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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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
BRYAN MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

1600 SOUTH 48TH STREET

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

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

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number
47-0376552

E Telephone number
(402) 481-1111

G Gross receipts \$ 700,590,333

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BRYANHEALTH.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile NE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCELLENT CARE AND PROMOTE HEALTH WITH A FOCUS ON QUALITY, COLLABORATION AND COMPASSION During 2018, Bryan Medical Center provided charity care to 9,365 patients at a cost of \$12.5 million

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)	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	4,703
6	Total number of volunteers (estimate if necessary)	766
7a	Total unrelated business revenue from Part VIII, column (C), line 12	864,108
7b	Net unrelated business taxable income from Form 990-T, line 34	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,184,477
9	Program service revenue (Part VIII, line 2g)	621,462,724
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,443,818
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,778,143
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	637,869,162

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	292,517	320,730
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	264,341,850	276,154,923
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0			
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	308,780,537	317,390,673
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	573,414,904	593,866,326
19	Revenue less expenses Subtract line 18 from line 12	64,454,258	77,554,866

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	1,018,963,782	1,010,195,092
21	Total liabilities (Part X, line 26)	244,555,228	225,056,462
22	Net assets or fund balances Subtract line 21 from line 20	774,408,554	785,138,630

Part II Signature Block

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

Sign Here

Signature of officer

2019-11-13
Date

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00520729

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 9600 Brownsboro Road Suite 400
Louisville, KY 402411122

Phone no. (502) 326-3996

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 583,314,066	including grants of \$ 320,730)	(Revenue \$ 648,259,209)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	) (Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	) (Revenue \$)
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4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	) (Revenue \$)	

4e	Total program service expenses ▶	583,314,066
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
Check if Schedule O contains a response or note to any line in this Part V			☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1,243	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	4,703			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	Yes	
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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	Yes	

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ► RUSSELL GRONEWOLD 1600 SOUTH 48TH STREET LINCOLN, NE 685061299 (402) 481-1111

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 ☐

1

● 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

[illegible]

Part VII

(A)
Name and Title

Lb Sub-Total ▶

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 ▶ 228

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

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
NPATIENT PHYSICIAN ASSOCIATES 300 SOUTH 16TH STREET INCOLN, NE 68502	MEDICAL SERVICES	9,469,704
leidos Health LLC PO BOX 223866 PITTSBURGH, PA 15251	CONSULTING	6,544,470
OXFORD GLOBAL RESOURCES PO Box 3256 Boston, MA 022413256	Consulting	4,510,275
Optimum Healthcare IT LLC 300 Marsh Landing Pkwy Ste 105 Jacksonville Beach, FL 32250	CONSULTING	4,224,772
OCUSONE SOLUTIONS LLC PO BOX 3037 MAHA, NE, 68103	Temporary Labor	3,317,092

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 ▶ 68

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	487,447				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	638,376				
	g	Noncash contributions included in lines 1a - 1f \$						
	h	Total. Add lines 1a-1f ▶		1,125,823				
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	621990	626,012,840	626,012,840			
	b	BRYAN COLLEGE OF HEALTH SCIENCES REV	611600	10,785,270	10,785,270			
	c	PROGRAM RENTAL REVENUE	531190	4,222,266	4,222,266			
	d	PHARMACY	446110	4,365,297	4,365,297			
	e	Specialty Care Revenue	621990	520,061	520,061			
	f	All other program service revenue		2,353,475	2,353,475	0		
	g	Total. Add lines 2a-2f ▶		648,259,209				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	7,075,650		-269,281	7,344,931	
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	(i) Real		(ii) Personal				
		Gross rents						
		Less rental expenses						
		Rental income or (loss)						
	d		Net rental income or (loss) ▶		-13,729		-13,729	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		Less cost or other basis and sales expenses						
		Gain or (loss)						
	d		Net gain or (loss) ▶		2,586,251			2,586,251
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a					
	b		Less direct expenses b					
	c		Net income or (loss) from fundraising events ▶					
	9a		Gross income from gaming activities See Part IV, line 19 a					
	b		Less direct expenses b					
c		Net income or (loss) from gaming activities ▶						
10a		Gross sales of inventory, less returns and allowances a						
b		Less cost of goods sold b						
c		Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
11a		CAFETERIA	722210	3,474,027			3,474,027	
b		CHILD CARE	624410	1,870,088			1,870,088	
c		LAB REFERRED TESTING	900099	1,147,118		1,147,118		
d		All other revenue		5,896,755	0	0	5,896,755	
e		Total. Add lines 11a-11d ▶		12,387,988				
12		Total revenue. See Instructions ▶		671,421,192	648,259,209	864,108	21,172,052	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	320,730	320,730		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,027,969	1,176,222	851,747	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	209,247,580	207,391,281	1,856,299	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	16,760,520	16,611,832	148,688	
9 Other employee benefits.	32,973,980	32,681,458	292,522	
10 Payroll taxes.	15,144,874	15,010,519	134,355	
11 Fees for services (non-employees):				
a Management.				
b Legal.	188,306		188,306	
c Accounting.	195,031		195,031	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	5,900		5,900	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	74,921,898	74,129,573	792,325	0
12 Advertising and promotion.	823,109		823,109	
13 Office expenses.	16,965,914	16,815,404	150,510	
14 Information technology.	12,404,167	12,294,126	110,041	
15 Royalties.				
16 Occupancy.	7,640,405	7,572,625	67,780	
17 Travel.	499,733	463,818	35,915	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	302,552	298,968	3,584	
20 Interest.	3,951,596	3,916,541	35,055	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	41,359,083	40,992,174	366,909	
23 Insurance.	510,763	506,232	4,531	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	117,594,900	117,594,900		
b BAD DEBT	32,095,375	32,095,375		
c CORPORATE COST ALLOCATION	4,061,264		4,061,264	
d Recruitment Expense	384,078	380,670	3,408	
e All other expenses	3,486,599	3,061,618	424,981	0
25 Total functional expenses. Add lines 1 through 24e.	593,866,326	583,314,066	10,552,260	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 SheetCheck 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		1	
	2 Savings and temporary cash investments	190,472,678	2	167,295,564
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	82,955,198	4	75,614,759
	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		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,265,058	8	13,119,275
	9 Prepaid expenses and deferred charges	8,064,501	9	7,435,288
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 956,009,588		
	b Less: accumulated depreciation	10b 538,893,564		
		396,554,476	10c	417,116,024
	11 Investments—publicly traded securities	239,840,601	11	241,517,630
	12 Investments—other securities. See Part IV, line 11	40,875,000	12	40,278,000
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	48,936,270	15	47,818,552	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,018,963,782	16	1,010,195,092	
Liabilities	17 Accounts payable and accrued expenses	59,612,765	17	52,079,357
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	103,352,500	20	90,522,500
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	30,500,000	23	30,500,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	51,089,963	25	51,954,605
	26 Total liabilities. Add lines 17 through 25	244,555,228	26	225,056,462
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	752,162,516	27	762,396,037
	28 Temporarily restricted net assets	14,584,568	28	14,900,448
	29 Permanently restricted net assets	7,661,470	29	7,842,145
	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	774,408,554	33	785,138,630	
34 Total liabilities and net assets/fund balances	1,018,963,782	34	1,010,195,092	

Part XI Reconciliation of Net AssetsCheck 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	671,421,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	593,866,326
3	Revenue less expenses Subtract line 2 from line 1	3	77,554,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	774,408,554
5	Net unrealized gains (losses) on investments	5	-20,059,733
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-46,765,057
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	785,138,630

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

Form 990 (2018)

Form 990, Part III, Line 4a:

BRYAN MEDICAL CENTER IS A NATIONALLY RECOGNIZED NON-PROFIT, ACUTE CARE HOSPITAL, PROVIDING EXEMPLARY COMPREHENSIVE PATIENT CARE SERVICES, MEDICAL EDUCATION, AND COMMUNITY SERVICES TO RESIDENTS OF THE LINCOLN COMMUNITY, STATE OF NEBRASKA, AND OTHER STATES IN THE REGION BRYAN MEDICAL CENTER IS PART OF BRYAN HEALTH, ONE OF THE LARGEST NON-PROFIT HEALTH CARE ORGANIZATIONS IN THE REGION BRYAN MEDICAL CENTER IS THE LARGEST HOSPITAL IN LINCOLN, LICENSED FOR 640 BEDS AT TWO SEPARATE LOCATIONS PREMIER SERVICES INCLUDE CARDIOLOGY, ORTHOPEDICS, TRAUMA, NEUROSCIENCE, MENTAL HEALTH, WOMEN AND CHILDREN'S HEALTH AND ONCOLOGY BRYAN MEDICAL CENTER IS THE COMMUNITY'S ONLY PROVIDER OF INPATIENT MENTAL HEALTH SERVICES AND HAS HELPED THOUSANDS OF INDIVIDUALS OVER THE YEARS THROUGH THE BRYAN INDEPENDENCE CENTER RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM DURING 2018, BRYAN MEDICAL CENTER ADMITTED 29,199 INPATIENTS, DELIVERED 3,439 BABIES, AND HAD 84,396 EMERGENCY ROOM VISITS BRYAN MEDICAL CENTER IS COMMITTED TO PROVIDING HEALTH CARE SERVICES FOR THOSE IN NEED REGARDLESS OF THEIR ABILITY TO PAY DURING 2018, BRYAN MEDICAL CENTER PROVIDED LIFE-SAVING PROCEDURES AND MEDICATIONS FOR OVER 9,365 INDIVIDUALS WHO WERE NOT ELIGIBLE FOR ANY GOVERNMENT OR STATE SUPPORT, AND DID NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR HEALTH CARE SERVICES UNREIMBURSED COST FOR CHARITY CARE TOTALED \$12.5 MILLION BRYAN MEDICAL CENTER ALSO INCURRED \$38.9 MILLION IN UNREIMBURSED MEDICARE COSTS, AND \$21.4 MILLION IN MEDICAID COSTS AND SUPPORT OF OTHER PUBLIC PROGRAMS BRYAN MEDICAL CENTER SERVED 31,779 MEDICAID PATIENTS IN 2018 BRYAN MEDICAL CENTER PROVIDED \$2.5 MILLION IN THE SUPPORT OF HEALTH PROFESSIONALS' EDUCATION, THROUGH RESIDENCY PROGRAMS AND IN SUPPORT OF THE BRYAN COLLEGE OF HEALTH SCIENCES DURING FALL 2018, THERE WERE 716 STUDENTS ENROLLED IN GRADUATE AND UNDERGRADUATE DEGREE PROGRAMS THROUGH BRYAN'S SCHOOL OF NURSING, HEALTH PROFESSIONS AND NURSE ANESTHESIA PROGRAMS COMMUNITY EDUCATION, SUPPORT PROGRAMS, AND SERVICES SUBSIDIZED BY THE MEDICAL CENTER TOTALED \$1.4 MILLION DONATIONS TO OTHER NON-PROFIT ORGANIZATIONS TOTALED MORE THAN \$676,000 BRYAN MEDICAL CENTER'S QUANTIFIABLE COMMUNITY BENEFIT FOR 2018 TOTALED MORE THAN \$77.3 MILLION

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			
NICHOLAS CUSICK CHAIRPERSON	2 0	X		X				0	0	0
SCOTT YOUNG VICE CHAIRPERSON	2 0	X		X				0	0	0
JOHN DECKER JR SECRETARY	2 0	X		X				0	0	0
SHANNON HARNER TREASURER	2 0	X		X				0	0	0
KIMBERLY RUSSEL CHIEF EXECUTIVE OFFICER	35 0 36 0	X		X				0	1,420,038	39,757
JOHN WOODRICH PRESIDENT & CHIEF OPERATING OFFICER	69 0 1 0	X		X				763,622	0	42,944
STEVE ERWIN TRUSTEE	1 0 1 0	X						0	0	0
RICHARD EVNEN TRUSTEE	1 0 1 0	X						0	0	0
DARLA EISENHAUER-SPIRES MD TRUSTEE	2 0 0	X						0	0	0
BRENDA FRANKLIN RN TRUSTEE	2 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH GROSS MD TRUSTEE	20 0	X						0	0	0
JACK HUCK TRUSTEE	20 0	X						0	0	0
DAVID KECK PHD TRUSTEE	20 0	X						0	0	0
Edward Mlinek MD TRUSTEE	20 0	X						0	0	0
ANGELA MUHLEISEN TRUSTEE	20 0	X						0	0	0
PATRICIA PANSING BROOKS TRUSTEE	20 0	X						0	0	0
ARDEN (BEAU) REID III TRUSTEE	20 0	X						0	0	0
GENE STOHS MD TRUSTEE	20 0	X						0	0	0
LISA VAIL VP-PATIENT CARE SERVICES/CNO, TRUSTEE	600 0	X						428,153	0	31,770
RUSSELL GRONEWOLD VP FINANCE & CHIEF FINANCIAL OFFICER	250 350			X				0	773,597	39,708

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			
RICHARD LLOYD President - College of Health Sciences	60 0 1 0				X			316,469	0	31,621
DAVID REESE VP - CLINICAL & SUPPORT SERVICES	59 0 1 0				X			364,670	0	48,720
WARREN ENGLER MENTAL HEALTH SERVICES DIRECTOR	50 0 0					X		180,329	0	33,255
SHARON HADENFELDT DEAN OF NURSE ANESTHESIA, BRYAN COLLEGE OF HEALTH SCIENCES	50 0 0					X		236,629	0	25,659
TROY HOTTOVY INFORMATION TECHNOLOGY DIRECTOR	50 0 0					X		203,936	0	37,350
SHANNON PECKA ASSOCIATE PROFESSOR-Nurse Anesthesia	50 0 0					X		193,802	0	32,757
JEROME WOHLER PHARMACY DIRECTOR	50 0 0					X		233,187	0	34,131

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization BRYAN MEDICAL CENTER		Employer identification number 47-0376552

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

The organization is not a private foundation because it is (For lines 1 through 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 **section 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 ☐

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization BRYAN MEDICAL CENTER	Employer identification number 47-0376552
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

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

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

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		13,260
j	Total. Add lines 1c through 1i			13,260
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	BRYAN MEDICAL CENTER IS A MEMBER OF THE NEBRASKA HOSPITAL ASSOCIATION (NHA) DURING THE CURRENT YEAR, THE REPORTING ORGANIZATION MADE PAYMENTS FOR THE MEMBERSHIP DUES TO THE NHA OF \$126,046, OF THIS AMOUNT THE NHA REPORTED THAT 10 52% OR \$13,260 OF THE TOTAL DUES PAID WERE USED FOR LOBBYING ACTIVITIES. On various occasions throughout the year, the CEO met with state and local legislators to discuss issues related to healthcare. While some related to healthcare reform, other issues discussed included meeting the needs of the indigent/uninsured and underinsured patients, as well as the ongoing need for health services including mental health services for the community.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317007169	
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. ► Go to www.irs.gov/Form990 for the latest information.			OMB No 1545-0047 2018 Open to Public Inspection
Name of the organization BRYAN MEDICAL CENTER				Employer identification number 47-0376552	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, 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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	580,758	694,914	1,322,608	1,030,723	785,063
b Contributions	0	726	-628,231	290,541	331,955
c Net investment earnings, gains, and losses	10,745	-23,058	5,199	4,414	3,772
d Grants or scholarships	0		0	0	0
e Other expenditures for facilities and programs	0	1	0	0	86,958
f Administrative expenses	3,677	91,823	4,662	3,070	3,109
g End of year balance	587,826	580,758	694,914	1,322,608	1,030,723

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

100 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		13,528,074		13,528,074
b Buildings		495,331,128	258,395,991	236,935,137
c Leasehold improvements		1,036,605	789,763	246,842
d Equipment		425,233,850	276,111,237	149,122,613
e Other		20,879,931	3,596,573	17,283,358
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				417,116,024

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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		
INTEREST RATE SWAP LIABILITY	7,198,190	
HOSPITALIST SVCS CTRT PAYABLE	0	
SELF INSURANCE LIABILITY	3,475,103	
OTHER LIABILITIES	12,724,208	
CURRENT PORTION INTEREST RATE SWAPS	1,479,276	
ORIGINAL ISSUE PREMIUM	0	
ACCRUED PENSION BENEFIT OBLIGATION	25,237,262	
College Grants	369,728	
Third Party Payor Settlements	1,470,838	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	51,954,605	

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: 18007697
Software Version: 2018v3.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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

1	(a) Description of Liability	(b) Book Value
	INTEREST RATE SWAP LIABILITY	7,198,190
	HOSPITALIST SVCS CTRT PAYABLE	0
	SELF INSURANCE LIABILITY	3,475,103
	OTHER LIABILITIES	12,724,208
	CURRENT PORTION INTEREST RATE SWAPS	1,479,276
	ORIGINAL ISSUE PREMIUM	0
	ACCRUED PENSION BENEFIT OBLIGATION	25,237,262
	College Grants	369,728
	Third Party Payor Settlements	1,470,838

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	BRYAN MEDICAL CENTER IS THE OWNER OF THE WILLIAM JENNINGS BRYAN HOUSE, ALSO KNOWN AS FAIRVIEW FAIRVIEW IS A HISTORIC HOUSE BUILT IN 1902-1903 IN LINCOLN, NEBRASKA, IN 1922, THE HOUSE AND SURROUNDING LAND WAS DONATED TO THE NEBRASKA METHODIST CONFERENCE, WHICH THEN FORMED A SEPARATE NONPROFIT ORGANIZATION FOR PURPOSES OF ESTABLISHING BRYAN MEMORIAL HOSPITAL AND AFFILIATED SCHOOL OF NURSING FAIRVIEW WAS DECLARED A NATIONAL HISTORIC LANDMARK IN 1963 THE HOUSE IS NOW USED FOR BRYAN MEETINGS AND FUNCTIONS IN ADDITION, APPROXIMATELY 500 VISITORS TOUR THE HOME ANNUALLY THIS ASSET IS FULLY DEPRECIATED, AND REPORTED ON THE BALANCE SHEET AT A NET AMOUNT OF ZERO

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	BRYAN MEDICAL CENTER'S ("MEDICAL CENTER") ENDOWMENT FUNDS ARE ESTABLISHED TO PROVIDE FOR LOANS FOR THE STUDENTS WHO ATTEND THE BRYAN COLLEGE OF HEALTH SCIENCES BRYAN COLLEGE OF HEALTH SCIENCES PROVIDES HEALTHCARE PROFESSIONAL EDUCATION WITH PROGRAMS LEADING TO GRADUATE AND UNDERGRADUATE ACADEMIC DEGREES BRYAN COLLEGE OF HEALTH SCIENCES IS PART OF THE MEDICAL CENTER AND ITS OPERATIONS ARE INCLUDED IN THE MEDICAL CENTER'S FORM 990

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Under Accounting Standards Codification(ASC), Subtopic 740-10, Income Taxes, the System must recognize the tax benefit from an uncertain tax position only if it is "more-likely-than-not" that the tax position will be sustained on examination by the applicable taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. ASC Subtopic 740-10 also provides guidance on derecognition, classification, interest and penalties on income taxes and accounting in interim periods and requires increased disclosure. There were no uncertain tax benefits identified at December 31, 2018 and 2017. The System does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. Tax returns filed by the System are subject to examination by the IRS up to three years from the extended due date of each return. The System recognizes interest and/or penalties related to income tax matters in income tax expense. The System did not have any amounts accrued for interest and penalties at December 31, 2018 and 2017. Tax returns filed by the System and its subsidiaries are no longer subject to examination for the years ended December 31, 2014 and prior.

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	Hospitals ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
Name of the organization BRYAN MEDICAL CENTER		Employer identification number 47-0376552

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,465,408		12,465,408	2 22 %
b Medicaid (from Worksheet 3, column a)			55,145,472	33,777,484	21,367,988	3 80 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	67,610,880	33,777,484	33,833,396	6 02 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,206,475		1,206,475	0 21 %
f Health professions education (from Worksheet 5)			15,002,556	12,506,520	2,496,036	0 44 %
g Subsidized health services (from Worksheet 6)			475,857	237,880	237,977	0 04 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			675,965		675,965	0 12 %
j Total. Other Benefits	0	0	17,360,853	12,744,400	4,616,453	0 82 %
k Total. Add lines 7d and 7j	0	0	84,971,733	46,521,884	38,449,849	6 84 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			2,780		2,780	0 %
2 Economic development			2,000		2,000	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	4,780	0	4,780	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	32,095,375	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	201,555,418
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	240,440,235
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-38,884,817
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☐ Cost to charge ratio	☒ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Doctors Outpatient Surgery Center	Outpatient Surgery Center	51 %	0 %	49 %
2 Lincoln Digestive Health Center LLC	Ambulatory Surgery Center	51 %	0 %	49 %
3 Head and Neck Surgical Partners LLC	Ambulatory Surgery Center	51 %	0 %	49 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>www.bryanhealth.com/about-bryan-health/community-health-needs-assessment/</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>www.bryanhealth.com/about-bryan-health/community-health-needs-assessment/</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %			
b ☒ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 12

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	1 ACCESS TO CARE BRYAN HEALTH CONTINUES TO WORK WITH COMMUNITY ORGANIZATIONS, OTHER PROVIDERS, AND THE BUSINESS COMMUNITY TO IMPROVE ACCESS TO COMPREHENSIVE, HIGH-QUALITY AND AFFORDABLE HEALTH CARE SERVICES FOR ALL RESIDENTS OF BRYAN'S SERVICE AREA SINCE COMPLETION OF THE CHNA, BRYAN HEALTH HAS EXPANDED ITS USE OF NURSE NAVIGATORS TO INCLUDE THREE ONCOLOGY NAVIGATORS THAT FOCUS ON PATIENTS WITH LUNG, BREAST, AND COLORECTAL CANCER. BRYAN ALSO PROVIDES PATIENT NAVIGATORS FOR ORTHOPEDICS AND PULMONARY DISEASES. AS PART OF BRYAN HEALTH, BRYAN HEALTH HAS ALSO IMPLEMENTED HEART FAILURE NURSE NAVIGATORS TO IDENTIFY POTENTIAL CARE GAPS THAT CAN LEAD TO READMISSIONS. THESE INDIVIDUALS ASSIST PATIENTS AND THEIR FAMILIES TO MAKE INFORMED HEALTH CARE DECISIONS AND ACCESS APPROPRIATE HEALTHCARE SERVICES. BRYAN HEALTH ALSO CONTINUES TO SUPPORT COMMUNITY HEALTH CENTERS, SUCH AS BLUESTEM HEALTH AND CLINIC WITH A HEART, THAT SERVE INDIVIDUALS THAT MIGHT NOT OTHERWISE BE ABLE TO AFFORD PRIMARY CARE SERVICES. Beginning in 2018, BRYAN HEALTH HAS MADE PROGRESS IN DEVELOPING THE INFRASTRUCTURE NEEDED TO CREATE A MEDICAL HOME WITH THE ROLLOUT OF MYCHART, THE PATIENT PORTAL TIED TO EPIC, BRYAN HEALTH'S NEW ELECTRONIC HEALTH RECORDS SYSTEM. TO PROVIDE ADDITIONAL ACCESS TO PRIMARY CARE SERVICES, BRYAN HEALTH ALSO HAS CONTINUED ITS EZVISIT SERVICE, WHICH IS A VIRTUAL CARE MODEL WITH 24/7 ACCESS TO A NEBRASKA BOARD CERTIFIED PHYSICIAN VIA COMPUTER OR MOBILE DEVICE. BRYAN'S ED CONNECTIONS PROGRAM CONTINUES TO find medical homes for patients who have been using the emergency department for their primary care, help individuals who are unable to pay for certain approved prescriptions given in the emergency department, and donates medical equipment to people who are unable to afford or attain it. ED Connections also enacts a narcotic monitoring and diversion service for individuals who have been identified as inappropriately using the emergency department to obtain narcotics or controlled medications. WITHIN LANCASTER COUNTY AND BEYOND, BRYAN HEALTH OFFERS ONLINE, MOBILE, AND ON-SITE SCREENINGS TO IDENTIFY INDIVIDUALS WITH HIGH-RISK FOR CERTAIN CONDITIONS AND TO ENSURE THEY GET TIMELY ACCESS TO PREVENTATIVE CARE. A SCREENING THAT HAS BEEN EMBRACED IS FOR FAMILY MEMBERS OF PATIENTS WITH BICUSPID AORTIC VALVE (BAV). Close relatives of those diagnosed with BAV also are at risk for an aneurysm of the aortic root and ascending aorta. Early detection is critical since up to 40 percent of BAV patients will experience complications by the time they reach 50. To assist with the lack of mental health providers and services in the vast underserved areas of the state, Bryan Health offers behavioral health evaluations via telehealth to several emergency department providers across the state. By providing this service we assist with providing a quality evaluation and plan recommendations that reduce preventable inpatient admissions and assignment to other higher levels of care. BRYAN HEALTH ALSO PARTNERS WITH MANY CITY OF LINCOLN DEPARTMENTS AS WELL AS PRIVATE BUSINESSES TO PROVIDE MOBILE SCREENINGS, EDUCATION AND HEALTH FAIRS. ONE OF THE MAJOR ACTIONS THAT BRYAN HEALTH HAS TAKEN TO INCREASE ACCESS IS THE DECISION SEVERAL YEARS AGO TO PROVIDE AN ADDITIONAL SUBSIDY FOR HEALTH INSURANCE PREMIUMS FOR BRYAN HEALTH EMPLOYEES UNDER A CERTAIN WAGE LEVEL. THIS PROGRAM WAS CREATED BECAUSE A LARGE GROUP OF LOWER WAGE EMPLOYEES ELECTED NOT TO ENROLL IN BRYAN'S INSURANCE PLAN, AND ELECTED TO REMAIN UNINSURED DUE TO PREMIUM COSTS. THE ADDITIONAL SUBSIDY HAS PROVIDED ACCESS TO INSURANCE FOR CLOSE TO 400 EMPLOYEES AND THEIR DEPENDENTS ON AN ANNUAL BASIS. WE BELIEVE THIS IS A SMALL STEP TOWARD ASSISTING UNINSURED INDIVIDUALS IN OUR COMMUNITY AS INSURED INDIVIDUALS GENERALLY HAVE BETTER ACCESS TO SERVICES. DURING 2018, BRYAN MEDICAL CENTER PROVIDED LIFE-SAVING PROCEDURES AND MEDICATIONS FOR 9,365 INDIVIDUALS WHO WERE NOT ELIGIBLE FOR ANY GOVERNMENT OR STATE SUPPORT, AND DID NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR HEALTH CARE SERVICES. THERE ARE MANY REASONS BEHIND LACK OF ACCESS TO HEALTH CARE SERVICES, THE SHORTAGE OF HEALTH CARE PROFESSIONALS IS JUST ONE OF THESE REASONS. BRYAN HEALTH IS A HUGE SUPPORTER OF EDUCATION FOR HEALTH CARE PROFESSIONALS - INCLUDING ONGOING FINANCIAL SUPPORT FOR 1) THE BRYAN COLLEGE OF HEALTH SCIENCES, WITH MORE THAN 710 STUDENTS ENROLLED IN GRADUATE AND UNDERGRADUATE DEGREE PROGRAMS THROUGH BRYAN'S SCHOOL OF NURSING, HEALTH PROFESSION AND NURSE ANESTHESIA PROGRAMS, AND 2) THE LINCOLN MEDICAL EDUCATION PARTNERSHIP RESIDENCY PROGRAM FOR FUTURE PRIMARY CARE PROVIDERS. IN ADDITION, BRYAN ALSO SERVES AS A CLINICAL TRAINING SITE FOR A LONG LIST OF HEALTH CARE DISCIPLINES, INCLUDING RADIOLOGY, LAB, PHYSICAL THERAPY, PHARMACY, EMTS AND PARAMEDICS, ETC. THIS COMMITMENT TO EDUCATION OF THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS ULTIMATELY IMPROVES ACCESS TO HEALTHCARE IN OUR REGION. MADONNA IS THE DESIGNATED ORGANIZATION IN THE LINCOLN CO.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	COMMUNITY THAT PROVIDES HANDICAP-ACCESSIBLE BUS TRANSPORTATION FOR COMMUNITY MEMBERS TO/FROM DOCTORS' APPOINTMENTS, THERAPY AND OTHER OUTPATIENT APPOINTMENTS BRYAN PROVIDES AN ANNUAL CONTRIBUTION OF \$25,000 FOR THESE SERVICES SO THAT FINANCIALLY CHALLENGED MEMBERS OF OUR COMMUNITY WILL HAVE ACCESS TO MEDICAL CARE MANY PRIVATE PRACTICE PHYSICIANS IN LINCOLN HAVE ELECTED NOT TO SERVE MEDICAID AND/OR MEDICARE PATIENTS IN THEIR OUTPATIENT CLINICS FOR FINANCIAL REASONS BRYAN PHYSICIAN NETWORK PHYSICIANS ACCEPT MEDICAID/MEDICARE PATIENTS INTO THEIR PRACTICE BY POLICY, THEREFORE, AS BRYAN PHYSICIAN NETWORK CONTINUES TO EXPAND WITHIN THE COMMUNITY, SO DOES ACCESS TO PHYSICIAN CARE FOR AREA MEDICAID/MEDICARE PATIENTS IN JULY 2018, BRYAN PHYSICIAN NETWORK ESTABLISHED BRYAN NORTHPOINTE FAMILY MEDICINE WHICH INCLUDES A TEAM OF THREE FAMILY PRACTICE PHYSICIANS AND FOUR PHYSICIAN ASSISTANTS Doctors Outpatient Surgery Center (DOSC) and Lincoln Digestive Health Center (LDHC) are joint ventures between Bryan Medical Center and area physician groups that began seeing patients in 2018 DOSC will provide a lower cost outpatient alternative to the community where general and specialty surgeries will be performed, including orthopedics, gynecology, podiatry, plastics and dental LDHC will increase the capacity of lower cost gastrointestinal screenings (colonoscopies) and gastrointestinal services to the community Over the last four years Bryan Medical Center has increased the number of staffed beds by 90 on both campuses to meet the community's demand THE COMMUNITY HEALTH ENDOWMENT (CHE) IS THE DESIGNATED ORGANIZATION IN LINCOLN TO COORDINATE A WIDE VARIETY OF COMMUNITY HEALTH EFFORTS TO FURTHER THE HEALTH AND SAFETY OF THE COMMUNITY CHE'S MISSION IS FOR LINCOLN TO BE THE HEALTHIEST CITY IN THE NATION BRYAN FULLY SUPPORTS CHE'S WORK Continued Below

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	2 BEHAVIORAL HEALTH BRYAN HEALTH CONTINUES TO SUPPORT CHANGE AND INNOVATION IN PILOT PROGR AMS SUCH AS DRUG COURT, AS WELL AS WORKING WITH LAW ENFORCEMENT AND THE CRISIS CENTER TO S UPPORT ENHANCED PRE-CRISIS CARE OVERALL BRYAN HEALTH HAS MADE PROGRESS IN SUPPORTING BEHA VIORAL HEALTH IN THE COMMUNITY WITH ITS INDEPENDENCE CENTER FACILITY FOR SUBSTANCE ABUSE T REATMENT THIS STATE OF THE ART FACILITY PROVIDES A CARING ENVIRONMENT FOR TREATMENT AND H EALING FOR INDIVIDUALS IN LANCASTER COUNTY AND BEYOND WHO ARE SEEKING INPATIENT OR OUTPATI ENT TREATMENT FOR SUBSTANCE ABUSE THE INDEPENDENCE CENTER ALSO CONTINUES TO PROVIDE INTER VENTION NURSES AT THE BEDSIDE TO ASSESS SUBSTANCE ABUSE THE INDEPENDENCE CENTER SUPPORTS A POSITION TITLED ADOLESCENT COMMUNITY SUPPORT LIAISON THIS INDIVIDUAL HELPS ADOLESCENTS AND THEIR FAMILIES NAVIGATE THE PROVIDER COMMUNITY AND CONNECTS THEM WITH THE SERVICES NEE DED THIS POSITION ALSO ASSISTS THOSE WHO ARE RETURNING FROM RESIDENTIAL SERVICES BACK INT O THE HOME, SCHOOL AND COMMUNITY BRYAN HEALTH HAS ALSO STARTED THE COMMUNITY TRANSITIONS PROGRAM, OPERATED BY PEERS AND A SOCIAL WORKER, TO PROVIDE FOLLOW-UP TO IDENTIFIED ADULTS WHO REGULARLY USE OUR MENTAL HEALTH SERVICES FURTHERMORE, BRYAN HEALTH SUPPORTS EFFORTS I N THE COMMUNITY TO PROVIDE AN INTEGRATED BEHAVIORAL HEALTH SAFETY NET AND EXPAND ACCESS TO BEHAVIORAL HEALTH PROVIDERS WHO SERVE POOR, UNINSURED, AND MEDICAID ELIGIBLE POPULATIONS THESE EFFORTS INCLUDE PROVIDING A SEGREGATED MENTAL HEALTH EMERGENCY DEPARTMENT STAFFED W ITH SPECIALLY TRAINED BEHAVIORAL HEALTH NURSES, SOCIAL WORKERS and Peer Specialists In or der to further leverage these specially trained staff to assist with the lack of mental he alth providers and services in the vast underserved areas of the state, Bryan Health offer s behavioral health evaluations via telehealth to several emergency department providers a cross the state By providing this service we assist with providing a quality evaluation a nd plan recommendations that reduce preventable inpatient admissions and assignment to oth er higher levels of care IN A SPECIAL PROJECT, BRYAN HEALTH'S MENTAL HEALTH EMERGENCY DEP ARTMENT HAS PARTNERED WITH SEVERAL COMMUNITY PROVIDERS TO CREATE COMMUNITY PLANS FOR AN ID ENTIFIED HIGH USER PATIENT GROUP TO AIDE IN PREVENTING REPEAT HOSPITAL INPATIENT ADMISSION S Also in this area, Bryan Health utilizes peer specialists who hold three community well ness groups a week at no cost to the participants This includes a separate group for ages 14-18 AS THE ONLY ACUTE CARE HOSPITAL IN LINCOLN PROVIDING BEHAVIORAL HEALTH SERVICES, B RYAN ACTIVELY ENGAGES WITH AREA PROVIDERS TO SUPPORT THE EXPANDED ROLE OF BEHAVIORAL HEALT H TREATMENT IN THE COMMUNITY AND REGION BRYAN HAS MADE IT A PRIORITY TO SERVE AS A TRAINI NG SITE FOR COUNSELORS, SOCIAL WORKERS, NURSES, PHYSICIAN ASSISTANTS, AND PRIMARY CARE PHY SICIANS THROUGH THE LINCOLN MEDICAL EDUCATION PROGRAM, SOUTHEAST COMMUNITY COLLEGE, DOANE University, BRYAN COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF NEBRASKA AND OTHER EDUCATIONAL INSTITUTIONS ONLINE SCREENINGS FOR DEPRESSION, ANXIETY, POST-TRAUMATIC STRESS DISORDER, ALCOHOL ABUSE AND ADOLESCENT DEPRESSION ARE AVAILABLE AT NO COST TO THE PUBLIC ON THE BRYA N HEALTH WEBSITE BRYAN HEALTH WORKS WITH OTHER LINCOLN PROVIDERS AND GROUPS ACROSS THE ST ATE TO ADDRESS GAPS AND SPECIAL NEEDS IN THE POPULATION AS WELL AS THOSE WHO ARE UNDERSERV ED THESE INCLUDE HEALTH 360 INTEGRATED HOME, THE BRIDGE BEHAVIORAL HEALTH TO IMPROVE COOR DINATION OF CARE FOR CLIENTS REQUIRING EMERGENCY DETOXIFICATION, THE BEHAVIORAL HEALTH EDU CATION CENTER OF NEBRASKA FOR WORKFORCE DEVELOPMENT OF Behavioral Health Providers, and Ne braska Department of Health and Human Services WE ARE PROUD TO CO-SPONSOR AND HOST MENTAL ILLNESS AWARENESS WEEK TO PROVIDE COMMUNITY EDUCATION WITH ADDITIONAL OFFERINGS THROUGHOU T THE YEAR ON TOPICS SUCH AS, TRAUMA INFORMED CARE, ELDER ABUSE, GUARDIANSHIPS, Chronic pa in and opioid use, NE Prescription Drug Monitoring System, Holistic Self-Care, ETC BRYAN MEDICAL CENTER MENTAL HEALTH HAS BEEN A LEADER IN SUICIDE PREVENTION FOR OUR COMMUNITY AND STATE ONE OF THE MANAGERS FOR BRYAN MENTAL HEALTH helped to start the Nebraska State Sui cide Prevention Coalition in 1999 and continues to SERVE on the Executive Committee AS THE past CO-CHAIR OF THE NEBRASKA STATE SUICIDE PREVENTION COALITION AND SERVES ON THE LEADER SHIP GROUP of THE LINCOLN SUICIDE PREVENTION coalition IN ADDITION, THIS BRYAN MENTAL HEA LTH MANAGER PROVIDED LEADERSHIP IN DEVELOPING THE FIRST LOCAL OUTREACH TO SUICIDE SURVIVOR S (LOSS) TEAM IN NEBRASKA AND IS ASSISTING WITH PROVIDING DIRECTION IN THE DEVELOPMENT OF LOSS TEAMS IN OTHER PARTS OF THE STATE Additional teams have been developed in Omaha, Kea rney, Norfolk and Chadron Bryan is also working to start new LOSS teams in Scottsbluff, N orth Platte, Columbus, Seward, Grand Island/Hastings and Beatrice DEVELOPING AND IMPLEMEN TING THE LOSS TEAM WAS A COLLABORATIVE EFFORT IN W

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	WORKING WITH LAW ENFORCEMENT AND POLICE CHAPLAINS AS WELL AS OTHER COMMUNITY AND COUNTY AGENCIES A LOSS TEAM IS A GROUP OF THREE PEOPLE WHO ARE ONCALL (TWO PEOPLE WHO HAVE LOST SOMEONE TO SUICIDE AND A CLINICIAN) AND THEY RESPOND TO FAMILIES WHO HAVE LOST SOMEONE TO SUICIDE AND PROVIDE RESOURCES CONNECTING SUICIDE SURVIVORS TO OTHER SUICIDE SURVIVORS AND RESOURCES IS CONSIDERED SUICIDE POSTVENTION WHICH IS ALSO PREVENTION In response to the growing presence and awareness of opioid misuse and abuse in the community and across the nation, Bryan Health created the Pain Management and Opioid Stewardship Program in summer 2018 Local pain management specialist Kelly Zach, MD leads a 24-member steering team to run the program The team includes representation from medical staff, hospital administration, pharmacy, nursing, behavioral health, substance abuse, physical therapy and organizational quality This ongoing program will evaluate and utilize evidence-based best practices to achieve safe and appropriate pain management, while reducing the risk of opioid addiction , overdose and deaths Continued Below

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	3 CHRONIC DISEASE PREVENTION BRYAN MEDICAL CENTER, AS PART OF BRYAN HEALTH, CONTINUES TO SUPPORT EFFORTS IN THE COMMUNITY TO PROMOTE A HEALTHY LIFESTYLE AND ADDRESS THE NEEDS OF THOSE WITH CHRONIC DISEASE AS MENTIONED UNDER ACCESS TO CARE, SEVERAL ONLINE SCREENING TOOLS CONTINUE TO BE AVAILABLE ON BRYAN HEALTH'S WEBSITE AND THE EARLY DETECTION CENTER HAS CONTINUED TO ENHANCE ITS SERVICES BY PROVIDING THE NEW BICUSPID AORTIC VALVE (BAV) SCREENING TO FAMILY MEMBERS OF THOSE WITH A BAV DIAGNOSIS TO SUPPORT THE PREVENTION AND TREATMENT OF CANCER IN THE COMMUNITY, BRYAN HEALTH CONTINUES TO SPONSOR CANCER CONFERENCES WEEKLY, WITH SPECIAL THORACIC CONFERENCES HELD TWICE MONTHLY LIFESPRING CANCER RECOVERY PROGRAM STILL PROVIDES SUPPORT AND EXPERTISE FOR CANCER PATIENTS AND SURVIVORS WITHIN LINCOLN AND THE SURROUNDING AREA BRYAN MEDICAL CENTER ALSO PARTICIPATES WITH THE NEBRASKA CANCER RESEARCH CENTER (NCRC) AND THE CANCER ALLIANCE OF NEBRASKA TO OFFER CLINICAL TRIAL OPPORTUNITIES LOCALLY TO CANCER PATIENTS Education on cancer prevention and screening, as well as other cancer-related topics, are presented to service groups and organizations as part of Bryan Medical Center's community outreach Bryan also hosts educational classes on smoking cessation, radon prevention, the links between obesity and cancer, and caring for a loved one with cancer Bryan also raises community awareness surrounding lung cancer every November with its Shine a Light on Lung Cancer event TO PROTECT THE FUTURE OF THE COMMUNITY, BRYAN HEALTH MAINTAINS ITS SUPPORT OF LINCOLN PUBLIC SCHOOLS IN PROMOTING HEALTH AND WELLNESS TO ELEMENTARY SCHOOL AGE CHILDREN AND HOLDS A POSITION ON THE BOARD OF DIRECTORS FOR PARTNERSHIP FOR A HEALTHY LINCOLN A PRIMARY POPULATION THAT HAS RECEIVED BRYAN FOCUS FOR DISEASE PREVENTION IS OUR OWN EMPLOYEES WE FELT THIS WOULD BE A GOOD START FOR OUR COMMUNITY BECAUSE BRYAN IS one of THE LARGEST PRIVATE EMPLOYERS IN LINCOLN EXTENSIVE WELLNESS PROGRAMMING HAS BEEN ADDED FOR OUR EMPLOYEES, INCLUDING WEIGHT MANAGEMENT, DIABETES PREVENTION AND SMOKING CESSATION MUCH RESEARCH SUPPORTS BREAST FEEDING AS AN IMPORTANT DETERMINANT OF FUTURE HEALTH, INCLUDING OBESITY PREVENTION BRYAN HAS BEEN INVOLVED IN A COMMUNITY-WIDE EFFORT TO PROMOTE BREAST FEEDING AMONG OUR NEW MOMS - THIS HAS INCLUDED ADOPTION OF CONSISTENT EDUCATION STANDARDS BY ALL PROVIDERS IN LINCOLN BRYAN HEALTH THROUGH BRYAN LIFEPOINTE REACHES OUT AND PROVIDES EXTENSIVE EDUCATIONAL OPPORTUNITIES TO THE COMMUNITY THAT PROMOTES EXERCISE, AND TEACHES WELLNESS STRATEGIES AND DISEASE MANAGEMENT THE BRYAN LIFEPOINTE NATIONAL DIABETES PREVENTION PROGRAM COMPLEMENTS CLASSES IT ALREADY OFFERS FOR THOSE MANAGING AN EXISTING DIABETES DIAGNOSIS Bryan also holds an annual diabetes conference, directed toward internal staff as well as educators across the state, offering classes and training sessions to keep participants abreast of current standards and best practices BRYAN LIFEPOINTE CONTINUES TO OFFER PHYSICAL AND OCCUPATIONAL THERAPY, CARDIAC AND PULMONARY REHAB, AND AQUATIC THERAPY THE WEIGHT MANAGEMENT PROGRAM LIFETRACKS, AS WELL AS THE PHYSICIAN REFERRED, LIFEFIT, CONTINUE TO SEE MORE CLIENTS AND ARE GENERATING INTEREST IN THE COMMUNITY BRYAN LIFEPOINTE ALSO PLAYS AN INTEGRAL PART IN THE CONTINUUM OF CARE FOR BRYAN BARIATRIC ADVANTAGE SURGERY PATIENTS In addition, Bryan LifePointe offers a variety of health programming and seminars, and women's and men's health symposiums to the public, encouraging and supporting individuals toward a healthy and sustainable lifestyle To further reach the public, Bryan Health also began publishing podcasts twice per month in 2016, educating listeners on a variety of topics, including childhood development, mental health, blood pressure guidelines, postpartum depression, cancer screenings, diabetes management, and more ALL OF THIS COMMUNITY EDUCATION IS PROVIDED AT NO COST TO PARTICIPANTS Continued Below

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 How Hospital Facility is Addressing Needs Identified in CHNA	4 INJURY PREVENTION BRYAN HEALTH HOSTS A CHILD RESTRAINT SYSTEM CHECKUP CLINIC ONCE A YEAR AND THE MATERNAL AND CHILDBIRTH PROGRAM ALSO PROVIDES GUIDANCE TO PARENTS ON SAFETY MEASURES SAFE SITTER CLASSES ALSO ARE HELD TEN TIMES A YEAR TO EQUIP TEENAGERS AND OTHER CAREGIVERS IN THE COMMUNITY WITH THE SKILLS NECESSARY TO CARE FOR CHILDREN AND AVOID ANY UNINTENTIONAL INJURY OR HARM BRYAN HEALTH CONTINUES TO WORK WITH OTHER ORGANIZATIONS IN THE COMMUNITY TO PROMOTE ACCIDENT PREVENTION THROUGH PUBLIC EDUCATION THIS INCLUDES INVOLVEMENT WITH SAFEKIDS NEBRASKA INJURY PREVENTION EFFORTS, PARTICIPATION IN SEVERAL KIDS FAIRS INCLUDING THE BRYAN KIDS CLUB KIDS FAIR and the DEVELOPMENT OF A BICYCLE HELMET PROGRAM which BRYAN MEDICAL CENTER offers a free bicycle helmet to anyone who comes into its emergency department with a bicycle related accident, trauma or otherwise Bryan also distributes free bicycle helmets at many of its community events Bryan Health is a member of the Drive Smart Nebraska Coalition which is dedicated to eliminating injuries and deaths on Nebraska roads THE TRAUMA DEPARTMENT HAS ALSO DEVELOPED A TRAUMA SURVIVORS NETWORK WITHIN THE COMMUNITY TO RAISE AWARENESS AS WELL AS CREATE A SUPPORT SYSTEM FOR THOSE WHO HAVE SURVIVED ACCIDENTS AND OTHER TRAUMAS BRYAN HEALTH SHOWS A CONTINUED COMMITMENT TO TRAUMA CARE THROUGH ITS REVERIFICATION BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL 2 TRAUMA CENTER AND PARTICIPATION IN THE STATE OF NEBRASKA STATEWIDE TRAUMA SYSTEM ADDITIONALLY, MEMBERS OF THE TRAUMA PROGRAM HOLD POSITIONS ON THE STATEWIDE TRAUMA ADVISORY BOARD TO RAISE AWARENESS OF THE EMERGENCY RESPONSE SYSTEM IN THE COMMUNITY, BRYAN HEALTH HOSTS A TRIBUTE TO TRAUMA CHAMPIONS EVENT EACH YEAR, RECOGNIZING A TRAUMA SURVIVOR AND ALL OF THE CAREGIVERS FROM FIRST RESPONDERS, TO TRAUMA CENTER TEAM MEMBERS, TO REHABILITATION AND THERAPY TEAMS THROUGHOUT THE COMMUNITY Bryan Health provides free programs and training to the public as part of the Stop the Bleed campaign Stop the Bleed is a national campaign that teaches individuals how to stop life-threatening bleeding Bryan Health has trained over 5,700 participants of the program to apply a tourniquet, pack an open wound and keep the injured person alert and calm Bryan Health's trauma outreach coordinator gives human trafficking education to the community This general course addresses topics such as what human trafficking is, the degree to which human trafficking exists in Nebraska, what to look for and what to do if you suspect human trafficking, and nearby organizations to contact when you witness or suspect human trafficking Bryan Trauma Center also continues its involvement with Operation Tipping Point, which provides help for members of gangs and others involved in violence who seek alternatives in their lives

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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	n/a - there are no cost associated with a physician clinic on line 7g

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	32095375

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	THE COSTS REPORTED IN PART II COMMUNITY BUILDING ACTIVITIES ARE FOR THE UPKEEP OF A COMMUNITY PARK AND GARDEN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad Debt Expense is based upon management's assessment of historical and expected collections of accounts receivable considering business and economic conditions, trends in healthcare coverage, and other collection indicators

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	AS STATED ON PAGE 10 OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS The provision for bad debts is based upon management's assessment of historical and expected collections of accounts receivable considering business and economic conditions, trends in healthcare coverage, and other collection indicators Accounts receivable are written off and charged to the provision for bad debts after collection efforts have been made in accordance with the System's policies Recoveries are treated as a reduction to the provision for patient bad debts

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	IT IS BRYAN'S POLICY TO OFFER PATIENTS A PAYMENT PLAN AND/OR FINANCIAL ASSISTANCE WHEN IT BECOMES KNOWN THAT A PATIENT IS IN NEED OF ASSISTANCE TO HELP PAY FOR THEIR HOSPITAL BILL IF BRYAN IS AWARE THAT A PATIENT QUALIFIES FOR 100% FINANCIAL ASSISTANCE, THIS ACCOUNT WILL NEVER BE REFERRED TO A COLLECTION AGENCY IF AN ACCOUNT HAS BEEN SENT TO A COLLECTION AGENCY, AND THE COLLECTION AGENCY OBTAINS DOCUMENTATION TO DETERMINE THAT THE PATIENT IS ELIGIBLE FOR CHARITY, THE ACCOUNT IS RETURNED TO BRYAN FOR A CHARITY ADJUSTMENT AND NO FURTHER COLLECTION EFFORT IS MADE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Bryan Medical Center East Line 16a URL www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Bryan Medical Center East Line 16b URL www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Bryan Medical Center East Line 16c URL www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	AS A HEALTHCARE LEADER IN NEBRASKA, BRYAN MEDICAL CENTER IS COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY BY CONTINUALLY WORKING WITH COMMUNITY PARTNERS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY DURING THE FISCAL YEAR ENDED DECEMBER 31, 2018, Bryan Medical Center, CHI St Elizabeth and the Lincoln-Lancaster County Health Department hosted meetings (or in one case, surveys sent via email) with representatives from public health partners and other non-profit organizations and coalitions, allowing them to provide updates and insights based on their particular areas of service or expertise. Then the group evaluated the 2015 CHNA's goals, priorities and objectives in detail, discussing the current situations in Lincoln and determining whether the goals were still relevant or appropriate as they had been originally laid out. Voting systems were used to determine whether objectives within a priority needed to be tweaked at a minor level, rewritten at a major level or left with no revisions. The four priority health needs identified in the Community Health Needs Assessment were Access to Care, Behavioral Health Care, Chronic Disease Prevention, and Injury Prevention. More than 70 members of the MAPP process came together across four meetings to review each goal separately. This process is outlined in the 2018 Community Health Needs Assessment. The assessment identifies the geographic area and population served, available health care resources, the methods with which the priority health needs were reviewed and adjusted. BRYAN USED THE PRIORITIES FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP A DETAILED IMPLEMENTATION STRATEGY TO ENSURE THAT OUR STRENGTHS AND AVAILABLE RESOURCES ARE ALIGNED WITH THE HEALTH NEEDS OF OUR COMMUNITY. BRYAN MEDICAL CENTER'S BOARD OF TRUSTEES ADOPTED THIS IMPLEMENTATION STRATEGY on November 26, 2018 AND IT IS POSTED ON THE BRYAN WEBSITE. THIS IMPLEMENTATION STRATEGY SERVES AS THE FOUNDATION FOR BRYAN'S COMMUNITY HEALTH IMPROVEMENT EFFORTS (SEE BRYAN COMMUNITY HEALTH NEEDS ASSESSMENT) AND IS REVIEWED ANNUALLY. BRYAN HAS ALSO PARTICIPATED OVER THE PAST SEVENTEEN YEARS IN COMMUNITY NEEDS ASSESSMENTS IN COOPERATION WITH OTHER HEALTH CARE PROVIDERS AND THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT, AS WELL AS PARTICIPATING IN THE DEVELOPMENT OF HEALTHY PEOPLE 2020 PLAN FOR LINCOLN-LANCASTER COUNTY. IN ADDITION TO PARTICIPATION IN COMMUNITY HEALTH NEEDS ASSESSMENTS, BRYAN CONDUCTS ON-GOING COMMUNITY PERCEPTION SURVEYS. THE SURVEY ASSESSES PERCEPTION OF THE QUALITY AND AVAILABILITY OF HEALTH CARE PROVIDERS IN THE REGION. BRYAN ALSO ASSESSES MARKET SHARE AND UTILIZATION TRENDS AS WELL AS CHANGES IN POPULATION DEMOGRAPHICS. Beyond this, The Center for the Child and the Community convened an Early Childhood Comprehensive Health Working Group comprised of school administrators, community endowment representatives, mental health representatives and health care representatives. This group, sponsored by the Community Health Endowment and led by the Center for the Child and the Community, conducted its own community health assessment specifically on early childhood in Lancaster County using the MAPP process. Two representatives from Bryan Medical Center participated in this group.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	BRYAN MEDICAL CENTER PROVIDES A NETWORK OF COMPREHENSIVE HEALTH CARE SERVICES TO THE RESIDENTS OF THE COMMUNITIES WE SERVE. BRYAN IS LOCATED IN THE CAPITAL CITY OF LINCOLN, NEBRASKA, THE STATE'S SECOND LARGEST METROPOLITAN AREA. WHILE BRYAN SERVES A REGIONAL GEOGRAPHIC AREA EXTENDING BEYOND THE COUNTY, LANCASTER COUNTY RESIDENTS ACCOUNT FOR NEARLY 68 PERCENT OF INPATIENTS AND 83 PERCENT OF OUTPATIENTS. THE MEDIAN INCOME IN LANCASTER COUNTY WAS ESTIMATED AT \$55,747, AND 14.0% OF THE POPULATION HAD FAMILY INCOMES BELOW THE POVERTY LEVEL. THE PERCENT OF UNINSURED ADULTS AGED 19 TO 64 IN Lancaster County HAS BEEN ESTIMATED AT A RATE OF 11.5% IN 2017. CANCER REMAINED THE LEADING CAUSE OF DEATH FOR LANCASTER COUNTY IN 2017, FOLLOWED BY HEART DISEASE, CHRONIC LUNG DISEASE, CEREBROVASCULAR DISEASE, ACCIDENTAL DEATHS, ALZHEIMER'S DISEASE, AND RENAL DISEASE. BRYAN AND CHI HEALTH-ST. ELIZABETH ARE THE PRIMARY HOSPITALS SERVING LANCASTER COUNTY. THE CENSUS BUREAU REPORTS THAT THE COUNTY'S POPULATION GREW FROM 250,291 IN 2000 TO AN ESTIMATED 317,272 IN 2018. POPULATION IS PROJECTED TO BE OVER 412,000 BY 2040, WITH GROWTH EXPECTED AMONG ALL MAJOR AGE GROUPS. THE 65 AND OVER AGE GROUP IS PROJECTED TO HAVE THE HIGHEST RATE OF GROWTH, INCREASING FROM AN ESTIMATED 44,000 IN 2018 TO AN ESTIMATED 75,000 IN 2040. BECAUSE OF LINCOLN'S SIZE, RELATIVELY STABLE ECONOMY, AND EDUCATIONAL OPPORTUNITIES, THE U.S. STATE DEPARTMENT DESIGNATED LINCOLN AS "REFUGEE FRIENDLY" IN THE 1970S. SINCE THE 70S, WAVES OF IMMIGRANTS FROM ACROSS THE WORLD HAVE RESETTLED IN LINCOLN. LINCOLN PUBLIC SCHOOLS NOW INCLUDE CHILDREN SPEAKING APPROXIMATELY 100 LANGUAGES OTHER THAN ENGLISH. THE MINORITY POPULATION IN LANCASTER COUNTY IS ESTIMATED TO BE 19.2% AS OF JULY 1, 2018. PERSONS OF HISPANIC ORIGIN (MAY BE OF ANY RACE) ARE ESTIMATED TO BE 7.2% IN 2018, WHILE PERSONS REPORTING AS ASIAN ALONE ARE ESTIMATED TO BE 4.8% OF THE POPULATION, AND PERSONS REPORTING TO BE BLACK OR AFRICAN AMERICAN ALONE ARE ESTIMATED TO BE 4.2%. PROJECTED GROWTH IN MINORITY POPULATIONS CHALLENGES US TO ACCOMMODATE DIVERSE LANGUAGE AND CULTURAL NEEDS. WITH THE SERVICE AREA RAPIDLY EXPANDING AND THE OVER 65 AGE GROUP EXPECTED TO INCREASE, BRYAN RECOGNIZES THE IMMENSE NEEDS OF OUR SERVICE AREA ARE EXPANDING AND CHANGING.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	BRYAN MEDICAL CENTER HAS PROVIDED HIGH QUALITY, COMPREHENSIVE MEDICAL SERVICES TO BENEFIT THE COMMUNITY FOR OVER 92 YEARS, AND IS COMMITTED TO IDENTIFYING AND ADDRESSING NEEDS IN THE COMMUNITY IN ORDER TO PROMOTE THE PHYSICAL, EDUCATIONAL AND ECONOMIC HEALTH OF OUR COMMUNITY IN THE FUTURE FUNDAMENTAL TO OUR COMMUNITY COMMITMENT IS THE LEADERSHIP OF OUR LOCAL GOVERNING BOARD The majority of BRYAN'S GOVERNING BOARD CONSISTS OF MEDICAL PROFESSIONALS, BUSINESS PROFESSIONALS, AND COMMUNITY LEADERS who are independent, and ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA, AND UNDERSTAND THE NEEDS OF THE COMMUNITY THESE VOLUNTEERS DEDICATE THEIR TIME, WISDOM, INSIGHTS, AND EXPERTISE TO SET POLICY AND STRATEGIC DIRECTION TO ENSURE THAT BRYAN'S VISION, MISSION AND STRATEGIC PLANS ARE ALIGNED WITH ITS CHARITABLE PURPOSE THE MAJORITY OF THE BOARD MEMBERS ARE INDEPENDENT BOARD MEMBERS WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION THE MEDICAL STAFF OF THE ORGANIZATION IS OPEN TO ALL PHYSICIANS IN THE COMMUNITY WHO MEET MEMBERSHIP AND CLINICAL PRIVILEGES REQUIREMENTS AS OF DECEMBER 31, 2018, BRYAN HAD AN ORGANIZED MEDICAL STAFF OF OVER 650 PHYSICIANS AND 280 ADVANCE PRACTICE PROVIDERS AS A NON-PROFIT MEDICAL CENTER, SURPLUS FUNDS ARE CONTINUOUSLY UTILIZED TO MAINTAIN ACCESS TO LIMITED PATIENT SERVICES AND TO EXPAND ACCESS POINTS OF CARE TO PATIENTS THROUGHOUT THE COMMUNITY, INCLUDING BUT NOT LIMITED TO 1) PROVIDING A COMPLETE DIAGNOSTIC AND INTERVENTIONAL CARDIAC PROGRAM, 2) PROVIDING A COMPREHENSIVE LEVEL II TRAUMA CENTER FOR SOUTHEAST NEBRASKA WHICH PROVIDES 24-HOUR COVERAGE OF EMERGENCY SERVICES, 3) PROVIDING A HOSPITAL-BASED RESIDENTIAL TREATMENT SUBSTANCE ABUSE FACILITY IN LINCOLN, WHICH SERVES PATIENTS THAT STRUGGLE WITH ADDICTION TO DRUGS AND ALCOHOL FROM SOUTHEAST NEBRASKA AND MANY OTHER STATES , 4) PROVIDING HOSPITAL-BASED MENTAL HEALTH CARE TO LINCOLN AND SURROUNDING COMMUNITIES, AND 5) PROVIDING A STATE-OF-THE-ART WOMEN AND CHILDREN'S TOWER WHICH INCLUDES A NEONATAL INTENSIVE CARE UNIT BRYAN IS COMMITTED TO TEACHING AND TRAINING THE HEALTH CARE PROFESSIONALS OF TOMORROW OUR COLLEGE OF HEALTH SCIENCES OFFERS GRADUATE AND UNDERGRADUATE DEGREES THROUGH ITS SCHOOL OF NURSING, SCHOOL OF HEALTH PROFESSIONALS, AND SCHOOL OF NURSE ANESTHESIA PROGRAMS MANY OF THE GRADUATES STAY IN LINCOLN OR THE SURROUNDING AREA, THEREBY PROVIDING A CONTINUOUS SUPPLY OF MEDICAL PROFESSIONALS FOR THE COMMUNITY IN ADDITION, THE MEDICAL CENTER ASSURES CONTINUING QUALITY HEALTH IN OUR COMMUNITY THROUGH RESIDENCY PROGRAMS, WORKSHOPS AND SEMINARS, AND CLINICAL EDUCATION PROGRAMS

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Bryan Medical Center East 1600 South 48th St Lincoln, NE 68506 www.bryanhealth.com 500001	X	X		X			X			A
2	BRYAN MEDICAL CENTER WEST 2300 SOUTH 16TH ST LINCOLN, NE 68502 www.bryanhealth.com 500003	X	X		X		X	X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - BRYAN MEDICAL CENTER EAST CAMPUS AND BRYAN MEDICAL CENTER WEST CAMPUS IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT, REPRESENTATIVES FROM BRYAN MEDICAL CENTER PARTICIPATED IN THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS UNDER THE GUIDANCE OF THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT THE 70+ MEMBER MAPP COMMITTEE IS A BROAD-BASED REPRESENTATION OF THE HEALTH DEPARTMENT'S COMMUNITY PARTNERS AND STAKEHOLDERS including public health and non-profit organization and coalition representatives with knowledge and expertise of the underserved and low income populations of Lancaster County MEMBERS OF THE MAPP COMMITTEE INCLUDED REPRESENTATIVES FROM THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT, COMMUNITY HEALTH ENDOWMENT OF LINCOLN, LOCAL HOSPITALS, COMMUNITY STAKEHOLDERS AND LOCAL CONSULTANTS from Lancaster County

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - BRYAN MEDICAL CENTER EAST CAMPUS AND BRYAN MEDICAL CENTER WEST CAMPUS SEE SCHEDULE H, PART V, SECTION B, LINE 5
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - BRYAN MEDICAL CENTER EAST CAMPUS AND BRYAN MEDICAL CENTER WEST CAMPUS THE HOSPITAL'S CHNA WAS A COLLABORATIVE EFFORT OF THE MEMBERSHIP OF THE LINCOLN -LANCASTER COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP), A 70+ MEMBER COMMITTEE (SEE SCHEDULE H, PART V, 5 DESCRIPTION) UNDER THE GUIDANCE OF THE LINCOLN - LANCASTER COUNTY HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Bryan Medical Center East Campus and Bryan Medical Center West Campus OVER THE PAST FOUR YEARS, BRYAN HEALTH HAS WORKED DILIGENTLY TO IMPLEMENT AND CONTINUE STRATEGIES THAT WILL ALLOW THE ORGANIZATION TO MEET THE NEEDS OF THE LINCOLN COMMUNITY AS WELL AS THE SURROUNDING LANCASTER COUNTY AREA THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN, AND 2020 BRYAN HEALTH STRATEGIC PLAN, BRYAN HEALTH CONTINUES TO PARTNER THROUGHOUT THE CITY AND COUNTY TO IMPROVE FOUR MAJOR AREAS OUTLINED IN THE CHNA 1) ACCESS TO CARE 2) BEHAVIORAL HEALTH 3) CHRONIC DISEASE PREVENTION 4) INJURY PREVENTION THE FOLLOWING EVALUATION DISCUSSES STRATEGIES THAT HAVE BEEN SUSTAINED THROUGHOUT THE LAST THREE YEARS AND HIGHLIGHTS NEW AND REVISED STRATEGIES THAT HAVE BEEN PUT INTO PLACE ALL OF THESE INITIATIVES, ALONG WITH THOSE OF BRYAN HEALTH'S COMMUNITY PARTNERS, WORK IN UNISON TO IMPROVE THE HEALTH OF THE COMMUNITY AS WE MOVE FORWARD, TOGETHER Continued in Schedule H, Part VI
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - Bryan Medical Center East Campus and Bryan Medical Center West Campus Eligibility for financial assistance - Eligibility for full or discounted financial assistance will only be considered for those patients who 1) are uninsured or, underinsured, 2) ineligible for any government health care benefit program, 3) are unable to pay for their care, based upon a determination of financial need in accordance with the policy, 4) cooperate with Bryan's policies and procedures, 5) supply all required information to process the application, and 5) reimburse Bryan for any monies paid directly to the patient by insurance

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

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

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

Name and address	Type of Facility (describe)
1 BRYAN MEDICAL CENTER COUNSELING CENTER 2221 SOUTH 17TH ST SUITE 310 LINCOLN, NE 68502	COUNSELING SERVICES
1 BRYAN MEDICAL CENTER PEDIATRIC REHABILITATION SERV 1500 S 48TH ST SUITE 709 LINCOLN, NE 68502	PEDIATRIC REHABILITATION SERVICES
2 BRYAN MEDICAL CENTER 1600 S 48TH ST SUITE 600 ROOM 1 LINCOLN, NE 68506	CARDIAC OUTPATIENT SERVICES
3 BRYAN MEDICAL CENTER OUTPATIENT SERVICES 1500 SOUTH 48TH STREET 1ST FLOOR LINCOLN, NE 68506	LAB & RADIOLOGY SERVICES
4 BRYAN MEDICAL CENTER LABORATORY 2221 SOUTH 17TH STREET SUITE 100 LINCOLN, NE 68502	LABORATORY SERVICES
5 BRYAN MEDICAL CENTER OUTPATIENT RADIOLOGY 3901 PINE LAKE ROAD SUITE 110 LINCOLN, NE 68516	OUTPATIENT RADIOLOGY SERVICES
6 BRYAN MEDICAL CENTER MRI Services 2222 S 16TH ST TOWER B SUITE 100 LINCOLN, NE 68502	MRI SERVICES
7 BRYAN MEDICAL CENTER COUNSELING CENTER 2221 SOUTH 17TH ST SUITE 201 LINCOLN, NE 68502	COUNSELING SERVICES
8 BRYAN MEDICAL CENTER THERAPY SERVICES 7501 S 27TH STREET LINCOLN, NE 68512	THERAPY SERVICES
9 BRYAN MEDICAL CENTER CARDIAC-VASCULAR OUTPATIENTS 1600 SOUTH 48TH STREET SUITE 301 LINCOLN, NE 68506	VASCULAR OUTPATIENT SERVICES
10 BRYAN MEDICAL CENTER 2222 S 16TH ST TOWER B SUITE 110 LINCOLN, NE 68502	RADIOLOGY SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
BRYAN MEDICAL CENTER

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
47-0376552

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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)					
(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 Procedures for monitoring use of grant funds	The Contributions Committee of Bryan Health oversees the grant allocation and management for this organization. Each potential recipient is required to apply for a grant. The Contributions Committee reviews and discusses all submitted requests in detail. Grants are awarded based on need and eligibility.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(C)3	12,500				GENERAL OPERATIONS
Clinic With a Heart 1701 South 17th Street 4G Lincoln, NE 68502	20-2850139	501(c)3	24,500				General Operations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Action Partnership of Lancaster and Saunders County 210 O Street Lincoln, NE 68508	47-0491162	501(c)3	12,500				General Operations
Heartland Cancer Foudation 211 N 14th St Lincoln, NE 68508	20-5952202	501(c)3	7,500				General Operations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lincoln Arts Council 211 N 14th St Lincoln, NE 68508	47-6046691	501(c)3	6,000				General Operations
Lincoln Police Department 575 S 10th St Lincoln, NE 68508		City of Lincoln	26,000				Purchase of AED's

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mourning Hope 4919 Baldwin Avenue Lincoln, NE 68504	47-0782915	501(c)3	36,000				General Operations
Partnership for Health Lincoln 4600 Valley Rd 250 Lincoln, NE 68510	36-3832796	501(c)3	10,000				General Operations

Schedule J (Form 990)	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. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization BRYAN MEDICAL CENTER	Employer identification number 47-0376552	

Part I Questions Regarding Compensation		
	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel ☒ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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	

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.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III **Supplemental Information**

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

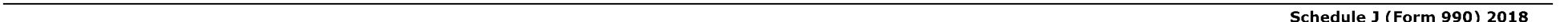
Return Reference	Explanation
Schedule J, Part II COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES	IN KEEPING WITH BRYAN HEALTH'S BELIEFS AND STANDARDS OF BEHAVIOR REGARDING STEWARDSHIP, NO BOARD MEMBER SERVING ON THE BOARD OF TRUSTEES IS COMPENSATED FOR THEIR SERVICE AS A BOARD MEMBER. COMPENSATION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

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	The Majority OF THE MEMBERS OF THE BOARD OF THE TRUSTEES ARE INDEPENDENT COMMUNITY MEMBERS WHO ARE VOLUNTEER BOARD MEMBERS, AND DO NOT RECEIVE ANY COMPENSATION FOR THEIR TIME AND DUTIES AS MEMBERS OF THE BOARD OF TRUSTEES RESPONSIBILITIES OF TRUSTEES ARE COMPLEX, AND EFFECTIVE GOVERNANCE DEPENDS UPON HAVING BOARD MEMBERS THAT ARE WELL EDUCATED ABOUT ALL ASPECTS OF HEALTH CARE AND HEALTH CARE GOVERNANCE BRYAN MEDICAL CENTER ENCOURAGES ONGOING EDUCATION OF ITS TRUSTEES BY PROVIDING REIMBURSEMENT FOR REASONABLE TRAVEL EXPENSES THAT FURTHER THE MISSION OF BRYAN MEDICAL CENTER REIMBURSEMENT FOR COMPANIONS OF VOLUNTEER TRUSTEES IS LIMITED BY THE BOARD OF TRUSTEES' TRAVEL POLICY TO AIR TRAVEL AT THE COACH LEVEL or the extended coach/extended leg room level ALL TRAVEL OF COMPANIONS IS APPROVED IN ADVANCE BY THE CHIEF EXECUTIVE OFFICER OF BRYAN HEALTH, AND SUBSTANTIATION OF ALL TRAVEL RELATED EXPENSES IS REQUIRED BEFORE PAYMENT THIS BENEFIT IS TREATED AS TAXABLE COMPENSATION TO THE TRUSTEES

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	BRYAN HEALTH'S BOARD OF TRUSTEES BELIEVES COMPENSATION FOR THE SENIOR MANAGEMENT TEAM MUST REFLECT THE COMPLEXITIES OF LEADING AND MANAGING A MULTI-HOSPITAL HEALTH SYSTEM THAT PROVIDES SERVICES THROUGHOUT MUCH OF THE STATE. RECOGNIZING THAT ITS LEADERS ARE RESPONSIBLE FOR THE QUALITY OF CARE, PATIENT SERVICES AND OVERALL FINANCIAL HEALTH OF one of THE LARGEST PRIVATE EMPLOYERS IN LINCOLN/LANCASTER COUNTY, BRYAN HEALTH'S BOARD HAS ESTABLISHED A COMPENSATION PLAN THAT MATCHES THIS LEVEL OF RESPONSIBILITY. THIS PLAN, KNOWN AS THE SENIOR MANAGEMENT COMPENSATION PHILOSOPHY IS REVIEWED AT LEAST ANNUALLY BY BRYAN HEALTH'S COMPENSATION COMMITTEE. THIS COMPENSATION PHILOSOPHY TARGETS BASE SALARY FOR SENIOR MANAGERS AT THE 50TH PERCENTILE OF THE MARKET. THE COMPENSATION COMMITTEE IS APPOINTED BY BRYAN HEALTH'S BOARD OF TRUSTEES AND IS MADE UP OF INDEPENDENT COMMUNITY LEADERS WHO ALL SERVE VOLUNTARILY, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY. EXECUTIVE COMPENSATION IS DETERMINED AND REVIEWED PURSUANT TO GUIDELINES OUTLINED IN THE INTERMEDIATE SANCTION RULES UNDER IRC SECTION 4958 INCLUDING TAKING STEPS TO MEET THE REBUTTABLE PRESUMPTION STANDARD OF REASONABLENESS UNDER TREASURY REGULATION SECTION 53.4958-6. THE COMPENSATION COMMITTEE CONDUCTS A COMPREHENSIVE ANNUAL REVIEW OF ALL COMPENSATION PROVIDED BY THE ORGANIZATION TO THE SENIOR MANAGEMENT TEAM. THIS REVIEW IS CONDUCTED BY THE COMMITTEE BY UTILIZING NATIONAL SALARY SURVEYS, CONDUCTED BY INDEPENDENT EXTERNAL FIRMS. COMPENSATION FOR SENIOR MANAGERS IS COMPARED TO COMPENSATION OF SENIOR MANAGERS AT LIKE INSTITUTIONS ACROSS THE U.S. TO DETERMINE THAT THE VALUE OF COMPENSATION PROVIDED IS REASONABLE AND AT FAIR MARKET VALUE. THE COMPENSATION COMMITTEE ALSO WORKS DIRECTLY WITH AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO THE SENIOR MANAGEMENT TEAM, AND TO ASSURE THAT THE TOTAL COMPENSATION PAID CONFORMS TO THE OVERALL COMPENSATION PHILOSOPHY. THE COMPENSATION CONSULTANT PROVIDES WRITTEN OPINIONS TO THE COMPENSATION COMMITTEE THAT ASSESSES THE REASONABLENESS OF THE TOTAL EXECUTIVE COMPENSATION PAID TO SENIOR MANAGERS. THE ANNUAL COMPENSATION REVIEW PROCEDURE WAS COMPLETED BY THE COMPENSATION COMMITTEE ON April 26, 2018. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES WHICH ARE TIMELY REVIEWED AND APPROVED BY THE COMMITTEE.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	IN ORDER TO ATTRACT AND RETAIN TALENTED, EXPERIENCED EXECUTIVES, BRYAN HEALTH OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO ELIGIBLE EMPLOYEES THE FOLLOWING PEOPLE LISTED IN FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING 2018 RUSSELL GRONEWOLD \$153,193, Rich Lloyd 49,647, DAVID REESE \$48,140, KIMBERLY RUSSEL \$304,909, JOHN WOODRICH \$169,389, and LISA VAIL \$82,490

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	BRYAN HEALTH OFFERS A MARKET COMPETITIVE INCENTIVE COMPENSATION PROGRAM FOR MEMBERS OF MANAGEMENT INCENTIVE COMPENSATION IS BASED ON ACHIEVING OBJECTIVE ORGANIZATIONAL AND INDIVIDUAL GOALS THE WEIGHTS ASSIGNED TO EACH GOAL MAY CHANGE ON AN ANNUAL BASIS



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KIMBERLY RUSSEL	(i)	0	0	0	0	0	0	0
CHIEF EXECUTIVE OFFICER	(ii)	891,112	156,845	372,081	17,875	21,882	1,459,795	0
JOHN WOODRICH	(i)	484,912	70,049	208,661	14,634	28,310	806,566	0
PRESIDENT & CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
LISA VAIL	(i)	270,258	38,975	118,920	11,704	20,066	459,923	0
VP-PATIENT CARE SERVICES/CNO, TRUSTEE	(ii)	0	0	0	0	0	0	0
RUSSELL GRONEWOLD	(i)	0	0	0	0	0	0	0
VP FINANCE & CHIEF FINANCIAL OFFICER	(ii)	538,776	55,519	179,302	15,125	24,583	813,305	0
RICHARD LLOYD	(i)	232,610	24,816	59,043	14,361	17,260	348,090	0
President - College of Health Sciences	(ii)	0	0	0	0	0	0	0
DAVID REESE	(i)	272,289	34,871	57,510	23,000	25,720	413,390	0
VP - CLINICAL & SUPPORT SERVICES	(ii)	0	0	0	0	0	0	0
WARREN ENGLER	(i)	160,565	16,211	3,552	11,909	21,346	213,584	0
MENTAL HEALTH SERVICES DIRECTOR	(ii)	0	0	0	0	0	0	0
SHARON HADENFELDT	(i)	222,602	7,387	6,640	22,058	3,601	262,288	0
DEAN OF NURSE ANESTHESIA, BRYAN COLLEGE OF HEALTH SCIENCES	(ii)	0	0	0	0	0	0	0
TROY HOTTOVY	(i)	182,870	18,283	2,782	11,517	25,834	241,286	0
INFORMATION TECHNOLOGY DIRECTOR	(ii)	0	0	0	0	0	0	0
SHANNON PECKA	(i)	190,681	520	2,601	10,860	21,897	226,559	0
ASSOCIATE PROFESSOR-Nurse Anesthesia	(ii)	0	0	0	0	0	0	0
JEROME WOHLB	(i)	208,965	17,269	6,952	11,868	22,263	267,318	0
PHARMACY DIRECTOR	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BRYAN MEDICAL CENTER

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

47-0376552

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY NE	47-0721900	513886SR3	05-27-2008	115,216,759	SERIES 2008 A & B BONDS REFUNDED PRIOR ISSUES - (12/20/2002), (02/08/2007)		X		X		X
B HOSPITAL AUTHORITY NO 1 OF SALINE COUNTY NE	47-0843167	79517TAW6	05-27-2008	13,480,000	SERIES 2008C BONDS REFUNDED PRIOR ISSUE - (2/8/2007)		X		X		X
C HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY NE	47-0490189	000000000	10-04-2016	32,430,000	SERIES 2016 BONDS REFUNDED PRIOR ISSUES - (12/21/2006), (09/18/1997), (10/31/1997)		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	53,760,000		3,445,000		13,042,500					
2	Amount of bonds legally defeased	0		0		0					
3	Total proceeds of issue	115,220,438		13,480,597		32,430,000					
4	Gross proceeds in reserve funds	0		0		0					
5	Capitalized interest from proceeds	0		0		0					
6	Proceeds in refunding escrows	0		0		0					
7	Issuance costs from proceeds	981,595		88,670		0					
8	Credit enhancement from proceeds	859,107		141,505		0					
9	Working capital expenditures from proceeds	0		0		0					
10	Capital expenditures from proceeds	0		0		0					
11	Other spent proceeds	113,379,736		13,250,422		32,430,000					
12	Other unspent proceeds	0		0		0					
13	Year of substantial completion	2008		2003		2001					
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X		X				
16	Has the final allocation of proceeds been made?	X		X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test? . . .								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

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

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

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

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY, NE The calculation for computing no rebate due was performed on 06/01/2011

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name HOSPITAL AUTHORITY NO 1 OF SALINE COUNTY, NE The calculation for computing no rebate due was performed on 06/01/2011

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0376552
Name: BRYAN MEDICAL CENTER

Return Reference	Explanation
Schedule K, Part I, Column (c) LINE A, COLUMN (C) CUSIP NUMBERS	The bond from HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY, NE has 3 separate CUSIP numbers A 513886SR3, B-1 513886SS1, B-2 513886ST9
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS
Schedule K, Part III PRIVATE BUSINESS USE	PART III HAS NOT BEEN COMPLETED GIVEN THAT ALL BONDS LISTED IN ROWS A THROUGH C OF PART I, WERE ISSUED SOLELY TO REFUND BONDS ISSUED PRIOR TO 2003
Schedule K, Part IV, Line 2c Bond A	Issuer Name Hospital Authority No 1 of Lancaster County, NE No rebate due As described in the escrow verification report, the bond proceeds were held in a yield restricted escrow that was invested below the yield on the refunding bonds As no rebatable arbitrage was earned on the escrow and the debt service fund was operated on a bona fide basis, no further rebate analysis is necessary
Schedule K, Part IV, Line 2c Bond B	Issuer Name Hospital authority No 1 of Lancaster County, NE No rebate due Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate calculations are necessary
Schedule K, Part IV, Line 2c COLUMN A	Issuer name HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY, NE The calculation for computing no rebate due was performed on 06/01/2011
Schedule K, Part IV, Line 2c COLUMN B	Issuer name HOSPITAL AUTHORITY NO 1 OF SALINE COUNTY, NE The calculation for computing no rebate due was performed on 06/01/2011

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) E D Associates LLC	Edward Mlinek, MD managing partner of E D Associates & TRUSTEE OF BRYAN Medical Center	465,520	Medical Director contract		No
(2) Nebraska Emergency Medicine PC	Edward Mlinek, MD, is shareholder in NE Emergency Medicine PC & TRUSTEE OF Bryan medical center	778,000	contracted fees of \$773,000 plus stipend of \$5,000		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization
BRYAN MEDICAL CENTER**Employer identification number**

47-0376552

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall consist of the Chairperson, Vice-Chairperson, Secretary and Treasurer of the Board, the Chief of Staff, the President/Chief Executive Officer of The System and the President/Chief Operating Officer of the Corporation. The Executive Committee shall have and may exercise all of the authority and powers of the Board when the Board is not in session, except that the Executive Committee shall not have the power (a) to elect, appoint or remove any member of the Executive Committee or any trustee or officers of the Corporation, (b) to amend, alter or repeal any resolution of the Board which by its terms provides that it shall not be amended, altered or repealed by the Executive Committee. The designation and appointment of an Executive Committee and the delegation thereto of authority shall not operate to relieve the Board, or any individual trustee, of any responsibility imposed upon it or him/her by law.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	PERSONS LISTED IN PART VII, SECTION A, MAY HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF THEIR EMPLOYMENT BY A BRYAN HEALTH ENTITY - , Darla Eisenhower and Kenneth Gross - Business relationship

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THIS 990 WAS PREPARED BY BRYAN HEALTH'S TAX DIVISION DURING THE RETURN PREPARATION PROCES S, THE TAX DIVISION WORKS DILIGENTLY WITH OTHER DEPARTMENTS INCLUDING HUMAN RESOURCES, FIN ANCE, LEGAL, AND ADVANCEMENT TO GATHER INFORMATION TO COMPLETE FORM 990 AND ATTACHED SCHED ULES IN AN ACCURATE AND THOROUGH MANNER THIS 990 WAS REVIEWED BY THE CHIEF EXECUTIVE OFFI CER, CHIEF FINANCIAL OFFICER, AND OTHER KEY OFFICERS OF BRYAN HEALTH THIS 990 WAS ALSO RE VIEWED BY AN INDEPENDENT ACCOUNTING FIRM BRYAN HEALTH'S BOARD OF TRUSTEES HAS DELEGATED T HE REVIEW OF THE FORM 990 TO THE BOARD'S AUDIT COMMITTEE EACH MEMBER OF THE AUDIT COMMITT EE RECEIVED A COMPLETE COPY OF THIS 990, PRIOR TO FILING THE FORM WITH THE INTERNAL REVENU E SERVICE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	BRYAN HEALTH'S BOARD OF TRUSTEES BELIEVES COMPENSATION FOR THE SENIOR MANAGEMENT TEAM MUST REFLECT THE COMPLEXITIES OF LEADING AND MANAGING A MULTI-HOSPITAL HEALTH SYSTEM THAT PROVIDES SERVICES THROUGHOUT MUCH OF THE STATE. RECOGNIZING THAT ITS LEADERS ARE RESPONSIBLE FOR THE QUALITY OF CARE, PATIENT SERVICES AND OVERALL FINANCIAL HEALTH OF one of THE LARGEST PRIVATE EMPLOYERS IN LINCOLN/LANCASTER COUNTY, BRYAN HEALTH'S BOARD HAS ESTABLISHED A COMPENSATION PLAN THAT MATCHES THIS LEVEL OF RESPONSIBILITY. THIS PLAN, KNOWN AS THE SENIOR MANAGEMENT COMPENSATION PHILOSOPHY IS REVIEWED AT LEAST ANNUALLY BY BRYAN HEALTH'S COMPENSATION COMMITTEE. THIS COMPENSATION PHILOSOPHY TARGETS BASE SALARY FOR SENIOR MANAGERS AT THE 50TH PERCENTILE OF THE MARKET. THE COMPENSATION COMMITTEE IS APPOINTED BY BRYAN HEALTH'S BOARD OF TRUSTEES AND IS MADE UP OF INDEPENDENT COMMUNITY LEADERS WHO ALL SERVE VOLUNTARILY, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY. EXECUTIVE COMPENSATION IS DETERMINED AND REVIEWED PURSUANT TO GUIDELINES OUTLINED IN THE INTERMEDIATE SANCTION RULES UNDER IRC SECTION 4958 INCLUDING TAKING STEPS TO MEET THE REBUTTABLE PRESUMPTION STANDARD OF REASONABLENESS UNDER TREASURY REGULATION SECTION 53.4958-6. THE COMPENSATION COMMITTEE CONDUCTS A COMPREHENSIVE ANNUAL REVIEW OF ALL COMPENSATION PROVIDED BY THE ORGANIZATION TO THE SENIOR MANAGEMENT TEAM. THIS REVIEW IS CONDUCTED BY THE COMMITTEE BY UTILIZING NATIONAL SALARY SURVEYS, CONDUCTED BY INDEPENDENT EXTERNAL FIRMS. COMPENSATION FOR SENIOR MANAGERS IS COMPARED TO COMPENSATION OF SENIOR MANAGERS AT LIKE INSTITUTIONS ACROSS THE U.S. TO DETERMINE THAT THE VALUE OF COMPENSATION PROVIDED IS REASONABLE AND AT FAIR MARKET VALUE. THE COMPENSATION COMMITTEE ALSO WORKS DIRECTLY WITH AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO THE SENIOR MANAGEMENT TEAM, AND TO ASSURE THAT THE TOTAL COMPENSATION PAID CONFORMS TO THE OVERALL COMPENSATION PHILOSOPHY. THE COMPENSATION CONSULTANT PROVIDES WRITTEN OPINIONS TO THE COMPENSATION COMMITTEE THAT ASSESSES THE REASONABLENESS OF THE TOTAL EXECUTIVE COMPENSATION PAID TO SENIOR MANAGERS. THE ANNUAL COMPENSATION REVIEW PROCEDURE WAS COMPLETED BY THE COMPENSATION COMMITTEE ON April 26, 2018. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES WHICH ARE TIMELY REVIEWED AND APPROVED BY THE COMMITTEE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Purchase Rebates - Total Revenue 2353475, Related or Exempt Function Revenue 2353475, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Income - Total Revenue 5896755, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 5896755,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Consulting - Total Expense 2670767, Program Service Expense 2670767, Management and General Expenses , Fundraising Expenses , Lease Commissions - Total Expense 213148, Program Service Expense 213148, Management and General Expenses , Fundraising Expenses , Medical Director Fees - Total Expense 1980402, Program Service Expense 1980402, Management and General Expenses , Fundraising Expenses , Test Services - Total Expense 1929514, Program Service Expense 1929514, Management and General Expenses , Fundraising Expenses , Laboratory Services - Total Expense 3038283, Program Service Expense 3038283, Management and General Expenses , Fundraising Expenses , Physician Fees - Total Expense 22103229, Program Service Expense 22103229, Management and General Expenses , Fundraising Expenses , Collections Services - Total Expense 1523162, Program Service Expense 1523162, Management and General Expenses , Fundraising Expenses , Professional Fees - Total Expense 5955690, Program Service Expense 5955690, Management and General Expenses , Fundraising Expenses , Anesthesiology Fees - Total Expense 2197092, Program Service Expense 2197092, Management and General Expenses , Fundraising Expenses , Miscellaneous Fees - Total Expense 3040318, Program Service Expense 2538909, Management and General Expenses 501409, Fundraising Expenses , Laundry Service - Total Expense 2242657, Program Service Expense 2242657, Management and General Expenses , Fundraising Expenses , Security - Total Expense 1614425, Program Service Expense 1614425, Management and General Expenses , Fundraising Expenses , Service Agreements - Total Expense 13089240, Program Service Expense 13089240, Management and General Expenses , Fundraising Expenses , Ambulance Service - Total Expense 286649, Program Service Expense 286649, Management and General Expenses , Fundraising Expenses , Miscellaneous Outside Service - Total Expense 12722036, Program Service Expense 12431120, Management and General Expenses 290916, Fundraising Expenses , Janitorial Services - Total Expense 315286, Program Service Expense 315286, Management and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Deferred Tax - 475945, Pension Liability - -3440060, Transfer to related entity - -4456532 5, Change in Temporarily Restricted Interest in Bryan Foundation - 308811, Change in Perma nently Restricted Interest in Bryan Foundation - 180675, Other - 5616, Investments in Mast er Limited Partnerships - 269281,

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BRYAN MEDICAL CENTER

Employer identification number
47-0376552

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)BRYAN HEALTH 1600 SOUTH 48TH STREET LINCOLN, NE 68506 36-3414823	HEALTHCARE	NE	501(c)(3)	Type III-FI	BRYAN HEALTH		No
(2)CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE CRETE, NE 68333 47-0841285	HEALTHCARE	NE	501(c)(3)	3	BRYAN HEALTH		No
(3)BRYAN FOUNDATION 1600 SOUTH 48TH STREET LINCOLN, NE 68506 23-7005720	FUNDRAISING	NE	501(c)(3)	7	BRYAN HEALTH		No
(4)BRYAN PHYSICIAN NETWORK 1600 SOUTH 48TH STREET LINCOLN, NE 68506 20-1357375	HEALTHCARE	NE	501(c)(3)	10	BRYAN HEALTH		No
(5)Merrick Medical Center 1715 26th St Central City, NE 688269501 82-0906268	Healthcare	NE	501(c)(3)	3	Bryan Health		No
(6)Merrick Medical Center Foundation 1715 26th St Central City, NE 688269501 47-0710738	Fundraising	NE	501(c)(3)	7	Merrick Medical Center		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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Lincoln Digestive Health Center LLC 1600 S 48th Street Lincoln, NE 68506 37-1833798	Health Care	NE	Bryan Medical Center	Related	-44,816	365,470		No	0		No	51 %
(2) Doctor's Outpatient Surgery Center LLC 1600 S 48th Street Lincoln, NE 68506 36-4835603	Healthcare	NE	Bryan Medical Center	Related	-771,749	839,910		No			No	51 %
(3) Head and Neck Surgical Partners LLC 1600 South 48th Street Lincoln, NE 68506 91-1824787	Healthcare	NE	Bryan Medical Center	Related	647,111	68,842		No			No	51 %

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

Yes

Yes

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation