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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
UNMC PHYSICIANS
% LINDA SCHOLTING
Doing business as

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

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

D Employer identification number
47-0785575

E Telephone number
(402) 559-9789

G Gross receipts $ 332,213,490

F Name and address of principal officer
Carl V Smith MD
988145 NEBRASKA MEDICAL CENTER
OMAHA, NE 681988145

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NEBRASKAMED COM

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

L Year of formation 1995

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LEAD THE WORLD IN TRANSFORMING LIVES TO CREATE A HEALTHY FUTURE FOR INDIVIDUALS & COMMUNITIES THROUGH PREMIER EDUCATIONAL PROGRAMS, INNOVATIVE RESEARCH & EXTRAORDINARY PATIENT CARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	614
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	661,164
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	295,997

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	69,687,020	90,831,098
9	Program service revenue (Part VIII, line 2g)	227,160,320	241,382,392
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	296,847,340	332,213,490
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,466,590	5,650,369
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)	189,171,602	207,944,999
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)	99,209,148	118,618,122
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	296,847,340	332,213,490
19	Revenue less expenses Subtract line 18 from line 12		0

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	86,916,380	75,487,719
21	Total liabilities (Part X, line 26)	77,466,599	66,037,912
22	Net assets or fund balances Subtract line 21 from line 20	9,449,781	9,449,807

Part II Signature Block

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

Sign Here

****** 2019-05-14
Signature of officer Date

STEPHANIE DAUBERT CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONALD NEAL JR	DONALD NEAL JR			P00798244

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 1212 North 96th Street Suite 300
Omaha, NE 68114

Phone no (402) 348-1450

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION IS TO LEAD THE WORLD IN TRANSFORMING LIVES TO CREATE A HEALTHY FUTURE FOR ALL INDIVIDUALS AND COMMUNITIES THROUGH PREMIER EDUCATIONAL PROGRAMS, INNOVATIVE RESEARCH AND EXTRAORDINARY PATIENT CARE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 329,387,598 including grants of $ 5,650,369) (Revenue $ 240,721,228)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 329,387,598

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	88		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	614		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9	Yes	

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶LINDA SCHOLTING 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 (402) 559-9789

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								9,628,910	4,814,752	824,075

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 ▶ 561

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S SPECIALTY PHYSICIANS, 8200 DODGE STREET OMAHA, NE 68114	Medical Services	1,506,000
UROLOGY CENTER PC, 111 SOUTH 90TH STREET OMAHA, NE 68114	MEDICAL SERVICES	1,011,591
ECG MANAGEMENT CONSULTANTS, 1111 THIRD AVENUE STE 2500 SEATTLE, WA 981013201	COMP ANALYSIS	238,571
SCRIBE AMERICA LLC, 1200 EAST LAS OLAS BLVD STE 201 FORT LAUDERDALE, FL 33301	MEDICAL SERVICES	230,961
ASHER LORI, 26820 TAYOR CIRCLE VALLEY, NE 68064	MEDICAL SERVICES	145,690

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 ▶ 24

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	90,831,098		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		90,831,098		
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	621400	219,891,258	219,891,258	
	b OTHER CONTRACTUAL REVENUE	900099	21,491,134	20,829,970	661,164
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f . . . . ▶		241,382,392		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		0		
	4 Income from investment of tax-exempt bond proceeds ▶		0		
	5 Royalties . . . . . ▶		0		
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss) . . . . . ▶		0		
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶		0		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a	0			
	b Less direct expenses . . . b	0			
	c Net income or (loss) from fundraising events . . ▶		0		
	9a Gross income from gaming activities See Part IV, line 19 . . . a	0			
	b Less direct expenses . . . b	0			
	c Net income or (loss) from gaming activities . . ▶		0		
	10a Gross sales of inventory, less returns and allowances . . a	0			
	b Less cost of goods sold . . b	0			
	c Net income or (loss) from sales of inventory . . ▶		0		
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		0		
	12 **Total revenue.** See Instructions . . . . . ▶		332,213,490	240,721,228	661,164

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,774	8,774		
2 Grants and other assistance to domestic individuals See Part IV, line 22	5,641,595	5,641,595		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,872,829	1,084,392	2,788,437	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			0
7 Other salaries and wages	179,770,401	179,770,401		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,908,357	14,908,357		
9 Other employee benefits	3,990,667	3,990,667		
10 Payroll taxes	5,402,745	5,402,745		
11 Fees for services (non-employees)				
a Management	0			0
b Legal	37,455		37,455	
c Accounting	0			0
d Lobbying	0			0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0			0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,235,336	5,235,336		
12 Advertising and promotion	30,895	30,895		
13 Office expenses	1,592,204	1,592,204		
14 Information technology	862,158	862,158		
15 Royalties . .	0			0
16 Occupancy	5,063,590	5,063,590		
17 Travel	388,921	388,921		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			0
19 Conferences, conventions, and meetings	139,073	139,073		
20 Interest	0			0
21 Payments to affiliates	0			0
22 Depreciation, depletion, and amortization . .	1,526,895	1,526,895		0
23 Insurance . . .	1,059,502	1,059,502		
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 Contracted Services-Clinical	93,899,112	93,899,112		
b MEDICAL SUPPLIES & EQUIPMENT	5,483,640	5,483,640		
c Other	2,739,678	2,739,678		
d Dues and Memberships	559,663	559,663		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	332,213,490	329,387,598	2,825,892	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	393,745	1	444,646
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	39,827,904	4	43,155,729
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	3,578,208	7	2,863,552
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 36,328,786			
	b	Less accumulated depreciation — 10b: 26,167,882	11,687,798	10c	10,160,904
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	31,428,725	15	18,862,888
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	86,916,380	16	75,487,719
Liabilities	17	Accounts payable and accrued expenses	61,085,523	17	51,177,867
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	16,381,076	25	14,860,045
	26	**Total liabilities.** Add lines 17 through 25	77,466,599	26	66,037,912
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	9,449,781	27	9,449,807
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,449,781	33	9,449,807
	34	Total liabilities and net assets/fund balances	86,916,380	34	75,487,719

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	332,213,490
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,213,490
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,449,781
5	Net unrealized gains (losses) on investments	5	
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	26
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,449,807

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-0785575

Name: UNMC PHYSICIANS

Form 990, Part III, Line 4a:

UNMC PHYSICIANS DIRECTS ITS RESOURCES TOWARD GIVING LEADING PHYSICIANS THE RESOURCES TO PROVIDE EXCELLENT HEALTHCARE TO PATIENTS ACROSS NEBRASKA AND BEYOND UNMC PHYSICIANS CONTINUES TO LEAD THE REGION THROUGH A FOCUSED MISSION INCLUDING EXCEPTIONAL PATIENT CARE, EDUCATION THAT EMPOWERS, CUTTING-EDGE RESEARCH AND AN EMPHASIS ON GIVING BACK TO THE COMMUNITY WITH MORE THAN 50 SPECIALTIES AND SUB-SPECIALTIES, UNMC PHYSICIANS PROVIDES SPECIALIZED SERVICES AND THE LATEST IN TREATMENT OPTIONS TO ITS PATIENTS OUR PHYSICIANS NOT ONLY TREAT PATIENTS, BUT THEY EDUCATE FUTURE PHYSICIANS MANY OF OUR DOCTORS TRAINED AND NOW TEACH AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER THEY, ALONG WITH EXPERIENCED NURSES, ALLIED HEALTH PROFESSIONALS AND BUSINESS SUPPORT PERSONNEL ARE DEDICATED TO SERVING THE HEALTHCARE NEEDS OF OUR COMMUNITY CHARITABLE CARE IS A HIGH PRIORITY, AND WE MAKE TREATMENT AVAILABLE TO ALL PERSONS WHO PRESENT THEMSELVES FOR CARE, REGARDLESS OF RACE, CREED, LIFESTYLE, OR ABILITY TO PAY DURING FISCAL 2018, UNMC PHYSICIANS SERVED MORE THAN 227 THOUSAND PATIENTS IN ITS CLINICS AND OVER 119 THOUSAND PATIENTS THROUGH INPATIENT AND OTHER ANCILLARY SERVICE LINES IN ADDITION, UNMC PHYSICIANS SUPPORTS MANY COMMUNITY BASED HEALTH PROGRAMS SERVING THE POOR THROUGH DONATED FUNDS, SUPPLIES, PHYSICIAN TIME AND NURSE TIME UNMC PHYSICIANS PROVIDED MORE THAN 5 5 MILLION DOLLARS, AT COST, IN CHARITABLE CARE TO THE UNDERSERVED AND THOSE UNABLE TO PAY FOR MEDICALLY NECESSARY HEALTHCARE SERVICES IN ADDITION, OVER 36 PERCENT OF UNMC PHYSICIANS NET PATIENT SERVICE REVENUE CAME FROM GOVERNMENT FUNDED HEALTH INSURANCE PROGRAMS, SUCH AS MEDICAID, MEDICARE AND TRICARE WHILE THESE GOVERNMENT PROGRAMS DO NOT COVER THE FULL COST OF THE HEALTH SERVICES PROVIDED, UNMC PHYSICIANS TRANSFERRED OVER 2 MILLION DOLLARS TO THE COLLEGE OF MEDICINE AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER IN SUPPORT OF ITS CLINICAL, EDUCATION AND RESEARCH MISSION PLEASE SEE THE NEBRASKA MEDICINE COMMUNITY BENEFIT REPORT FOR ADDITIONAL DETAILS AT WWW NEBRASKAMED COM

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			
Louis W Burgher Director	1 0 40 0	X						0	213,872	13,843
James Canedy Director	1 0 40 0	X						0	504,009	0
Jeffrey Gold Director (Chairman)	1 0 2 0	X		X				0	0	0
Mogens Bay Director (Vice Chairman)	1 0 2 0	X		X				0	0	0
James Linder Director (Secretary)	1 0 2 0	X		X				0	0	0
Bruce Grewcock Director (Treasurer)	1 0 2 0	X		X				0	0	0
Lance M Fritz Director	1 0 2 0	X						0	0	0
Nancy Keegan Director	1 0 2 0	X						0	0	0
James E McClurg Director	1 0 2 0	X						0	0	0
Debra Romberger Director (INT Dept Chairman)	30 0 30 0	X						367,675	0	36,363

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			
Carl V Smith Director (OBG DEPT CHAIR)	30 0 30 0	X						507,876	0	44,345
Suzanne Nuss Director Ex-officio - CNO	10 0 45 0			X				0	388,690	56,669
Stephanie Daubert Officer - NM CFO	10 0 45 0			X				0	631,587	42,680
Daniel DeBehnke Officer - NM CEO	10 0 45 0			X				0	1,021,847	14,880
Harris A Frankel Chief Medical Officer	45 0 10 0			X				648,806	0	45,782
Dennis Bierle System Clinical Operations COO	10 0 45 0			X				0	473,894	42,040
Cory Shaw Chief Strategy Officer	10 0 45 0			X				0	573,237	46,617
Steven J Lisco Anesthesiology Dept Chairman	30 0 30 0				X			489,854	0	43,032
David W Mercer Surgery Dept Chairman	30 0 30 0				X			481,348	0	42,245
Craig W Walker RAD Dept Chairman	30 0 30 0				X			572,741	0	39,176

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			
Michael A Ash EVP/Chief Transformation Ofc	30 0 30 0				X			574,982	0	44,605
Frank Venuto Chief Human Capital Officer	15 0 45 0				X			0	451,005	46,593
Chris A Cornett Physician	50 0 10 0					X		1,096,535	0	48,150
Christopher C Gillis Physician	50 0 10 0					X		1,329,779	0	48,150
Perry J Johnson Physician	50 0 10 0					X		1,262,913	0	48,150
Michael J Moulton Physician	50 0 10 0					X		1,016,315	0	48,150
Daniel L Surdell Jr Physician	50 0 10 0					X		1,280,086	0	48,150
Rosanna Morris Officer (CEO thru 8/1/16)	0 0 0 0						X	0	150,000	0
Chadwick Brough Former Chief Experience Off	0 0 0 0						X	0	406,611	24,455

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNMC PHYSICIANS

Employer identification number
47-0785575

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☑ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	23,820,664	52,444,927	69,687,020	90,831,098	236,783,709
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	241,040,002	200,451,163	203,203,246	227,160,320	240,721,228	1,112,575,959
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	241,040,002	224,271,827	255,648,173	296,847,340	331,552,326	1,349,359,668
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	54,616,699	2,417,166	49,871,466	66,718,547	87,512,615	261,136,493
c Add lines 7a and 7b	54,616,699	2,417,166	49,871,466	66,718,547	87,512,615	261,136,493
8 **Public support.** (Subtract line 7c from line 6)						1,088,223,175

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	241,040,002	224,271,827	255,648,173	296,847,340	331,552,326	1,349,359,668
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	498,248	389,674	792,657			1,680,579
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	117,248	298,809	905,265		295,997	1,617,319
c Add lines 10a and 10b	615,496	688,483	1,697,922		295,997	3,297,898
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	241,655,498	224,960,310	257,346,095	296,847,340	331,848,323	1,352,657,566

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 2017 (line 8, column (f) divided by line 13, column (f))	15	80 451 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	81 513 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	0 244 %
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	0 275 %

19a **331/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 47-0785575

Name: UNMC PHYSICIANS

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNMC PHYSICIANS

Employer identification number
47-0785575

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		407,536		407,536
b Buildings		4,427,095	1,179,824	3,247,271
c Leasehold improvements		12,977,652	8,042,934	4,934,718
d Equipment		18,516,503	16,945,124	1,571,379
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				10,160,904

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM NMC	18,862,888
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	18,862,888

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PAYABLE TO AFFILIATES	1,457,219
PAYABLE TO UNMC SRF	9,207,343
PAYROLL TAXES	3,864,186
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	14,528,748

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 FOOTNOTE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICAT ION (ASC) 740, INCOME TAXES, PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN A CCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING RECOGNITION THRESHOLDS AND ME ASUREMENT ATTRIBUTES THERE WERE NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2018

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNMC PHYSICIANS

Employer identification number
47-0785575

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) University of Nebraska Foundation 1010 Lincoln Mall Lincoln, NE 68508	47-0379839	501(C)(3)	5,500				FURTHER EXEMPT PURP GENERAL SUPPORT

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CHARITY CARE	6548		5,641,595	BOOK	Financial Assist
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	REVIEW AND APPROVAL OF CHARITABLE CONTRIBUTIONS UNMC PHYSICIANS FOLLOWS THE NEBRASKA MEDICAL CENTER (TNMC) POLICY FOR REVIEW AND APPROVAL OF CHARITABLE CONTRIBUTIONS TNMC HAS A COMMITTEE WHOSE RESPONSIBILITY IS TO REVIEW AND APPROVE OR DISPROVE REQUESTS FOR SPONSORSHIP THIS COMMITTEE IS COMPRISED OF KEY EXECUTIVES AND OTHER MEMBERS OF THE LEADERSHIP TEAM, AS WELL AS REPRESENTATIVES FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER DECISIONS ARE MADE ON EACH REQUEST INDIVIDUALLY BASED ON A SET OF GUIDELINES ESTABLISHED BY THE ORGANIZATION THE COMMITTEE CONSIDERS EACH REQUEST INDIVIDUALLY, AND CONTRIBUTIONS ARE MADE BASED ON THREE PRIMARY OBJECTIVES 1) TO SUPPORT THE COMMUNITY NEED FOR RESOURCES ADDRESSING NEBRASKA'S LEADING CAUSES OF DEATH, INCLUDING CANCER, STROKE AND HEART DISEASE 2) TO ALIGN WITH ORGANIZATIONS FURTHERING UNMC PHYSICIANS CHARITABLE MISSION TO SUPPORT CAUSES WHICH SIGNIFICANTLY IMPACT THE OVERALL HEALTH STATUS OF THE COMMUNITY 3) TO SUPPORT ORGANIZATIONS WHICH IMPACT FAVORABLY THE PUBLIC IMAGE OF THE ORGANIZATION AND ENHANCE EXISTING PARTNERSHIPS OR INITIATIVES IF A SPONSORSHIP OR CHARITABLE CONTRIBUTION REQUEST FALLS WITHIN OUR THREE PRIMARY OBJECTIVES, THE FOLLOWING CRITERIA ARE THEN APPLIED TO FURTHER ASSIST THE COMMITTEE IN MAKING FUNDING DECISIONS 1) ORGANIZATION MUST PROVIDE PROOF OF 501 (C)(3) STATUS FROM THE IRS, OR NONPROFIT DESIGNATION AS A GOVERNMENTAL OR TRIBAL ENTITY 2) ALL REQUESTS MUST BE RECEIVED IN WRITING - NO PHONE REQUESTS WILL BE CONSIDERED 3) REQUESTOR MUST BE ABLE TO PROVIDE THE ORGANIZATION'S NON-DISCRIMINATION POLICY 4) MUST BE ABLE TO PROVIDE AN ORGANIZATIONAL OPERATING BUDGET AND PROJECT BUDGET UPON REQUEST 5) PROPOSAL MUST INCLUDE A LIST OF BOARD MEMBERS, DIRECTORS, AND KEY PROJECT STAFF MEMBERS AND THE ROLE THEY SERVE IN THE ORGANIZATION 6) REQUEST MUST INCLUDE A BRIEF NARRATIVE OF THE PROJECT, INCLUDING AN ESTIMATE OF NUMBERS OF PEOPLE SERVED BY THE REQUEST AND LOCATION OF COMMUNITIES IMPACTED BY THE ORGANIZATION'S MISSION 7) REQUESTS FOR SPONSORSHIP NEED TO BE SUBMITTED AT LEAST 90 DAYS PRIOR TO THE EVENT, WITH REQUESTS OVER $10,000 BEING SUBMITTED BY MARCH 1 FOR CONSIDERATION IN THE NEXT FISCAL YEAR GROUPS, PROGRAMS, AND ACTIVITIES NOT SUPPORTED 1) ORGANIZATIONS WITHOUT IRS 501(C)(3) OR EQUIVALENT TAX EXEMPT STATUS 2) ORGANIZATIONS THAT DISCRIMINATE ON THE BASIS OF AGE, DISABILITY, RELIGION, ETHNIC ORIGIN, GENDER, OR SEXUAL ORIENTATION 3) ORGANIZATIONS WITH DIVISIVE OR LITIGIOUS PUBLIC AGENDAS 4) MEMBER BASED ORGANIZATIONS, INCLUDING CHAMBERS OF COMMERCE, ROTARY CLUBS OR IRS 501(C)(4) LEGIONS AND ASSOCIATIONS 5) MUNICIPALITIES, INCLUDING FIRE AND POLICE DEPARTMENTS OR RELATED SOCIAL SERVICE GROUPS AND POLITICAL ORGANIZATIONS 6) RELIGIOUS ORGANIZATIONS OR SECTARIAN PROGRAMS FOR RELIGIOUS PURPOSES 7) FRATERNAL ORGANIZATIONS, SOCIAL CLUBS, SPORTS TEAMS OR CLUBS, ATHLETIC COMPETITIONS 8) ENDOWMENTS 9) MULTIYEAR REQUESTS AND PLEDGES 10) INDIVIDUALS REQUESTING LOANS, DEBT RETIREMENTS, SCHOLARSHIP OR FELLOWSHIP ASSISTANCE 11) TRAVEL - INCLUDING STUDENT TRIPS OR TOURS 12) MARKETING ACTIVITIES OR PROMOTIONAL MERCHANDISE 13) PURCHASE OR MAINTENANCE OF VEHICLES 14) FILM OR VIDEO PROJECTS, INCLUDING DOCUMENTARIES 15) BEAUTY PAGEANTS
Schedule I, Part III	UNDER THE SYSTEM INTEGRATION AND MANAGEMENT AGREEMENT, UNMC PHYSICIANS FOLLOWS THE WRITTEN FINANCIAL ASSISTANCE/CHARITY CARE POLICY OF THE NEBRASKA MEDICAL CENTER

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" 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

2017

Open to Public Inspection

Name of the organization
UNMC PHYSICIANS

Employer identification number
47-0785575

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4A	The following employees were termed prior to Fiscal Year 2018 and received severance payments during calendar year 2017 Rosanna Morris $150,000 Schedule J, Part I, Line 4B NONQUALIFIED RETIREMENT PLANS NEBRASKA MEDICINE DOES NOT HAVE ANY EMPLOYEES ALL EMPLOYEES REPORTED ON THESE FORMS ARE EMPLOYEES OF THE NEBRASKA MEDICAL CENTER (TNMC) AND ARE COVERED BY BENEFIT PLANS PROVIDED BY TNMC, INCLUDING CERTAIN RETIREMENT AND DEFERRED COMPENSATION PLANS CERTAIN EXECUTIVES DO PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS NO PAYOUT OCCURRED DURING THE YEAR FROM A SUPPLEMENTAL NONQUALIFIED PLAN TO ANY CURRENT OR FORMER* INDIVIDUALS IN ADDITION, THERE IS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (AMENDED AND RESTATED JANUARY 1, 2008) WHICH CONSTITUTES AN UNFUNDED, UNSECURED PLAN TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES UPON SEPARATION OF SERVICE, SUBJECT TO THE TERMS AND CONDITIONS OR THE PLAN THE BENEFIT IS PAID IN FULL ONE YEAR AFTER EMPLOYMENT SEPARATION, AND THE AMOUNT IS BASDED ON THE PARTICIPANT'S ANNUAL COMPENSATION, VALUE OF THE PARTICIPANT'S TNMC QUALIFIED RETIREMENT PLAN BENEFIT, SOCIAL SECURITY BENEFIT, AND NUMBER OF YEARS OF SERVICE THERE WERE NO PAYOUTS THAT OCCURRED DURING THE YEAR FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO CURRENT AND FORMER* INDIVIDUALS
Schedule J, Part I, Line 6a	CONTINGENT COMPENSATION THE ORGANIZATION'S FINANCIAL RESULTS ARE TAKEN INTO CONSIDERATION WHEN CALCULATING EXECUTIVE COMPENSATION IN ADDITION TO OTHER NON-FINANCIAL FACTORS EXECUTIVE INCENTIVE COMPENSATION IS DETERMINED BY SEVERAL KEY METRICS THAT ARE ESTABLISHED BY THE UNMC PHYSICIANS GOVERNING BODY THESE METRICS ARE INCLUSIVE OF STRATEGIC, FINANCIAL, OPERATIONAL AND QUALITY OUTCOMES ON AN ANNUAL BASIS, UNMC PHYSICIANS GOVERNING BODY REVIEWS ACHIEVEMENT OF PRESET TARGETS AND APPROVES INCENTIVES WHEN WARRANTED THESE PERFORMANCE PAYMENTS ARE SET IN CONSIDERATION OF TOTAL COMPENSATION VS COMPARED TO MARKET FOR SIMILIAR POSITIONS AS IT WAS DETERMINED THAT IT IS IN THE BEST INTEREST OF THE ORGANIZATION TO HAVE A PORTION OF THEIR BASE PAY SUBJECT TO FORFEITURE UNLESS THE PRE-DETERMINED FINANCIALS AND NON-FINANCIAL FACTORS DISCUSSED ABOVE ARE ACHIEVED INCENTIVE COMPENSATION RELATED TO FY18 PERFORMANCE WERE PAID TO THE FOLLOWING INDIVIDUALS DANIEL DEBEHNKE $188,000 DEBRA ROMBERGER $58,025 CARL V SMITH $33,025 SUZANNE NUSS $74,633 STEPHANIE DAUBERT $121,736 HARRIS A FRANKEL $132,909 DENNIS BIERLE $95,148 CORY SHAW $110,735 STEVEN J LISCO $52,460 DAVID W MERCER $56,382 CRAIG W WALKER $239,764 MICHAEL A ASH $120,813 FRANK VENUTO $88,005 CHRIS A CORNETT $190,278 CHRISTOPHER C GILLIS $471,781 PERRY J JOHNSON $348,615 MICHAEL J MOULTON $191,550 DANIEL L SURDELL, JR $86,266

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1Louis W Burgher Director	(I)	0	0	0	0	0	0	0
	(II)	213,740	0	132	0	13,843	227,715	0
1James Canedy Director	(I)	0	0	0	0	0	0	0
	(II)	504,009	0	0	0	0	504,009	0
2Debra Romberger Director (INT Dept Chairman)	(I)	309,650	58,025	0	36,363	0	404,038	0
	(II)	0	0	0	0	0	0	0
3Carl V Smith Director (OBG DEPT CHAIR)	(I)	474,544	33,025	307	44,345	0	552,221	0
	(II)	0	0	0	0	0	0	0
4Suzanne Nuss Director Ex-officio - CNO	(I)	0	0	0	0	0	0	0
	(II)	302,719	74,633	11,338	32,508	24,161	445,359	0
5Stephanie Daubert Officer - NM CFO	(I)	0	0	0	0	0	0	0
	(II)	479,214	121,736	30,637	26,729	15,951	674,267	0
6Daniel DeBehnke Officer - NM CEO	(I)	0	0	0	0	0	0	0
	(II)	804,756	188,000	29,091	8,100	6,780	1,036,727	0
7Harris A Frankel Chief Medical Officer	(I)	502,300	132,909	13,597	45,782	0	694,588	0
	(II)	0	0	0	0	0	0	0
8Dennis Bierle System Clinical Operations COO	(I)	0	0	0	0	0	0	0
	(II)	367,886	95,148	10,860	19,910	22,130	515,934	0
9Cory Shaw Chief Strategy Officer	(I)	0	0	0	0	0	0	0
	(II)	451,231	110,735	11,271	22,504	24,113	619,854	0
10Steven J Lisco Anesthesiology Dept Chairman	(I)	437,394	52,460	0	43,032	0	532,886	0
	(II)	0	0	0	0	0	0	0
11David W Mercer Surgery Dept Chairman	(I)	424,966	56,382	0	42,245	0	523,593	0
	(II)	0	0	0	0	0	0	0
12Craig W Walker RAD Dept Chairman	(I)	332,977	239,764	0	39,176	0	611,917	0
	(II)	0	0	0	0	0	0	0
13Michael A Ash EVP/Chief Transformation Ofc	(I)	445,769	120,813	8,400	44,605	0	619,587	0
	(II)	0	0	0	0	0	0	0
14Frank Venuto Chief Human Capital Officer	(I)	0	0	0	0	0	0	0
	(II)	351,240	88,005	11,760	23,337	23,256	497,598	0
15Chris A Cornett Physician	(I)	906,257	190,278	0	48,150	0	1,144,685	0
	(II)	0	0	0	0	0	0	0
16Christopher C Gillis Physician	(I)	857,998	471,781	0	48,150	0	1,377,929	0
	(II)	0	0	0	0	0	0	0
17Perry J Johnson Physician	(I)	914,298	348,615	0	48,150	0	1,311,063	0
	(II)	0	0	0	0	0	0	0
18Michael J Moulton Physician	(I)	824,765	191,550	0	48,150	0	1,064,465	0
	(II)	0	0	0	0	0	0	0
19Daniel L Surdell Jr Physician	(I)	1,193,820	86,266	0	48,150	0	1,328,236	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Chadwick Brough Former Chief Experience Off	(I)	0	0	0	0	0	0	0
	(II)	321,511	74,308	10,792	4,875	19,580	431,066	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNMC PHYSICIANS

Employer identification number
47-0785575

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1A & 1B	THE NEBRASKA MEDICAL CENTER ISSUES THE FORM 1099'S ON BEHALF OF UNMC PHYSICIANS (UNMCP) AN D THE EXPENSES ARE PAID BY UNMCP THROUGH THE NEBRASKA MEDICAL CENTER (TNMC) ACTING AS THEI R PAY AGENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2	MR BRUCE GREWCOCK AND MR MOGENS BAY HAVE A BUSINESS RELATIONSHIP(THROUGH BOARD OF DIRECTORS RELATIONSHIP) DR JAMES T CANEDY, MS STEPHANIE DAUBERT AND DR LOUIS BURGHER HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP, CLARKSON REGIONAL HEALTH SERVICES) DR JAMES T CANEDY AND MS STEPHANIE DAUBERT HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP, NEBRASKA HEALTH PARTNERS) DR JAMES T CANEDY AND DR LOUIS BURGHER HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP, CLARKSON COLLEGE) DR JAMES T CANEDY, DR CARL SMITH, DR DANIEL DEBEHNKE AND MS STEPHANIE DAUBERT HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP, NEBRASKA HEALTH NETWORK) DR JAMES T CANEDY AND MS STEPHANIE DAUBERT HAVE A BUSINESS RELATIONSHIP (THROUGH BOARD OF DIRECTORS RELATIONSHIP, NEBRASKA ORTHOPAEDIC HOSPITAL)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 3	EFFECTIVE JULY 1, 2016, UNMCP AND TNMC ENTERED INTO A MANAGEMENT AGREEMENT UNDER THE TERM S OF THE AGREEMENT, UNMCP DESIGNATES TNMC AS ITS AGENT AND SERVICE PROVIDER TO PROVIDE MAN AGEMENT SERVICES TO UNMCP AND TO FACILITATE THE FINANCIAL, OPERATIONAL, AND MANAGERIAL INT EGRATION OF NEBRASKA MEDICINE EFFECTIVE JULY 1, 2016, THE HEALTH CARE OPERATIONS OF UNMCP , TNMC, AND BELLEVUE MEDICAL CENTER (BMC) WERE LEGALLY INTEGRATED AND MADE PART OF THE NEB RASKA MEDICINE HEALTH SYSTEM WITH THE MANAGEMENT AGREEMENT, TNMC MANAGES THE DAY TO DAY F UNCTIONS FOR UNMCP INCLUDING CASH COLLECTIONS, PATIENT BILLINGS, ACCOUNTS PAYABLE AND OTHE R SUPPORT FUNCTIONS TNMC ASSUMED EMPLOYMENT FOR CERTAIN NON-PHYSICIAN STAFF AND CLINICAL EMPLOYEES AS OF DECEMBER 19, 2014 UNMCP CONTRACTED TO LEASE BACK CERTAIN CLINICAL STAFF A FTER THIS DATE TO SUPPORT THE CLINICAL ACTIVITIES THE LEASED CLINICAL STAFF IS SHOWN AS C ONTRACTED SERVICES ON THE FORM 990 IN ADDITION, TNMC ASSUMED THE FUNDING FOR CERTAIN UNMC COLLEGE OF MEDICINE COSTS AFTER 2015, UNDER AN ACADEMIC PROGRAM FUNDING AGREEMENT THESE COSTS HISTORICALLY WERE FUNDED BY UNMCP BY TRANSFERS TO UNMC AND THEN PARTIALLY REIMBURSED BY TNMC THROUGH THEIR CONTRACTS WITH UNMCP THIS HAS FURTHER REDUCED THE OTHER CONTRACT R EVENUE TO THE EXTENT THAT THE COSTS AND EXPENSES ATTRIBUTABLE TO UNMCP EXCEED THE CASH RE CEIPTS, TNMC IS RESPONSIBLE FOR THE DIFFERENCE AND THE AMOUNT IS SHOWN AS A CONTRIBUTION F ROM TNMC ON THE FORM 990 FORM 990, PART VI, LINE 4 FROM ITS ESTABLISHMENT AND UNTIL 2016, UNMCP HAD BEEN CONTROLLED BY ITS PHYSICIAN MEMBERSHIP EFFECTIVE JULY 1, 2016, UNMCP, ALO NG WITH TNMC, THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA (BOR), CLARKSON REGIONAL HEALTH SERVICES, INC (CRHS), AND A NEWLY CREATED ENTITY, NEBRASKA MEDICINE, ENTERED INTO A SYSTEM INTEGRATION AGREEMENT (SIA) IN 2017, UNMCP COMPLETED ITS TRANSITION TO THE NEBRA SKA MEDICINE SYSTEM, AND NEBRASKA MEDICINE WAS SUBSTITUTED AS THE SOLE CORPORATE MEMBER OF UNMCP NEBRASKA MEDICINE IS TAX EXEMPT UNDER SECTION 501(C)(3) AND HAS TWO MEMBERS, CRHS AND THE BOR CRHS IS RECOGNIZED AS EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) THE BOR IS A PUBLICLY-FUNDED UNIVERSITY EFFECTIVE 2017, ITS ARTICLES OF INCORPORATION AND BYLAWS WERE SIGNIFICANTLY AMENDED TO REFLECT THE CHANGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6	GOVERNANCE, MANAGEMENT, AND DISCLOSURE FROM JULY 1, 2016 UNTIL 2017, TNMC WAS THE SOLE COR PORATE MEMBER OF UNMCP AND TNMC, WHICH HAD TWO CORPORATE MEMBERS, CRHS AND BOR, EACH WITH 50% INTEREST IN 2017, NEBRASKA MEDICINE WAS SUBSTITUTED AS THE SOLE CORPORATE MEMBER OF U NMCP AND TNMC BOTH UNMCP AND TNMC ARE GOVERNED BY THE SAME BOARD OF DIRECTORS AS NEBRASKA MEDICINE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7A	EFFECTIVE 2017, UNMCP HAS ONE MEMBER, NEBRASKA MEDICINE, A NONPROFIT ORGANIZATION THAT HAS BEEN RECOGNIZED AS EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE UNMCP'S BYLAWS PROVIDE THAT THE MEMBERS OF UNMCP'S BOARD OF DIRECTORS SHALL BE THE SAME PE RSONS WHO SERVE AS MEMBERS OF THE BOARD OF NEBRASKA MEDICINE THE UNMCP BOARD IS COMPRISED OF 15 DIRECTORS, SPECIFICALLY 11 VOTING DIRECTORS AND 4 EX-OFFICIO NON-VOTING DIRECTORS Form 990, Part VI, Line 7B GOVERNANCE, MANAGEMENT, AND DISCLOSURE THE FOLLOWING POWERS ARE RESERVED TO UNMCP'S SOLE MEMBER, NEBRASKA MEDICINE - AMENDMENT TO UNMCP'S ARTICLES OF IN CORPORATION, - A MERGER OR CONSOLIDATION OF UNMCP WITH OR INTO ANY OTHER ENTITY, - SALE, T RANSFER, LEASE, DISPOSITION, OR CHANGE IN USE OF (A) MORE THAN 50% OF THE ASSETS OF THE CL INICAL OPERATIONS OF TNMC, OR (B) SUCH OTHER ASSETS AS THE TNMC BOARD DESIGNATES, - ENTRY INTO A NEW JOINT OPERATING AGREEMENT, INTEGRATION AGREEMENT, OR SIMILAR AGREEMENT, OR AMEN DMENT TO ANY EXISTING SIMILAR AGREEMENT, - ISSUANCE OR INCURRENCE OF INDEBTEDNESS RESULTIN G IN A DEBT/EQUITY RATIO IN EXCESS OF 40% OR A DEBT COVERAGE RATIO LESS THAN 1 25, - LIQUI DATION OR DISSOLUTION OF TNMC, - ADMISSION OF ONE OR MORE ADDITIONAL MEMBERS OF UNMCP, - E NTRY INTO ANY AFFILIATIONS THAT WOULD CHANGE THE SIZE OF THE BOARD, A CHANGE TO THE QUORUM REQUIREMENTS, OR CHANGE IN THE SUPERMAJORITY VOTING REQUIREMENTS, - APPROVAL OF ANY AMEND MENT TO THE BYLAWS, OR - A GIFT, PLEDGE, DONATION, OR GRANT IN EXCESS OF ONE MILLION DOLLA RS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 9	ROSANNA MORRIS, MBA, BSN, NE-BC PAST CEO OF NEBRASKA MEDICINE BEAUMONT HOSPITAL, ROYAL OAKS 3601 W 13 MILE ROAD ROYAL OAK, MI 48073

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11B	GOVERNANCE, MANAGEMENT, AND DISCLOSURE A COPY OF THE FORM 990 WAS PRESENTED TO THE AUDIT C OMMITTEE OF THE BOARD OF DIRECTORS IN ADDITION, THE BOARD OF DIRECTORS WERE PROVIDED A CO PY OF THE FORM 990 TO REVIEW ON THE SECURED BOARD PORTAL CALLED BOARD EFFECT BEFORE IT WAS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12C	MONITORING AND ENFORCEMENT OF BOARD INDEPENDENCE EACH MEMBER OF THE BOARD OF DIRECTORS, OF FICERS AND KEY EMPLOYEES DISCLOSES ANNUALLY THAT HE/SHE IS EITHER AN OFFICER, DIRECTOR, ME MBER, OWNER, AGENT OR ASSOCIATED IN SOME MANNER WITH DELINEATED BUSINESS ENTITIES THAT EIT HER HAVE OR MIGHT REASONABLY BE EXPECTED TO HAVE A BUSINESS RELATIONSHIP WITH TNMC AND UNM CP EACH BOARD MEMBER AGREES TO MAKE CONFLICTS KNOWN AND WITHDRAW FROM PARTICIPATION IN DE LIBERATIONS IF A SUBSEQUENT CONFLICT ARISES DISCLOSURE STATEMENTS ARE DISTRIBUTED ANNUALL Y AND MONITORED BY THE CORPORATE COMPLIANCE OFFICER FOR COMPLETION ANY DISCLOSED CONFLICT S ARE BROUGHT TO THE ATTENTION OF THE CHAIRMAN OF THE BOARD FOR BOARD MEMBERS AND OFFICERS OR TO THE OFFICERS FOR KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15A & 15B	POLICIES - COMPENSATION THE EXECUTIVE AND PHYSICIAN COMPENSATION COMMITTEE OF THE UNMC PHY SICIANS BOARD OF DIRECTORS IS COMPRISED OF A CHAIR, APPOINTED BY THE BOARD OF DIRECTORS, A VICE CHAIR, AND NOT LESS THAN TWO (2) ADDITIONAL DIRECTORS FROM THE BOARD, ALL OF WHOM AR E DETERMINED BY THE BOARD TO BE INDEPENDENT FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER AND NEBRASKA MEDICINE, WHICH INCLUDES UNMC PHYSICIANS AND THE NEBRASKA MEDICAL CENTER TH E COMMITTEE REVIEWS ALL PROPOSED COMPENSATION FOR PHYSICIANS AND SENIOR EXECUTIVES INCLUDI NG THE CEO ALL COMPENSATION SUBMITTED FOR REVIEW MUST BE SUPPORTED BY APPROPRIATE DOCUMEN TATION, INCLUDING, BUT NOT LIMITED TO, COMPARABILITY DATA (I E , ASSOCIATION OF AMERICAN M EDICAL COLLEGES (AAMC)) RELEVANT FOR THE OCCUPATION AND CORPORATION POSITION SUCH DATA IS COMPARED TO SIMILARLY SITUATED AAMC ORGANIZATIONS OF COMPARABLE REVENUE THE EXECUTIVE CO MPENSATION DATA IS PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM HIRED BY THE CO MMITTEE AND ARE REPORTED DIRECTLY TO THE COMMITTEE THE COMMITTEE ENSURES THAT ITS REVIEW AND APPROVAL QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMED IATE SANCTIONS REGULATIONS (26 C F R 53 4958-6, AS AMENDED) TO ENSURE SUCH COMPLIANCE, T HE COMMITTEE 1 ENSURES COMMITTEE MEMBERS ARE FREE FROM ANY RELATIONSHIPS OR CONFLICTS OF INTEREST THAT MAY IMPAIR, OR APPEAR TO IMPAIR, A COMMITTEE MEMBER'S ABILITY TO MAKE INDEP ENDENT JUDGMENTS, 2 RECEIVES AND RELIES UPON APPROPRIATE DATA AS TO COMPARABILITY FROM IN TERNAL OR EXTERNAL RESOURCES PRIOR TO MAKING ITS DETERMINATION, AND 3 DOCUMENTS THE BASIS FOR ITS DETERMINATION OF REASONABLENESS CONCURRENTLY WITH MAKING THAT DETERMINATION SUCH DOCUMENTATION INCLUDES A) THE TERMS OF THE ARRANGEMENT THAT WAS APPROVED AND THE DATE IT WAS APPROVED, B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT AND THOSE WHO VOTED ON IT(QUORUM IS REQUIRED FOR ANY APPROVAL), C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON B Y THE COMMITTEE AND HOW SUCH MATERIAL WAS OBTAINED, AND D) THE ACTION(S) TAKEN BY THE COMM ITTEE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	TNMC Contribution Adjustment $26

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134060439

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNMC PHYSICIANS

Employer identification number
47-0785575

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) The NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 68198 91-1858433	HEALTH CARE	NE	501(C)(3)	3	NM		No
(2)CLARKSON COLLEGE 101 South 42nd Street Omaha, NE 68131 36-3649217	COLLEGE	NE	501(C)(3)	2	NMC		No
(3)NEBRASKA MEDICINE 987400 NEBRASKA MEDICAL CENTER Omaha, NE 681987400 81-3158267	SUPPORT	NE	501(C)(3)	12, TYPE 1	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NE HEALTH NETWORK 8511 Dodge Rd OMAHA, NE 68114 27-1784907	HEALTHCARE	NE	NHP	RELATED	0	0		No	0		No	0 %
(2) NC LAB LLC 8303 Dodge St Omaha, NE 68114 46-1173104	DIAGNOSTIC SVC	NE	NMCUNMCP	RELATED	-16,608	0		No	-16,608	Yes		25 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)NHS ORTHOPAEDIC SERVICES INC 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 47-0845238	INVESTMENT SVC	NE	NMC	C Corp	0	0	0 %		No
(2)NEBRASKA HEALTH PARTNERS INC 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 681988145 47-0816463	MANAGEMENT	NE	NMC	C Corp	0	0	0 %		No

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

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

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

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

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

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

Part VII **Supplemental Information**

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