDING THE BEST POSSIBLE COMPREHENSIVE CARE TO PATIENTS WITH DISEASES OF THE BREAST, INCLUDING A FULL RANGE OF STATE-OF-THE-ART SERVICES, A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS AND INFORMATION ABOUT ONGOING CLINICAL TRIALS AND NEW TREATMENT OPTIONS METHODIST HAS BEEN A RECOGNIZED LUNG CANCER SCREENING SITE SINCE 2001 AND WAS THE FIRST HOSPITAL IN THE REGION TO PARTICIPATE IN THE INTERNATIONAL EARLY LUNG CANCER ACTION PROGRAM (I-ELCAP) TRIAL, STARTING IN 2006 ONE OF THE LARGEST RANDOMIZED CONTROLLED CLINICAL TRIALS IN NATIONAL CANCER INSTITUTE'S HISTORY SHOWED THAT LOW-DOSE CT SCREENING COULD REDUCE LUNG CANCER MORTALITY RATES BY AT LEAST 20 PERCENT, AND METHODIST PERFORMS MORE THAN 400 SUCH SCREENINGS A YEAR METHODIST IS ONE OF ONLY 250 SITES IN THE NATION DESIGNATED AS A LUNG CANCER SCREENING CENTER OF EXCELLENCE BY THE LUNG CANCER ALLIANCE A MAJOR PORTION OF CANCER CARE INVOLVES SURGERY THE AMERICAN CANCER SOCIETY CONFIRMS THAT MOST CANCER PATIENTS WILL UNDERGO SOME TYPE OF SURGERY - OFTEN A COMBINATION OF PREVENTIVE, DIAGNOSTIC, CURATIVE OR RECONSTRUCTIVE PROCEDURES METHODIST HOSPITAL IS NEBRASKA'S SURGICAL LEADER BOTH IN VOLUMES OF CANCER-RELATED SURGERIES AND IN SURGERIES OVERALL OVER THE NEXT FEW YEARS, METHODIST HOSPITAL SURGERY RENOVATION & EXPANSION PROJECT WILL TRANSFORM THE REGION'S BUSIEST AND OLDEST ORS TO EXPAND AND ENHANCE SURGICAL SERVICES THIS PROJECT, A BENEFIT TO THE COMMUNITY AS A WHOLE, IS OF PARTICULAR SIGNIFICANCE TO THE ONCOLOGY PROGRAM IN ADDITION TO PROVIDING THE STANDARD TREATMENTS, THE PHYSICIANS AT METHODIST HOSPITAL AND ITS METHODIST ESTABROOK CANCER CENTER HAVE CONSISTENTLY SHOWED ACTIVE PARTICIPATION IN CANCER PREVENTION AND TREATMENT TRIALS APPROVED BY THE NATIONAL CANCER INSTITUTE (NCI) EVERY CANCER PATIENT TREATED HERE IS EVALUATED FOR ELIGIBILITY IN NCI-APPROVED TRIALS, AND TRIAL PARTICIPATION IS ENTIRELY VOLUNTARY ONLY ABOUT 3 PERCENT OF ADULT CANCER PATIENTS NATIONWIDE PARTICIPATE IN CLINICAL TRIALS, ACCORDING TO THE NCI, COMPARED TO A 16 PERCENT PARTICIPATION RATE AT METHODIST ESTABROOK CANCER CENTER, WHERE CLINICAL TRIALS ARE OVERSEEN BY A HIGHLY TRAINED, MULTIDISCIPLINARY TEAM OF CANCER SPECIALISTS IN COLLABORATION WITH THE PATIENT'S PRIMARY CARE PROVIDER

4c

(Code) (Expenses \$ 129,152,890 including grants of \$ 2,211,622) (Revenue \$ 122,228,010)

THROUGHOUT OUR CAMPUSES, METHODIST IS FOCUSING ON PROVIDING SPECIALIZED CARE FOR WOMEN WITH THE ONLY MEDICAL CAMPUS IN THE REGION DEDICATED TO WOMEN'S HEALTH, METHODIST IS A LEADER IN PROVIDING CARE TO WOMEN FROM THE TEENAGE YEARS THROUGHOUT THEIR LIVES THERE ARE MANY INNOVATIONS BUILT INTO OUR FACILITIES AND SERVICES DESIGNED FOR THE SAFETY AND HEALTH OF THE WOMEN WE TREAT AT OUR WOMEN'S MEDICAL CAMPUS, WE OFFER WOMEN A HOST OF OBSTETRICAL, GYNECOLOGICAL, SURGICAL AND OUTPATIENT LABORATORY SERVICES, AS WELL AS EMERGENCY SERVICES AND OUTPATIENT IMAGING FOR MEN, WOMEN AND CHILDREN BECAUSE OUR PATIENTS' HEALTH AND SAFETY IS OUR NUMBER ONE PRIORITY, METHODIST WOMEN'S HOSPITAL NURSES ARE TRAINED TO MANAGE THE MOST COMPLICATED SITUATIONS IN CASE OF EMERGENCY CERTIFICATION GOALS INCLUDE HAVING EVERY NURSE ON STAFF CERTIFIED IN ADVANCED CARDIAC LIFE SUPPORT (ACLS) WITHIN THE FIRST SIX MONTHS ON THE JOB ACLS CERTIFICATION PROVIDES THE CLINICAL INTERVENTIONS NECESSARY FOR URGENT TREATMENT OF CARDIAC ARREST AND OTHER MEDICAL EMERGENCIES IN ADDITION, ALL LABOR AND DELIVERY NURSES ARE CERTIFIED IN BASIC FETAL MONITORING WITHIN TWO YEARS ON THE JOB MORE BABIES ARE BORN AT METHODIST WOMEN'S HOSPITAL THAN ANY SINGLE HOSPITAL IN NEBRASKA, AND ITS NICU TREATS MORE INFANTS THAN ANY OTHER IN THE AREA THE 36-BED LEVEL III NEONATAL INTENSIVE CARE UNIT, THE HIGHEST LEVEL NICU IN WEST OMAHA, IS EXPANDING TO 51 PRIVATE BEDS TO ALLEVIATE THE SHORTAGE OF BEDS IN THE REGION FOR AT-RISK BABIES THE NICU EXPANSION IS SCHEDULED TO OPEN FALL 2017 IN ADDITION, METHODIST WOMEN'S HOSPITAL IS HOME TO THE LARGEST PERINATAL CLINIC IN THE REGION, WITH EIGHT MATERNAL-FETAL SPECIALISTS ON STAFF IN 2015 A NINTH MATERNAL-FETAL SPECIALIST WILL JOIN THE TEAM IN 2016 METHODIST WOMEN'S HOSPITAL WILL ALSO BE ADDING A THIRD REPRODUCTIVE ENDOCRINOLOGIST TO ASSIST IN ADDRESSING THE INCREASING NEED FOR FERTILITY ASSISTANCE AT THE REPRODUCTIVE HEALTH SPECIALISTS CLINIC METHODIST WOMEN'S HOSPITAL ALSO OFFERS AN ARRAY OF CHILDBIRTH EDUCATION COURSES, INCLUDING A FREE COMMUNITY HEALTH PROGRAM THAT PROVIDES EDUCATION AND SUPPORT FOR WOMEN IN NEED METHODIST HOSPITAL, A LEADER IN AWARENESS AND PREVENTION OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE, DEVELOPED THE CITY'S FIRST SANE/SART PROGRAM SINCE THE HEIDI WILKE SANE/SART SURVIVOR PROGRAM STARTED IN 2003, SPECIALIZED SERVICES HAVE BEEN PROVIDED TO MORE THAN 1,300 VICTIMS OF SEXUAL ASSAULT, MANY UNDER 25 YEARS OF AGE, AT THE METHODIST HOSPITAL'S MAIN CAMPUS AND AT METHODIST WOMEN'S HOSPITAL SEXUAL ASSAULT AND DOMESTIC VIOLENCE SERVICES ARE AVAILABLE 24 HOURS PER DAY, EVERY DAY OF THE YEAR, AND ARE LOCATED ADJACENT TO THE EMERGENCY DEPARTMENT TO ENSURE PRIVACY

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 288,923,581 including grants of \$ 14,227,755) (Revenue \$ 346,953,796)

4e

Total program service expenses ▶

469,298,939

Form 990 (2015)

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	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 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	20	
1b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►JEFFREY E FRANCIS 8511 W DODGE ROAD OMAHA, NE 68114 (402) 354-4840

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount 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 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.

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

Form **990** (2015)

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,805,628	2,323,972	1,311,869

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 ► 164

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCLMEYERS-CARLISLE-LEAPLEY 14124 INDUSTRIAL ROAD OMAHA, NE 681443332	CONSTRUCTION	14,811,392
PERINATAL ASSOCIATES PC 717 N 190TH PLAZA 2400 OMAHA, NE 68022	MEDICAL	6,566,656
ANDERSON PARTNERS 6919 DODGE STREET OMAHA, NE 68132	ADVERTISING/MARKETING	2,103,953
KIEWIT BUILDING 15002 COLLECTIONS CENTER CHICAGO, IL 60693	CONSTRUCTION	1,773,978
WEST DODGE IMAGING 515 N 162ND AVE OMAHA, NE 68118	MEDICAL	1,407,400

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 ► 36

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	5,655			
	c	Fundraising events	1c				
	d	Related organizations	1d	13,961,828			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	107,474			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		14,074,957			
Program Service Revenue	2a	NET PATIENT SVC REV	Business Code 621990	527,658,972	527,658,972		
	b	OTHER PATIENT REVENUE	621990	7,098,395	7,098,395		
	c	MEDICAL RESEARCH	541700	387,314	387,314		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		535,144,681			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,530,186		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real 4,364,557	(ii) Personal 45,067			
b		Less rental expenses	4,390,517	16,680			
c		Rental income or (loss)	-25,960	28,387			
d		Net rental income or (loss)		2,427			2,427
7a		Gross amount from sales of assets other than inventory	(i) Securities 10,104,031	(ii) Other 21,957			
b		Less cost or other basis and sales expenses	8,001,000	3,121			
c		Gain or (loss)	2,103,031	18,836			
d		Net gain or (loss)		2,121,867			2,121,867
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	458,061			
b		Less cost of goods sold	b	291,665			
c		Net income or (loss) from sales of inventory . . .		166,396			166,396
		Miscellaneous Revenue	Business Code				
11a		LABORATORY	621500	5,306,181		5,306,181	
b	CAFETERIA REVENUE	722210	2,420,123	2,400,503	19,620		
c	TECH & PROF CONSULTING	541900	1,736,537		1,736,537		
d	All other revenue		1,038,280		1,038,280		
e	Total. Add lines 11a-11d		10,501,121				
12	Total revenue. See Instructions		568,541,635	537,545,184	8,100,618	8,820,876	

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	399,872	399,872		
2	Grants and other assistance to domestic individuals See Part IV, line 22	18,927,114	18,927,114		
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	2,074,398		2,074,398	
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	164,799,131	164,799,131		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,388,777	5,036,002	352,775	
9	Other employee benefits	26,642,250	26,554,608	87,642	
10	Payroll taxes	11,369,910	11,295,749	74,161	
11	Fees for services (non-employees)				
a	Management				
b	Legal	135,865		135,865	
c	Accounting				
d	Lobbying	21,757		21,757	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	289,752		289,752	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,578,888	31,578,888		
12	Advertising and promotion	2,495,713	2,495,713		
13	Office expenses	15,769,120	15,769,120		
14	Information technology	11,808,564	11,808,564		
15	Royalties				
16	Occupancy	13,325,684	13,325,684		
17	Travel	424,818	424,818		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,987,811	10,987,811		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,821,075	30,821,075		
23	Insurance	1,875,701	1,476,411	399,290	
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	MEDICAL SUPPLIES	83,738,275	83,738,275		
b	LOSS ON EXTINGUISHMENT	35,176,619	35,176,619		
c	SYSTEM ALLOCATIONS	29,240,880		29,240,880	
d	STAFF EDUCATION & DEV	1,248,039	1,248,039		
e	All other expenses	3,435,446	3,435,446		
25	Total functional expenses. Add lines 1 through 24e	501,975,459	469,298,939	32,676,520	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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		74,859,009	1	85,729,301
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		62,310,203	4	60,459,216
	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	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,940,900	8	7,176,960
	9	Prepaid expenses and deferred charges		6,068,007	9	6,970,107
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a746,410,680			
	b	Less: accumulated depreciation	10b450,150,935	290,934,990	10c	296,259,745
	11	Investments—publicly traded securities		121,549,095	11	127,605,939
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		3,901,797	13	3,848,471
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		111,764,124	15	148,472,969
	16	Total assets. Add lines 1 through 15 (must equal line 34)		678,328,125	16	736,522,708
Liabilities	17	Accounts payable and accrued expenses		60,912,994	17	69,135,185
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		271,805,447	20	293,783,055
	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		2,153,249	23	2,138,961
	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		5,934,700	25	5,236,118
	26	Total liabilities. Add lines 17 through 25		340,806,390	26	370,293,319
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		297,655,317	27	324,308,785
	28	Temporarily restricted net assets		39,267,775	28	41,321,961
	29	Permanently restricted net assets		598,643	29	598,643
	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		337,521,735	33	366,229,389
	34	Total liabilities and net assets/fund balances		678,328,125	34	736,522,708

Part XI **Reconciliation 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	568,541,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	501,975,459
3	Revenue less expenses Subtract line 2 from line 1	3	66,566,176
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	337,521,735
5	Net unrealized gains (losses) on investments	5	-6,076,948
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	-31,781,574
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	366,229,389

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? 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		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 47-0376604
Name: NEBRASKA METHODIST HOSPITAL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	288,923,581	including grants of \$	14,227,755) (Revenue \$	346,953,796)
METHODIST HOSPITAL'S MAIN CAMPUS HAS 250 OPERATIONAL BEDS DESIGNED TO BRING THE FULL RESOURCES OF OUR HEALTHCARE PROVIDERS, EDUCATORS AND SUPPORT SERVICES TO ITS PATIENTS ADDITIONAL CORE SERVICES INCLUDE MEDICAL/SURGICAL SERVICES, AN EMERGENCY DEPARTMENT, AND LABORATORY AND DIAGNOSTIC SERVICES THE HOSPITAL PLACES EMPHASIS ON EDUCATION FOR PATIENTS, FAMILIES AND THE COMMUNITY THROUGH ITS RESOURCE CENTER OUR VALUES STRESS PATIENT-CENTERED, PATIENT-DRIVEN SERVICES, HONOR AND RESPECT FOR THE DIGNITY OF ALL, EXCELLENCE IN ALL OUR DEALINGS, DEDICATION TO THE COMMUNITY AND WORKING TOGETHER TO STRENGTHEN THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE					

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			
SPENCER STEVENS CHAIRMAN	1 00 0 00	X		X				0	0	0
LARRY V PEARSON VICE CHAIR	1 00 0 00	X		X				0	0	0
ART N BURTSCHER TREASURER	1 00 0 00	X		X				0	0	0
ADAM YALE SECRETARY	1 00 0 00	X		X				0	0	0
JOHN M FRASER PRES /CEO-NE METH HEALTH	24 00 16 00	X		X				0	852,670	223,147
DEB BASS DIRECTOR	1 00 0 00	X						0	0	0
SID DINDALE DIRECTOR	1 00 0 00	X						0	0	0
KATHLEEN C DODGE DIRECTOR	1 00 0 00	X						0	0	0
RICHARD C HAHN DIRECTOR	1 00 0 00	X						0	0	0
KRISTEN L HOFFMAN MD DIRECTOR	1 00 39 00	X						0	234,568	67,323

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			
DAN KINNEY PHD DIRECTOR	1 00 0 00	X						0	0	0
C L LANDEN DIRECTOR	1 00 0 00	X						0	0	0
JOHN R LOHRBERG MD DIRECTOR	1 00 39 00	X						0	267,131	69,393
LARRY R KING DIRECTOR	1 00 0 00	X						0	0	0
KEVIN L NELSON MD DIRECTOR	1 00 0 00	X						0	0	0
JOHN P NELSON DIRECTOR	1 00 0 00	X						0	0	0
SCOTT G ROSE MD DIRECTOR	1 00 39 00	X						0	412,564	67,979
L B RED THOMAS DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL C LEBENS DIRECTOR	1 00 0 00	X						0	0	0
BRET C GRIESS DIRECTOR	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA K BURT VICE PRES FINANCE/CFO	20 00 20 00			X				0	557,039	104,710
STEPHEN L GOESER PRES & CEO NEBR METHODIST	40 00 0 00			X				514,771	0	104,938
SUSAN KORTH COO WOMEN'S HOSPITAL	40 00 0 00			X				252,499	0	45,354
JOSIE ABOUD VP-CLINICAL/ANCILLARY SVCS	40 00 0 00				X			226,194	0	57,528
TERI FRENCH-TIPTON VP - ADMINISTRATION	40 00 0 00				X			236,003	0	52,073
DENNIS JOSLIN EXECUTIVE	1 00 39 00				X			406,750	0	93,142
WILLIAM SHIFFERMILLER MD VP-MEDICAL AFFAIRS	40 00 0 00				X			438,180	0	77,008
RANDALL DUCKERT MD PHYSICIAN	40 00 0 00					X		511,310	0	91,865
TIEN SHEW HUANG MD PHYSICIAN	40 00 0 00					X		502,097	0	57,384
ALIREZA MIRMIRAN MD PHYSICIAN	40 00 0 00					X		500,363	0	56,546

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			
PETER MORRIS MD PHYSICIAN	40 00 0 00					X		769,168	0	90,650
EUGENE HERBEK PHYSICIAN	40 00 0 00					X		448,293	0	52,829

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

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

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

☐

A church, convention of churches, or association of churches 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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

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 NEBRASKA METHODIST HOSPITAL	Employer identification number 47-0376604
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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)	21,757	69,757												
c	Total lobbying expenditures (add lines 1a and 1b)	21,757	69,757												
d	Other exempt purpose expenditures	501,953,702	563,267,247												
e	Total exempt purpose expenditures (add lines 1c and 1d)	501,975,459	563,337,004												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	64,334	71,245	69,751	69,757	275,087
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to 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
PART II-B, LINE 1	A PORTION OF THE ANNUAL DUES PAID TO THE AMERICAN HOSPITAL AND NEBRASKA HOSPITAL ASSOCIATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVITIES

TY 2015 Affiliated Group Schedule

Name: NEBRASKA METHODIST HOSPITAL
EIN: 47-0376604

Affiliated Group Business Name: NEBRASKA METHODIST HEALTH SYSTEM INC
Address. Either US or Foreign Type: 8511 W DODGE ROAD
OMAHA, NE 68114
EIN: 47-0639839

Electing Organization Checkbox: ☒
Total Grassroots Lobbying: 0
Total Direct Lobbying: 48,000
Total Lobbying Expenditures: 48,000
Other Exempt Purpose Expenditures: 61,313,545
Total Exempt Purpose Expenditures: 61,361,545
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: NEBRASKA METHODIST HOSPITAL
Address. Either US or Foreign Type: 8511 W DODGE ROAD
OMAHA, NE 68114
EIN: 47-0376604
Electing Organization Checkbox: ☒

Total Grassroots Lobbying: 0
Total Direct Lobbying: 21,757
Total Lobbying Expenditures: 21,757
Other Exempt Purpose Expenditures: 501,953,702
Total Exempt Purpose Expenditures: 501,975,459
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name:

NEBRASKA METHODIST HEALTH SYSTEM INC

Address. Either US or Foreign Type:

8511 W DODGE ROAD
OMAHA, NE 68114

EIN:

47-0639839

Electing Organization Checkbox:

☒

Total Grassroots Lobbying:

0

Total Direct Lobbying:

48,000

Total Lobbying Expenditures:

48,000

Other Exempt Purpose Expenditures:

61,313,545

Total Exempt Purpose Expenditures:

61,361,545

Lobbying Nontaxable Amount:

1,000,000

Grassroots Nontaxable Amount:

250,000

Tot Lobbying Grassroot Minus Non Tx:

0

Tot Lobby Expend Mns Lobbying Non Tx:

0

Share Of Excess Lobbying:

0

Affiliated Group Business Name:

NEBRASKA METHODIST HOSPITAL

Address. Either US or Foreign Type:

8511 W DODGE ROAD
OMAHA, NE 68114

EIN:

47-0376604

Electing Organization Checkbox:

☒

Total Grassroots Lobbying:

0

Total Direct Lobbying:

21,757

Total Lobbying Expenditures:

21,757

Other Exempt Purpose Expenditures:

501,953,702

Total Exempt Purpose Expenditures:

501,975,459

Lobbying Nontaxable Amount:

1,000,000

Grassroots Nontaxable Amount:

250,000

Tot Lobbying Grassroot Minus Non Tx:

0

Tot Lobby Expend Mns Lobbying Non Tx:

0

Share Of Excess Lobbying:

0

Name of the organization NEBRASKA METHODIST HOSPITAL	Employer identification number 47-0376604
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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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	773,843	755,703	1,128,837	711,143	424,400
b Contributions				298,643	300,000
c Net investment earnings, gains, and losses	-12,444	36,591	120,931	132,799	1,307
d Grants or scholarships					
e Other expenditures for facilities and programs	20,565	18,451	494,065	13,748	14,564
f Administrative expenses					
g End of year balance	740,834	773,843	755,703	1,128,837	711,143

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 80 810 %

c

Temporarily restricted endowment ▶ 19 190 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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		2,485,571		2,485,571
b Buildings		357,704,540	179,085,031	178,619,509
c Leasehold improvements				
d Equipment		386,220,569	271,065,904	115,154,665
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				296,259,745

Schedule D (Form 990) 2015

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
PART V, LINE 4	FUNDS ARE DESIGNATED FOR CHARITABLE AND CANCER CARE

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART IX, LINE 6	IN 2015, NET ASSETS WERE ADJUSTED TO REFLECT THE BENEFICIAL INTEREST IN FOUNDATION NET ASSETS, AN INCREASE OF \$41,920,604

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 NEBRASKA METHODIST HOSPITAL	Employer identification number 47-0376604
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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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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	Yes	
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 eligible for free or discounted care?	5c		No
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)			13,759,573	913,701	12,845,872	2 560 %
b Medicaid (from Worksheet 3, column a)			25,769,492	20,876,000	4,893,492	0 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			39,529,065	21,789,701	17,739,364	3 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,915,407		5,915,407	1 180 %
f Health professions education (from Worksheet 5)			8,241,085		8,241,085	1 640 %
g Subsidized health services (from Worksheet 6)			2,506,669		2,506,669	0 500 %
h Research (from Worksheet 7)			288,103		288,103	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			474,351		474,351	0 090 %
j Total. Other Benefits			17,425,615		17,425,615	3 470 %
k Total. Add lines 7d and 7j			56,954,680	21,789,701	35,164,979	7 000 %

Part IICommunity 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		631		631	0 %
2	Economic development					
3	Community support		184,016		184,016	0 040 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		7,716		7,716	0 %
7	Community health improvement advocacy					
8	Workforce development		1,886		1,886	0 %
9	Other					
10	Total		194,249		194,249	0 040 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

Yes

No

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

3,692,709

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

102,846,850

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

122,058,443

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-19,211,593

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

No

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

No

Part IVManagement 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 1 WEST DODGE IMAGING LLC	DIAGNOSTIC IMAGING SERVICES	50 000 %		50 000 %
2 2 METHODIST ENDOSCOPY CENTER LLC	AMBULATORY SURGICAL FACILITY	50 000 %		50 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

2

See Additional Data Table

Facility reporting group									
Other (Describe)									
ER--other									
ER--24 hours									
Research facility									
Critical access hospital									
Teaching hospital									
Children's hospital									
General medical & surgical									
Licensed hospital									

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)
FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

		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 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 <u>15</u> 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	3	Yes
6a	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
6b	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply) WWW.METHODISTCOMMUNITYBENEFIT.COM/OUR-PLAN/COMMUNITY-HEALTH-NEEDS-ASSESSMEN a ☐ Hospital facility's website (list url) _____ 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)	7	Yes
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 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
10a	If "Yes" (list url) WWW.METHODISTCOMMUNITYBENEFIT.COM/OUR-PLAN/		
10b	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
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	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)

FACILITY REPORTING GROUP - A				
Name of hospital facility or letter of facility reporting group				
	Yes	No		
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
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	14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15	15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
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	16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	☐ The FAP was widely available on a website (list url) WWW.BESTCARE.ORG/TOOLS/FINANCIAL-ASSISTANCE/			
b	☐ The FAP application form was widely available on a website (list url) WWW.BESTCARE.ORG/TOOLS/FINANCIAL-ASSISTANCE			
c	☐ A plain language summary of the FAP was widely available on a website (list url) WWW.BESTCARE.ORG/TOOLS/FINANCIAL-ASSISTANCE			
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	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	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)

FACILITY REPORTING GROUP - 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
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? If "No," indicate why	21	Yes	
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? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

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

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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? 1

Name and address	Type of Facility (describe)
1 1 - RENAISSANCE CLINIC 3612 CUMING STREET OMAHA, NE 68131	LOW INCOME COMMUNITY CLINIC
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
PART I, LINE 7	THE METHODS PRIMARILY USED ARE THE FINANCIAL INFORMATION FROM THE MEDICARE COST REPORT AND ACTUAL EXPENDITURES INFORMATION FOR UNREIMBURSED MEDICAID IS CONSISTENT WITH AMOUNTS FILED IN THE 2015 MEDICARE COST REPORT INFORMATION ON PROGRAMS CONSTITUTING COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, SUBSIDIZED HEALTH SERVICES, HEALTH PROFESSIONS EDUCATION, RESEARCH AND IN-KIND DONATIONS IS COLLECTED THROUGH THE YEAR USING THE COMMUNITY BENEFITS INVENTORY SOCIAL ACCOUNTABILITY SOFTWARE WHICH FOLLOWS CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR COMMUNITY BENEFITS REPORTING AMOUNTS SHOWN AS COMMUNITY BENEFIT ARE AT COST LESS ANY REVENUE EXCLUSIVE OF ANY GRANTS CASH AND IN-KIND DONATIONS THAT SUPPORT FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE INCLUDED IN CONTRIBUTIONS

Form and Line Reference	Explanation
PART I, LINE 7G	A SUBSIDIZED HEALTH SERVICE BENEFIT IS CALCULATED FOR DEPARTMENTS AND SERVICES RECOGNIZING THESE AREAS OPERATE AT A NEGATIVE MARGIN THE CANCER RISK ASSESSMENT AND PREVENTION PROGRAM, THE RENAISSANCE HEALTH CLINIC, THE DIABETES INSTITUTE AND THE GERIATRIC EVALUATION AND MANAGEMENT PROGRAMS ARE AMONG THE MANY COMMUNITY HEALTH IMPROVEMENT AND SUBSIDIZED HEALTH SERVICES OPERATED AT NEGATIVE MARGINS THE RENAISSANCE HEALTH CLINIC, LOCATED IN NORTH OMAHA, IS AN ONGOING JOINT COMMUNITY PROJECT OF NEBRASKA METHODIST HOSPITAL AND THE SALVATION ARMY THAT HELPS TO MEET THE HEALTH NEEDS OF OMAHA'S LOW-INCOME POPULATION WITHIN AN ATMOSPHERE OF CARING AND RESPECT ADVANCED PRACTICE NURSES OFFER BOTH WALK-IN AND SCHEDULED APPOINTMENTS A SLIDING FEE SCALE IS USED BASED ON THE PATIENT'S ABILITY TO PAY FREE OR LOW-COST SERVICES INCLUDE PHYSICAL EXAMS, TREATMENT OF MINOR AND CHRONIC HEALTH PROBLEMS AND ILLNESSES, PHYSICIAN REFERRALS, HEALTH EDUCATION, FAMILY PLANNING SERVICES, ADOLESCENT ROUTINE CARE, SCHOOL PHYSICALS, HIV TESTING AND RISK COUNSELING, STD TESTING AND TREATMENT, AND TREATMENT FOR VICTIMS OF SEXUAL ASSAULT AND DOMESTIC ABUSE THE SEXUAL ASSAULT NURSE EXAMINER AND SEXUAL ASSAULT RESPONSE TEAM (SANE/SART) SURVIVOR PROGRAM, THE LUNG CANCER PROGRAM AND OTHER PROGRAMS AIMED AT CANCER RISK ASSESSMENT AND PREVENTION ARE PROGRAMS TARGETING COMMUNITY HEALTH NEEDS SANE/SART PROGRAM THE SEXUAL ASSAULT NURSE EXAMINER AND SEXUAL ASSAULT RESPONSE TEAM (AKA SANE/SART) SURVIVOR PROGRAM IS A COLLABORATION THAT UNITES METHODIST HOSPITAL WITH GOVERNMENT AND COMMUNITY AGENCIES THIS PROGRAM, THE ONLY ONE OF ITS KIND IN THE OMAHA METRO AREA, WAS INSTITUTED IN 2003 PRIOR TO THAT, EMERGENCY ROOM CARE AFTER SEXUAL ASSAULT WAS FAR TOO SIMILAR TO EMERGENCY ROOM CARE AFTER AN ACCIDENT OR INJURY THIS PROGRAM HAS BEEN ESTABLISHED TO PROVIDE ELEMENTS OF PRIVACY AND COMFORT FOR VICTIMS OF SEXUAL ASSAULT THROUGH SANE/SART, METHODIST HOSPITAL AND ITS AFFILIATES INCLUDING JENNIE EDMUNDSON MEMORIAL HOSPITAL IN COUNCIL BLUFFS, IOWA, OFFER COMPASSIONATE EMERGENCY CARE FROM HEALTH CARE PROFESSIONALS SPECIFICALLY TRAINED NOT JUST TO MEET THE SURVIVOR'S SPECIAL MEDICAL AND EMOTIONAL NEEDS, BUT TRAINED ALSO IN PROPER METHODS OF RECOGNIZING AND COLLECTING FORENSIC EVIDENCE DEDICATED SANE/SART NURSES, AVAILABLE 24/7, ARE KEY MEMBERS OF THE TEAM THAT CARES FOR SURVIVORS THEIR NEUTRAL EVIDENCE COLLECTION AND TESTIMONY CAN AID AUTHORITIES IN ANY CRIMINAL INVESTIGATION THE SANE/SART UNIT ALSO OFFERS A PRIVATE LOCATION FOR WOMEN TO BE INTERVIEWED BY POLICE OFFICERS AND TO MEET WITH A WOMEN'S CENTER FOR ADVANCED VICTIM ADVOCATE THE ADVOCATE HELPS SURVIVORS FIND COUNSELING AND SUPPORT GROUPS AS WELL AS GUIDING THEM THROUGH LEGAL PROCEEDINGS CANCER PROGRAMS BATTLING CANCER INCLUDES MORE THAN MEDICAL RESEARCH AND CLINICAL TECHNOLOGY METHODIST HOSPITAL TAKES A MULTI-DISCIPLINARY APPROACH AND PROVIDES PROGRAMS AND EDUCATION THE METHODIST ESTABROOK CANCER CENTER SPONSORS A RANGE OF EDUCATION AND COMMUNITY EVENTS FOCUSED ON INCREASING CANCER AWARENESS AND PROMOTING THE HEALING OF CANCER SURVIVORS SOME OF THE PROGRAMS INCLUDE THE RELAY FOR LIFE EVENT WHICH CELEBRATES SURVIVORS AND INSPIRES THE COMMUNITY TO FIGHT BACK AGAINST CANCER, HARPER'S HOPE CANCER SURVIVORSHIP PROGRAM, A YOUNG ADULT SURVIVOR'S NETWORK, BREAST CANCER SUPPORT GROUPS AND PROSTATE CANCER SUPPORT GROUPS HARPER'S HOPE EXPRESSES THE MEANING OF CARE AT EVERY TURN OF THE CANCER JOURNEY MAIN PROGRAM COMPONENTS INCLUDE SOCIAL WORK, BEHAVIORAL HEALTH/COUNSELING, NUTRITION SERVICES, PHYSICAL WELLNESS AND CANCER PREVENTION AND HEREDITARY RISK ASSESSMENT THESE RESOURCES HELP PATIENTS AND THEIR FAMILY MEMBERS LIVE WITH, THROUGH AND BEYOND THE CANCER DIAGNOSIS SUICIDE - THE TRAGIC OUTCOME OF MENTAL ILLNESS - CAN BE PREVENTED BUT IT TAKES RECOGNITION OF THE PROBLEM, REFERRALS TO MENTAL HEALTH SERVICES, AND PARTNERSHIPS AMONG KEY PROVIDERS IN THE COMMUNITY METHODIST HOSPITAL'S COMMUNITY COUNSELING PROGRAM DIRECTLY SERVES OVER 13,000 IN OMAHA AND SURROUNDING COMMUNITIES WHILE ELEVATING THE OVERALL HEALTH AND EDUCATION IN THE REGION THIS UNIQUE COMMUNITY PARTNERSHIP BETWEEN THE METHODIST HOSPITAL AND THE OMAHA PUBLIC SCHOOLS BRINGS PROFESSIONAL COUNSELING SERVICES TO THOSE WHO OTHERWISE MIGHT HAVE NO ACCESS TO MENTAL HEALTH CARE A TEAM OF LICENSED, MASTERS-LEVEL COUNSELORS FROM METHODIST HOSPITAL MAINTAIN OFFICE HOURS AT SCHOOLS AND CHURCHES THE PROGRAM ALONG WITH OTHER COMMUNITY PARTNER PROGRAMS IS PAYING OFF AMONG VULNERABLE ADOLESCENTS 17 YEARS OLD AND YOUNGER, THE SUICIDE RATES HAVE DECREASED SIGNIFICANTLY WITH AN 81% DECREASE FROM 2005 TO 2009 AS REPORTED IN THE 2010 LIVELY OMAHA COMMUNITY REPORT CARD (MOST RECENT AVAILABLE) METHODIST HOSPITAL AND METHODIST WOMEN'S HOSPITAL CONTRACT WITH AN ELIGIBILITY SERVICE TO ASSIST INDIVIDUALS IN DETERMINING ELIGIBILITY AND COMPLETING THE REQUIRED PAPERWORK TO PARTICIPATE IN MEDICAID OR GOVERNMENT MEANS-TESTED PROGRAMS THE SERVICE IS PROVIDED TO P

Form and Line Reference	Explanation
PART I, LINE 7G	PATIENTS AT NO COST

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE PERCENTAGE IS ARRIVED AT BY DIVIDING NET COMMUNITY BENEFIT EXPENSE IN COLUMN (E) BY THE SUM OF THE AMOUNT ON FORM 990, PART IX, LINE 25, COLUMN A

Form and Line Reference	Explanation
SCH H, PART VI, LINE 7	NO DIRECT REPORT IS REQUIRED BY THE STATE OF NEBRASKA HOWEVER, INFORMATION FROM THE HOSPITALS' COMMUNITY BENEFITS REPORT DATA IS INCLUDED IN A REPORT COMPILED BY THE NEBRASKA HOSPITAL ASSOCIATION

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	NEBRASKA METHODIST HOSPITAL PROVIDES MONETARY SUPPORT THROUGH THE GREATER OMAHA CHAMBER FOUNDATION. MEMBERS OF THE STAFF PROVIDE THEIR TALENT AND EXPERTISE THROUGH INVOLVEMENT ON A VARIETY OF COMMUNITY ORGANIZATIONS. METHODIST HOSPITAL, ALONG WITH OTHER HEALTH CARE PROVIDERS AND PUBLIC SAFETY AGENCIES, QUIETLY PLAYS AN IMPORTANT ROLE IN THE COMMUNITY'S ABILITY TO RESPOND TO AND IMPROVE EMERGENCY RESPONSE DURING A NATURAL DISASTER, HAZARDOUS MATERIALS SPILL OR DOMESTIC TERRORIST ATTACK. OMAHA METROPOLITAN MEDICAL RESPONSE SYSTEM (OMMRS) WAS ESTABLISHED THROUGH A FEDERAL GRANT IN 2000, AS A MULTIDISCIPLINARY GROUP OF FIRST RESPONDERS AND OTHER HEALTH CARE PROVIDERS. OMMRS BENEFITS THE COMMUNITY IN STANDARDIZING EMERGENCY RESPONSE EQUIPMENT AND TRAINING AND DEVELOPING RESPONSE PLANS TO MAXIMIZE COMMUNITY RESOURCES AND CLARIFY COMMUNICATION PROCESSES BETWEEN AGENCIES. WHILE GRANTS HAVE PROVIDED FUNDING TO COVER SOME EXPENSES, TRAINING AND OTHER NEEDED EQUIPMENT ARE PROVIDED BY METHODIST AS A COMMUNITY BENEFIT. METHODIST EMPLOYS A FULL-TIME EMERGENCY PREPAREDNESS COORDINATOR, IN ADDITION TO A SAFETY TEAM WITH PARTIAL RESPONSIBILITY FOR EMERGENCY PREPAREDNESS. SALARIES PAID TO EMPLOYEES WHO ATTEND AFTER-HOURS PLANNING MEETINGS AND PARTICIPATE IN THE ANNUAL WEEKEND DISASTER DRILL ARE NOT COVERED BY GRANTS. AS ONE OF THE MEMBERS OF THE OMMRS, METHODIST WOULD PROVIDE TREATMENT FOR SECOND-LEVEL INJURIES, WALKING WOUNDED AND OVERFLOW TRAUMA PATIENTS WHEN ESTABLISHED TRAUMA CENTERS ARE OVERWHELMED.

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE TO FINANCIAL STATEMENTS DESCRIBING BAD DEBT EXPENSE IS SHOWN ON THE ATTACHED AUDITED FINANCIAL STATEMENTS PAGE 11 THE COST METHODOLOGY FOR THE BAD DEBT EXPENSE PRESENTED IN PART III, LINE 2, IS CONSISTENT WITH THAT OF THE 2015 FILED MEDICARE COST REPORT

Form and Line Reference	Explanation
PART III, LINE 8	SOURCE IS THE 2015 MEDICARE COST REPORT AS FILED

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE NEBRASKA METHODIST HOSPITAL AND METHODIST WOMEN'S HOSPITAL HAVE ADOPTED A PROCEDURE FOR THOSE SITUATIONS WHERE A PATIENT POTENTIALLY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT OR CANNOT COMPLETE THE APPLICATION THIS PROCEDURE, REFERRED TO AS THE PRESUMPTIVE CHARITY PROCESS, IS FOLLOWED BY HOSPITAL PERSONNEL AS WELL AS THIRD-PARTY VENDORS ASSISTING WITH SELF-PAY COLLECTIONS SOME OF THE INDIVIDUAL LIFE CIRCUMSTANCES THAT HAVE BEEN ESTABLISHED AS INDICATORS OF PRESUMPTIVE ELIGIBILITY INCLUDE PARTICIPATION IN STATE FUNDED PRESCRIPTION PROGRAMS, IDENTIFICATION AS HOMELESS OR RECEIVING CARE FROM A HOMELESS PERSONS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, FOOD STAMP ELIGIBILITY, SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E G MEDICAID SPEND-DOWN), LOW INCOME/SUBSIDIZED HOUSING PROVIDED AS VALID ADDRESS THE HOSPITAL STAFF, AS WELL AS VENDORS UTILIZED FOR SELF-PAY COLLECTIONS, HAVE BEEN TRAINED TO IDENTIFY INDICATORS OF PRESUMPTIVE ELIGIBILITY AND DOCUMENT SUCH AS SUPPORT FOR FINANCIAL ASSISTANCE DETERMINATION THE HOSPITAL BILLS ALL THIRD PARTY RESOURCES THAT MAY BE ABLE TO PROVIDE REIMBURSEMENT FOR CARE PROVIDED TO PATIENTS THIS INCLUDES, BUT IS NOT LIMITED TO, COMMERCIAL INSURANCE, MEDICARE, MEDICAID, COUNTY GOVERNMENT AND OTHER GOVERNMENT PROGRAMS, AND ANY OTHER POTENTIAL SOURCE OF REIMBURSEMENT EVERY EFFORT IS MADE TO IDENTIFY PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO OR DURING THE TIME OF SERVICE THOSE PATIENTS ARE ENCOURAGED TO COMPLETE AN APPLICATION FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 2	THE BROAD-BASED COMMUNITY HEALTH AND OUTREACH INITIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN CLOSELY WITH THE KEY HEALTH NEEDS IDENTIFIED BY LIVEWELL OMAHA, A COLLABORATION OF LOCAL FOR PROFIT, GOVERNMENT AND NON-PROFIT ORGANIZATIONS DEDICATED TO IMPROVING THE HEALTH OF THOSE WHO LIVE AND WORK IN THE METROPOLITAN OMAHA AREA

Form and Line Reference	Explanation
PART VI, LINE 3	FINANCIAL ASSISTANCE APPLICATIONS ARE INCLUDED IN ALL INPATIENT ADMISSION PACKETS. METHODIST HOSPITAL AND METHODIST WOMEN'S HOSPITAL CONTRACT WITH AN ELIGIBILITY SERVICE TO ASSIST INDIVIDUALS IN DETERMINING ELIGIBILITY AND COMPLETING THE REQUIRED PAPERWORK TO PARTICIPATE IN MEDICAID OR GOVERNMENT MEANS-TESTED PROGRAMS. HOSPITAL FINANCIAL COUNSELORS AND ELIGIBILITY SERVICE PERSONNEL ARE CONVENIENTLY LOCATED FOR PRIVATE CONSULTATION 5 DAYS A WEEK FOR BOTH INPATIENT AND OUTPATIENT COUNSELING. THE COUNSELORS ARE INCLUDED IN THE ADMISSION/DISCHARGE PROCESS TO ENSURE THAT THE PATIENT IS FULLY INFORMED ABOUT THE PROCESS AND TO HELP THE PATIENT DETERMINE WHAT ASSISTANCE MAY BE NEEDED AND WHAT IS AVAILABLE TO THEM. THE BILLING CUSTOMER SERVICE UNIT IS ALSO TRAINED TO ASSIST PATIENTS WITH FINANCIAL ASSISTANCE NEEDS. PATIENTS WHO CONTACT THE UNIT EXPRESSING DIFFICULTY IN MEETING THEIR FINANCIAL OBLIGATION ARE PROVIDED WITH APPLICATIONS AND ARE ASSESSED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE. APPROPRIATE RESOURCES ARE USED TO PROVIDE EFFECTIVE COMMUNICATION WITH NON-ENGLISH SPEAKING PATIENTS INCLUDING CYRACOM LANGUAGE LINE SYSTEM THAT PROVIDES 24-HOUR ACCESS TO SEVERAL HUNDRED DIFFERENT LANGUAGE INTERPRETERS. OTHER RESOURCES INCLUDE HOPE MEDICAL OUTREACH AND ON-SITE STAFF OR CONTRACTED INTERPRETER SERVICES. THE HOSPITAL PROVIDES FOR INTERPRETATIVE SERVICES AT NO COST TO THE PATIENTS. INFORMATION ON THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE TO THE PUBLIC ON THE BESTCARE.ORG WEBSITE IN BOTH ENGLISH AND SPANISH. ADDITIONALLY, PATIENT STATEMENTS INCLUDE A STATEMENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING CONTACT INFORMATION. PLAIN LANGUAGE SUMMARIES AND APPLICATIONS ARE AVAILABLE AT ALL REGISTRATION DESKS WITHIN THE HOSPITALS.

Form and Line Reference	Explanation
PART VI, LINE 4	NEBRASKA METHODIST HOSPITAL'S SERVICE AREA INCLUDES THE GREATER OMAHA METROPOLITAN AREA DOUGLAS, SARPY, SAUNDERS, DODGE, WASHINGTON AND CASS COUNTIES ONE OF THE METHODIST HEALTH SYSTEM AFFILIATES OPERATES IN IOWA COUNTIES EXTENDING THE POTENTIAL FOR PATIENT CARE OUTSIDE THE METROPOLITAN AREA ACCORDING TO US CENSUS DEPARTMENT REPORTS, THIS AREA IS HOME TO ALMOST 900,000 PEOPLE METHODIST HOSPITAL HAS A NUMBER OF PROGRAMS THAT EXTEND BEYOND THE METROPOLITAN AREA SUCH AS THE PERINATAL OUTREACH PROGRAM THAT PROVIDES TARGETED EDUCATIONAL OPPORTUNITIES FOR MEDICAL PERSONNEL FROM ACROSS NEBRASKA AND IOWA

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTING HEALTH OF THE COMMUNITY METHODIST HOSPITAL'S BOARD OF DIRECTORS PROVIDES OVERSITE OF ALL OPERATIONS IT IS COMPOSED OF COMMUNITY LEADERS WITH DIVERSE BACKGROUNDS WITH A BLEND OF THOSE INDIVIDUALS WITH LONGEVITY ON THE BOARD AND THOSE WHO ARE NEW MEMBERS THERE IS SIGNIFICANT PHYSICIAN INVOLVEMENT ON THE BOARD LENDING TO THE ABILITY TO BE LEADERS IN MEDICAL SERVICES MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL PRACTITIONERS WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS TO PROMOTE A UNIFORM STANDARD OF QUALITY PATIENT CARE, TREATMENT AND SERVICES ADDITIONAL CRITERIA FOR CLINICAL PRIVILEGES MAY INCLUDE A REQUIREMENT OF SPECIALTY BOARD CERTIFICATION IF IT IS BELIEVED TO BE AN IMPORTANT OBJECTIVE INDICATOR OF TRAINING AND COMPETENCE

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE NEBRASKA METHODIST HEALTH SYSTEM INCLUDES NEBRASKA METHODIST HOSPITAL, NEBRASKA METHODIST HOSPITAL FOUNDATION, JENNIE EDMUNDSON MEMORIAL HOSPITAL, JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION, NEBRASKA METHODIST HEALTH SYSTEM, PHYSICIANS CLINIC, AND THE NEBRASKA METHODIST COLLEGE OF NURSING AS A GROUP, THESE ENTITIES ARE COMMITTED TO CARING FOR THE PEOPLE OF THE COMMUNITY BY PROVIDING OUTSTANDING CARE, EDUCATIONAL OPPORTUNITIES AND SUPPORT SERVICES THE MORE THAN 7,100 EMPLOYEES OF OUR HOSPITALS, CLINICS, COLLEGE AND FOUNDATION WORK TO STRENGTHEN THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES SERVED TO FULFILL OUR MISSION OF CARING FOR PEOPLE, AFFILIATES HAVE DEVELOPED A VARIETY OF WAYS TO CONTRIBUTE CARE AND HEALTH-RELATED EDUCATION TO THE POOR, MINORITIES, AND TO OTHER UNDERSERVED GROUPS AS WELL AS TO THE BROADER COMMUNITY BROAD-BASED COMMUNITY HEALTH AND OUTREACH INITIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN CLOSELY WITH THE KEY HEALTH NEEDS IDENTIFIED BY LIVEWELL OMAHA, A COLLABORATION OF LOCAL ORGANIZATIONS DEDICATED TO IMPROVING THE HEALTH OF THOSE WHO LIVE AND WORK IN THE METROPOLITAN OMAHA AREA AS INDIVIDUAL AFFILIATES, A UNIFIED HEALTH SYSTEM, AND ACTIVE PARTNER WITH OTHER COMMUNITY AND GOVERNMENTAL AGENCIES, NEBRASKA METHODIST HOSPITAL AND THE ENTITIES OF NEBRASKA METHODIST HEALTH SYSTEM ARE COMMITTED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE RESIDENTS OF THE REGION METHODIST HOSPITAL RESPECTS AND EMBRACES THE RESPONSIBILITY THAT ACCOMPANIES TAX EXEMPT STATUS AND IS HONORED TO OFFER LEADERSHIP, SUPPORT AND RESOURCES TO BENEFIT THE COMMUNITY

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 47-0376604
Name: NEBRASKA METHODIST HOSPITAL

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	NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET OMAHA, NE 68114 WWW.BESTCARE.ORG/METHODIST-HOSPITAL/ 260008	X	X		X		X	X			A
2	METHODIST WOMEN'S HOSPITAL 707 NORTH 190 PLAZA OMAHA, NE 68022 WWW.BESTCARE.ORG/WOMENS-HOSPITAL/ H000116	X	X		X			X			A

**Open to Public
Inspection**

47-0376604

☐ Yes ☒ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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
(1) FINANCIAL ASSISTANCE	21099	0	18,921,114	BOOK	FINANCIAL ASSISTANCE TO PATIENTS
(2) SCHOLARSHIPS	6	6,000			

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
PART I, LINE 2	NEBRASKA METHODIST HOSPITAL GENERALLY DOES NOT GIVE GRANTS WHEN IT DOES SO, PROCEDURES ARE FOLLOWED TO INSURE THAT THE GRANT IS MADE TO HEALTH CARE AND COMMUNITY ORGANIZATIONS THAT SHARE IN THE HOSPITAL'S GOALS, MISSION AND CONCERN FOR THE HEALTH OF THE COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 47-0376604
Name: NEBRASKA METHODIST HOSPITAL

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 HEART ASSOCIATION 10100 J STREET OMAHA, NE 68127	13-5613797	501(C)(3)	45,000				CURE/PREVENTION OF HEART ATTACKS
ALZHEIMER'S ASSOCIATION-MIDLANDS CHAPTER 7101 NEWPORT AVENUE OMAHA, NE 68152	47-0648438	501(C)(3)	10,000				RESEARCH ON CURE FOR ALZHEIMER'S DISEASE
HOPE MEDICAL OUTREACH COALITION 1722 ST MARYS AVENUE 105 OMAHA, NE 68102	91-1850344	501(C)(3)	17,600				COORDINATE AND EXPAND CAPACITY OF LOCAL HEALTHCARE PROVIDERS TO CARE FOR THE UNINSURED AND UNDERINSURED OF THE METRO OMAHA AREA

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
ICAN 12565 WEST CENTER ROAD OMAHA, NE 68154	47-0633139	501(C)(3)	24,250				LEADERSHIP DEVELOPMENT TARGETED AT COMMUNITY NEEDS
MARCH OF DIMES-NEBRASKA CHAPTER 11840 NICHOLAS STREET 220 OMAHA, NE 68154	13-1846366	501(C)(3)	38,500				IMPROVING HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTHS AND INFANT MORTALITY
AMERICAN CANCER SOCIETY 9850 NICHOLAS STREET STE 200 OMAHA, NE 68114	74-1185665	501(C)(3)	15,000				CURE/PREVENTION OF CANCER

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
NEBRASKA AFFILIATE OF THE SUSAN G KOMEN FOR THE CURE 12103 PACIFIC STREET OMAHA, NE 68154	26-0056671	501(C)(3)	12,500				FUNDS RESEARCH AND RAISES AWARENESS FOR THE FIGHT AGAINST CANCER
OMAHA COMMUNITY PLAYHOUSE 6915 CASS ST OMAHA, NE 68132	47-0399856	501(C)(3)	10,000				ENRICH PEOPLES' LIVES THROUGH LIVE THEATER
NEBRASKA METHODIST COLLEGE OF NURSING - ALUMNI ASSN 8511 WEST DODGE ROAD OMAHA, NE 68114	47-0724387	501(C)(3)	11,678				NURSING AND MEDICAL CONTINUING EDUCATION

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
OMAHA FASHION WEEK 107 S 55TH ST OMAHA, NE 68132	20-4775822	501(C)(3)	5,025				SUPPORTING PROGRAMS THAT PROVIDE EDUCATION AND A PLATFORM FOR YOUNG FASHION DESIGNERS

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
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

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 indemnification 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		No
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?	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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
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		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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
PART I, LINE 1A	SOCIAL CLUB EXPENSES ARE REIMBURSED FOR THE BUSINESS PORTION. SUBSTANTIATION OF ALL BUSINESS USE EXPENSES IS REQUIRED BY NEBRASKA METHODIST HEALTH SYSTEM INTERNAL POLICY.
PART I, LINE 1B	A WRITTEN POLICY DOES NOT EXIST, HOWEVER INTERNAL POLICY AND COMMUNICATION DICTATE SUBSTANTIATION OF ALL BUSINESS USE EXPENSES RELATED TO SOCIAL CLUB MEMBERSHIP.
PART I, LINE 3	SEE SCHEDULE O, PART VI, SECTION B, LINE 15 EXPLANATION REGARDING THE METHODS USED BY A RELATED ORGANIZATION TO ESTABLISH COMPENSATION.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NEBRASKA METHODIST HEALTH SYSTEM NONQUALIFIED PLAN DURING 2015 AND RECEIVED CONTRIBUTIONS, PLAN ACCRUALS OR PLAN DISTRIBUTIONS IN THE FOLLOWING AMOUNTS: JOHN FRASER \$149,673 ACCRUAL; JOHN LOHRBERG MD \$7,677 ACCRUAL; LINDA BURT \$66,186 ACCRUAL, \$61,503 PLAN DISTRIBUTION; STEPHEN GOESER, \$66,911 ACCRUAL; SUSAN KORTH \$12,172 ACCRUAL, \$18,284 PLAN DISTRIBUTION; JOSIE ABBODD \$12,028 ACCRUAL; TERI FRENCH-TIPTON \$14,498 ACCRUAL; WILLIAM SHIFFERMILLER MD \$82,942 PLAN DISTRIBUTION; EUGENE HERBEK MD \$2,392 ACCRUAL, \$67,834 PLAN DISTRIBUTION; RANDALL DUCKERT MD \$30,172 ACCRUAL; PETER MORRIS MD \$27,015 ACCRUAL, \$299,893 PLAN DISTRIBUTION; TIEN SHEW HUANG MD \$18,277 ACCRUAL; ALIREZA MIRMIRAN MD \$16,012 ACCRUAL; DENNIS JOSLIN \$37,813 ACCRUAL, \$71,199 PLAN DISTRIBUTION.

Additional Data

Software ID:

Software Version:

EIN: 47-0376604

Name: NEBRASKA METHODIST HOSPITAL

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

(A) Name 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				
1JOHN M FRASER PRES /CEO-NE METH HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	692,666	110,865	49,139	210,851	12,918	1,076,439	0
1KRISTEN L HOFFMAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	172,522	59,336	2,710	52,527	16,386	303,481	0
2JOHN R LOHRBERG MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	214,158	33,819	19,154	52,099	18,808	338,038	0
3SCOTT G ROSE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	347,860	43,345	21,359	54,783	14,836	482,183	0
4LINDA K BURT VICE PRES FINANCE/CFO	(i)	0	0	0	0	0	0	0
	(ii)	394,758	74,242	88,039	90,421	14,911	662,371	61,503
5STEPHEN L GOESER PRES & CEO NEBR METHODIST	(i)	404,937	74,124	35,710	97,042	8,518	620,331	0
	(ii)	0	0	0	0	0	0	0
6SUSAN KORTH COO WOMEN'S HOSPITAL	(i)	210,397	16,039	26,063	32,159	18,645	303,303	18,284
	(ii)	0	0	0	0	0	0	0
7JOSIE ABBOUD VP-CLINICAL/ANCILLARY SVCS	(i)	209,518	16,039	637	40,434	17,683	284,311	0
	(ii)	0	0	0	0	0	0	0
8TERI FRENCH-TIPTON VP - ADMINISTRATION	(i)	218,859	16,039	1,105	32,979	20,627	289,609	0
	(ii)	0	0	0	0	0	0	0
9DENNIS JOSLINEXECUTIVE	(i)	258,780	40,096	107,874	93,142	622	500,514	71,199
	(ii)	0	0	0	0	0	0	0
10WILLIAM SHIFFERMILLER MD VP-MEDICAL AFFAIRS	(i)	330,242	16,028	91,910	57,019	21,547	516,746	82,942
	(ii)	0	0	0	0	0	0	0
11RANDALL DUCKERT MD PHYSICIAN	(i)	492,536	0	18,774	74,817	18,688	604,815	0
	(ii)	0	0	0	0	0	0	0
12TIEN SHEW HUANG MD PHYSICIAN	(i)	501,683	0	414	44,848	14,176	561,121	0
	(ii)	0	0	0	0	0	0	0
13ALIREZA MIRMIRAN MD PHYSICIAN	(i)	482,184	0	18,179	39,331	18,855	558,549	0
	(ii)	0	0	0	0	0	0	0
14PETER MORRIS MD PHYSICIAN	(i)	450,501	0	318,667	73,435	18,855	861,458	299,893
	(ii)	0	0	0	0	0	0	0
15EUGENE HERBEK PHYSICIAN	(i)	376,600	0	71,693	32,099	22,370	502,762	67,834
	(ii)	0	0	0	0	0	0	0

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As Filed Data -

DLN: 93493320129976

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NEBRASKA METHODIST HOSPITAL

► 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.

Employer identification number

47-0376604

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEBRASKA INVESTMENT FINANCE AUTHORITY	47-0613449	NONEAVAIL	12-28-2006	3,570,000	BUILDING ADDITIONS & CAPITAL IMPROVEMENTS		X		X		X
B HOSPITAL AUTH #3 DOUGLAS CNTY NE	47-0689293	259234CK6	06-06-2015	192,458,400	SEE PART VI		X		X		X
C HOSPITAL AUTH #2 DOUGLAS CNTY NE	52-1440796	NONEAVAIL	12-16-2010	30,000,000	BUILDING ADDITIONS AND EQUIPMENT		X		X		X
D HOSPITAL AUTH #2 DOUGLAS CNTY NE	52-1440796	NONEAVAIL	03-19-2014	29,140,000	SEE PART VI		X		X		X

Part II

Proceeds

	A		B		C		D	
1 Amount of bonds retired	1,790,362				1,830,000		1,015,000	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	3,639,666		193,614,248		30,004,897		29,141,321	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds					1,340,194			
6 Proceeds in refunding escrows			175,576,420					
7 Issuance costs from proceeds	70,000		1,942,738					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	3,569,666		1,692,404		28,664,703		12,486,978	
11 Other spent proceeds			5,136,650				16,654,343	
12 Other unspent proceeds			9,266,034					
13 Year of substantial completion	2007				2013		2015	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16 Has the final allocation of proceeds been made?	X			X	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
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 ▶			0 040 %					
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			0 040 %					
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
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?.		X		X		X		X
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?.	X		X		X		X	

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		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X			X		X
b	Exception to rebate?	X			X		X	X	
c	No rebate due?	X			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			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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		X
b	Name of provider			MORGAN STANLEY & CO					
c	Term of GIC			170 00000000000 %					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		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		X	

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

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C	(A) ISSUER NAME NEBRASKA INVESTMENT FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/28/2008 (A) ISSUER NAME HOSPITAL AUTH NO 2 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2014 (A) ISSUER NAME HOSPITAL AUTH NO 2 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 02/28/2015 (A) ISSUER NAME HOSPITAL AUTH NO 3 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 09/19/2014

Return Reference	Explanation
SCHEDULE K, ENTITY 1 - PART I, LINE D, COLUMN F	BLDG ADDITIONS/EQUIPMENT REFUND PRIOR TO ISSUE (12/22/09)

Return Reference	Explanation
SCHEDULE K, ENTITY 1 - NOTE REGARDING 6/28/08 & 09/19/14 REBATE COMPUTATION	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, ENTITY 1 - NOTE REGARDING 2/01/14 & 02/28/15 REBATE COMPUTATION	SINCE THE BOND PROCEEDS HAVE BEEN SPENT AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY

Return Reference	Explanation
SCHEDULE K, ENTITY 1 PART I, LINE B & ENTITY 2, PART I, LINE B, COLUMN F	BLDG ADDITIONS & EQUIPMENT/REFUND DEBT (05/20/08)

Return Reference	Explanation
SCHEDULE K, ENTITY 1 AND ENTITY 2 - PART II, LINE 3	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

Department of the Treasury

Internal Revenue Service

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HOSPITAL AUTH #3 DOUGLAS CNTY NE	47-0689293	NONEAVAIL	03-19-2014	10,860,000	REF PRIOR BONDS (12/22/09)		X		X		X
B HOSPITAL AUTH #2 DOUGLAS CNTY NE	52-1440796	259230LY4	06-06-2015	39,999,212	SEE PART VI		X		X		X

Part II Proceeds											
						A		B		C	
1 Amount of bonds retired						1,080,000					
2 Amount of bonds legally defeased											
3 Total proceeds of issue						10,860,000		40,149,748			
4 Gross proceeds in reserve funds											
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows								22,758,743			
7 Issuance costs from proceeds						867					
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds								8,561,087			
11 Other spent proceeds						10,859,133		576,342			
12 Other unspent proceeds								8,253,575			
13 Year of substantial completion						2010					
						Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?						X			X		
15 Were the bonds issued as part of an advance refunding issue?							X	X			
16 Has the final allocation of proceeds been made?						X			X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?						X		X			

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

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?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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								
7	Does the bond issue meet the private security or payment test?	X		X					
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?.		X		X				
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?.	X		X					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X			X				
c	No rebate due?	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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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				
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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

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.**2015****Open to Public
Inspection**Name of the organization
NEBRASKA METHODIST HOSPITAL**Employer identification number**

47-0376604

**Return
Reference****Explanation**FORM 990,
PART V, LINE
2BTHE PAYROLL SYSTEM FOR NEBRASKA METHODIST HOSPITAL IS BEING HANDLED BY A COMMON PAYMASTER,
NEBRASKA METHODIST HEALTH SYSTEM, INC. ALL W-2 FORMS WERE ISSUED UNDER THE TAX IDENTIFICATION NUMBER
OF NEBRASKA METHODIST HEALTH SYSTEM AND ALL REQUIRED EMPLOYMENT TAX RETURNS WERE FILED BY
NEBRASKA METHODIST HEALTH SYSTEM. WAGES AND BENEFITS SHOWN IN THE FORM 990 ARE ACTUAL WAGES
ASSOCIATED WITH NEBRASKA METHODIST HOSPITAL PERSONNEL.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF NEBRASKA METHODIST HOSPITAL IS NEBRASKA METHODIST HEALTH SYSTEM, INC , A NEBRASKA NOT-FOR-PROFIT CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	IN ACCORDANCE WITH THE BY LAWS, NEBRASKA METHODIST HEALTH SYSTEM, INC , THE MEMBER, HAS THE POWER TO CONFIRM AND REMOVE THE DIRECTORS OF THE CORPORATION AND HAS THE POWER TO APPOINT AND REMOVE THE PERSON DESIGNATED AS THE CORPORATION'S PRESIDENT BY THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	NEBRASKA METHODIST HEALTH SYSTEM, INC , THE MEMBER, HAS THE POWER TO APPROVE OR REFUSE TO APPROVE ANY AMENDMENT TO THE CORPORATION'S ARTICLES OF INCORPORATION OR TO THE BYLAWS, OR ANY ACTION REQUIRED TO BE SUBMITTED TO AND APPROVED BY THE VOTING MEMBERS OF A NONPROFIT CORPORATION UNDER THE NEBRASKA NONPROFIT CORPORATION ACT THE MEMBER HAS APPROVAL AUTHORITY ON ANNUAL BUDGETS, CAPITAL EXPENDITURES IN EXCESS OF CERTAIN ESTABLISHED THRESHOLDS, AND ESTABLISHMENT OF OR PARTICIPATION AS A SHAREHOLDER, PARTNER OR EQUITY MEMBER OF ANY OTHER ENTITY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE NEBRASKA METHODIST HEALTH SYSTEM AUDIT COMMITTEE WHO REVIEWED IT IN DETAIL. THE AUDIT COMMITTEE REPORTED TO THE BOARD OF DIRECTORS ON THEIR REVIEW OF THE FEDERAL FORM 990. A COPY WAS MADE AVAILABLE TO MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW THROUGH A SECURE INTERNET PORTAL. NEBRASKA METHODIST HOSPITAL IS AN AFFILIATE OF THE NEBRASKA METHODIST HEALTH SYSTEM. THE POLICIES AND PRACTICES OF NEBRASKA METHODIST HEALTH SYSTEM APPLY TO ALL ITS AFFILIATES. INFORMATION FOR THE FORM 990 IS GATHERED FROM APPROPRIATE RESPONSIBLE PARTIES THROUGHOUT THE ORGANIZATION INCLUDING FINANCE, HUMAN RESOURCES AND CORPORATE COMPLIANCE, IS REVIEWED BY EXTERNAL TAX ADVISORS AND HAS A FINAL REVIEW BY THE CHIEF FINANCIAL OFFICER FOR THE NEBRASKA METHODIST HEALTH SYSTEM AND THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL QUESTIONNAIRE IS SENT TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES PURSUANT TO THE METHODIST HEALTH SYSTEM CONFLICTS OF INTEREST POLICY WHICH REQUIRES THE DISCLOSURE RELATIONSHIPS, NOT JUST FINANCIAL, THAT COULD GIVE RISE TO CONFLICTS WITH THE ORGANIZATION A BOARD COMMITTEE MEETS ANNUALLY TO REVIEW ALL POTENTIAL CONFLICTS IDENTIFIED THROUGH THE SURVEYS SHOULD A DECISION COME TO THE BOARD WITH AN IDENTIFIED CONFLICT, THE OFFICER, DIRECTOR OR KEY EMPLOYEE IS NOT PERMITTED TO VOTE OR USE PERSONAL INFLUENCE ON THE MATTER AND IS NOT COUNTED IN DETERMINING A QUORUM FOR A MEETING AT WHICH THE MATTER IS DISCUSSED POTENTIAL CONFLICTS OF INTEREST, ONCE IDENTIFIED, MUST BE EVALUATED ON A CASE BY CASE BASIS IN ORDER TO APPROVE THE TRANSACTION WHICH INVOLVES A DIRECT CONFLICT OF INTEREST, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DIRECTORS NOT INVOLVED IN THE CONFLICT, AT A MEETING AT WHICH A QUORUM IS PRESENT, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE BEST INTERESTS OF NEBRASKA METHODIST HOSPITAL AND/OR THE METHODIST HEALTH SYSTEM AFFILIATES, IS FAIR AND REASONABLE, AND AFTER INVESTIGATION, THE DIRECTORS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	METHODIST HEALTH SYSTEM WITH WHICH NEBRASKA METHODIST HOSPITAL IS AFFILIATED, RETAINS AN INDEPENDENT CONSULTANT TO REVIEW ALL OFFICER COMPENSATION FOR EACH AFFILIATE. UNDER THIS PROCESS, MARKET DATA ON COMPENSATION IS GATHERED AND ANALYZED AND COMPENSATION RANGES ARE SET. THE INFORMATION IS THEN PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF NEBRASKA METHODIST HEALTH SYSTEM, INC., A NEBRASKA NON-PROFIT CORPORATION. ALL OFFICER COMPENSATION IS REVIEWED, EVALUATED AND APPROVED BY THIS COMMITTEE. PHYSICIAN COMPENSATION IS COMPARED TO NATIONAL COMPENSATION SURVEY DATA FROM THE AMERICAN MEDICAL GROUP ASSOCIATION (AMGA) AND THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA). THE POLICY ON "PHYSICIAN COMPENSATION" IS FOLLOWED WHEN CONTRACTING WITH PHYSICIANS TO ENSURE APPROPRIATE APPROVALS, INCLUDING APPROVAL BY THE BOARD OF DIRECTORS, ARE OBTAINED WHEN WARRANTED. OPINIONS OF FAIR MARKET VALUE REGARDING A PARTICULAR COMPENSATION ARRANGEMENT OR TRANSACTION MAY ALSO BE OBTAINED FROM REPUTABLE, INDEPENDENT VALUATION CONSULTANTS.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION FILED THE FORM 1023 IN 1968 APPLICATIONS FILED BEFORE JULY 15, 1987 NEED NOT BE MADE PUBLICLY AVAILABLE A COPY OF THE IRS DETERMINATION LETTER WILL BE PROVIDED UPON WRITTEN REQUEST

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS SEPARATELY AVAILABLE TO THE PUBLIC. HOWEVER, THE RESTATED ARTICLES OF INCORPORATION OF THE ORGANIZATION ARE AVAILABLE THROUGH THE NEBRASKA SECRETARY OF STATE'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES. FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC THROUGH THE IRS FORM 990 AND FORM 990-T. THE ORGANIZATION ALSO CONTRIBUTES INFORMATION REGARDING THE COMMUNITY BENEFITS IT PROVIDES AS PART OF THE METHODIST HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPORT. THE REPORT IS AVAILABLE TO THE PUBLIC ON THE WEBSITE WWW.METHODISTCHART.ORG

Return Reference	Explanation
FORM 990, PART VII, SECTION A	DENNIS JOSLIN IS A KEY EMPLOYEE FOR NEBRASKA METHODIST HOSPITAL HE HAS ASSIGNED LEADERSHIP RESPONSIBILITY AT THE NEBRASKA METHODIST COLLEGE OF NURSING

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFERS TO AFFILIATES -33,835,760 BENEFICIAL INTEREST IN FOUNDATION ASSETS 2,054,186

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEBRASKA METHODIST HOSPITAL

► 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.

Employer identification number
47-0376604

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEART SERVICES LLC 8511 W DODGE ROAD OMAHA, NE 68114 27-1141616	CARDIOLOGY SERVICES	NE	8,403	914,494	NEBRASKA METHODIST HOSPITAL

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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) Disproporionate 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	
(1) NEBRASKA COLLABORATIVE LABORATORY LLC 8303 DODGE ROAD OMAHA, NE 68114 46-1173104	MOLECULAR LAB TESTING USING FLUORESCENCE IN SITU HYBRIDIZATION TECHNIQUES	NE	N/A	RELATED	-75,392	224,252		No	-20,527		No	50 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SHARED SERVICE SYSTEMS INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0649534	MEDICAL SUPPLY DISTRIBUTION & LAUNDRY	NE	NEBRASKA METHODIST HEALTH SYSTEM	C					No
(2) METHODIST HEALTH PARTNERS 8511 W DODGE ROAD OMAHA, NE 68114 47-0797563	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM	C					No
(3) MIDLAND MEDICAL SUPPLY CO 8511 W DODGE ROAD OMAHA, NE 68114 47-0530109	MEDICAL SUPPLY DISTRIBUTION	NE	SHARED SERVICES SYSTEMS INC	C					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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	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	Yes	
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		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 47-0376604
Name: NEBRASKA METHODIST HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
NEBRASKA METHODIST HEALTH SYSTEM INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0639839	ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L11 III-FI	N/A		No
JENNIE EDMUNDSON MEMORIAL HOSPITAL 933 E PIERCE STREET COUNCIL BLUFFS, IA 51503 42-0680355	LICENSED HOSPITAL	IA	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM		No
NEBRASKA METHODIST HOSPITAL FOUNDATION 8511 W DODGE ROAD OMAHA, NE 68114 47-0595345	SUPPORT OF NEBRASKA METHODIST HOSPITAL AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	NEBRASKA METHODIST HEALTH SYSTEM		No
NEBRASKA METHODIST COLLEGE OF NURSING AND ALLIED HEALTH 8511 W DODGE ROAD OMAHA, NE 68114 47-0724387	NURSING AND HEALTH EDUCATION FACILITY	NE	501(C)(3)	L2	NEBRASKA METHODIST HOSPITAL	Yes	
JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION 933 E PIERCE STREET COUNCIL BLUFFS, IA 51503 42-1439454	SUPPORT OF JENNIE EDMUNDSON MEMORIAL HOSPITAL	IA	501(C)(3)	L7	JENNIE EDMUNDSON MEMORIAL HOSPITAL		No
NEBRASKA METHODIST HEALTH SYSTEM SELF INSURANCE TRUST 8511 W DODGE ROAD OMAHA, NE 68114 36-3699672	INSURANCE	NE	501(C)(3)	L11 III-FI	NEBRASKA METHODIST HEALTH SYSTEM		No
REAL ESTATE HOLDINGS 8511 W DODGE ROAD OMAHA, NE 68114 47-0649790	PROPERTY MANAGEMENT	NE	501(C)(2)		NEBRASKA METHODIST HEALTH SYSTEM		No
PHYSICIANS CLINIC INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0687317	CLINICAL HEALTH CARE	NE	501(C)(3)	L9	NEBRASKA METHODIST HEALTH SYSTEM		No