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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

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 \$ 705,284,002

F Name and address of principal officer:
JOSEPHINE ABOUD
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

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 4,046

6 Total number of volunteers (estimate if necessary) 6 565

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 6,609,850

7b Net unrelated business taxable income from Form 990-T, line 39 7b 944,046

Revenue

8 Contributions and grants (Part VIII, line 1h) 12,031,691 5,021,903

9 Program service revenue (Part VIII, line 2g) 536,977,141 575,718,224

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,212,373 44,124,607

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,867,394 9,611,887

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 578,088,599 634,476,621

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 18,700,793 19,746,291

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) 235,963,551 244,166,609

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 248,757,625 267,393,574

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 503,421,969 531,306,474

19 Revenue less expenses. Subtract line 18 from line 12 74,666,630 103,170,147

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 861,979,626 953,272,488

21 Total liabilities (Part X, line 26) 350,151,733 352,569,470

22 Net assets or fund balances. Subtract line 21 from line 20 511,827,893 600,703,018

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
JEFFREY E FRANCIS VICE PRES-FINANCE & CFO
Type or print name and title

2020-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ KPMG LLP
Firm's address ▶ 1212 NORTH 96TH STREET SUITE 300
OMAHA, NE 68114

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 13-5565207
Phone no. (402) 348-1450

PTIN P00798244

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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 \$ 44,097,654 including grants of \$ 2,025,605) (Revenue \$ 53,956,422)
See Additional Data	

4b	(Code:) (Expenses \$ 46,134,853 including grants of \$ 1,628,125) (Revenue \$ 44,528,878)
See Additional Data	

4c	(Code:) (Expenses \$ 149,479,059 including grants of \$ 3,008,391) (Revenue \$ 138,706,111)
See Additional Data	

(Code:) (Expenses \$ 258,970,165 including grants of \$ 13,084,170) (Revenue \$ 341,286,233)

NEBRASKA 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. NEBRASKA 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 \$ 258,970,165 including grants of \$ 13,084,170) (Revenue \$ 341,286,233)
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4e	Total program service expenses ▶	498,681,731
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	182
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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

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 ☐

a 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.

See instructions for the order in which to list the persons above.

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

[illegible]

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)								3,115,237	3,478,567	1,159,869

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 206

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCLMEYERS-CARLISLE-LEAPLEY 14124 INDUSTRIAL ROAD OMAHA, NE 681443332	CONSTRUCTION	8,385,958
PERINATAL ASSOCIATES PC 717 N 190TH PLAZA 2400 OMAHA, NE 68022	MEDICAL	8,350,278
ANDERSON PARTNERS 6919 DODGE STREET OMAHA, NE 68132	ADVERTISING/MARKETING	2,181,877
WEST DODGE IMAGING 515 N 162ND AVE 100 OMAHA, NE 68118	MEDICAL	1,432,448
NORLEM TECHNOLOGY CONSULTING 10830 E 45TH ST TULSA, OK 74146	CYBER SECURITY	1,297,388

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 ► 41

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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		4,885											
		c Fundraising events . . .		1c													
		d Related organizations		1d		5,017,018											
		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:\$		1g													
		h Total. Add lines 1a-1f				5,021,903											
Program Service Revenue				Business Code													
		2a NET PATIENT SVC REV		621990		566,536,976											
		b OTHER PATIENT REVENUE		621990		8,681,722											
		c MEDICAL RESEARCH		541700		499,526											
		d															
		e															
		f All other program service revenue.															
		g Total. Add lines 2a-2f.				575,718,224											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				43,239,814						43,239,814					
		4 Income from investment of tax-exempt bond proceeds															
		5 Royalties															
				(i) Real		(ii) Personal											
		6a Gross rents		6a		4,487,831											
		b Less: rental expenses		6b		4,454,619											
		c Rental income or (loss)		6c		33,212											
		d Net rental income or (loss)						33,212				33,212					
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a		66,897,056		1,020									
		b Less: cost or other basis and sales expenses		7b		65,972,402		40,881									
		c Gain or (loss)		7c		924,654		-39,861									
		d Net gain or (loss)						884,793				884,793					
		8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a													
		b Less: direct expenses		8b													
		c Net income or (loss) from fundraising events															
		9a Gross income from gaming activities. See Part IV, line 19		9a													
		b Less: direct expenses		9b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances		10a		548,884											
b Less: cost of goods sold		10b		339,479													
c Net income or (loss) from sales of inventory						209,405				209,405							
Miscellaneous Revenue		Business Code															
11a LABORATORY		621500		3,992,565				3,992,565									
b CAFETERIA REVENUE		722210		2,775,605		2,759,420		16,185									
c TECH. & PROF. CONSULTING		541900		1,728,908				1,728,908									
d All other revenue				872,192				872,192									
e Total. Add lines 11a-11d				9,369,270													
12 Total revenue. See instructions				634,476,621		578,477,644		6,609,850		44,367,224							

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	598,605	598,605		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,147,686	19,147,686		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	190,599,790	190,599,790		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	713,185	713,185		
9 Other employee benefits	39,759,469	39,759,469		
10 Payroll taxes	13,094,165	13,094,165		
11 Fees for services (non-employees):				
a Management				
b Legal	161,016		161,016	
c Accounting				
d Lobbying	24,837		24,837	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	695,099		695,099	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,853,656	31,853,656		
12 Advertising and promotion	2,460,906	2,460,906		
13 Office expenses	17,118,538	17,118,538		
14 Information technology	19,986,243	19,986,243		
15 Royalties				
16 Occupancy	14,707,272	14,707,272		
17 Travel	200,050	200,050		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,552,927	10,552,927		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,521,293	35,521,293		
23 Insurance	3,510,848	2,930,558	580,290	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	95,011,536	95,011,536		
b SYSTEM ALLOCATIONS	31,163,501		31,163,501	
c STAFF EDUCATION & DEV.	1,400,211	1,400,211		
d DUES AND SUBSCRIPTIONS	1,162,076	1,162,076		
e All other expenses	1,863,565	1,863,565		
25 Total functional expenses. Add lines 1 through 24e	531,306,474	498,681,731	32,624,743	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		37,390,197	1	30,824,870	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		78,678,705	4	88,682,909	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		6,664,150	8	7,373,818	
	9	Prepaid expenses and deferred charges		6,337,904	9	10,573,552	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	903,104,642			
	b	Less: accumulated depreciation	10b	569,617,509	342,297,062	10c	333,487,133
	11	Investments—publicly traded securities		265,838,012	11	338,907,201	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		3,957,264	13	4,169,498	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		120,816,332	15	139,253,507	
16	Total assets. Add lines 1 through 15 (must equal line 34)		861,979,626	16	953,272,488		
Liabilities	17	Accounts payable and accrued expenses		68,353,183	17	70,666,568	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		274,974,813	20	269,509,187	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		4,090,061	23	4,611,514	
	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		2,733,676	25	7,782,201	
	26	Total liabilities. Add lines 17 through 25		350,151,733	26	352,569,470	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		477,253,667	27	558,697,726	
	28	Net assets with donor restrictions		34,574,226	28	42,005,292	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		511,827,893	32	600,703,018	
33	Total liabilities and net assets/fund balances		861,979,626	33	953,272,488		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	634,476,621
2	Total expenses (must equal Part IX, column (A), line 25)	2	531,306,474
3	Revenue less expenses. Subtract line 2 from line 1	3	103,170,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	511,827,893
5	Net unrealized gains (losses) on investments	5	1,391,534
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	-15,686,556
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	600,703,018

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

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

Additional Data

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

Form 990 (2019)

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.NEBRASKA 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.NEBRASKA 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, NEBRASKA 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. IN 2019, NEBRASKA METHODIST HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD 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.ALSO IN 2019, BLUE CROSS AND BLUE SHIELD OF NEBRASKA HAS RECOGNIZED NEBRASKA METHODIST HOSPITAL WITH A BLUE DISTINCTION CENTERS+ FOR CARDIAC CARE DESIGNATION AS PART OF THE BLUE DISTINCTION SPECIALTY CARE PROGRAM.NEBRASKA METHODIST HOSPITAL CONTINUED ITS GREAT SUCCESS WITH 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. IN 2019, CARDIOLOGISTS AND VASCULAR SPECIALISTS ALSO BEGAN OFFERING THE T-CAR PROCEDURE AS WELL AS 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 NEBRASKA 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 2019, OUR 50+ SPECIALISTS DIAGNOSED OVER 2,200 CANCER CASES. WE OFFER A FULL LINE OF CANCER SERVICES AT MECC 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. IN 2019, A TELE-HEALTH PROGRAM IN OUT-STATE NEBRASKA FOR THE MANAGEMENT OF THYROID NODULES MADE ITS DEBUT. OUTREACH EFFORTS IN WESTERN IOWA WERE ALSO FIRMLY ESTABLISHED, PROVIDING ACCESS TO CARE MUCH CLOSER TO HOME. METHODIST ESTABROOK CANCER CENTER BREAST CARE CENTER WAS GRANTED A THREE-YEAR ACCREDITATION DESIGNATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), A PROGRAM ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS. METHODIST WAS THE FIRST IN NEBRASKA TO BE ACCREDITED IN 2009 AND HAS EARNED CONSECUTIVE RE-ACCREDITATIONS IN 2012, 2015 AND NOW 2018. IN NOVEMBER 2018, NEBRASKA METHODIST HOSPITAL LAUNCHED THE REGION'S FIRST MOBILE 3D MAMMOGRAPHY COACH. THE COACH PROVIDES LIFE-SAVING BREAST CANCER SCREENINGS TO THE UNINSURED, UNDERINSURED AND BUSINESS COMMUNITY. IN 2019, THE MOBILE MAMMOGRAPHY COACH PERFORMED OVER 1,700 MAMMOGRAMS. OF THOSE, OVER 400 WERE PATIENTS THAT HAD NEVER HAD A MAMMOGRAM. THE NATIONAL PANCREAS FOUNDATION RECOGNIZED METHODIST ESTABROOK CANCER CENTER IN 2019 AS AN APPROVED PANCREATIC CANCER CENTER. THE IMPORTANT DESIGNATION PUTS METHODIST IN ELITE COMPANY WITH FEWER THAN 50 OTHER CENTERS NATIONWIDE. 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 NEBRASKA 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 17 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 NEBRASKA METHODIST HOSPITAL, 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 FOR THE 22ND STRAIGHT YEAR; 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.

Form 990, Part III, Line 4c:

THROUGHOUT OUR CAMPUSES, NEBRASKA METHODIST HOSPITAL IS FOCUSING ON PROVIDING SPECIALIZED CARE FOR WOMEN. WITH THE ONLY MEDICAL CAMPUS IN THE REGION DEDICATED TO WOMEN'S HEALTH, NEBRASKA METHODIST HOSPITAL IS A LEADER IN PROVIDING CARE TO WOMEN FROM THE TEENAGE YEARS THROUGHOUT THEIR LIVES. NEBRASKA METHODIST HOSPITAL 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 2019, METHODIST WOMEN'S HOSPITAL REPORTED JUST UNDER 5,000 BIRTHS.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 13 NEW SINGLE ROOMS AND FIVE ROOMS FOR TWINS OR TRIPLETS. ALSO PART OF THE PROJECT 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 WOMEN'S HOSPITAL 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.THE INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS (IBLCE) AND INTERNATIONAL LACTATION CONSULTANT ASSOCIATION (ILCA) HAVE RECOGNIZED METHODIST WOMEN'S HOSPITAL FOR EXCELLENCE IN LACTATION CARE IN 2019. METHODIST WOMEN'S HOSPITAL WAS THE SECOND HOSPITAL IN NEBRASKA TO RECEIVE THE IBCLC AWARD.

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			
STEPHEN L GOESER PRES./CEO NE METH HEALTH	24.00 16.00			X				0	939,701	224,758
JOHN LORHBERG MD PHYSICIAN	40.00 0.00					X		607,807	0	74,465
JEFFREY E FRANCIS VICE PRES CFO	22.00 18.00			X				0	547,699	120,992
WILLAM LYDIATT MD VP-MEDICAL AFFAIRS	40.00 0.00				X			0	546,828	67,564
ARU PANWAR MD PHYSICIAN	40.00 0.00					X		527,176	0	37,144
BRENT TIERNEY MD PHYSICIAN	40.00 0.00					X		522,319	0	52,328
OLEG MILITSAKH MD PHYSICIAN	40.00 0.00					X		521,564	0	72,103
ANDREW COUGHLIN MD PHYSICIAN	40.00 0.00					X		519,097	0	57,640
JOSEPHINE ABOUD PRESIDENT METHODIST HOSPIT	40.00 0.00			X				0	492,685	121,060
DEBORAH PERRY MD DIRECTOR	1.00 39.00	X						417,274	0	101,090

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			
CAROLEE V JONES MD DIRECTOR	1.00 39.00	X						0	359,103	77,172
TERI BRUENING VP - ADMINISTRATION	40.00 0.00				X			0	285,827	58,210
PATRICIA BAUER COO WOMEN'S HOSPITAL	40.00 0.00			X				0	201,414	53,974
JOHN M FRASER FORMER CEO & DIRECTOR	0.00 0.00						X	0	105,310	41,369
C L LANDEN CHAIRMAN	1.00 0.00	X		X				0	0	0
BRET C GRIESS VICE CHAIRMAN	1.00 0.00	X		X				0	0	0
KATHLEEN C DODGE SECRETARY	1.00 0.00	X		X				0	0	0
MICHAEL C LEBENS TREASURER	1.00 0.00	X		X				0	0	0
SPENCER STEVENS FORMER CHAIRMAN	1.00 0.00	X						0	0	0
LARRY V PEARSON 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			
ADAM YALE DIRECTOR	1.00 0.00	X						0	0	0
DEB BASS 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
KEVIN L NELSON MD DIRECTOR	1.00 0.00	X						0	0	0
L B RED THOMAS DIRECTOR	1.00 0.00	X						0	0	0

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

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

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)	24,837	76,668												
c Total lobbying expenditures (add lines 1a and 1b)	24,837	76,668												
d Other exempt purpose expenditures	531,281,637	709,360,206												
e Total exempt purpose expenditures (add lines 1c and 1d)	531,306,474	709,436,874												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	70,383	74,536	71,961	76,668	293,548
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

TY 2019 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: 72,243,068
Total Exempt Purpose Expenditures: 72,291,068
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: 24,837
Total Lobbying Expenditures: 24,837
Other Exempt Purpose Expenditures: 531,281,637
Total Exempt Purpose Expenditures: 531,306,474
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:	METHODIST FREMONT HEALTH
Address. Either US or Foreign Type:	825 S 169TH STREET OMAHA, NE 68118
EIN:	83-1362276
Electing Organization Checkbox:	☒
Total Grassroots Lobbying:	0
Total Direct Lobbying:	3,831
Total Lobbying Expenditures:	3,831
Other Exempt Purpose Expenditures:	105,835,501
Total Exempt Purpose Expenditures:	105,839,332
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

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	871,537	933,621	807,886	740,834	773,843
b Contributions					
c Net investment earnings, gains, and losses	159,108	-62,084	125,735	67,052	-12,444
d Grants or scholarships					
e Other expenditures for facilities and programs					20,565
f Administrative expenses					
g End of year balance	1,030,645	871,537	933,621	807,886	740,834

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 58.080 %

c

Temporarily restricted endowment ▶ 41.920 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

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		426,406,771	215,364,605	211,042,166
c Leasehold improvements				
d Equipment		474,212,300	354,252,904	119,959,396
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				333,487,133

Schedule D (Form 990) 2019

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	6,514,615
(2) CONSTRUCTION IN PROGRESS	5,880,563
(3) DUE FROM AFFILIATES	53,257,266
(4) OTHER ASSETS	314,297
(5) BENEFICIAL INTEREST IN FDN ASSETS	24,501,109
(6) INVESTMENT IN SUBSIDIARIES	42,260,255
(7) RIGHT OF USE OF OPERATING ASSETS	6,525,402
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	139,253,507

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	7,782,201

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 THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. NO CHANGES WERE MADE TO THE FINANCIAL STATEMENTS DUE TO FIN48.

Supplemental Information	
Return Reference	Explanation
PART IX, LINE 5	IN 2019, NET ASSETS WERE ADJUSTED TO REFLECT THE BENEFICIAL INTEREST IN FOUNDATION NET ASSETS, AN INCREASE OF \$24,501,109

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

2019

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: ☐ 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: ☐ 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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)			15,522,291	143,544	15,378,747	2.890 %
b Medicaid (from Worksheet 3, column a)			26,246,071	21,084,780	5,161,291	0.970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			41,768,362	21,228,324	20,540,038	3.860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,776,696		5,776,696	1.090 %
f Health professions education (from Worksheet 5)			18,695,537		18,695,537	3.520 %
g Subsidized health services (from Worksheet 6)			4,085,604		4,085,604	0.770 %
h Research (from Worksheet 7)			286,836		286,836	0.050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			865,603		865,603	0.160 %
j Total. Other Benefits			29,710,276		29,710,276	5.590 %
k Total. Add lines 7d and 7j			71,478,638	21,228,324	50,250,314	9.450 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements		11,349		11,349	0 %
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		9,210		9,210	0 %
9	Other		352		352	0 %
10	Total		20,911		20,911	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

14,378,568

3

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

3

4

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

Section B. Medicare

5

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

5

120,570,011

6

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

6

141,482,531

7

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

7

-20,912,520

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐

Cost accounting system

☐

Cost to charge ratio

☒

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

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

9b

Yes

No

Part IVManagement Companies and Joint Ventures

(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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>WWW.BESTCARE.ORG/ABOUT/COMMUNITY-BENEFITS/OUR-PLAN/</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>WWW.BESTCARE.ORG/ABOUT/COMMUNITY-BENEFITS/OUR-PLAN/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

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? 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)	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): 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)	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): 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)	16	Yes

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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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 _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 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 2019 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, NEBRASKA 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. NEBRASKA 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 APPROXIMATELY 6,800 IN OMAHA AND SURROUNDING COMMUNITIES WHILE ELEVATING THE OVERALL HEALTH AND EDUCATION IN THE REGION. THIS UNIQUE COMMUNITY PARTNERSHIP BETWEEN THE NEBRASKA 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 NEBRASKA METHODIST HOSPITAL MAINTAIN OFFICE HOURS AT SCHOOLS AND CHURCHES. NEBRASKA 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.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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.NEBRASKA 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. IN MARCH 2019, OMMRS WAS CALLED INTO ACTION DUE TO CATASTROPHIC SPRING STORMS, AFFECTING THE OMAHA METROPOLITAN AREA WITH MASSIVE FLOODING OF THE PLATTE AND MISSOURI RIVERS.WHILE GRANTS HAVE PROVIDED FUNDING TO COVER SOME EXPENSES, TRAINING AND OTHER NEEDED EQUIPMENT ARE PROVIDED BY METHODIST AS A COMMUNITY BENEFIT. NEBRASKA METHODIST HOSPITAL 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, NEBRASKA METHODIST HOSPITAL WOULD PROVIDE TREATMENT FOR SECOND-LEVEL INJURIES, WALKING WOUNDED AND OVERFLOW TRAUMA PATIENTS WHEN ESTABLISHED TRAUMA CENTERS ARE OVERWHELMED.
PART III, LINE 4:	THE NEBRASKA METHODIST HEALTH SYSTEM ADOPTED THE NEW REVENUE RECOGNITION STANDARD IN 2019. BAD DEBT EXPENSE IS NO LONGER DISCUSSED SEPARATELY. THE FOOTNOTE ADDRESSING REVENUE RECOGNITION IS ON THE ATTACHED AUDITED FINANCIAL STATEMENTS, PAGE 12.THE COST METHODOLOGY FOR THE BAD DEBT EXPENSE PRESENTED IN PART III, LINE 2, IS CONSISTENT WITH THAT OF THE 2019 FILED MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	SOURCE IS THE 2019 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.

990 Schedule H, Supplemental Information

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. NEBRASKA 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.

990 Schedule H, Supplemental Information

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. NEBRASKA 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:NEBRASKA METHODIST HOSPITAL'S BOARD OF DIRECTORS PROVIDES OVERSIGHT 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.

990 Schedule H, Supplemental Information

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 8,800 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. NEBRASKA 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		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, NEBRASKA 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 COMMITTED TO CARING FOR ITS COMMUNITY, LIVING THE MISSION OF IMPROVING THE LIVES OF OUR COMMUNITIES BY THE WAY WE CARE, EDUCATE AND INNOVATE. ALL LEADERSHIP SUPPORT THE IMPORTANCE OF WORKING IN THE COMMUNITY WITH OVER 260 PARTNERS IN THE LAST DECADE TO ADDRESS THE IDENTIFIED NEEDS THROUGH THE REGION'S COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). MANAGEMENT AND BOARD MEMBERS HAVE APPROVED THE 2018 - 2020 IMPLEMENTATION STRATEGY PLAN TO STRATEGICALLY ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, IN ACCORDANCE WITH OUR TALENTS, RESOURCES AND AREAS OF EXPERTISE. EACH COMMUNITY BENEFIT PROGRAM INCLUDES AT LEAST ONE OF THE FOLLOWING: ADDRESSING ACCESS TO HEALTH CARE SERVICES ENHANCING THE HEALTH OF THE COMMUNITY ADVANCING MEDICAL OR HEALTH CARE KNOWLEDGE RELIEVING OR REDUCING THE BURDEN OF THE GOVERNMENTNMH HAS WORKED WITH OVER 260 ORGANIZATIONS IN THE LAST DECADE THROUGH PREVENTION ACTIVITIES, HEALTH PROMOTION, SOCIAL SERVICES, PASTORAL CARE, NUMEROUS VOLUNTEER EFFORTS, AND PROFESSIONAL EDUCATION, AS WELL AS DIRECT AND INDIRECT CONTRIBUTIONS. LIKEWISE, NMH REMAINS A STRONG LEADER IN IMPROVING THE HEALTH OF OUR COMMUNITIES - A STATEMENT WE REMAIN HIGHLY PROUD TO MAKE. 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. IN THE FOLLOWING PAGES, WE ADDRESS THE RESULTS OF SIGNIFICANT ACTIONS TAKEN TO ADDRESS OUR TOP PRIORITIES ACROSS OUR COMMUNITIES.ACCESS TO HEALTHCARE SERVICE STO 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 UNDERSERVED POPULATION. THE CLINIC SERVED OVER 2,600 MEN, WOMEN AND ADOLESCENTS IN 2019. STAFFED BY TWO MID-LEVEL PROVIDERS AND BY AN INTERNIST AS THE MEDICAL DIRECTOR, MCHC PROVIDES PRIMARY CARE SERVICES AS WELL AS STD SCREENING AND SEXUAL ASSAULT NURSE EXAMINER (SANE) FOLLOW-UPS AS NECESSARY. THE GOAL OF THIS STRATEGICALLY PLACED CLINIC IS TO INCREASE SERVICES FOR THE UNINSURED/UNDERINSURED AND UNDER-RESOURCED POPULATIONS. THE CLINIC IS CO-LOCATED WITH A LOCAL FAITH COMMUNITY AS WELL AS BEHAVIORAL HEALTH PROVIDERS TO ENCOMPASS THE WHOLE INDIVIDUAL, AND HAS GAINED THE EXPERTISE OF AN ON-SITE NEPHROLOGIST AVAILABLE ON A MONTHLY BASIS.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 EDUCATION ON NEEDS IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS THOSE THAT ARE DESIGNATED AS NATIONAL AWARENESS CONDITIONS.THE METHODIST MOBILE MAMMOGRAPHY COACH CONTINUES TO TRAVEL ACROSS NEBRASKA AND SOUTHWESTERN IOWA SERVING LOCAL COMMUNITY CENTERS, BUSINESSES AND UNDERSERVED NEIGHBORHOODS. IN ITS FIRST YEAR OF OPERATION, THE METHODIST

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:	T MOBILE MAMMOGRAPHY UNIT PROVIDED NEARLY 2,000 MAMMOGRAMS IN 2019 TO WOMEN ACROSS THE METROPOLITAN REGION, INCLUDING 401 WOMEN RECEIVING A MAMMOGRAM FOR THE VERY FIRST TIME.CANCER NEBRASKA METHODIST HOSPITAL CONTINUES TO INCREASE ITS OFFERINGS OF CANCER SCREENINGS, INCLUDING FREE HEAD & NECK OUTREACH INITIATIVES TO THE COMMUNITY, TO INCLUDE LOCATIONS ON-CAMPUS AND THROUGHOUT THE AREA. THERE ARE A NUMBER OF OTHER FREE CANCER SCREENINGS THROUGHOUT THE COMMUNITY IN PARTNERSHIP WITH OTHER HEALTH AGENCIES AND ORGANIZATIONS, FOCUSING ON: BR EAST, DIABETIC, LUNG AND HUMAN PAPILLOMA VIRUS (HPV), AMONG OTHERS. THESE EVENTS ARE TYPICALLY HELD IN TANDEM WITH METROPOLITAN AREA-WIDE EVENTS, SUCH AS THE BINATIONAL HEALTH WEEK WHICH SERVES APPROXIMATELY 300 UNDERSERVED MINORITIES ACROSS THE OMAHA METROPOLITAN AREA. EVERY YEAR DURING COLORECTAL CANCER AWARENESS MONTH (MARCH), NMH COLLABORATES WITH THE GREAT PLAINS COLON CANCER TASK FORCE TO PROVIDE HUNDREDS OF FREE SCREENING KITS TO LOCAL PHARMACIES, GROCERY STORES AND HEALTH CLINICS AT NO COST TO THE COMMUNITY, WHILE COORDINATING COMMUNICATION OF TEST RESULTS AND PROVIDING REFERRALS AS NECESSARY.AS PART OF OUR MEMBERSHIP AND SUPPORT FOR THE IMMUNIZATION TASK FORCE, NMH CONTINUES TO ADVOCATE FOR INCREASED HPV VACCINATION IN MEDICAL CLINICS ACROSS THE REGION, AND PROVIDES OVER 2,000 FREE INFLUENZA VACCINES ANNUALLY TO DAYCARES, SCHOOLS, AND NON-AFFILIATED HEALTH CLINICS ACROSS THE METROPOLITAN AREA.HEART DISEASE & STROKESIMILAR TO OTHER COMMUNITY BENEFIT ACTIVITIES, EVERY SCREENING OFFERED INCLUDES A NUMBER OF HEALTH EDUCATION TOOLS, AND HEART DISEASE AND STROKE ARE NO DIFFERENT. AT THESE EVENTS, BLOOD PRESSURES AND OTHER VITAL STATISTICS ARE TAKEN, AND ONE-ON-ONE CONSULTATION WITH A LICENSED STAFF MEMBER AND/OR NURSING STUDENT IS PROVIDED AT NO COST. THESE CONSULTATIONS INCLUDE SPECIALIZED EDUCATION REGARDING HEALTHY LIFESTYLE CHOICES THAT CAN REDUCE HEART DISEASE AND CHANCES OF STROKE, INCLUDING BUT NOT LIMITED TO: HEALTHY EATING, FOOD PROPORTIONS, COOKING INSTRUCTIONS AND HOW TO MAKE LOW-COST MEALS FOR FAMILIES.FINANCIAL IN 2019, NMH WAS ABLE TO ASSIST OVER 26,000 INDIVIDUALS WITH FINANCIAL ASSISTANCE. FINANCIAL 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 PROGRAM 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 BEST COMMUNITY STEWARDS AND HEALTHCARE PROFESSIONALS, NMH CONTINUALLY EVALUATES ALL PROGRAMS AND SERVICES REPORTED AS COMMUNITY BENEFITS IN ORDER TO ENSURE THAT BEST PRACTICES ARE USED TO IMPROVE HEALTH OUTCOMES. NMH USES A MULTI-DISCIPLINE APPROACH IN REVIEWING ALL PROGRAMS AND CONTINUES TO MOVE TOWARDS USING EVIDENCE-BASED MODELS. AS A HEALTH SYSTEM, METHODIST HAS CONTRIBUTED OVER HALF A BILLION DOLLARS IN COMMUNITY BENEFITS SINCE 2010.

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:	NCE 2008, DEMONSTRATING THE LEVEL OF COMMITMENT THROUGH OUR MISSION STATEMENT, STRATEGIC P LAN AND COMMUNITY BENEFIT PROGRAMS.

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:	NEBRASKA 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:	NEBRASKA 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. NEBRASKA 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 NEBRASKA 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 IN THE LAST DECADE TO ADDRESS THE IDENTIFIED NEEDS THROUGH THE REGION'S COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). MANAGEM ENT AND BOARD MEMBERS HAVE APPROVED THE 2018 - 2020 IMPLEMENTATION STRATEGY PLAN TO STRATE GICALLY ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, IN ACCORDANCE WITH OUR TALENTS, RESOURCE S AND AREAS OF EXPERTISE. EACH COMMUNITY BENEFIT PROGRAM INCLUDES AT LEAST ONE OF THE FOLL OWING: ADDRESSING ACCESS TO HEALTH CARE SERVICES ENHANCING THE HEALTH OF THE COMMUNITY ADV ANcing MEDICAL OR HEALTH CARE KNOWLEDGE RELIEVING OR REDUCING THE BURDEN OF THE GOVERNMENT MWH (AS AN AFFILIATE OF METHODIST HEALTH SYSTEM AND NEBRASKA METHODIST HOSPITAL) HAS WORKE D WITH OVER 260 ORGANIZATIONS IN THE LAST DECADE THROUGH PREVENTION ACTIVITIES, HEALTH PRO MOTION, SOCIAL SERVICES, PASTORAL CARE, NUMEROUS VOLUNTEER EFFORTS, AND PROFESSIONAL EDUCA TION, AS WELL AS DIRECT AND INDIRECT CONTRIBUTIONS. LIKEWISE, MWH REMAINS A STRONG LEADER IN IMPROVING THE HEALTH OF OUR COMMUNITIES - A STATEMENT WE REMAIN HIGHLY PROUD TO MAKE. I N ORDER TO ADDRESS THE MANY IDENTIFIED NEEDS OF OUR COMMUNITIES, WE REMAIN COMMITTED TO TH OSE ORGANIZATIONS WHO HAVE ADDITIONAL EXPERTISE IN AREAS WE FEEL WOULD SERVE AS A PRUDENT PARTNER. IN THE FOLLOWING PAGES, WE ADDRESS THE RESULTS OF SIGNIFICANT ACTIONS TAKEN TO AD DRESS OUR TOP PRIORITIES ACROSS OUR COMMUNITIES. ACCESS TO HEALTHCARE SERVICESMETHODIST MO BILE MAMMOGRAPHY BEGAN A SYSTEM-WIDE CAPITAL CAMPAIGN TO FINANCE THE PURCHASE OF A NEW MOB ILE COACH, RETROFITTED TO SUPPORT A FULLY FUNCTIONING MAMMOGRAPHY SCREENING ROOM. FULLY EQ UIPPED WITH STORAGE, CONSULTATION AND PATIENT AREAS, THIS MOBILE UNIT HAS TRAVELED ACROSS NEBRASKA AND IOWA SERVING LOCAL COMMUNITY CENTERS, BUSINESSES AND UNDERSERVED NEIGHBORHOOD S. IN ITS FIRST YEAR OF OPERATION, THE METHODIST MOBILE MAMMOGRAPHY UNIT PROVIDED NEARLY 2 ,000 MAMMOGRAMS IN 2019 TO WOMEN ACROSS THE METROPOLITAN REGION, INCLUDING 401 WOMEN RECEI VING A MAMMOGRAM FOR THE VERY FIRST TIME.CANCERIN ADDITION TO THE MOBILE MAMMOGRAPHY UNIT, MWH CONTINUES TO INCREASE ITS OFFERINGS OF FREE BREAST EXAM SCREENING AND EDUCATION OUTRE ACH INITIATIVES TO THE COMMUNITY, TO INCLUDE LOCATIONS ON-CAMPUS AND IN THE LOCAL COMMUNIT Y.THERE ARE A NUMBER OF OTHER FREE OR REDUCED-FEE CANCER SCREENINGS THROUGHOUT THE COMMUNI TY IN PARTNERSHIP WITH OTHER HEALTH AGENCIES AND ORGANIZATIONS, FOCUSING ON: BREAST, LUNG AND SKIN. THESE EVENTS ARE HELD IN TANDEM WITH A METRO-WIDE BINATIONAL HEALTH WEEK AND THE BLACK FAMILY HEALTH AND WELLNESS ASSOCIATION HEALTH FAIR.AS PART OF OUR MEMBERSHIP AND SU PPORT FOR THE IMMUNIZATION TASK FORCE, MWH ADVOCATES FOR INCREASED HUMAN PAPILLOMA VIRUS (HPV) VACCINATION IN MEDICAL CL

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:	INICS ACROSS THE AREA, AND PROVIDES FREE FLU SHOTS TO DAYCARES, SCHOOLS, AND NON-MWH CLINI CS. THROUGH EVERY OUTREACH EVENT, MWH PROVIDES FREE SCREENINGS, EDUCATION AND REFERRALS (I F DEEMED NECESSARY) TO WHOEVER THE INDIVIDUAL'S PRIMARY CARE PROVIDER IS, REGARDLESS OF AN Y HEALTH SYSTEM AFFILIATION; WE ALSO REFER TO FEDERALLY-QUALIFIED HEALTH CENTERS WHEN APPL ICABLE.HEART DISEASE & STROKESIMILAR TO OTHER COMMUNITY BENEFITS ACTIVITIES, EVERY SCREENI NG OFFERED INCLUDES A NUMBER OF HEALTH EDUCATIONAL METHODS, AND HEART DISEASE AND STROKE A RE NO DIFFERENT. FREE BLOOD PRESSURES AND OTHER VITAL STATISTICS ARE TAKEN, AND ONE-ON-ONE CONSULTATION WITH A LICENSED STAFF MEMBER IS AVAILABLE AT EVERY COMMUNITY EVENT. IN ADDIT ION TO THESE ACTIVITIES, MWH EDUCATES EVERY ENCOUNTERED INDIVIDUAL WITH HEALTHY LIFESTYLE CHOICE OPTIONS THAT REDUCE HEART DISEASE AND CHANCES OF STROKE, INCLUDING BUT NOT LIMITED TO: HEALTHY EATING, FOOD PROPORTIONS, COOKING INSTRUCTIONS AND HOW TO MAKE LOW-COST MEALS FOR FAMILIES.SPECIAL INITIATIVESAS PART OF OUR COMMITMENT TO OUR COMMUNITIES, OUR WORK IS NEVER DONE: THAT IS WHY WE ARE CONSTANTLY ENGAGED WITH OUR PARTNERS, NONPROFIT ORGANIZATIO NS AND OTHER STAKEHOLDERS ON HOW WE CAN RAISE THE STANDARD OF CARE. IN 2019, MWH WAS ABLE TO ASSIST OVER 4,000 INDIVIDUALS WITH FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE REDUCES/E LIMINATES MEDICAL PAYMENT BURDEN ON FAMILIES, ALLOWING THEM TO AFFORD HOME OWNERSHIP, EDUC ATIONAL EXPENSES, AND HEALTHIER LIFESTYLE AND FOOD CHOICES. OUR FINANCIAL ASSISTANCE PROGRAM IS EXPLAINED TO ALL PATIENTS UPON ADMISSION AND OUR PROVIDERS ARE KNOWLEDGEABLE REGARDI NG HOW THEIR PATIENTS CAN APPLY FOR THIS PROGRAM. BEGINNING EARLY 2017, MWH AND HEALTH SYS TEM REPRESENTATIVES HAVE BEEN INVOLVED IN A COMMUNITY-DRIVEN EFFORT TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN PARTNERSHIP WITH HEALTH DEPARTMENTS, OTHER HEALTH SYSTEMS AND DO ZENS OF NONPROFIT ORGANIZATIONS, WITH THE GOAL OF IMPLEMENTING A "COMMUNITY HEALTH WORKER" (CHW) TO ADDRESS NEEDS OF THE COMMUNITY, FROM WITHIN THE COMMUNITY, ON AN INDIVIDUAL-TO-I NDIVIDUAL LEVEL. AS THIS WORKGROUP CONTINUES TO MEET MONTHLY, GREAT PROGRESS HAS BEEN MADE TO DEVELOP AN AGREED-UPON CURRICULUM FOR BASIC AND ADVANCED-LEVEL SCOPES OF PRACTICE, WIT H A GO-LIVE DATE FOR TRAININGS WHICH WERE LAUNCHED IN 2018. THIS CHW WILL WORK AS AN ADVOC ATE FOR THE COMMUNITIES IN WHICH THEY LIVE, SERVING AS A BRIDGE BETWEEN HEALTH NEEDS AND S OLUTIONS. MWH CONTINUES TO ALIGN POPULATION HEALTH INITIATIVES WITH SOCIAL WORK, PHYSICIAN CLINICS, NEBRASKA METHODIST COLLEGE AND THE COMMUNITY BENEFIT DEPARTMENT AND THE COMMUNIT Y TOGETHER TO IMPLEMENT SYSTEM-WIDE APPROACHES TO THE SOCIAL DETERMINANTS OF HEALTH. MWH C ONTINUES TO WORK WITH OVER 260 ORGANIZATIONS WORKING THROUGH PREVENTION ACTIVITIES, HEALTH PROMOTION, SOCIAL SERVICES, PASTORAL CARE, NUMEROUS VOLUNTEER EFFORTS, AND PROFESSIONAL E DUCATION, AND REMAINS A STRONG LEADER FOR PROVIDING A HEALTHIER COMMUNITY A STATEMENT WE R EMAIN HIGHLY PROUD OF. IN ORDE

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:	R TO ADDRESS THE MANY IDENTIFIED NEEDS OF OUR COMMUNITY, WE REMAIN COMMITTED TO THOSE ORGA NIZATIONS WHO HAVE ADDITIONAL EXPERTISE IN AREAS WE FEEL WOULD SERVE AS A PRUDENT RELATION SHIP.EVALUATING OUR IMPACTIN ORDER TO BE THE BEST COMMUNITY STEWARDS AND HEALTHCARE PROFES SIONALS, MWH CONTINUALLY EVALUATES ALL PROGRAMS AND SERVICES COUNTED AS COMMUNITY BENEFITS IN ORDER TO ENSURE BEST PRACTICES ARE USED TO IMPROVE HEALTH OUTCOMES. MWH USES A MULTI-D ISCIPLINE APPROACH IN REVIEWING ALL PROGRAMS, WHERE OUR CURRENT PLAN INCLUDES SEVERAL DIFF ERENT TYPES OF EVALUATIONS THAT WILL DETERMINE HOW THE IMPACT OF THOSE PROGRAMS PROVIDED W ILL IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITIES.OUR COMMUNITY BENEFIT IMPACT CONTINUES TO SIGNIFICANTLY GIVE BACK TO THOSE WE SERVE NOT ONLY THROUGH OUR MISSION STATEMENT, BUT IN OUR STRATEGIC PLAN, COMMUNITY BENEFIT PLANS AND TOTAL COMMUNITY IMPACT.

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 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.

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 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.

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 16J:	THE FINANCIAL ASSISTANCE APPLICATION IS PROVIDED WITH INPATIENT ADMISSION PACKETS. GUIDANCE TO THE POLICY IS REFERRED TO IN PATIENT STATEMENTS.

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

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 ▶ 8
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL ASSISTANCE	31085	19,140,686		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)	40,000				CURE/PREVENTION OF HEART ATTACKS
ALZHEIMER'S ASSOCIATION-MIDLANDS CHAPTER 7101 NEWPORT AVENUE OMAHA, NE 68152	47-0648438	501(C)(3)	10,000				RESEARCH ON CURE FOR ALZHEIMER'S DISEASE

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
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

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 CANCER SOCIETY 9850 NICHOLAS STREET STE 200 OMAHA, NE 68114	74-1185665	501(C)(3)	12,500	150,000	FMV	FREE USE OF THE LAND AND LOCATION FOR THE HOPE LODGE FACILITY	CURE/PREVENTION OF CANCER
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

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 METHODIST HOSPITAL FOUNDATION 825 S 169TH STREET OMAHA, NE 68118	47-0595345	501(C)(3)	202,920				SUPPORTING PROGRAMS OF NEBRASKA METHODIST HOSPITAL FOUNDATION
VISITING NURSE ASSOCIATION 12565 WEST CENTER ROAD OMAHA, NE 68144	47-0690207	501(C)(3)	10,000				SUPPORT PROGRAMS THAT PROVIDE HEALTH CARE SERVICES TO HOME HEALTH AND HOSPICE PATIENTS

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

2019

Open to Public Inspection

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number
47-0376604

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax 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 on 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 on 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

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.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NEBRASKA METHODIST HEALTH SYSTEM NONQUALIFIED PLAN DURING 2019 AND RECEIVED CONTRIBUTIONS, PLAN ACCRUALS OR PLAN DISTRIBUTIONS IN THE FOLLOWING AMOUNTS: JEFFREY FRANCIS \$78,826 ACCRUAL; \$73,229 PLAN DISTRIBUTION JOHN FRASER \$40,106 ACCRUAL, \$99,894 PLAN DISTRIBUTION STEPHEN GOESER \$180,618 ACCRUAL JOSEPHINE ABBOUD \$64,472 ACCRUAL, \$12,640 PLAN DISTRIBUTION TERI BRUENING \$40,310 ACCRUAL, \$27,657 PLAN DISTRIBUTION OLEG MILITSAKH MD \$20,365 ACCRUAL DEBORAH PERRY MD \$50,282 ACCRUAL ARU PANWAR MD \$10,371 ACCRUAL CAROLEE JONES MD \$34,715 ACCRUAL ANDREW COUGHLIN MD \$10,964 ACCRUAL WILLIAM LYDIATT MD \$19,776 ACCRUAL PATRICIA BAUER \$18,865 ACCRUAL JOHN LOHRBERG MD \$26,851 ACCRUAL, \$363,665 PLAN DISTRIBUTION BRENT TIERNEY MD \$10,836 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				
1STEPHEN L GOESER PRES./CEO NE METH HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	896,568	0	43,133	203,018	22,362	1,165,081	0
1JOHN LORHBERG MD PHYSICIAN	(i)	158,013	69,441	380,353	51,613	24,191	683,611	363,665
	(ii)	0	0	0	0	0	0	0
2JEFFREY E FRANCIS VICE PRES CFO	(i)	0	0	0	0	0	0	0
	(ii)	472,294	0	75,405	94,788	26,826	669,313	73,229
3WILLAM LYDIATT MD VP-MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	443,631	83,681	19,516	44,976	24,194	615,998	0
4ARU PANWAR MD PHYSICIAN	(i)	424,462	83,556	19,158	26,662	12,122	565,960	0
	(ii)	0	0	0	0	0	0	0
5BRENT TIERNEY MD PHYSICIAN	(i)	504,139	0	18,180	27,076	26,892	576,287	0
	(ii)	0	0	0	0	0	0	0
6OLEG MILITSAKH MD PHYSICIAN	(i)	437,953	83,431	180	42,765	30,978	595,307	0
	(ii)	0	0	0	0	0	0	0
7ANDREW COUGHLIN MD PHYSICIAN	(i)	416,379	83,556	19,162	27,238	32,042	578,377	0
	(ii)	0	0	0	0	0	0	0
8JOSEPHINE ABBODD PRESIDENT METHODIST HOSPIT	(i)	0	0	0	0	0	0	0
	(ii)	458,495	0	34,190	92,472	29,210	614,367	12,640
9DEBORAH PERRY MD DIRECTOR	(i)	395,560	0	21,714	78,282	24,448	520,004	0
	(ii)	0	0	0	0	0	0	0
10CAROLEE V JONES MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	310,007	30,322	18,774	59,915	18,897	437,915	0
11TERI BRUENING VP - ADMINISTRATION	(i)	0	0	0	0	0	0	0
	(ii)	256,045	0	29,782	57,130	3,157	346,114	27,657
12PATRICIA BAUER COO WOMEN'S HOSPITAL	(i)	0	0	0	0	0	0	0
	(ii)	201,000	0	414	38,998	15,548	255,960	0
13JOHN M FRASER FORMER CEO & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	3,277	0	102,033	40,106	1,266	146,682	99,894

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEBRASKA METHODIST HOSPITAL

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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			11,730,000		140,000		1,110,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	40,895,929		199,265,650		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		10,987,507					
11	Other spent proceeds	24,067,692		186,335,405		26,725,000		26,510,000	
12	Other unspent proceeds								
13	Year of substantial completion	2016		2016		2015		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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-mediation 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.

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

Schedule K
(Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEBRASKA METHODIST HOSPITAL

Employer identification number

47-0376604

Part I Bond Issues

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

Part II Proceeds

				A		B		C		D	
1	Amount of bonds retired				1,330,000						
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						
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?			X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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).

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHLEEN DODGE	MEMBER OF THE BOARD OF DIRECTORS	220,442	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

Name of the organization
NEBRASKA METHODIST HOSPITAL**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

2019**Open to Public
Inspection****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 IDENTIFICATION NUMBER OF NEBRASKA METHODIST HEALTH SYSTEM AND ALL REQUIRED EMPLOYMENT TAX RETURNS WERE FILED BY NEBRASKA METHODIST HEALTH SYSTEM. WAGES AND BENEFITS SHOWN IN THE FORM 990 ARE ACTUAL WAGES ASSOCIATED WITH NEBRASKA METHODIST HOSPITAL PERSONNEL.

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 CORPORATION UNDER THE NEBRASKA NONPROFIT CORPORATION ACT. THE MEMBER HAS APPROVAL AUTHORITY ON ANNUAL BUDGETS, CAPITAL EXPENDITURES IN EXCESS OF CERTAIN ESTABLISHED THRESHOLDS, AND ESTABLISHMENT OF OR PARTICIPATION AS A SHAREHOLDER, PARTNER OR EQUITY MEMBER OF ANY OTHER ENTITY.

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

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

990 Schedule O, Supplemental Information

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

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 UPON 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 NEBRASKA SECRETARY OF STATE'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES. FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC THROUGH THE IRS FORM 990 AND FORM 990-T. THE ORGANIZATION ALSO CONTRIBUTES INFORMATION REGARDING THE COMMUNITY BENEFITS IT PROVIDES AS PART OF THE NEBRASKA METHODIST HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPORT. THE REPORT IS AVAILABLE TO THE PUBLIC ON THE WEBSITE WWW.BESTCARE.ORG/ABOUT/COMMUNITY-BENEFITS/COMMUNITY-IMPACT .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFERS TO AFFILIATES -23,494,567. CHANGE IN BENEFICIAL INTEREST IN FOUNDATION ASSETS 6, 966,993. CHANGE IN INVESTMENT IN SUBSIDIARIES 841,018.

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

2019

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	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SHARED SERVICE SYSTEMS INC & 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.

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

Yes

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

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