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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
NEBRASKA METHODIST HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
825 SOUTH 169TH STREET

City or town, state or province, country, and ZIP or foreign postal code
OMAHA, NE 68118

D Employer identification number
47-0376604

E Telephone number
(402) 354-4840

G Gross receipts $ 702,943,073

F Name and address of principal officer
JOSEPHINE ABBOUD
825 SOUTH 169TH STREET
OMAHA, NE 68118

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW BESTCARE ORG

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

L Year of formation 1891

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVING THE QUALITY OF LIFE THROUGH EXCELLENCE IN HEALTHCARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	4,050
6	Total number of volunteers (estimate if necessary)	**6**	580
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,929,255
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,362,899

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,353,621	12,031,691
9	Program service revenue (Part VIII, line 2g)	541,728,900	536,977,141
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,516,045	19,212,373
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,065,012	9,867,394
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	584,663,578	578,088,599
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,249,663	18,700,793
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	233,950,602	235,963,551
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	259,587,353	248,757,625
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	511,787,618	503,421,969
19	Revenue less expenses Subtract line 18 from line 12	72,875,960	74,666,630

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	844,152,676	861,979,626
21	Total liabilities (Part X, line 26)	347,734,290	350,151,733
22	Net assets or fund balances Subtract line 21 from line 20	496,418,386	511,827,893

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 — Date: 2019-11-15

JEFFREY E FRANCIS VICE PRES-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
				P00798244

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 1212 NORTH 96TH STREET SUITE 300
OMAHA, NE 68114 — Phone no (402) 348-1450

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 33,290,423 including grants of $ 1,583,086) (Revenue $ 43,183,027)

See Additional Data

4b (Code) (Expenses $ 47,288,774 including grants of $ 1,806,693) (Revenue $ 45,325,208)

See Additional Data

4c (Code) (Expenses $ 143,513,879 including grants of $ 3,056,384) (Revenue $ 127,955,451)

See Additional Data

(Code) (Expenses $ 246,569,482 including grants of $ 12,254,630) (Revenue $ 323,174,579)

METHODIST HOSPITAL'S MAIN CAMPUS HAS 250 OPERATIONAL BEDS DESIGNED TO BRING THE FULL RESOURCES OF OUR HEALTHCARE PROVIDERS, EDUCATORS AND SUPPORT SERVICES TO ITS PATIENTS METHODIST HOSPITAL ATTAINED MAGNET RECOGNITION FOR THE FOURTH TIME IN JULY, A TESTAMENT TO ITS CONTINUED DEDICATION TO HIGH-QUALITY NURSING PRACTICE IN 2004, METHODIST BECAME THE FIRST HOSPITAL IN NEBRASKA TO EARN MAGNET STATUS NOW IT IS THE FIRST NEBRASKA HOSPITAL TO ACHIEVE THE STATUS FOUR TIMES ADDITIONAL CORE SERVICES INCLUDE MEDICAL/SURGICAL SERVICES, AN EMERGENCY DEPARTMENT, AND LABORATORY AND DIAGNOSTIC SERVICES THE HOSPITAL PLACES EMPHASIS ON EDUCATION FOR PATIENTS, FAMILIES AND THE COMMUNITY THROUGH ITS RESOURCE CENTER OUR VALUES STRESS PATIENT-CENTERED, PATIENT-DRIVEN SERVICES, HONOR AND RESPECT FOR THE DIGNITY OF ALL, EXCELLENCE IN ALL OUR DEALINGS, DEDICATION TO THE COMMUNITY AND WORKING TOGETHER TO STRENGTHEN THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES WE SERVE

4d Other program services (Describe in Schedule O)

(Expenses $ 246,569,482 including grants of $ 12,254,630) (Revenue $ 323,174,579)

4e **Total program service expenses ▶** 470,662,558

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	154		
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**	4,050		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
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	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 ▶JEFFREY E FRANCIS 825 S 169TH STREET OMAHA, NE 68118 (402) 354-4840

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								2,779,261	4,442,140	1,048,643

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 ▶ 193

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PERINATAL ASSOCIATES PC 717 N 190TH PLAZA 2400 OMAHA, NE 68022	MEDICAL	8,132,464
MCLMEYERS-CARLISLE-LEAPLEY 14124 INDUSTRIAL ROAD OMAHA, NE 681443332	CONSTRUCTION	3,533,452
ANDERSON PARTNERS 6919 DODGE STREET OMAHA, NE 68132	ADVERTISING/MARKETING	2,056,739
WEST DODGE IMAGING 515 N 162ND AVE 100 OMAHA, NE 68118	MEDICAL	1,444,574
GE PRECISION HEALTHCARE LLC 3000 N GRANDVIEW BLVD WAUKESHA, WI 53188	MEDICAL EQUIPMENT	1,136,394

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 38

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b	4,585		
	c Fundraising events . .	1c			
	d Related organizations	1d	12,027,106		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		12,031,691		
Program Service Revenue		Business Code			
	2a NET PATIENT SVC REV	621990	529,367,744	529,367,744	
	b OTHER PATIENT REVENUE	621990	6,942,168	6,942,168	
	c MEDICAL RESEARCH	541700	667,229	667,229	
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		536,977,141		
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12,037,178		12,037,178
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	4,438,408			
	b Less rental expenses	4,341,745			
	c Rental income or (loss)	96,663			
	d Net rental income or (loss) . . . . . ▶		96,663		96,663
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	127,273,851	62,407		
	b Less cost or other basis and sales expenses	120,047,708	113,355		
	c Gain or (loss)	7,226,143	-50,948		
	d Net gain or (loss) . . . . . ▶		7,175,195		7,175,195
	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**	532,018			
	b Less cost of goods sold . . **b**	351,666			
	c Net income or (loss) from sales of inventory . . ▶		180,352		180,352
	Miscellaneous Revenue	Business Code			
	11a LABORATORY	621500	4,186,823		4,186,823
	b CAFETERIA REVENUE	722210	2,672,765	2,661,124	11,641
	c TECH & PROF CONSULTING	541900	1,629,300		1,629,300
	d All other revenue		1,101,491		1,101,491
	e Total. Add lines 11a–11d . . . . . ▶		9,590,379		
	12 Total revenue. See Instructions . . . . . ▶		578,088,599	539,638,265	6,929,255	19,489,388

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	674,663	674,663		
2 Grants and other assistance to domestic individuals See Part IV, line 22	18,026,130	18,026,130		
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				
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	185,426,127	185,426,127		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,915	6,915		
9 Other employee benefits	37,675,655	37,675,655		
10 Payroll taxes	12,854,854	12,854,854		
11 Fees for services (non-employees)				
a Management				
b Legal	239,314		239,314	
c Accounting				
d Lobbying	23,961		23,961	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	745,205		745,205	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,896,086	29,896,086		
12 Advertising and promotion	2,366,151	2,366,151		
13 Office expenses	12,977,282	12,977,282		
14 Information technology	17,688,721	17,688,721		
15 Royalties . .				
16 Occupancy	13,626,977	13,626,977		
17 Travel	179,993	179,993		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	10,730,317	10,730,317		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	34,012,167	34,012,167		
23 Insurance . . .	1,260,042	689,119	570,923	
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	88,889,683	88,889,683		
b SYSTEM ALLOCATIONS	31,180,008		31,180,008	
c OTHER OPERATINT EXPENSE	2,235,811	2,235,811		
d STAFF EDUCATION & DEV	1,442,390	1,442,390		
e All other expenses	1,263,517	1,263,517		
25 **Total functional expenses.** Add lines 1 through 24e	503,421,969	470,662,558	32,759,411	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		45,503,672	1	37,390,197
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		69,650,183	4	78,678,705
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,538,238	8	6,664,150
	9	Prepaid expenses and deferred charges		7,688,945	9	6,337,904
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 877,715,592			
	b	Less accumulated depreciation	10b 535,418,530	328,137,046	10c	342,297,062
	11	Investments—publicly traded securities		257,941,044	11	265,838,012
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		3,794,265	13	3,957,264
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		123,899,283	15	120,816,332
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		844,152,676	16	861,979,626
Liabilities	17	Accounts payable and accrued expenses		60,892,500	17	68,353,183
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		280,646,701	20	274,974,813
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,712,695	23	4,090,061
	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		2,482,394	25	2,733,676
	26	**Total liabilities.** Add lines 17 through 25		347,734,290	26	350,151,733
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		461,221,564	27	477,253,667
	28	Temporarily restricted net assets		34,598,179	28	33,975,583
	29	Permanently restricted net assets		598,643	29	598,643
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		496,418,386	33	511,827,893
	34	Total liabilities and net assets/fund balances		844,152,676	34	861,979,626

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	578,088,599
2	Total expenses (must equal Part IX, column (A), line 25)	2	503,421,969
3	Revenue less expenses Subtract line 2 from line 1	3	74,666,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	496,418,386
5	Net unrealized gains (losses) on investments	5	-26,117,968
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	-33,139,155
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	511,827,893

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-0376604

Name: NEBRASKA METHODIST HOSPITAL

Form 990, Part III, Line 4a:

SOMEONE DIES FROM HEART DISEASE, STROKE OR ANOTHER CARDIOVASCULAR DISEASE EVERY 43 SECONDS IN THE UNITED STATES, ACCORDING TO THE AMERICAN HEART ASSOCIATION CARDIOVASCULAR DISEASE, AS THE UNDERLYING CAUSE OF DEATH, ACCOUNTS FOR NEARLY 801,000 DEATHS IN THE U S WHICH IS ABOUT ONE OUT OF EVERY 3 METHODIST HOSPITAL HAS BEEN A LEADER IN THE CARE AND TREATMENT OF THOSE WHO COME TO US IN OUR EMERGENCY DEPARTMENT OR ARE DIAGNOSED WITH CARDIOVASCULAR DISEASE WE HAVE LONG BEEN AT THE FOREFRONT IN CARING FOR THESE PATIENTS AND ARE ALWAYS EXPLORING WAYS TO ENHANCE THEIR TREATMENT AND LIFESTYLE METHODIST HOSPITAL'S COMMITMENT AND SUCCESS IN IMPLEMENTING AN EXCEPTIONAL STANDARD OF CARE FOR CARDIAC PATIENTS HAS BEEN RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AND THE JOINT COMMISSION IN 2018, METHODIST HOSPITAL WAS AWARDED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR CHEST PAIN CERTIFICATION THE GOLD SEAL OF APPROVAL IS A SYMBOL OF QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO PROVIDING SAFE AND EFFECTIVE PATIENT CARE METHODIST HOSPITAL ALSO RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE SILVER PLUS QUALITY ACHIEVEMENT AWARD THE AWARD RECOGNIZES THE HOSPITAL'S COMMITMENT TO ENSURING STROKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES BASED ON THE LATEST SCIENTIFIC EVIDENCE IN 2018, WE DEBUTED A NEW, MORE CENTRALLY LOCATED CARDIOVASCULAR CENTER AT METHODIST HOSPITAL LARGER PROCEDURE ROOMS, A CLOSER PROXIMITY TO THE EMERGENCY DEPARTMENT AND OUR CARDIOVASCULAR SURGICAL SUITES HAVE FURTHER ENHANCED OUR ABILITY TO CARE FOR OUR PATIENTS THE CARDIOVASCULAR CENTER OFFERS THE LATEST TECHNOLOGY TO BETTER EVALUATE OUR PATIENT'S CARDIAC HEALTH HOME TO OUR ECHO LAB, HEART STATION AND VASCULAR LAB, METHODIST CARDIOLOGISTS AND CARE TEAM MEMBERS ASSESS AND DEVELOP COMPREHENSIVE TREATMENT PLANS IN 2018, METHODIST HOSPITAL DEBUTED THE WATCHMAN PROCEDURE, WHICH IS TARGETED FOR THOSE PATIENTS WITH ATRIAL FIBRILLATION IN ADDITION, A NEW WIRELESS PACEMAKER PROCEDURE WAS ALSO INTRODUCED BOTH HAVE BEEN RECEIVED AND PERFORMED WITH GREAT SUCCESS MAKING AN IMPACT ON THE LIVES OF PATIENTS ALSO A LEADER IN STROKE CARE AND TREATMENT, METHODIST WOMEN'S HOSPITAL BECAME THE FIRST ACUTE STROKE READY HOSPITAL IN NEBRASKA CERTIFIED BY THE JOINT COMMISSION AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION THE SITE CAN ASSESS AND PROVIDE INITIAL TREATMENT TO STROKE PATIENTS, BEFORE TRANSFERRING PATIENTS TO METHODIST HOSPITAL FOR FURTHER TREATMENT

Form 990, Part III, Line 4b:

AT METHODIST HOSPITAL, WE UNITE ALL OF OUR RESOURCES TO JOIN OUR PATIENTS IN THEIR FIGHT AGAINST CANCER IN ITS TOTALITY OUR UNIQUE MULTIDISCIPLINARY APPROACH IS ONE OF METHODIST'S GREATEST STRENGTHS WORKING TOGETHER WITH THE PATIENT ON THE TEAM, WE FOCUS A RARE LEVEL OF COMBINED EXPERTISE TO EXPAND TREATMENT OPTIONS, IMPROVE OUTCOMES AND PROVIDE COMFORT AND HOPE IN 2018, OUR 50+ SPECIALISTS DIAGNOSED OVER 2,200 CANCER CASES WE OFFER A FULL LINE OF CANCER SERVICES AT THE METHODIST ESTABROOK CANCER CENTER INCLUDING BREAST CARE CENTER, CHEMOTHERAPY, CLINICAL TRIALS, GAMMA KNIFE, GYNECOLOGIC ONCOLOGY, HEAD AND NECK ONCOLOGY, LUNG/THORACIC ONCOLOGY, MULTIDISCIPLINARY TEAM APPROACH, NUTRITION SERVICES, OCCUPATIONAL AND SPEECH THERAPY, PHYSICAL WELLNESS PROGRAMS, PSYCHO-ONCOLOGY SERVICES, RADIATION ONCOLOGY, REHABILITATION, SOCIAL WORK, STEM CELL TRANSPLANTS, SUPPORT SERVICES, SURGICAL ONCOLOGY AND TUMOR REGISTRY OUR HEAD AND NECK SURGICAL ONCOLOGISTS, THE LARGEST GROUP IN THE REGION, CONTINUED THEIR NATIONALLY RECOGNIZED EFFORTS OF ATTACKING PAIN, OR MULTI-MODAL ANALGESIA FOR HEAD AND NECK SURGICAL PATIENTS THEIR EFFORTS, RESULTING IN A REDUCTION OF OPIOID USE BY PATIENTS, HAVE LED TO THE PRACTICE BEING IMPLEMENTED BY OTHER SERVICES ACROSS THE HEALTH SYSTEM DISCUSSIONS ALSO BEGAN ON THE ESTABLISHMENT OF A TELE-HEALTH PROGRAM IN OUT-STATE NEBRASKA REGARDING THE MANAGEMENT OF THYROID NODULES THIS INITIATIVE IS EXPECTED TO DEBUT IN 2019 IN NOVEMBER 2018, METHODIST LAUNCHED THE REGIONS FIRST MOBILE 3D MAMMOGRAPHY COACH THE COACH PROVIDES LIFE-SAVING BREAST CANCER SCREENINGS TO THE UNINSURED, UNDERINSURED AND BUSINESS COMMUNITY IN AN EXCITING PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, HOPE LODGE NEBRASKA, A PROJECT 11 YEARS IN THE MAKING, OPENED ITS DOORS HOPE LODGE NEBRASKA PROVIDES LODGING AND AMENITIES, FREE OF CHARGE, TO CANCER PATIENTS WHO TRAVEL MORE THAN 40 MILES FOR TREATMENT METHODIST ESTABROOK CANCER CENTER RECEIVED INTERNATIONALLY-RECOGNIZED ACCREDITATION BY THE FOUNDATION FOR THE ACCREDITATION OF CELLULAR THERAPY (FACT) AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER THIS MARKS THE SECOND TIME METHODIST ESTABROOK CANCER CENTER HAS EARNED THE FACT ACCREDITATION, HAVING ALSO RECEIVED THE RECOGNITION IN 2014 IN ADDITION TO PROVIDING THE STANDARD TREATMENTS, THE PHYSICIANS AT METHODIST HOSPITAL AND ITS METHODIST ESTABROOK CANCER CENTER HAVE CONSISTENTLY SHOWED ACTIVE PARTICIPATION IN CANCER PREVENTION AND TREATMENT TRIALS APPROVED BY THE NATIONAL CANCER INSTITUTE (NCI) EVERY CANCER PATIENT TREATED HERE IS EVALUATED FOR ELIGIBILITY IN NCI-APPROVED TRIALS, AND TRIAL PARTICIPATION IS ENTIRELY VOLUNTARY ONLY ABOUT 3-5% PERCENT OF ADULT CANCER PATIENTS NATIONWIDE PARTICIPATE IN CLINICAL TRIALS, ACCORDING TO THE NCI, COMPARED TO A 14 PERCENT PARTICIPATION RATE AT METHODIST ESTABROOK CANCER CENTER, WHERE CLINICAL TRIALS ARE OVERSEEN BY A HIGHLY TRAINED, MULTIDISCIPLINARY TEAM OF CANCER SPECIALISTS IN COLLABORATION WITH THE PATIENT'S PRIMARY CARE PROVIDER THE NEBRASKA CANCER REGISTRY, MANAGED BY METHODIST, HAS ACHIEVED THE HIGHEST DESIGNATION OF GOLD CERTIFICATION FOR THE MANAGEMENT OF THE CLINICAL TRIALS AND CANCER REGISTRY FOR ALL CASES IN THE STATE OF NEBRASKA, THE BREAST CARE CENTER HAS BEEN CERTIFIED FOR PROVIDING QUALITY CARE WHICH MEETS OR EXCEEDS NATIONAL STANDARDS, STEM CELL TRANSPLANTATION IS ONE OF ONLY THREE PROGRAMS IN NEBRASKA EARNING ACCREDITATION FROM THE FOUNDATION FOR THE ACCREDITATION OF CELLULAR THERAPY (FACT), OUR PATIENTS RATED THE QUALITY OF CARE RECEIVED IN THE TOP 10% OF NATIONAL HEALTH CARE FACILITIES PROFESSIONAL RESEARCH CONSULTANTS, A NATIONALLY-RESPECTED HEALTH CARE RESEARCH FIRM CONDUCTS A CONFIDENTIAL SURVEY OF OUR PATIENTS EACH YEAR TO HELP US UNDERSTAND HOW WE CAN IMPROVE THE CARE WE PROVIDE, METHODIST IS DESIGNATED BY THE LUNG CANCER ALLIANCE AS A SCREENING CENTER OF EXCELLENCE, OUR BREAST CARE CENTER HAS BEEN RECOGNIZED FOR EXCELLENCE BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), A QUALITY-ASSURANCE PROGRAM ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS, OUR ONCOLOGY RESEARCH PROGRAM RECEIVED A HIGH PERFORMING SITES INITIATIVE AWARD BY THE NCI'S NATIONAL CLINICAL TRIALS NETWORK (NCTN) BASED ON ACCRUAL, SITE PARTICIPATION, AND THE HIGH-LEVEL OF DATA QUALITY

Form 990, Part III, Line 4c:

THROUGHOUT OUR CAMPUSES, METHODIST IS FOCUSING ON PROVIDING SPECIALIZED CARE FOR WOMEN WITH THE ONLY MEDICAL CAMPUS IN THE REGION DEDICATED TO WOMEN'S HEALTH, METHODIST IS A LEADER IN PROVIDING CARE TO WOMEN FROM THE TEENAGE YEARS THROUGHOUT THEIR LIVES METHODIST IS THE LONG-TIME METRO AREA LEADER IN BIRTH SERVICES, DELIVERING A MORE COMPREHENSIVE ARRAY OF FAMILY PLANNING OPTIONS - AND MORE BABIES - THAN ANY OTHER HOSPITAL IN THE REGION IN 2018, METHODIST WOMEN'S HOSPITAL ECLIPSED THE 5,000 BIRTH MARK FOR THE FOURTH CONSECUTIVE YEAR MANY OF THOSE BABIES OFTEN NEED A HIGHER LEVEL OF CARE AND THE METHODIST WOMEN'S HOSPITAL NICU HAS BEEN PROVIDING SUCH CARE SINCE OPENING IN 2010 THE NICU QUICKLY REACHED CAPACITY AND IN 2015 AN EXPANSION PROJECT WAS ANNOUNCED THE $19 3 MILLION PROJECT WAS COMPLETED IN 2017 THE PROJECT EXPANDED THE NICU FROM 28 TO 51 PRIVATE BEDS AND ADDED 13 NEW SINGLE ROOMS AND FIVE ROOMS FOR TWINS OR TRIPLETS ALSO PART OF THE PROJECT IS A NEW FAMILY LOUNGE SPACE, FEATURING A FAMILY BATHROOM STAFFED BY A HIGHLY SPECIALIZED NEONATAL TEAM, THE NICU IS DESIGNATED A LEVEL III UNIT - THE HIGHEST LEVEL OF CARE IN WEST OMAHA METHODIST IS HOME TO THE LARGEST OB/GYN PRACTICE IN THE REGION, AS WELL AS ONE OF THE LEADING MATERNAL-FETAL MEDICINE CLINICS SERVING OMAHA AND BEYOND THE MATERNAL-FETAL MEDICINE TEAM BEGAN OFFERING OUTREACH SERVICES TO PATIENTS IN WESTERN NEBRASKA AND WESTERN IOWA, EXTENDING A HIGH LEVEL OF CARE CLOSER TO HOME TO THOSE FACING A HIGHER RISK PREGNANCY METHODIST WOMEN'S HOSPITAL HAS EARNED MAGNET DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER FOR EXCELLENCE IN NURSING MAGNET STATUS IS CONSIDERED THE "GOLD STANDARD" OF NURSING IN 2016, METHODIST WOMEN'S HOSPITAL BECAME JUST THE 11TH SITE IN THE COUNTRY TO EARN THE PRESTIGIOUS PERINATAL CERTIFICATION FROM THE JOINT COMMISSION THE REGIONAL LEADER IN BIRTHS WAS AWARDED ITS RE-CERTIFICATION IN 2018 FROM THE JOINT COMMISSION AND CITED FOR ITS EXEMPLARY WORK IN SEVERAL CATEGORIES IN SO DOING, METHODIST WOMEN'S HOSPITAL IS NOW JUST ONE OF 37 HOSPITALS IN THE UNITED STATES WITH THIS JOINT COMMISSION CERTIFICATION AND THE ONLY HOSPITAL IN NEBRASKA METHODIST WOMEN'S HOSPITAL WAS NAMED AN EDUCATION CHAMPION THROUGH THE NEBRASKA SAFE BABIES - AHT/SBS PREVENTION HOSPITAL CAMPAIGN METHODIST WOMEN'S HOSPITAL WAS AMONG THE FIRST IN THE OMAHA METRO AREA AND AMONG NINE TOTAL HOSPITALS TO ACHIEVE THAT RECOGNITION TWENTY-TWO OTHER HOSPITALS HAVE PLEDGED TO BECOME CHAMPIONS METHODIST WOMEN'S HOSPITAL ALSO WAS A PILOT HOSPITAL THAT ASSISTED WITH THE DEVELOPMENT AND ROLLOUT OF THE STATEWIDE AHT/SBS CAMPAIGN, WHICH PROVIDES EVIDENCE-BASED EDUCATION AND TRAINING TO PARENTS OF NEWBORNS AND HOSPITAL BIRTHING STAFF

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SPENCER STEVENS CHAIRMAN	1 00 0 00	X		X				0	0	0
LARRY V PEARSON VICE CHAIR	1 00 0 00	X		X				0	0	0
ART N BURTSCHER TREASURER	1 00 0 00	X		X				0	0	0
ADAM YALE SECRETARY	1 00 0 00	X		X				0	0	0
STEPHEN L GOESER PRES /CEO-NE METH HEALTH	24 00 16 00	X		X				0	800,705	171,628
DEB BASS DIRECTOR	1 00 0 00	X						0	0	0
SID DINSDALE DIRECTOR	1 00 0 00	X						0	0	0
KATHLEEN C DODGE DIRECTOR	1 00 0 00	X						0	0	0
RICHARD C HAHN DIRECTOR	1 00 0 00	X						0	0	0
TYRON A ALLI MD DIRECTOR	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN KINNEY PHD DIRECTOR	1 00 0 00	X						0	0	0
C L LANDEN DIRECTOR	1 00 0 00	X						0	0	0
CAROLEE V JONES MD DIRECTOR	1 00 39 00	X						0	471,645	93,565
KEVIN L NELSON MD DIRECTOR	1 00 0 00	X						0	0	0
JOHN P NELSON DIRECTOR	1 00 0 00	X						0	0	0
MARK OMAR MD DIRECTOR	1 00 0 00	X						0	395,408	41,367
L B RED THOMAS DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL C LEBENS DIRECTOR	1 00 0 00	X						0	0	0
BRET C GRIESS DIRECTOR	1 00 0 00	X						0	0	0
JEFFREY E FRANCIS VICE PRES CFO	22 00 18 00			X				0	518,644	122,260

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			
JOSEPHINE ABBOUD PRESIDENT METHODIST HOSPITAL	40 00 0 00			X				0	364,301	89,088
SUSAN KORTH COO WOMEN'S HOSPITAL	40 00 0 00			X				0	274,760	49,833
TERI BRUENING VP - ADMINISTRATION	40 00 0 00				X			0	279,033	58,187
WILLIAM SHIFFERMILLER MD VP-MEDICAL AFFAIRS	40 00 0 00				X			0	418,839	79,874
ANDREW COUGHLIN MD PHYSICIAN	40 00 0 00					X		548,307	0	55,537
ROBERT LINDAU MD PHYSICIAN	40 00 0 00					X		553,430	0	62,784
ARU PANWAR PHYSICIAN	40 00 0 00					X		556,346	0	37,656
WILLAM LYDIATT MD PHYSICIAN	40 00 0 00					X		569,808	0	64,064
OLEG MILITSAKH PHYSICIAN	40 00 0 00					X		551,370	0	70,634
JOHN M FRASER FORMER CEO & DIRECTOR	0 00 0 00						X	0	918,805	52,166

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ▶ ☐

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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

Software Version:

EIN: 47-0376604

Name: NEBRASKA METHODIST HOSPITAL

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

Facts And Circumstances Test

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SCHEDULE 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

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
NEBRASKA METHODIST HOSPITAL	47-0376604

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)	23,961	71,961
c Total lobbying expenditures (add lines 1a and 1b)	23,961	71,961
d Other exempt purpose expenditures	503,398,008	573,049,654
e Total exempt purpose expenditures (add lines 1c and 1d)	503,421,969	573,121,615
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

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

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	69,757	70,383	74,536	71,961	286,637
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	A PORTION OF THE ANNUAL DUES PAID TO THE AMERICAN HOSPITAL AND NEBRASKA HOSPITAL ASSOCIATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVITIES

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TY 2018 Affiliated Group Schedule

Name: NEBRASKA METHODIST HOSPITAL

EIN: 47-0376604

Affiliated Group Business Name:	NEBRASKA METHODIST HEALTH SYSTEM INC
Address. Either US or Foreign Type:	825 S 169TH STREET OMAHA, NE 68118
EIN:	47-0639839
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	48,000
Total Lobbying Expenditures:	48,000
Other Exempt Purpose Expenditures:	69,651,646
Total Exempt Purpose Expenditures:	69,699,646
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	NEBRASKA METHODIST HOSPITAL
Address. Either US or Foreign Type:	825 S 169TH STREET OMAHA, NE 68118
EIN:	47-0376604
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	23,961
Total Lobbying Expenditures:	23,961
Other Exempt Purpose Expenditures:	503,398,008
Total Exempt Purpose Expenditures:	503,421,969
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

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 ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	933,621	807,886	740,834	773,843	755,703
b Contributions . . .					
c Net investment earnings, gains, and losses	-62,084	125,735	67,052	-12,444	36,591
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .				20,565	18,451
f Administrative expenses					
g End of year balance	871,537	933,621	807,886	740,834	773,843

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 ▶ 68 690 %
- c Temporarily restricted endowment ▶ 31 310 %

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

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

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

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		2,485,571		2,485,571
b Buildings		427,257,238	215,364,605	211,892,633
c Leasehold improvements				
d Equipment		447,972,783	320,053,925	127,918,858
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				342,297,062

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) OTHER RECEIVABLES	6,985,829
(2) CONSTRUCTION IN PROGRESS	10,228,758
(3) DUE FROM AFFILIATES	41,699,017
(4) OTHER ASSETS	614,700
(5) BENEFICIAL INTEREST IN FDN ASSETS	17,534,116
(6) CONSTRUCTION FUNDS	2,334,675
(7) INVESTMENT IN SUBSIDIARIES	41,419,237
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	120,816,332

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	
COND ASSET RETIREMENT OBLIGATION	2,733,676
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,733,676

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE NEBRASKA METHODIST HOSPITAL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOS E POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS A RE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANG ES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGME NT OCCURS NO CHANGES WERE MADE TO THE FINANCIAL STATEMENTS DUE TO FIN48

Supplemental Information

Return Reference	Explanation
PART IX, LINE 5	IN 2018, NET ASSETS WERE ADJUSTED TO REFLECT THE BENEFICIAL INTEREST IN FOUNDATION NET ASSETS, AN INCREASE OF $17,534,116

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ 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
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,298,062	2,385,972	13,912,090	2 760 %
b Medicaid (from Worksheet 3, column a)			29,376,095	23,467,798	5,908,297	1 170 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			45,674,157	25,853,770	19,820,387	3 930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,091,375		5,091,375	1 010 %
f Health professions education (from Worksheet 5)			9,821,820		9,821,820	1 950 %
g Subsidized health services (from Worksheet 6)			4,073,159		4,073,159	0 810 %
h Research (from Worksheet 7)			150,501		150,501	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,394,353		1,394,353	0 280 %
j **Total.** Other Benefits			20,531,208		20,531,208	4 080 %
k **Total.** Add lines 7d and 7j			66,205,365	25,853,770	40,351,595	8 010 %

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			212		212	0 %
2 Economic development						
3 Community support			44,908		44,908	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			42		42	0 %
9 Other			720		720	0 %
10 Total			45,882		45,882	0 010 %

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 Heathcare 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	10,966,830		
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	114,161,544		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	136,981,619		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-22,820,075		
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	1 WEST DODGE IMAGING LLC	DIAGNOSTIC IMAGING SERVICES	50 000 %		50 000 %
2	2 METHODIST ENDOSCOPY CENTER LLC	AMBULATORY SURGICAL FACILITY	50 000 %		50 000 %
3	3 MIDWEST SURGICAL HOSPITAL	AMBULATORY SURGICAL FACILITY	12 500 %		12 500 %
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)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ 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 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW BESTCARE ORG/ABOUT/COMMUNITY-BENEFITS/OUR-PLAN/			
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 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) WWW BESTCARE ORG/ABOUT/COMMUNITY-BENEFITS/OUR-PLAN/ **a**			
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)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW BESTCARE ORG/TOOLS/FINANCIAL-ASSISTANCE/			
b	☑ The FAP application form was widely available on a website (list url) WWW BESTCARE ORG/TOOLS/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW BESTCARE ORG/TOOLS/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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

FACILITY REPORTING GROUP - 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)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **1**

	Name and address	Type of Facility (describe)
1	1 - METHODIST COMMUNITY HEALTH CLINIC 208 S 26TH AVE OMAHA, NE 68131	LOW INCOME COMMUNITY CLINIC
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE METHODS PRIMARILY USED ARE THE FINANCIAL INFORMATION FROM THE MEDICARE COST REPORT AND ACTUAL EXPENDITURES INFORMATION FOR UNREIMBURSED MEDICAID IS CONSISTENT WITH AMOUNTS FILED IN THE 2018 MEDICARE COST REPORT INFORMATION ON PROGRAMS CONSTITUTING COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, SUBSIDIZED HEALTH SERVICES, HEALTH PROFESSIONS EDUCATION, RESEARCH AND IN-KIND DONATIONS IS COLLECTED THROUGH THE YEAR USING THE COMMUNITY BENEFITS INVENTORY SOCIAL ACCOUNTABILITY SOFTWARE WHICH FOLLOWS CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR COMMUNITY BENEFITS REPORTING AMOUNTS SHOWN AS COMMUNITY BENEFIT ARE AT COST LESS ANY REVENUE EXCLUSIVE OF ANY GRANTS CASH AND IN-KIND DONATIONS THAT SUPPORT FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE INCLUDED IN CONTRIBUTIONS
PART I, LINE 7G	A SUBSIDIZED HEALTH SERVICE BENEFIT IS CALCULATED FOR DEPARTMENTS AND SERVICES RECOGNIZING THESE AREAS OPERATE AT A NEGATIVE MARGIN THE CANCER RISK ASSESSMENT AND PREVENTION PROGRAM, THE METHODIST COMMUNITY HEALTH CLINIC, THE DIABETES INSTITUTE AND THE GERIATRIC EVALUATION AND MANAGEMENT PROGRAMS ARE AMONG THE MANY COMMUNITY HEALTH IMPROVEMENT AND SUBSIDIZED HEALTH SERVICES OPERATED AT NEGATIVE MARGINS THE METHODIST COMMUNITY HEALTH CLINIC, LOCATED AT 26TH AVENUE AND DOUGLAS STREET IN MIDTOWN OMAHA, IS AN ONGOING JOINT COMMUNITY PROJECT OF NEBRASKA METHODIST HOSPITAL AND KOUNTZE MEMORIAL CHURCH THAT HELPS TO MEET THE HEALTH NEEDS OF OMAHA'S LOW-INCOME POPULATION WITHIN AN ATMOSPHERE OF CARING AND RESPECT THE CLINIC IS MODERN, SPACIOUS, CLIENT-CONVENIENT AND PROVIDES A SUPPORTIVE SETTING GOALS CENTER ON PATIENT EDUCATION AND EMPOWERMENT, ACCESS TO QUALITY PRIMARY CARE AND CHRONIC DISEASE PREVENTION AND MANAGEMENT ADVANCED PRACTICE NURSES OFFER BOTH WALK-IN AND SCHEDULED APPOINTMENTS A SLIDING FEE SCALE IS USED BASED ON THE CLIENT'S ABILITY TO PAY FREE OR LOW-COST SERVICES INCLUDE PHYSICAL EXAMS, TREATMENT OF MINOR AND CHRONIC HEALTH PROBLEMS AND ILLNESSES, PHYSICIAN REFERRALS, HEALTH EDUCATION, FAMILY PLANNING SERVICES, ADOLESCENT ROUTINE CARE, SCHOOL PHYSICALS, HIV TESTING AND RISK COUNSELING, STD TESTING AND TREATMENT, AND TREATMENT FOR VICTIMS OF SEXUAL ASSAULT AND DOMESTIC ABUSE THE SEXUAL ASSAULT NURSE EXAMINER AND SEXUAL ASSAULT RESPONSE TEAM (SANE/SART) SURVIVOR PROGRAM, THE LUNG CANCER PROGRAM AND OTHER PROGRAMS AIMED AT CANCER RISK ASSESSMENT AND PREVENTION ARE PROGRAMS TARGETING COMMUNITY HEALTH NEEDS SANE/SART PROGRAM THE SEXUAL ASSAULT NURSE EXAMINER AND SEXUAL ASSAULT RESPONSE TEAM (AKA SANE/SART) SURVIVOR PROGRAM IS A COLLABORATION THAT UNITES METHODIST HOSPITAL WITH GOVERNMENT AND COMMUNITY AGENCIES THIS PROGRAM, THE ONLY ONE OF ITS KIND IN THE OMAHA METRO AREA, WAS INSTITUTED IN 2003 PRIOR TO THAT, EMERGENCY ROOM CARE AFTER SEXUAL ASSAULT WAS FAR TOO SIMILAR TO EMERGENCY ROOM CARE AFTER AN ACCIDENT OR INJURY THIS PROGRAM HAS BEEN ESTABLISHED TO PROVIDE ELEMENTS OF PRIVACY AND COMFORT FOR VICTIMS OF SEXUAL ASSAULT THROUGH SANE/SART, METHODIST HOSPITAL AND ITS AFFILIATES INCLUDING JENNIE EDMUNDSON MEMORIAL HOSPITAL IN COUNCIL BLUFFS, IOWA, OFFER COMPASSIONATE EMERGENCY CARE FROM HEALTH CARE PROFESSIONALS SPECIFICALLY TRAINED NOT JUST TO MEET THE SURVIVOR'S SPECIAL MEDICAL AND EMOTIONAL NEEDS, BUT TRAINED ALSO IN PROPER METHODS OF RECOGNIZING AND COLLECTING FORENSIC EVIDENCE DEDICATED SANE/SART NURSES, AVAILABLE 24/7, ARE KEY MEMBERS OF THE TEAM THAT CARES FOR SURVIVORS THEIR NEUTRAL EVIDENCE COLLECTION AND TESTIMONY CAN AID AUTHORITIES IN ANY CRIMINAL INVESTIGATION THE SANE/SART UNIT ALSO OFFERS A PRIVATE LOCATION FOR WOMEN TO BE INTERVIEWED BY POLICE OFFICERS AND TO MEET WITH A WOMEN'S CENTER FOR ADVANCEMENT VICTIM ADVOCATE THE ADVOCATE HELPS SURVIVORS FIND COUNSELING AND SUPPORT GROUPS AS WELL AS GUIDING THEM THROUGH LEGAL PROCEEDINGS CANCER PROGRAMS BATTLING CANCER INCLUDES MORE THAN MEDICAL RESEARCH AND CLINICAL TECHNOLOGY METHODIST HOSPITAL TAKES A MULTI-DISCIPLINARY APPROACH AND PROVIDES PROGRAMS AND EDUCATION THE METHODIST ESTABROOK CANCER CENTER SPONSORS A RANGE OF EDUCATION AND COMMUNITY EVENTS FOCUSED ON INCREASING CANCER AWARENESS AND PROMOTING THE HEALING OF CANCER SURVIVORS SOME OF THE PROGRAMS INCLUDE THE RELAY FOR LIFE EVENT WHICH CELEBRATES SURVIVORS AND INSPIRES THE COMMUNITY TO FIGHT BACK AGAINST CANCER, HARPER'S HOPE CANCER SURVIVORSHIP PROGRAM, A YOUNG ADULT SURVIVOR'S NETWORK, BREAST CANCER SUPPORT GROUPS AND PROSTATE CANCER SUPPORT GROUPS SUICIDE - THE TRAGIC OUTCOME OF MENTAL ILLNESS - CAN BE PREVENTED BUT IT TAKES RECOGNITION OF THE PROBLEM, REFERRALS TO MENTAL HEALTH SERVICES, AND PARTNERSHIPS AMONG KEY PROVIDERS IN THE COMMUNITY METHODIST HOSPITAL'S COMMUNITY COUNSELING PROGRAM DIRECTLY SERVES OVER 8,300 IN OMAHA AND SURROUNDING COMMUNITIES WHILE ELEVATING THE OVERALL HEALTH AND EDUCATION IN THE REGION THIS UNIQUE COMMUNITY PARTNERSHIP BETWEEN THE METHODIST HOSPITAL AND THE OMAHA PUBLIC SCHOOLS BRINGS PROFESSIONAL COUNSELING SERVICES TO THOSE WHO OTHERWISE MIGHT HAVE NO ACCESS TO MENTAL HEALTH CARE A TEAM OF LICENSED, MASTERS-LEVEL COUNSELORS FROM METHODIST HOSPITAL MAINTAIN OFFICE HOURS AT SCHOOLS AND CHURCHES METHODIST HOSPITAL AND METHODIST WOMEN'S HOSPITAL CONTRACT WITH AN ELIGIBILITY SERVICE TO ASSIST INDIVIDUALS IN DETERMINING ELIGIBILITY AND COMPLETING THE REQUIRED PAPERWORK TO PARTICIPATE IN MEDICAID OR GOVERNMENT MEANS-TESTED PROGRAMS THE SERVICE IS PROVIDED TO PATIENTS AT NO COST

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Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE PERCENTAGE IS ARRIVED AT BY DIVIDING NET COMMUNITY BENEFIT EXPENSE IN COLUMN (E) BY THE SUM OF THE AMOUNT ON FORM 990, PART IX, LINE 25, COLUMN A
SCH H, PART VI, LINE 7	NO DIRECT REPORT IS REQUIRED BY THE STATE OF NEBRASKA HOWEVER, INFORMATION FROM THE HOSPITALS' COMMUNITY BENEFITS REPORT DATA IS INCLUDED IN A REPORT COMPILED BY THE NEBRASKA HOSPITAL ASSOCIATION

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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	NEBRASKA METHODIST HOSPITAL PROVIDES MONETARY SUPPORT THROUGH THE GREATER OMAHA CHAMBER FOUNDATION MEMBERS OF THE STAFF PROVIDE THEIR TALENT AND EXPERTISE THROUGH INVOLVEMENT ON A VARIETY OF COMMUNITY ORGANIZATIONS METHODIST HOSPITAL, ALONG WITH OTHER HEALTH CARE PROVIDERS AND PUBLIC SAFETY AGENCIES, QUIETLY PLAYS AN IMPORTANT ROLE IN THE COMMUNITY'S ABILITY TO RESPOND TO AND IMPROVE EMERGENCY RESPONSE DURING A NATURAL DISASTER, HAZARDOUS MATERIALS SPILL OR DOMESTIC TERRORIST ATTACK OMAHA METROPOLITAN MEDICAL RESPONSE SYSTEM (OMMRS) WAS ESTABLISHED THROUGH A FEDERAL GRANT IN 2000, AS A MULTIDISCIPLINARY GROUP OF FIRST RESPONDERS AND OTHER HEALTH CARE PROVIDERS OMMRS BENEFITS THE COMMUNITY IN STANDARDIZING EMERGENCY RESPONSE EQUIPMENT AND TRAINING AND DEVELOPING RESPONSE PLANS TO MAXIMIZE COMMUNITY RESOURCES AND CLARIFY COMMUNICATION PROCESSES BETWEEN AGENCIES WHILE GRANTS HAVE PROVIDED FUNDING TO COVER SOME EXPENSES, TRAINING AND OTHER NEEDED EQUIPMENT ARE PROVIDED BY METHODIST AS A COMMUNITY BENEFIT METHODIST EMPLOYS A FULL-TIME EMERGENCY PREPAREDNESS COORDINATOR, IN ADDITION TO A SAFETY TEAM WITH PARTIAL RESPONSIBILITY FOR EMERGENCY PREPAREDNESS SALARIES PAID TO EMPLOYEES WHO ATTEND AFTER-HOURS PLANNING MEETINGS AND PARTICIPATE IN THE ANNUAL WEEKEND DISASTER DRILL ARE NOT COVERED BY GRANTS AS ONE OF THE MEMBERS OF THE OMMRS, METHODIST WOULD PROVIDE TREATMENT FOR SECOND-LEVEL INJURIES, WALKING WOUNDED AND OVERFLOW TRAUMA PATIENTS WHEN ESTABLISHED TRAUMA CENTERS ARE OVERWHELMED
PART III, LINE 4	FOOTNOTE TO FINANCIAL STATEMENTS DESCRIBING BAD DEBT EXPENSE IS SHOWN ON THE ATTACHED AUDITED FINANCIAL STATEMENTS PAGES 13-14 THE COST METHODOLOGY FOR THE BAD DEBT EXPENSE PRESENTED IN PART III, LINE 2, IS CONSISTENT WITH THAT OF THE 2018 FILED MEDICARE COST REPORT

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Form and Line Reference	Explanation
PART III, LINE 8	SOURCE IS THE 2018 MEDICARE COST REPORT AS FILED
PART III, LINE 9B	COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE NEBRASKA METHODIST HOSPITAL AND METHODIST WOMEN'S HOSPITAL HAVE ADOPTED A PROCEDURE FOR THOSE SITUATIONS WHERE A PATIENT POTENTIALLY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT OR CANNOT COMPLETE THE APPLICATION THIS PROCEDURE, REFERRED TO AS THE PRESUMPTIVE CHARITY PROCESS, IS FOLLOWED BY HOSPITAL PERSONNEL AS WELL AS THIRD-PARTY VENDORS ASSISTING WITH SELF-PAY COLLECTIONS SOME OF THE INDIVIDUAL LIFE CIRCUMSTANCES THAT HAVE BEEN ESTABLISHED AS INDICATORS OF PRESUMPTIVE ELIGIBILITY INCLUDE PARTICIPATION IN STATE FUNDED PRESCRIPTION PROGRAMS, IDENTIFICATION AS HOMELESS OR RECEIVING CARE FROM A HOMELESS PERSONS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, FOOD STAMP ELIGIBILITY, SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E G MEDICAID SPEND-DOWN), LOW INCOME/SUBSIDIZED HOUSING PROVIDED AS VALID ADDRESS THE HOSPITAL STAFF, AS WELL AS VENDORS UTILIZED FOR SELF-PAY COLLECTIONS, HAVE BEEN TRAINED TO IDENTIFY INDICATORS OF PRESUMPTIVE ELIGIBILITY AND DOCUMENT SUCH AS SUPPORT FOR FINANCIAL ASSISTANCE DETERMINATION THE HOSPITAL BILLS ALL THIRD PARTY RESOURCES THAT MAY BE ABLE TO PROVIDE REIMBURSEMENT FOR CARE PROVIDED TO PATIENTS THIS INCLUDES, BUT IS NOT LIMITED TO, COMMERCIAL INSURANCE, MEDICARE, MEDICAID, COUNTY GOVERNMENT AND OTHER GOVERNMENT PROGRAMS, AND ANY OTHER POTENTIAL SOURCE OF REIMBURSEMENT EVERY EFFORT IS MADE TO IDENTIFY PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO OR DURING THE TIME OF SERVICE THOSE PATIENTS ARE ENCOURAGED TO COMPLETE AN APPLICATION FOR FINANCIAL ASSISTANCE

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Form and Line Reference	Explanation
PART VI, LINE 2	THE BROAD-BASED COMMUNITY HEALTH AND OUTREACH INITIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN CLOSELY WITH THE KEY HEALTH NEEDS IDENTIFIED BY LIVE WELL OMAHA, A COLLABORATION OF LOCAL FOR PROFIT, GOVERNMENT AND NON-PROFIT ORGANIZATIONS DEDICATED TO IMPROVING THE HEALTH OF THOSE WHO LIVE AND WORK IN THE METROPOLITAN OMAHA AREA
PART VI, LINE 3	FINANCIAL ASSISTANCE APPLICATIONS ARE INCLUDED IN ALL INPATIENT ADMISSION PACKETS METHODIST HOSPITAL AND METHODIST WOMEN'S HOSPITAL CONTRACT WITH AN ELIGIBILITY SERVICE TO ASSIST INDIVIDUALS IN DETERMINING ELIGIBILITY AND COMPLETING THE REQUIRED PAPERWORK TO PARTICIPATE IN MEDICAID OR GOVERNMENT MEANS-TESTED PROGRAMS HOSPITAL FINANCIAL COUNSELORS AND ELIGIBILITY SERVICE PERSONNEL ARE CONVENIENTLY LOCATED FOR PRIVATE CONSULTATION 5 DAYS A WEEK FOR BOTH INPATIENT AND OUTPATIENT COUNSELING THE COUNSELORS ARE INCLUDED IN THE ADMISSION/DISCHARGE PROCESS TO ENSURE THAT THE PATIENT IS FULLY INFORMED ABOUT THE PROCESS AND TO HELP THE PATIENT DETERMINE WHAT ASSISTANCE MAY BE NEEDED AND WHAT IS AVAILABLE TO THEM THE BILLING CUSTOMER SERVICE UNIT IS ALSO TRAINED TO ASSIST PATIENTS WITH FINANCIAL ASSISTANCE NEEDS PATIENTS WHO CONTACT THE UNIT EXPRESSING DIFFICULTY IN MEETING THEIR FINANCIAL OBLIGATION ARE PROVIDED WITH APPLICATIONS AND ARE ASSESSED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE APPROPRIATE RESOURCES ARE USED TO PROVIDE EFFECTIVE COMMUNICATION WITH NON-ENGLISH SPEAKING PATIENTS INCLUDING CYRACOM LANGUAGE LINE SYSTEM THAT PROVIDES 24-HOUR ACCESS TO SEVERAL HUNDRED DIFFERENT LANGUAGE INTERPRETERS OTHER RESOURCES INCLUDE HOPE MEDICAL OUTREACH AND ON-SITE STAFF OR CONTRACTED INTERPRETER SERVICES THE HOSPITAL PROVIDES FOR INTERPRETATIVE SERVICES AT NO COST TO THE PATIENTS INFORMATION ON THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE TO THE PUBLIC ON THE BESTCARE ORG WEBSITE IN BOTH ENGLISH AND SPANISH ADDITIONALLY, PATIENT STATEMENTS INCLUDE A STATEMENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING CONTACT INFORMATION PLAIN LANGUAGE SUMMARIES AND APPLICATIONS ARE AVAILABLE AT ALL REGISTRATION DESKS WITHIN THE HOSPITALS

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Form and Line Reference	Explanation
PART VI, LINE 4	NEBRASKA METHODIST HOSPITAL'S SERVICE AREA INCLUDES THE GREATER OMAHA METROPOLITAN AREA - DOUGLAS, SARPY, AND CASS COUNTIES ONE OF THE METHODIST HEALTH SYSTEM AFFILIATES OPERATES IN IOWA COUNTIES EXTENDING THE POTENTIAL FOR PATIENT CARE OUTSIDE THE METROPOLITAN AREA ACCORDING TO US CENSUS DEPARTMENT REPORTS, THIS AREA IS HOME TO ALMOST 935,000 PEOPLE METHODIST HOSPITAL HAS A NUMBER OF PROGRAMS THAT EXTEND BEYOND THE METROPOLITAN AREA SUCH AS THE PERINATAL OUTREACH PROGRAM THAT PROVIDES TARGETED EDUCATIONAL OPPORTUNITIES FOR MEDICAL PERSONNEL FROM ACROSS NEBRASKA AND IOWA
PART VI, LINE 5	PROMOTING HEALTH OF THE COMMUNITY METHODIST HOSPITAL'S BOARD OF DIRECTORS PROVIDES OVERSITE OF ALL OPERATIONS IT IS COMPOSED OF COMMUNITY LEADERS WITH DIVERSE BACKGROUNDS WITH A BLEND OF THOSE INDIVIDUALS WITH LONGEVITY ON THE BOARD AND THOSE WHO ARE NEW MEMBERS THERE IS SIGNIFICANT PHYSICIAN INVOLVEMENT ON THE BOARD LENDING TO THE ABILITY TO BE LEADERS IN MEDICAL SERVICES MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL PRACTITIONERS WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS TO PROMOTE A UNIFORM STANDARD OF QUALITY PATIENT CARE, TREATMENT AND SERVICES ADDITIONAL CRITERIA FOR CLINICAL PRIVILEGES MAY INCLUDE A REQUIREMENT OF SPECIALTY BOARD CERTIFICATION IF IT IS BELIEVED TO BE AN IMPORTANT OBJECTIVE INDICATOR OF TRAINING AND COMPETENCE

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Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE NEBRASKA METHODIST HEALTH SYSTEM INCLUDES NEBRASKA METHODIST HOSPITAL, NEBRASKA METHODIST HOSPITAL FOUNDATION, METHODIST FREMONT HEALTH, JENNIE EDMUNDSON MEMORIAL HOSPITAL, JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION, NEBRASKA METHODIST HEALTH SYSTEM, PHYSICIANS CLINIC, AND THE NEBRASKA METHODIST COLLEGE OF NURSING AS A GROUP, THESE ENTITIES ARE COMMITTED TO CARING FOR THE PEOPLE OF THE COMMUNITY BY PROVIDING OUTSTANDING CARE, EDUCATIONAL OPPORTUNITIES AND SUPPORT SERVICES THE MORE THAN 8,500 EMPLOYEES OF OUR HOSPITALS, CLINICS, COLLEGE AND FOUNDATION WORK TO STRENGTHEN THE HEALTH AND WELL-BEING OF THE INDIVIDUALS AND COMMUNITIES SERVED TO FULFILL OUR MISSION OF CARING FOR PEOPLE, AFFILIATES HAVE DEVELOPED A VARIETY OF WAYS TO CONTRIBUTE CARE AND HEALTH-RELATED EDUCATION TO THE POOR, MINORITIES, AND TO OTHER UNDERSERVED GROUPS AS WELL AS TO THE BROADER COMMUNITY BROAD-BASED COMMUNITY HEALTH AND OUTREACH INITIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN CLOSELY WITH THE KEY HEALTH NEEDS IDENTIFIED BY THE MOST RECENT CHNA AS INDIVIDUAL AFFILIATES, A UNIFIED HEALTH SYSTEM, AND ACTIVE PARTNER WITH OTHER COMMUNITY AND GOVERNMENTAL AGENCIES, NEBRASKA METHODIST HOSPITAL AND THE ENTITIES OF NEBRASKA METHODIST HEALTH SYSTEM ARE COMMITTED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE RESIDENTS OF THE REGION METHODIST HOSPITAL RESPECTS AND EMBRACES THE RESPONSIBILITY THAT ACCOMPANIES TAX EXEMPT STATUS AND IS HONORED TO OFFER LEADERSHIP, SUPPORT AND RESOURCES TO BENEFIT THE COMMUNITY

Additional Data

Software ID:

Software Version:

EIN: 47-0376604

Name: NEBRASKA METHODIST HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET OMAHA, NE 68114 WWW BESTCARE ORG/METHODIST-HOSPITAL/ 260008	X	X		X		X	X			A
2	METHODIST WOMEN'S HOSPITAL 707 NORTH 190 PLAZA OMAHA, NE 68022 WWW BESTCARE ORG/WOMENS-HOSPITAL/ H000116	X	X		X			X			A

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
PART V, SECTION B	FACILITY REPORTING GROUP 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
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 NEBRASKA METHODIST HOSPITAL, - FACILITY 2 METHODIST WOMEN'S HOSPITAL

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 5	THE COMMUNITY HEALTH NEEDS ASSESSMENT (ASSESSMENT) WAS SPONSORED BY A COALITION OF LOCAL HEALTH SYSTEMS AND LOCAL HEALTH DEPARTMENTS THE CHNA WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS INC (PRC), A NATIONALLY-RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS THE CHNA INCORPORATED DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES QUANTITATIVE DATA INCLUDED PRIMARY DATA REPRESENTATION FROM TELEPHONE INTERVIEWS WHICH INCORPORATED BOTH LANDLINE AND CELL PHONE INTERVIEWS IN ADDITION, AN ON-LINE KEY INFORMANT SURVEY WAS USED TO SOLICIT INPUT FROM INDIVIDUALS WITH A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY THIS INCLUDED 163 KEY INFORMANTS INCLUDING PHYSICIANS, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS AND OTHER COMMUNITY LEADERS

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 6A	THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS A COLLABORATE EFFORT OF THREE OMAHA HEALTH SYSTEMS, METHODIST HEALTH SYSTEM, CHI HEALTH, AND NEBRASKA MEDICINE AS WELL AS THE DOUGLAS COUNTY HEALTH DEPARTMENT, WITH SUPPORT FROM LOCAL HEALTH DEPARTMENTS FROM SARPY/CASS COUNTIES, NEBRASKA AND POTTAWATTAMIE COUNTY, IOWA

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 6B	IN ADDITION TO THE THREE OMAHA HEALTH SYSTEMS, AND LOCAL HEALTH DEPARTMENTS IDENTIFIED ABOVE, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED SUPPORT FROM CHARLES DREW HEALTH CENTER, INC , LIVE WELL OMAHA, OMAHA COMMUNITY FOUNDATION, ONE WORLD COMMUNITY HEALTH CENTERS, INC , AND THE UNITED WAY OF THE MIDLANDS

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 11	2018 IMPLEMENTATION STRATEGY UPDATE OVERVIEWTHE NEBRASKA METHODIST HOSPITAL (NMH) IS COMMI TTED TO CARING FOR ITS COMMUNITY, LIVING THE MISSION OF IMPROVING THE LIVES OF OUR COMMUNI TIES BY THE WAY WE CARE, EDUCATE AND INNOVATE ALL LEADERSHIP SUPPORT THE IMPORTANCE OF WO RKING IN THE COMMUNITY WITH OVER 260 PARTNERS TO ADDRESS THE NEEDS MOST CURRENTLY IDENTIFI ED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) MANAGEMENT AND BOARD MEMBERS HAVE APPROVED THE CURRENT PLAN TO STRATEGICALLY FOCUS ON THE NEEDS IDENTIFIED IN THE CHNA, IN ACCORDANCE WITH OUR TALENTS AND AREAS OF EXPERTISE THE GUIDING FOCUS FOR ALL COMMUNITY BE NEFIT PROGRAMS INCLUDES AT LEAST ONE OF THE FOLLOWING ADDRESSING ACCESS TO HEALTH CARE SE RVICES, ENHANCING THE HEALTH OF THE COMMUNITY, ADVANCING MEDICAL OR HEALTH CARE KNOWLEDGE, AND RELIEVING OR REDUCING THE BURDEN OF THE GOVERNMENT ALL COMMUNITY BENEFIT PROGRAMS ARE COLLABORATIVE IN NATURE, WHERE WE PARTNER WITH THOSE ORGANIZATIONS THAT ARE CURRENTLY WOR KING IN THE TARGETED COMMUNITY ON IDENTIFIED NEEDS OFTEN PROGRAMS OR SERVICES ARE NOT EAS ILY QUANTIFIABLE UNTIL CURRENT CENTER FOR DISEASE CONTROL (CDC) REPORTS ARE UPDATED, HOWEV ER, EACH SERVICE IS EVALUATED ON AN ONGOING BASIS FOR EFFECTIVENESS, AND IS UPDATED WITH T HE MOST CURRENT EDUCATION MATERIALS AND SCREENINGS, AS STATED BY BEST PRACTICES AS HEAVIL Y MENTIONED THROUGHOUT THIS REPORT, NMH HAS WORKED WITH OVER 260 ORGANIZATIONS THROUGH PRE VENTION ACTIVITIES, HEALTH PROMOTION, SOCIAL SERVICES, PASTORAL CARE, NUMEROUS VOLUNTEER E FFORTS, AND PROFESSIONAL EDUCATION, AND REMAINS A STRONG LEADER FOR PROVIDING A HEALTHIER COMMUNITY - A STATEMENT WE REMAIN HIGHLY PROUD OF IN ORDER TO ADDRESS THE MANY IDENTIFIED NEEDS OF OUR COMMUNITIES, WE REMAIN COMMITTED TO THOSE ORGANIZATIONS WHO HAVE ADDITIONAL EXPERTISE IN AREAS WE FEEL WOULD SERVE AS A PRUDENT PARTNER ACCESS TO HEALTHCARE SERVICEST O IMPROVE THE HEALTH OF THE ENTIRE COMMUNITY, THE METHODIST COMMUNITY HEALTH CLINIC (MCHC) , A LOW COST CLINIC OWNED AND OPERATED BY NMH, PROVIDES SERVICES TO A DIVERSE AND UNDERSER VED POPULATION THE CLINIC SERVED OVER 2,600 MEN, WOMEN AND ADOLESCENTS IN 2018 STAFFED B Y TWO MID-LEVEL PROVIDERS AND BY AN INTERNIST AS THE MEDICAL DIRECTOR, THE CLINIC PROVIDES PRIMARY CARE SERVICES AS WELL AS STD SCREENING AND SEXUAL ASSAULT NURSE EXAMINER (SANE) F OLLOW-UPS THE GOAL OF THIS STRATEGICALLY PLACED CLINIC IS TO INCREASE SERVICES FOR THE UN INSURED/UNDERINSURED AND UNDER-RESOURCED POPULATIONS THE CLINIC HAS COLLABORATED WITH A L OCAL FAITH COMMUNITY AS WELL AS BEHAVIORAL HEALTH PROVIDERS TO ENCOMPASS THE WHOLE INDIVID UAL, AND HAS ALSO GAINED THE EXPERTISE OF AN ON-SITE NEPHROLOGIST ONE AFTERNOON A MONTH MC HC HAS PROVEN TO BE A HUB FOR COMMUNITY COLLABORATION, PARTNERING WITH NEBRASKA METHODIST COLLEGE AND THE FAITH-BASED FOOD PANTRY LOCATED IN THE SAME BUILDING, TO PROVIDE FREE MONT HLY SCREENINGS AND EDUCATION ON NEEDS IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESS MENT, AND ARE ALSO DESIGNATED

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 11	AS NATIONAL AWARENESS CONDITIONS THE METHODIST MOBILE MAMMOGRAPHY COACH CONTINUES TO TRAVE L ACROSS NEBRASKA AND SOUTHWESTERN IOWA SERVING LOCAL COMMUNITY CENTERS, BUSINESSES AND UN DERSERVED NEIGHBORHOODS IN THE 4TH QUARTER OF 2018, THE MOBILE MAMMOGRAPHY UNIT PROVIDED 218 MAMMOGRAMS, AND IS ON-PACE TO PROVIDE OVER 1,640 MAMMOGRAMS FOR 2019 CANCERMETHODIST HOSPITAL CONTINUES TO INCREASE ITS OFFERINGS OF A VARIETY OF CANCER SCREENINGS, INCLUDING FREE HEAD & NECK OUTREACH INITIATIVES TO THE COMMUNITY, TO INCLUDE LOCATIONS ON-CAMPUS AND THROUGHOUT THE LOCAL COMMUNITY THERE ARE A NUMBER OF OTHER FREE CANCER SCREENINGS THROUG HOUT THE COMMUNITY IN PARTNERSHIP WITH OTHER HEALTH AGENCIES AND ORGANIZATIONS, FOCUSING O N BREAST, DIABETIC, LUNG AND SKIN, AMONG OTHERS THESE EVENTS ARE HELD IN TANDEM WITH MET RO-WIDE EVENTS, SUCH AS THE BINATIONAL HEALTH WEEK THE COLON CANCER TASK FORCE IS A LONG-S TANDING PARTNER WITH NMH, WHERE EMPLOYEES REPRESENT NMH AS MEMBERS AND SPONSOR THE TASK FO RCE'S ANNUAL RACE AND AWARENESS CAMPAIGNS EVERY YEAR IN MARCH, NMH PROVIDES FREE SCREENIN G KITS TO LOCAL PHARMACIES, GROCERY STORES AND HEALTH CLINICS AT NO COST TO THE COMMUNITY, AND PROVIDES REFERRALS AS NECESSARY AS PART OF OUR MEMBERSHIP AND SUPPORT FOR THE IMMUNIZ ATION TASK FORCE, NMH ADVOCATES FOR INCREASED HUMAN PAPILLOMA VIRUS (HPV) VACCINATION IN M EDICAL CLINICS ACROSS THE AREA, AND PROVIDES OVER 2,000 FREE INFLUENZA DOSES TO DAYCARES, SCHOOLS, AND NON-NMH HEALTH CLINICS ACROSS THE METROPOLITAN AREA HEART DISEASE & STROKESIM ILAR TO OTHER COMMUNITY BENEFITS ACTIVITIES, EVERY SCREENING OFFERED INCLUDES A NUMBER OF HEALTH EDUCATION TOOLS, AND HEART DISEASE AND STROKE ARE NO DIFFERENT AT THESE EVENTS, BL OOD PRESSURES AND OTHER VITAL STATISTICS ARE TAKEN, AND ONE-ON-ONE CONSULTATION WITH A LIC ENSED STAFF MEMBER IS AVAILABLE AT NO COST THESE CONSULTATIONS INCLUDE SPECIALIZED EDUCAT ION REGARDING HEALTHY LIFESTYLE CHOICES THAT CAN REDUCE HEART DISEASE AND CHANCES OF STROK E, INCLUDING BUT NOT LIMITED TO HEALTHY EATING, FOOD PROPORTIONS, COOKING INSTRUCTIONS AN D HOW TO MAKE LOW-COST MEALS FOR FAMILIES IN RESPONSE TO THE NATIONAL OPIOID EPIDEMIC, OUR QUALITY DEPARTMENT ENGAGED A MUTLI-DISCIPLINARY TEAM THROUGHOUT THE ENTIRE METHODIST HEAL TH SYSTEM TO IDENTIFY AREAS OF OPPORTUNITY IN ALL CLINICAL AND NON-CLINICAL SETTINGS TO RE DUCE SUBSTANCE MISUSE, AND WE HAVE SEEN A 16% DECREASE IN NARCOTICS PRESCRIBED IN Q4 2018 AS COMPARED TO Q1 2018 EIGHT STRATEGIC WORKGROUPS WERE CREATED TO FOCUS ON DATA, COMMUNIT Y ENGAGEMENT, PHARMACY AND PROVIDERS THAT REGULARLY REPORTS TO A LARGER STEERING COMMITTEE , SO THAT BEST PRACTICES CAN BE ESTABLISHED AND SHARED ACROSS THE SYSTEM FINANCIAL ASSISTA NCEIN 2018, NMH WAS ABLE TO ASSIST OVER 22,000 INDIVIDUALS WITH FINANCIAL ASSISTANCE FINA NCIAL ASSISTANCE REDUCES/ELIMINATES THE MEDICAL PAYMENT BURDEN ON FAMILIES, ALLOWING THEM TO AFFORD HOME OWNERSHIP, EDUCATIONAL EXPENSES, AND HEALTHIER LIFESTYLE AND FOOD CHOICES OUR FINANCIAL ASSISTANCE PROGR

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 11	AM IS OFFERED TO ALL PATIENTS UPON ADMISSION AND OUR PROVIDERS ARE KNOWLEDGEABLE REGARDING HOW THEIR PATIENTS CAN APPLY FOR THIS PROGRAM EVALUATING OUR IMPACTIN ORDER TO BE THE BE ST COMMUNITY STEWARDS AND HEALTHCARE PROFESSIONALS, NMH CONTINUALLY EVALUATES ALL PROGRAMS AND SERVICES COUNTED AS COMMUNITY BENEFITS IN ORDER TO ENSURE BEST PRACTICES ARE USED TO IMPROVE HEALTH OUTCOMES NMH USES A MULTI-DISCIPLINE APPROACH IN REVIEWING ALL PROGRAMS AN D CONTINUES TO MOVE TOWARDS USING EVIDENCE-BASED MODELS AS A HEALTH SYSTEM, METHODIST HAS CONTRIBUTED $548 2 MILLION IN COMMUNITY BENEFITS SINCE 2008, DEMONSTRATING THE LEVEL OF C OMMITMENT THROUGH OUR MISSION STATEMENT, STRATEGIC PLAN AND COMMUNITY BENEFIT PLANS

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 13B	METHODIST HOSPITAL CHARGES MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE FOR PATIENTS OR GUARANTORS WITH FAMILY INCOME GREATER THAN 400% OF THE FEDERAL POVERTY LEVEL WHEN CIRCUMSTANCES INDICATE SEVERE FINANCIAL HARDSHIP PATIENTS, OR THEIR GUARANTORS, MAY BE ELIGIBLE FOR MEDICAL HARDSHIP ASSISTANCE IF THEY HAVE INCURRED OUT-OF-POCKET OBLIGATIONS RESULTING FROM MEDICAL SERVICES THAT EXCEED 25% OF FAMILY INCOME AND SUFFICIENT FAMILY ASSETS ARE NOT AVAILABLE TO MEET THE OBLIGATION

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 13H	METHODIST HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION THERE MAY BE INSTANCES UNDER WHICH A PATIENT'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE FORMAL FINANCIAL ASSISTANCE APPLICATION OTHER INFORMATION MAY BE UTILIZED TO DETERMINE WHETHER A PATIENT'S ACCOUNT IS UNCOLLECTIBLE AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY METHODIST HOSPITAL UTILIZES A PRESUMPTIVE ELIGIBILITY ANALYTICS SOLUTION THAT EXAMINES HISTORICAL DATA COMBINED WITH HOUSEHOLD ECONOMIC INFORMATION IT EVALUATES ACCOUNTS BASED ON THE FOLLOWING STANDARDS AVAILABLE HOUSEHOLD INCOME, AVERAGE HOUSEHOLD SIZE, CAPACITY TO MAKE PAYMENT, AND OVER-EXTENSION COMPARED TO FEDERAL POVERTY GUIDELINES THIS INFORMATION IS DERIVED FROM SOCIOECONOMIC DATA FROM NUMEROUS SOURCES, INCLUDING CENSUS DATA USING THIS PRESUMPTIVE ELIGIBILITY APPROACH, A SCORE IS ASSIGNED AT THE INDIVIDUAL PATIENT LEVEL THE SCORE ENABLES THE PATIENT BILLING OFFICE TO MEET INTERNAL PROCESSING REQUIREMENTS WHILE PROVIDING A COMMUNITY BENEFIT THROUGH FORGIVING ACCOUNT BALANCES FOR THOSE IN NEED THIS APPROACH ENABLES METHODIST HOSPITAL TO EVALUATE ACCOUNTS FOR FINANCIAL ASSISTANCE EQUALLY, REGARDLESS OF THE PATIENT'S ABILITY TO COMPLETE AN APPLICATION FOR ASSISTANCE WHEN THE PRESUMPTIVE ELIGIBILITY SOLUTION IS THE BASIS FOR DETERMINING ELIGIBILITY, A FULL FREE CARE DISCOUNT WILL BE GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY THESE ACCOUNTS WILL NOT BE SENT TO COLLECTION AND WILL NOT BE INCLUDED IN BAD DEBT EXPENSE

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
GROUP A-FACILITY 1 -- NEBRASKA METHODIST HOSPITAL PART V, SECTION B, LINE 16J	THE FINANCIAL ASSISTANCE APPLICATION IS PROVIDED WITH INPATIENT ADMISSION PACKETS GUIDANCE TO THE POLICY IS REFERRED TO IN PATIENT STATEMENTS

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
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 5	THE COMMUNITY HEALTH NEEDS ASSESSMENT (ASSESSMENT) WAS SPONSORED BY A COALITION OF LOCAL HEALTH SYSTEMS AND LOCAL HEALTH DEPARTMENTS THE CHNA WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS INC (PRC), A NATIONALLY-RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS THE CHNA INCORPORATED DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES QUANTITATIVE DATA INCLUDED PRIMARY DATA REPRESENTATION FROM TELEPHONE INTERVIEWS WHICH INCORPORATED BOTH LANDLINE AND CELL PHONE INTERVIEWS IN ADDITION, AN ON-LINE KEY INFORMANT SURVEY WAS USED TO SOLICIT INPUT FROM INDIVIDUALS WITH A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY THIS INCLUDED 163 KEY INFORMANTS INCLUDING PHYSICIANS, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS AND OTHER COMMUNITY LEADERS

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
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 6A	THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS A COLLABORATE EFFORT OF THREE OMAHA HEALTH SYSTEMS, METHODIST HEALTH SYSTEM, CHI HEALTH, AND NEBRASKA MEDICINE AS WELL AS THE DOUGLAS COUNTY HEALTH DEPARTMENT, WITH SUPPORT FROM LOCAL HEALTH DEPARTMENTS FROM SARPY/CASS COUNTIES, NEBRASKA AND POTTAWATTAMIE COUNTY, IOWA

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
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 6B	IN ADDITION TO THE THREE OMAHA HEALTH SYSTEMS, AND LOCAL HEALTH DEPARTMENTS IDENTIFIED ABOVE, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED SUPPORT FROM CHARLES DREW HEALTH CENTER, INC , LIVE WELL OMAHA, OMAHA COMMUNITY FOUNDATION, ONE WORLD COMMUNITY HEALTH CENTERS, INC , AND UNITED WAY OF THE MIDLANDS

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
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 11	2018 IMPLEMENTATION STRATEGY UPDATE OVERVIEWTHE METHODIST WOMEN'S HOSPITAL (MWH) IS COMMIT TED TO CARING FOR ITS COMMUNITY, LIVING THE MISSION OF IMPROVING THE LIVES OF OUR COMMUNIT IES BY THE WAY WE CARE, EDUCATE AND INNOVATE ALL LEADERSHIP SUPPORT THE IMPORTANCE OF WOR KING IN THE COMMUNITY WITH OVER 260 PARTNERS TO ADDRESS THE NEEDS MOST CURRENTLY IDENTIFIE D IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) MANAGEMENT AND BOARD MEMBERS HAVE APPROVED THE CURRENT PLAN TO STRATEGICALLY FOCUS ON THE NEEDS IDENTIFIED IN THE CHNA, IN A CCORDANCE WITH OUR TALENTS AND AREAS OF EXPERTISE THE GUIDING FOCUS FOR ALL COMMUNITY BEN EFIT PROGRAMS INCLUDES AT LEAST ONE OF THE FOLLOWING ADDRESSING ACCESS TO HEALTH CARE SER VICES, ENHANCING THE HEALTH OF THE COMMUNITY, ADVANCING MEDICAL OR HEALTH CARE KNOWLEDGE, AND RELIEVING OR REDUCING THE BURDEN OF THE GOVERNMENT ALL COMMUNITY BENEFIT PROGRAMS ARE COLLABORATIVE IN NATURE, WHERE WE PARTNER WITH THOSE ORGANIZATIONS THAT ARE CURRENTLY WORK ING IN THE TARGETED COMMUNITY ON IDENTIFIED NEEDS OFTEN PROGRAMS OR SERVICES ARE NOT EASI LY QUANTIFIABLE UNTIL CURRENT CENTER FOR DISEASE CONTROL (CDC) REPORTS ARE UPDATED, HOWEVE R, EACH SERVICE IS EVALUATED ON AN ONGOING BASIS FOR EFFECTIVENESS, AND IS UPDATED WITH TH E MOST CURRENT EDUCATION MATERIALS AND SCREENINGS, AS STATED BY BEST PRACTICES AS HEAVILY MENTIONED THROUGHOUT THIS REPORT, MWH HAS WORKED WITH OVER 260 ORGANIZATIONS THROUGH PREV ENTION ACTIVITIES, HEALTH PROMOTION, SOCIAL SERVICES, PASTORAL CARE, NUMEROUS VOLUNTEER EF FORTS, AND PROFESSIONAL EDUCATION, AND REMAINS A STRONG LEADER FOR PROVIDING A HEALTHIER C OMMUNITY - A STATEMENT WE REMAIN HIGHLY PROUD OF IN ORDER TO ADDRESS THE MANY IDENTIFIED NEEDS OF OUR COMMUNITIES, WE REMAIN COMMITTED TO THOSE ORGANIZATIONS WHO HAVE ADDITIONAL E XPERTISE IN AREAS WE FEEL WOULD SERVE AS A PRUDENT PARTNER ACCESS TO HEALTHCARE SERVICESTO IMPROVE THE HEALTH OF THE ENTIRE COMMUNITY, THE METHODIST COMMUNITY HEALTH CLINIC (MCHC), A LOW COST CLINIC OWNED AND OPERATED BY MWH, PROVIDES SERVICES TO A DIVERSE AND UNDERSERV ED POPULATION THE CLINIC SERVED OVER 2,600 MEN, WOMEN AND ADOLESCENTS IN 2018 STAFFED BY TWO MID-LEVEL PROVIDERS AND BY AN INTERNIST AS THE MEDICAL DIRECTOR, THE CLINIC PROVIDES PRIMARY CARE SERVICES AS WELL AS STD SCREENING AND SEXUAL ASSAULT NURSE EXAMINER (SANE) FO LLOW-UPS THE GOAL OF THIS CLINIC IS TO INCREASE SERVICES FOR THE UNINSURED/UNDERINSURED A ND UNDER-RESOURCED POPULATIONS THE CLINIC HAS COLLABORATED WITH A LOCAL FAITH COMMUNITY A S WELL AS BEHAVIORAL HEALTH PROVIDERS TO ENCOMPASS THE WHOLE INDIVIDUAL, AND HAS ALSO GAIN ED THE EXPERTISE OF AN ON-SITE NEPHROLOGIST ONE AFTERNOON A MONTH MCHC HAS PROVEN TO BE A HUB FOR COMMUNITY COLLABORATION, PARTNERING WITH NEBRASKA METHODIST COLLEGE AND THE FAITH- BASED FOOD PANTRY LOCATED IN THE SAME BUILDING, TO PROVIDE FREE MONTHLY SCREENINGS AND EDU CATION ON NEEDS IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, AND ARE ALSO DES IGNATED AS NATIONAL AWARENESS

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
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 11	CONDITIONS THE METHODIST MOBILE MAMMOGRAPHY COACH CONTINUES TO TRAVEL ACROSS NEBRASKA AND SOUTHWESTERN IOWA SERVING LOCAL COMMUNITY CENTERS, BUSINESSES AND UNDERSERVED NEIGHBORHOOD S IN THE 4TH QUARTER OF 2018, THE MOBILE MAMMOGRAPHY UNIT PROVIDED 218 MAMMOGRAMS, AND IS ON-PACE TO PROVIDE OVER 1,640 MAMMOGRAMS FOR 2019 CANCERMETHODIST WOMEN'S HOSPITAL CONTIN UES TO INCREASE ITS OFFERINGS OF A VARIETY OF CANCER SCREENINGS, INCLUDING FREE HEAD & NEC K OUTREACH INITIATIVES TO THE COMMUNITY, TO INCLUDE LOCATIONS ON-CAMPUS AND THROUGHOUT THE LOCAL COMMUNITY THERE ARE A NUMBER OF OTHER FREE CANCER SCREENINGS THROUGHOUT THE COMMUN ITY IN PARTNERSHIP WITH OTHER HEALTH AGENCIES AND ORGANIZATIONS, FOCUSING ON BREAST, DIAB ETIC, LUNG AND SKIN, AMONG OTHERS THESE EVENTS ARE HELD IN TANDEM WITH METRO-WIDE EVENTS, SUCH AS THE BINATIONAL HEALTH WEEK THE COLON CANCER TASK FORCE IS A LONG-STANDING PARTNER WITH MWH, WHERE EMPLOYEES REPRESENT MWH AS MEMBERS AND SPONSOR THE TASK FORCE'S ANNUAL RA CE AND AWARENESS CAMPAIGNS EVERY YEAR IN MARCH, MWH PROVIDES FREE SCREENING KITS TO LOCAL PHARMACIES, GROCERY STORES AND HEALTH CLINICS AT NO COST TO THE COMMUNITY, AND PROVIDES R EFERRALS AS NECESSARY AS PART OF OUR MEMBERSHIP AND SUPPORT FOR THE IMMUNIZATION TASK FORC E, MWH ADVOCATES FOR INCREASED HUMAN PAPILLOMA VIRUS (HPV) VACCINATION IN MEDICAL CLINICS ACROSS THE AREA, AND PROVIDES OVER 2,000 FREE INFLUENZA DOSES TO DAYCARES, SCHOOLS, AND NO N-MWH HEALTH CLINICS ACROSS THE METROPOLITAN AREA HEART DISEASE & STROKESIMILAR TO OTHER C OMMUNITY BENEFITS ACTIVITIES, EVERY SCREENING OFFERED INCLUDES A NUMBER OF HEALTH EDUCATIO N TOOLS, AND HEART DISEASE AND STROKE ARE NO DIFFERENT AT THESE EVENTS, BLOOD PRESSURES A ND OTHER VITAL STATISTICS ARE TAKEN, AND ONE-ON-ONE CONSULTATION WITH A LICENSED STAFF MEM BER IS AVAILABLE AT NO COST THESE CONSULTATIONS INCLUDE SPECIALIZED EDUCATION REGARDING H EALTHY LIFESTYLE CHOICES THAT CAN REDUCE HEART DISEASE AND CHANCES OF STROKE, INCLUDING BU T NOT LIMITED TO HEALTHY EATING, FOOD PROPORTIONS, COOKING INSTRUCTIONS AND HOW TO MAKE L OW-COST MEALS FOR FAMILIES IN RESPONSE TO THE NATIONAL OPIOID EPIDEMIC, OUR QUALITY DEPART MENT ENGAGED A MUTLI-DISCIPLINARY TEAM THROUGHOUT THE ENTIRE METHODIST HEALTH SYSTEM TO ID ENTIFY AREAS OF OPPORTUNITY IN ALL CLINICAL AND NON-CLINICAL SETTINGS TO REDUCE SUBSTANCE MISUSE, AND WE HAVE SEEN A 16% DECREASE IN NARCOTICS PRESCRIBED IN Q4 2018 AS COMPARED TO Q1 2018 EIGHT STRATEGIC WORKGROUPS WERE CREATED TO FOCUS ON DATA, COMMUNITY ENGAGEMENT, P HARMACY AND PROVIDERS THAT REGULARLY REPORTS TO A LARGER STEERING COMMITTEE, SO THAT BEST PRACTICES CAN BE ESTABLISHED AND SHARED ACROSS THE SYSTEM FINANCIAL ASSISTANCEIN 2018, MWH WAS ABLE TO ASSIST OVER 4,000 INDIVIDUALS WITH FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE REDUCES/ELIMINATES THE MEDICAL PAYMENT BURDEN ON FAMILIES, ALLOWING THEM TO AFFORD HOME O WNERSHIP, EDUCATIONAL EXPENSES, AND HEALTHIER LIFESTYLE AND FOOD CHOICES OUR FINANCIAL AS SISTANCE PROGRAM IS OFFERED TO

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
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 11	ALL PATIENTS UPON ADMISSION AND OUR PROVIDERS ARE KNOWLEDGEABLE REGARDING HOW THEIR PATIE NTS CAN APPLY FOR THIS PROGRAM EVALUATING OUR IMPACTIN ORDER TO BE THE BEST COMMUNITY STE WARDS AND HEALTHCARE PROFESSIONALS, MWH CONTINUALLY EVALUATES ALL PROGRAMS AND SERVICES CO UNTED AS COMMUNITY BENEFITS IN ORDER TO ENSURE BEST PRACTICES ARE USED TO IMPROVE HEALTH O UTCOMES MWH USES A MULTI-DISCIPLINE APPROACH IN REVIEWING ALL PROGRAMS AND CONTINUES TO M OVE TOWARDS USING EVIDENCE-BASED MODELS AS A HEALTH SYSTEM, METHODIST HAS CONTRIBUTED $54 8 2 MILLION IN COMMUNITY BENEFITS SINCE 2008, DEMONSTRATING THE LEVEL OF COMMITMENT THROUG H OUR MISSION STATEMENT, STRATEGIC PLAN AND COMMUNITY BENEFIT PLANS

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 13B	WOMEN'S HOSPITAL CHARGES MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE FOR PATIENTS OR GUARANTORS WITH FAMILY INCOME GREATER THAN 400% OF THE FEDERAL POVERTY LEVEL WHEN CIRCUMSTANCES INDICATE SEVERE FINANCIAL HARDSHIP PATIENTS, OR THEIR GUARANTORS, MAY BE ELIGIBLE FOR MEDICAL HARDSHIP ASSISTANCE IF THEY HAVE INCURRED OUT-OF-POCKET OBLIGATIONS RESULTING FROM MEDICAL SERVICES THAT EXCEED 25% OF FAMILY INCOME AND SUFFICIENT FAMILY ASSETS ARE NOT AVAILABLE TO MEET THE OBLIGATION

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 13H	WOMEN'S HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION THERE MAY BE INSTANCES UNDER WHICH A PATIENT'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE FORMAL FINANCIAL ASSISTANCE APPLICATION OTHER INFORMATION MAY BE UTILIZED TO DETERMINE WHETHER A PATIENT'S ACCOUNT IS UNCOLLECTIBLE AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY WOMEN'S HOSPITAL UTILIZES A PRESUMPTIVE ELIGIBILITY ANALYTICS SOLUTION THAT EXAMINES HISTORICAL DATA COMBINED WITH HOUSEHOLD ECONOMIC INFORMATION IT EVALUATES ACCOUNTS BASED ON THE FOLLOWING STANDARDS AVAILABLE HOUSEHOLD INCOME, AVERAGE HOUSEHOLD SIZE, CAPACITY TO MAKE PAYMENT, AND OVER-EXTENSION COMPARED TO FEDERAL POVERTY GUIDELINES THIS INFORMATION IS DERIVED FROM SOCIOECONOMIC DATA FROM NUMEROUS SOURCES, INCLUDING CENSUS DATA USING THIS PRESUMPTIVE ELIGIBILITY APPROACH, A SCORE IS ASSIGNED AT THE INDIVIDUAL PATIENT LEVEL THE SCORE ENABLES THE PATIENT BILLING OFFICE TO MEET INTERNAL PROCESSING REQUIREMENTS WHILE PROVIDING A COMMUNITY BENEFIT THROUGH FORGIVING ACCOUNT BALANCES FOR THOSE IN NEED THIS APPROACH ENABLES WOMEN'S HOSPITAL TO EVALUATE ACCOUNTS FOR FINANCIAL ASSISTANCE EQUALLY, REGARDLESS OF THE PATIENT'S ABILITY TO COMPLETE AN APPLICATION FOR ASSISTANCE WHEN THE PRESUMPTIVE ELIGIBILITY SOLUTION IS THE BASIS FOR DETERMINING ELIGIBILITY, A FULL FREE CARE DISCOUNT WILL BE GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY THESE ACCOUNTS WILL NOT BE SENT TO COLLECTION AND WILL NOT BE INCLUDED IN BAD DEBT EXPENSE

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST WOMEN'S HOSPITAL PART V, SECTION B, LINE 16J	THE FINANCIAL ASSISTANCE APPLICATION IS PROVIDED WITH INPATIENT ADMISSION PACKETS GUIDANCE TO THE POLICY IS REFERRED TO IN PATIENT STATEMENTS

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

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Form and Line Reference	Explanation
PART V, SECTION B, LIINE 3I	NEBRASKA METHODIST HOSPITAL HAS NOT YET POSTED TO ITS WEBSITE THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL FACILITY'S PRIOR CHNA THIS WAS AN ACCIDENTAL AND INADVERTENT OMISSION AND WAS DISCOVERED IN THE PREPARATION OF THE FORM 990 AS SOON AS THIS ERROR WAS DISCOVERED, NEBRASKA METHODIST HOSPITAL BEGAN WORKING WITH THE APPROPRIATE DEPARTMENTS WITHIN ITS HEALTH SYSTEM TO UPDATE THE REPORT AND IS IN THE PROCESS OF ADDING A SECTION TO AN UPDATED CHNA REPORT THAT WILL BE MADE WIDELY AVAILABLE TO THE PUBLIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

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 . . . . . ▶ 10

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL ASSISTANCE	26520		18,019,130	BOOK	FINANCIAL ASSISTANCE TO PATIENTS
(2) SCHOLARSHIPS	7	7,000			
(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
PART I, LINE 2	NEBRASKA METHODIST HOSPITAL GENERALLY DOES NOT GIVE GRANTS WHEN IT DOES SO, PROCEDURES ARE FOLLOWED TO ENSURE THAT THE GRANT IS MADE TO HEALTH CARE AND COMMUNITY ORGANIZATIONS THAT SHARE IN THE HOSPITAL'S GOALS, MISSION AND CONCERN FOR THE HEALTH OF THE COMMUNITY

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 10100 J STREET OMAHA, NE 68127	13-5613797	501(C)(3)	65,000				CURE/PREVENTION OF HEART ATTACKS
ALZHEIMER'S ASSOCIATION-MIDLANDS CHAPTER 7101 NEWPORT AVENUE OMAHA, NE 68152	47-0648438	501(C)(3)	12,000				RESEARCH ON CURE FOR ALZHEIMER'S DISEASE

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
HOPE MEDICAL OUTREACH COALITION 1722 ST MARYS AVENUE 105 OMAHA, NE 68102	91-1850344	501(C)(3)	24,000				COORDINATE AND EXPAND CAPACITY OF LOCAL HEALTHCARE PROVIDERS TO CARE FOR THE UNINSURED AND UNDERINSURED OF THE METRO OMAHA AREA
ICAN 12565 WEST CENTER ROAD OMAHA, NE 68154	47-0633139	501(C)(3)	30,000				LEADERSHIP DEVELOPMENT TARGETED AT COMMUNITY NEEDS

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
MARCH OF DIMES-NEBRASKA CHAPTER 11840 NICHOLAS STREET 220 OMAHA, NE 68154	13-1846366	501(C)(3)	33,750				IMPROVING HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTHS AND INFANT MORTALITY
AMERICAN CANCER SOCIETY 9850 NICHOLAS STREET STE 200 OMAHA, NE 68114	74-1185665	501(C)(3)	12,500	137,500	FMV	FREE USE OF THE LAND AND LOCATION FOR THE HOPE LODGE FACILITY	CURE/PREVENTION OF CANCER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEBRASKA AFFILIATE OF THE SUSAN G KOMEN FOR THE CURE 12103 PACIFIC STREET OMAHA, NE 68154	26-0056671	501(C)(3)	12,500				FUNDS RESEARCH AND RAISES AWARENESS FOR THE FIGHT AGAINST CANCER
NEBRASKA METHODIST HOSPITAL FOUNDATION 825 S 169TH STREET OMAHA, NE 68118	47-0595345	501(C)(3)	171,800				SUPPORTING PROGRAMS OF NEBRASKA METHODIST HOSPITAL FOUNDATION

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
GREATER OMAHA CHAMBER OF COMMERCE 808 CONAGRA DR STE 400 OMAHA, NE 68102	47-0258610	501(C)(6)	18,000				SUPPORTING PROGRAMS TO INCREASE BUSINESS, EMPLOYMENT, AND INVESTMENT IN THE GREATER OMAHA AREA
PHOENIX ACADEMY 4020 MEETING WAY HIGHPOINT, NC 27265	56-2059485	501(C)(3)	15,000				SUPPORTING PROGRAMS THAT PROVIDE EDUCATION TO CHILDREN GRADES KINDERGARTEN THROUGH 5TH GRADE

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
VISITING NURSE ASSOCIATION 12565 WEST CENTER ROAD OMAHA, NE 68144	47-0690207	501(C)(3)	6,400				SUPPORT PROGRAMS THAT PROVIDE HEALTH CARE SERVICES TO HOME HEALTH AND HOSPICE PATIENTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **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
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	SEE SCHEDULE O, PART VI, SECTION B, LINE 15 EXPLANATION REGARDING THE METHODS USED BY A RELATED ORGANIZATION TO ESTABLISH COMPENSATION

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NEBRASKA METHODIST HEALTH SYSTEM NONQUALIFIED PLAN DURING 2018 AND RECEIVED CONTRIBUTIONS, PLAN ACCRUALS OR PLAN DISTRIBUTIONS IN THE FOLLOWING AMOUNTS JEFFREY FRANCIS $81,019 ACCRUAL, $68,321 PLAN DISTRIBTION JOHN FRASER $38,112 ACCRUAL, $598,272 PLAN DISTRIBUTION STEPHEN GOESER $128,472 ACCRUAL SUSAN KORTH $17,593 ACCRUAL, $30,306 PLAN DISTRIBUTION JOSIE ABBOUD $35,622 ACCRUAL, $14,316 PLAN DISTRIBUTION TERI BRUENING $27,572 ACCRUAL, $29,743 PLAN DISTRIBUTION WILLIAM SHIFFERMILLER MD $33,168 ACCRUAL, $26,610 PLAN DISTRIBUTION OLEG MILITSKAH MD $21,768 ACCRUAL MARK OMAR MD $25,827 ACCRUAL ARU PANWAR MD $11,394 ACCRUAL CAROLEE JONES MD $41,799 ACCRUAL ANDREW COUGHLIN MD $11,974 ACCRUAL ROBERT LINDAU MD $14,915 ACCRUAL WILLIAM LYDIATT MD $18,548 ACCRUAL

Additional Data

Software ID:

Software Version:

EIN: 47-0376604

Name: NEBRASKA METHODIST HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEPHEN L GOESER PRES /CEO-NE METH HEALTH	(I)	0	0	0	0	0	0	0
	(II)	770,401	0	30,304	150,472	21,778	972,955	0
CAROLEE V JONES MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	452,401	0	19,244	66,549	28,656	566,850	0
MARK OMAR MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	255,090	137,600	2,718	31,327	11,680	438,415	0
JEFFREY E FRANCIS VICE PRES CFO	(I)	0	0	0	0	0	0	0
	(II)	448,404	0	70,240	96,562	26,320	641,526	68,321
JOSEPHINE ABBOUD PRESIDENT METHODIST HOSPITAL	(I)	0	0	0	0	0	0	0
	(II)	330,175	0	34,126	63,122	26,588	454,011	14,316
SUSAN KORTH COO WOMEN'S HOSPITAL	(I)	0	0	0	0	0	0	0
	(II)	233,639	0	41,121	35,779	20,470	331,009	30,306
TERI BRUENING VP - ADMINISTRATION	(I)	0	0	0	0	0	0	0
	(II)	247,475	0	31,558	43,903	16,361	339,297	29,743
WILLIAM SHIFFERMILLER MD VP-MEDICAL AFFAIRS	(I)	0	0	0	0	0	0	0
	(II)	365,532	0	53,307	60,668	20,764	500,271	26,610
ANDREW COUGHLIN MD PHYSICIAN	(I)	416,998	112,647	18,662	27,452	29,725	605,484	0
	(II)	0	0	0	0	0	0	0
ROBERT LINDAU MD PHYSICIAN	(I)	420,483	112,647	20,300	33,168	31,256	617,854	0
	(II)	0	0	0	0	0	0	0
ARU PANWAR PHYSICIAN	(I)	425,131	112,647	18,568	27,894	11,347	595,587	0
	(II)	0	0	0	0	0	0	0
WILLAM LYDIATT MD PHYSICIAN	(I)	437,887	112,647	19,274	40,548	25,156	635,512	0
	(II)	0	0	0	0	0	0	0
OLEG MILITSAKH PHYSICIAN	(I)	438,543	112,647	180	43,768	28,506	623,644	0
	(II)	0	0	0	0	0	0	0
JOHN M FRASER FORMER CEO & DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	97,652	0	821,153	38,112	14,171	971,088	598,272

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part 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

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTH #2 DOUGLAS CNTY NE	52-1440796	259230LY4	06-16-2015	39,999,212	SEE PART VI		X		X		X
B	HOSPITAL AUTH #3 DOUGLAS CNTY NE	47-0689293	259234CK6	06-16-2015	192,458,400	SEE PART VI		X		X		X
C	HOSPITAL AUTH #2 DOUGLAS CNTY NE	52-1440796	NONEAVAIL	03-28-2018	26,725,000	REFUND PRIOR BONDS (03/19/14)		X		X		X
D	HOSPITAL AUTH #2 DOUGLAS CNTY NE	52-1440796	NONEAVAIL	04-13-2018	26,510,000	REFUND PRIOR BONDS (05/18/2017)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		8,345,000	45,000	365,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	40,895,929	199,256,190	26,725,000	26,510,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		1,942,738		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	16,828,237	8,646,941		
11	Other spent proceeds	24,067,692	186,331,836	26,725,000	26,510,000
12	Other unspent proceeds		2,334,675		
13	Year of substantial completion	2016	2016	2015	2016

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			0 040 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5			0 040 %					
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
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		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C	(A) ISSUER NAME HOSPITAL AUTH NO 3 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 09/28/2018 (A) ISSUER NAME HOSPITAL AUTH NO 2 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 09/28/2018 (A) ISSUER NAME HOSPITAL AUTH NO 2 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 10/13/2018

Return Reference	Explanation
SCH K, ENTITY 1 & 2 - REGARDING THE 9/28/18 & 10/13/18 REBATE COMPUTATION	SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-0376604

Name: NEBRASKA METHODIST HOSPITAL

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C	(A) ISSUER NAME HOSPITAL AUTH NO 3 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 09/28/2018 (A) ISSUER NAME HOSPITAL AUTH NO 2 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 09/28/2018 (A) ISSUER NAME HOSPITAL AUTH NO 2 OF DOUGLAS CNTY, NE DATE THE REBATE COMPUTATION WAS PERFORMED 10/13/2018
SCH K, ENTITY 1 & 2 - REGARDING THE 9/28/18 & 10/13/18 REBATE COMPUTATION	SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY
SCHEDULE K, ENTITY 1 - PART I, LINES A & B, COLUMN F	BLDG ADDITIONS & EQUIPMENT/REFUND DEBT (05/20/08)
SCHEDULE K, ENTITY 1 - PART II, LINE 3	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part 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

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTH #3 DOUGLAS CNTY NE	47-0689293	NONEAVAIL	03-28-2018	8,185,000	REFUND PRIOR BONDS (03/19/14)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	560,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	8,185,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	8,185,000			
12	Other unspent proceeds				
13	Year of substantial completion	2010			

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHLEEN DODGE	MEMBER OF THE BOARD OF DIRECTORS	184,352	KATHLEEN DODGE IS AN OWNER OF NP DODGE REALTY WHICH CONTRACTS WITH THE HOSPITAL TO PROVIDE LEASED OFFICE SPACE		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE NEBRASKA METHODIST HEALTH SYSTEM AUDIT COMMITTEE WHO REVIEWED IT IN DETAIL THE AUDIT COMMITTEE REPORTED TO THE BOARD OF D IRECTORS ON THEIR REVIEW OF THE FEDERAL FORM 990 A COPY WAS MADE AVAILABLE TO MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW THROUGH A SECURE INTERNET PORTAL THE BOARD OF DIRECTORS IS GIVEN AN OPPORTUNITY TO ASK QUESTIONS OR REQUEST MORE INFORMATION NEBRASKA METHODIST HOSPITAL IS AN AFFILIATE OF THE NEBRASKA METHODIST HEALTH SYSTEM THE POLICIES AND PRACTIC ES OF NEBRASKA METHODIST HEALTH SYSTEM APPLY TO ALL ITS AFFILIATES INFORMATION FOR THE FO RM 990 IS GATHERED FROM APPROPRIATE RESPONSIBLE PARTIES THROUGHOUT THE ORGANIZATION INCLUD ING FINANCE, HUMAN RESOURCES AND CORPORATE COMPLIANCE, IS REVIEWED BY EXTERNAL TAX ADVISOR S AND HAS A FINAL REVIEW BY THE CHIEF FINANCIAL OFFICER FOR THE NEBRASKA METHODIST HEALTH SYSTEM AND THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS SEPARATELY AVAILABLE TO THE PUBLIC HOWEVER , THE RESTATED ARTICLES OF INCORPORATION OF THE ORGANIZATION ARE AVAILABLE THROUGH THE NEB RASKA SECRETARY OF STATE'S WEBSITE THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO MEMB ERS OF THE BOARD OF DIRECTORS AND EMPLOYEES FINANCIAL INFORMATION IS AVAILABLE TO THE PUB LIC THROUGH THE IRS FORM 990 AND FORM 990-T THE ORGANIZATION ALSO CONTRIBUTES INFORMATION REGARDING THE COMMUNITY BENEFITS IT PROVIDES AS PART OF THE METHODIST HEALTH SYSTEM'S ANN UAL COMMUNITY BENEFIT REPORT THE REPORT IS AVAILABLE TO THE PUBLIC ON THE WEBSITE WWW BES TCARE ORG/ABOUT/COMMUNITY-BENEFITS/COMMUNITY-IMPACT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFERS TO AFFILIATES -32,816,852 CHANGE IN BENEFICIAL INTEREST IN FOUNDATION ASSETS -1 ,435,942 CHANGE IN INVESTMENT IN SUBSIDIARIES 1,113,639

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEART SERVICES LLC 825 S 169TH STREET OMAHA, NE 68114 27-1141616	CARDIOLOGY SERVICES	NE	0	0	NEBRASKA METHODIST HOSPITAL

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NEBRASKA COLLABORATIVE LABORATORY LLC 8303 DODGE ROAD OMAHA, NE 68114 46-1173104	MOLECULAR LAB TESTING USING FLUORESCENCE IN SITU HYBRIDIZATION TECHNIQUES	NE	N/A	RELATED	21,708			No			No	50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)SHARED SERVICE SYSTEMS INC & SUBSIDIARY 825 S 169TH STREET OMAHA, NE 68118 47-0649534	MEDICAL SUPPLY DISTRIBUTION & LAUNDRY	NE	NEBRASKA METHODIST HEALTH SYSTEM	C					No
(2)METHODIST HEALTH PARTNERS 825 S 169TH STREET OMAHA, NE 68118 47-0797563	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM	C					No
(3)FREMONT HEALTH PARTNERS 450 E 23RD STREET FREMONT, NE 68025 46-0735043	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM	C					No
(4)HEALTH CHOICE OF NEBRASKA 450 E 23RD STREET FREMONT, NE 68025 47-0783732	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM	C					No

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
825 S 169TH STREET OMAHA, NE 68118 47-0639839	ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L12 III-FI	N/A		No
933 E PIERCE STREET COUNCIL BLUFFS, IA 51503 42-0680355	LICENSED HOSPITAL	IA	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM		No
825 S 169TH STREET OMAHA, NE 68118 47-0595345	SUPPORT OF NEBRASKA METHODIST HOSPITAL AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	NEBRASKA METHODIST HEALTH SYSTEM		No
825 S 169TH STREET OMAHA, NE 68118 47-0724387	NURSING AND HEALTH EDUCATION FACILITY	NE	501(C)(3)	L2	NEBRASKA METHODIST HOSPITAL	Yes	
933 E PIERCE STREET COUNCIL BLUFFS, IA 51503 42-1439454	SUPPORT OF JENNIE EDMUNDSON MEMORIAL HOSPITAL	IA	501(C)(3)	L7	JENNIE EDMUNDSON MEMORIAL HOSPITAL		No
825 S 169TH STREET OMAHA, NE 68118 36-3699672	INSURANCE	NE	501(C)(3)	L12 III-FI	NEBRASKA METHODIST HEALTH SYSTEM		No
825 S 169TH STREET OMAHA, NE 68118 47-0649790	PROPERTY MANAGEMENT	NE	501(C)(2)		NEBRASKA METHODIST HEALTH SYSTEM		No
825 S 169TH STREET OMAHA, NE 68118 47-0687317	CLINICAL HEALTH CARE	NE	501(C)(3)	L10	NEBRASKA METHODIST HEALTH SYSTEM		No
450 E 23RD STSREET FREMONT, NE 68025 83-1362276	LICENSED HOSPITAL	NE	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM		No
450 E 23RD STSREET FREMONT, NE 68025 47-0717207	CLINICAL HEALTH CARE	NE	501(C)(3)	L10	NEBRASKA METHODIST HEALTH SYSTEM		No