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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning 06/01, 2008, and ending 05/31, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>BRYANLGH FOUNDATION</u> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <u>1600 SOUTH 48TH STREET</u> City or town, state or country, and ZIP + 4 <u>LINCOLN, NE 68506-1299</u>	<b>D</b> Employer identification number <u>23-7005720</u>
		<b>E</b> Telephone number <u>(402) 481-8967</u>
		<b>G</b> Gross receipts \$ <u>7,030,694.</u>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer <u>JENNIFER LESOING-LUCS</u> <u>1600 SOUTH 48TH STREET LINCOLN, NE 68506</u>		<b>H(c)</b> Group exemption number <u>  </u>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (03) (insert no) <u>  </u> 4947(a)(1) or <u>  </u> 527		
<b>J</b> Website: <u>WWW.BRYANLGH.ORG</u>		
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u>  </u>		<b>L</b> Year of formation <u>1934</u>
		<b>M</b> State of legal domicile <u>NE</u>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>BRYANLGH FOUNDATION'S MISSION IS TO ADVANCE HEALTH, EXCELLENCE IN PATIENT CARE, AND HEALTH-RELATED EDUCATION THROUGH PHILANTHROPIC SUPPORT OF THE BRYANLGH HEALTH SYSTEM.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>21</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>19</u>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<u>NONE</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>NONE</u>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<u>NONE</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>NONE</u>	
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>497,046.</u>	<u>481,743.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>NONE</u>	<u>NONE</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>316,598.</u>	<u>-1,006,851.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-816.</u>	<u>460.</u>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>812,828.</u>	<u>-524,648.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>1,574,683.</u>	<u>1,088,601.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>NONE</u>	<u>NONE</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	<u>60,211.</u>	<u>35,535.</u>
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>406,553.</u>	<u>459,622.</u>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,981,236.</u>	<u>1,583,758.</u>
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<u>-1,168,408.</u>	<u>-2,108,406.</u>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>11,255,947.</u>	<u>8,097,683.</u>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<u>862,112.</u>	<u>359,696.</u>
		<u>10,393,835.</u>	<u>7,737,987.</u>

## Part II Signature Block

Sign Here	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	
	Signature of officer <u>Jennifer Lesoing-Lucs</u>	Date <u>1/8/10</u>
	Type or print name and title <u>Jennifer Lesoing-Lucs, VP Finance &amp; CFO</u>	
Paid Preparer's Use Only	Preparer's signature <u>Jennifer Lesoing-Lucs</u>	Date <u>01/07/10</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>ERNST &amp; YOUNG U. S. LLP</u> <u>190 CARONDELET PLAZA, SUITE 1300 CLAYTON, MO 63105</u>	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions) <u>P00366526</u>	EIN <u>34-6565596</u>
		Phone no <u>314-290-1000</u>

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

**Part III** Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 798,638. including grants of \$ 798,638. ) (Revenue \$ NONE )DISTRIBUTIONS MADE TO BRYANLGH MEDICAL CENTER TO BUILD AND  
MAINTAIN EQUIPMENT AND ENDOW AND OPERATE A HOSPITAL FOR SICK AND  
DISABLED.**4b** (Code \_\_\_\_\_) (Expenses \$ 175,357. including grants of \$ 175,357. ) (Revenue \$ NONE )

SCHOLARSHIPS FOR NURSING STUDENTS.

**4c** (Code \_\_\_\_\_) (Expenses \$ 101,044. including grants of \$ 101,044. ) (Revenue \$ NONE )

MATCHING GRANTS TO OTHER MEDICAL FACILITIES.

**4d** Other program services (Describe in Schedule O.) SEE STATEMENT 2  
(Expenses \$ 13,562. including grants of \$ 13,562. ) (Revenue \$ NONE )**4e** Total program service expenses ► \$ 1,088,601. (Must equal Part IX, Line 25, column (B) )

**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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where 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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, 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	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U S?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> 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> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	X
<b>37</b> 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> . . . . .	<b>37</b>	X

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable. . . . .	1a	24
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a	NONE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b	If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	21	
1b	Enter the number of voting members that are independent	19	
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?	X	
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

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

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization JENNIFER LESOING-LUCS 1600 SOUTH 48TH STREET, LINCOLN, NE 68506  
(402) 481-8967







**Part VIII** Statement of Revenue

23-7005720

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	67,937.			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e	40,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	373,806.			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .					
<b>h Total. Add lines 1a-1f . . . . .</b>				481,743.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
<b>g Total. Add lines 2a-2f . . . . .</b>				NONE			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		238,044.			238,044.
	4	Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	5	Royalties . . . . .		NONE			
		(i) Real	(ii) Personal				
	6a	Gross Rents . . . . .					
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		NONE			
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory . . . . .		6,301,372			
	b	Less cost or other basis and sales expenses . . . . .		7,546,267			
	c	Gain or (loss) . . . . .		-1,244,895.			
	d	Net gain or (loss) . . . . .		-1,244,895.			-1,244,895.
	8a	Gross income from fundraising events (not including \$ 67,937. of contributions reported on line 1c) See Part IV, line 18 . . . . .		7,509.			
	b	Less direct expenses . . . . .		8,192.			
	c	Net income or (loss) from fundraising events . . . . .		-683.			-683.
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		1,989			
	b	Less direct expenses . . . . .		883.			
	c	Net income or (loss) from gaming activities . . . . .		1,106.			1,106.
	10a	Gross sales of inventory, less returns and allowances . . . . .					
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
11a	MISCELLANEOUS . . . . .		900099	37.			37.
b							
c							
d	All other revenue . . . . .						
<b>e Total. Add lines 11a-11d . . . . .</b>				37.			
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>				-524,648.			-1,006,391.

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21 . . .	899,682.	899,682.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	188,919.	188,919.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	NONE			
11 Fees for services (non-employees)				
a Management . . . . .	331,381.		331,381.	
b Legal . . . . .	NONE			
c Accounting . . . . .	14,500.		14,500.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	35,535.			35,535.
f Investment management fees . . . . .	4,587.		4,587.	
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	24,676.			24,676.
13 Office expenses . . . . .	20,253.		20,253.	
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	NONE			
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	63,125.		63,125.	
22 Depreciation, depletion, and amortization . . .	NONE			
23 Insurance . . . . .	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MISCELLANEOUS . . . . .	1,100.		1,100.	
b . . . . .				
c . . . . .				
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	1,583,758.	1,088,601.	434,946.	60,211.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	1,093,197.	2	88,721.
	3 Pledges and grants receivable, net . . . . .	5,801.	3	2,712.
	4 Accounts receivable, net . . . . .	5,932.	4	6,825.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment cost basis . . . . . 10a			
	b Less: accumulated depreciation. Complete Part VI of Schedule D. . . . . 10b		10c	
	11 Investments - publicly traded securities . . . . .	9,212,518.	11	7,207,133.
	12 Investments - other securities. See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	938,499.	15	792,292.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,255,947.	16	8,097,683.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	772,333.	17	303,919.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	89,779.	25	55,777.
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	862,112.	26	359,696.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	2,685,128.	27	1,172,783.
	28 Temporarily restricted net assets . . . . .	3,103,536.	28	1,898,913.
	29 Permanently restricted net assets . . . . .	4,605,171.	29	4,666,291.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	10,393,835.	33	7,737,987.
	34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	11,255,947.	34	8,097,683.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c	If "Yes" to lines 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? . . . . .	X	
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? . . . . .		X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		

Form 990 (2008)

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public Inspection**

Name of the organization

Employer identification number

BRYANLGH FOUNDATION

23-7005720

<b>Part I Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)	
--	--

The organization is not a private foundation because it is (Please check only one organization.)

- 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 )
  - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally Integrated      d ☐ Type III - Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
  - h Provide the following information about the organizations the organization supports.

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	680,176.	530,701.	612,788.	497,046.	481,743	2,802,454.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .	680,176.	530,701	612,788	497,046.	481,743	2,802,454.
<b>5</b> 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) . . . . .						NONE
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						2,802,454

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	680,176.	530,701	612,788	497,046.	481,743.	2,802,454.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	315,664.	310,696	340,094	303,878	238,044	1,508,376.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	32.	78.	37	48.	37	232
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						4,311,062
<b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .					12	50,847.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	65.01 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	66.88 %
<b>16a</b> <b>33 1/3% support test - 2008.</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2007.</b> 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 . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</b> 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2007.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total.</b> Add lines 1-5 . . . . .						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
19a <b>33 1/3% support tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>33 1/3% support tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	32.	78.	37.	48.	37.	232
TOTALS	32.	78	37.	48.	37.	232



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

BRYANLGH FOUNDATION

Employer identification number

23-7005720

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2008

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

3 Using the organization's 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 d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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

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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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 . . . . .	8,871,951				
b Contributions . . . . .	429,233				
c Investment earnings or losses . . . . .	-1,094,125				
d Grants or scholarships . . . . .	174,697				
e Other expenditures for facilities and programs . . . . .	540,269				
f Administrative expenses . . . . .					
g End of year balance . . . . .	7,492,093				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► 12.4000 %  
 b Permanent endowment ► 62.3000 %  
 c Term endowment ► 25.3000 %

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

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	X
(ii) related organizations . . . . .	3a(ii)	X

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . . ►				



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-524,648.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,583,758.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,108,406.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-56,400.
9	Total adjustments (net) Add lines 4-8	9	-56,400.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,164,806.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	-516,519.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	8,129.
e	Add lines 2a through 2d	2e	8,129.
3	Subtract line 2e from line 1	3	-524,648.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-524,648.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,648,287.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	64,529.
e	Add lines 2a through 2d	2e	64,529.
3	Subtract line 2e from line 1	3	1,583,758.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,583,758.

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT FUNDS ARE ESTABLISHED AND MAINTAINED TO  
PROVIDE THE CHARITABLE DISTRIBUTION OF FUNDS TO BRYANLGH MEDICAL CENTER  
TO OPERATE A HOSPITAL FOR THE SICK AND DISABLED, AND TO PROVIDE  
SCHOLARSHIPS TO STUDENTS WHO ATTEND THE BRYANLGH COLLEGE OF HEALTH  
SCIENCES.

FIN 48 FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS

FORM 990, SCHEDULE D, PART X

"DURING THE YEAR ENDED MAY 31, 2008, THE FOUNDATION ADOPTED THE  
PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN  
INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 (FIN 48),  
WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS.  
THIS INTERPRETATION REQUIRES THE FOUNDATION TO RECOGNIZE IN THE  
FINANCIAL STATEMENTS THE BENEFIT OF POSITIONS TAKEN IN A PREVIOUSLY FILED  
TAX RETURN OR EXPECTED TO BE TAKEN IN A FUTURE TAX RETURN ONLY WHEN IT IS  
CONSIDERED MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON  
EXAMINATION BY THE TAX AUTHORITIES. THE ADOPTION OF FIN 48 IN 2008, DID  
NOT HAVE A MATERIAL EFFECT ON THE 2009 OR 2008 FINANCIAL STATEMENTS OF  
THE FOUNDATION."

**Part XIV** Supplemental Information (continued)

RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STMTS

SCHEDULE D, PART XI, LINE 8

CORPORATE COST ALLOCATIONS UNPAID IN THE AMOUNT OF \$56,400.

RECONCILIATION OF REVENUE PER AUDITED FIN STMTS WITH REVENUE PER RETURN

SCHEDULE D, PART XII, LINE 2(D)

FUNDRAISING REVENUE DECREASED BY \$8,129 DUE TO DIRECT FUNDRAISING

EXPENSES.

RECONCILIATION OF EXP PER AUDITED FINANCIAL STMTS WITH EXP PER RETURN

SCHEDULE D, PART XIII, LINE 2D

CORPORATE COST ALLOCATIONS UNPAID = \$56,400

FUNDRAISING DIRECT EXPENSES = \$ 8,129

TOTAL \$64,529



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 FLAIR FOR CARE (event type)	(b) Event #2 ALS BENEFIT (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	58,605.	16,841.		75,446.
2 Less Charitable contributions . . . . .	51,791.	16,146.		67,937.
3 Gross revenue (line 1 minus line 2) . . . . .	6,814.	695.		7,509.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Non-cash prizes . . . . .				
6 Rent/facility costs . . . . .	682.			682.
7 Other direct expenses . . . . .	6,815.	695.		7,510.
8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 8,192. )
9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				-683.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Non-cash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

Schedule G (Form 990 or 990-EZ) 2008



**13** Indicate the percentage of gaming activity operated in

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor
**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . **17a**

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

2008

## Open to Public Inspection

**Employer Identification number**

23-7005720

\_\_\_\_\_

- 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.

---

□  
▲  
●  
●

[illegible]

- |   |  |   |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 7 |
| 3 | Enter total number of other organizations                            | 7 |

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR NURSING STUDENTS	191	175,357			
EMPLOYEE CARING FUND	28	13,562.			

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART 1, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

AFTER AN ORGANIZATION HAS BEEN APPROVED FOR THE BRYANLGH FOUNDATION

("FOUNDATION") MATCHING GRANTS PROGRAM, THE ORGANIZATION IS REQUIRED TO

SUBMIT INVOICES FOR THE COST OF THE EQUIPMENT/PROJECT, BEFORE FOUNDATION

RELEASES ANY FUNDS TO THE ORGANIZATION. THE ORGANIZATION IS ALSO

REQUIRED TO SUBMIT NEWSPAPER CLIPPINGS/NEWSLETTERS TO PROVE THAT THE

FUNDS WERE USED FOR THEIR INTENDED PURPOSE.





**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

BRYANLGH FOUNDATION

Employer identification number

23-7005720

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

**b** If line 1a is 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 . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☐ Compensation committee  
☐ Independent compensation consultant  
☐ Form 990 of other organizations

- ☐ Written employment contract  
☐ Compensation survey or study  
☐ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

Schedule J (Form 990) 2008



**Part III Supplemental Information**

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART 1, LINE 4B

THE FOLLOWING PEOPLE LISTED IN FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN, OR RECEIVED A PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN:

KEN FOSTER: \$30,816

JENNIFER LESOING-LUCS: \$82,939

R. LYNN WILSON: \$272,629



**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

BRYANLGH FOUNDATION

23-7005720

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
RENEE SJULIN CHAIRPERSON	1.	X						NONE	NONE	NONE
DEEANN WENGER VICE CHAIRPERSON	1.	X						NONE	NONE	NONE
KIMBERLY RUSSEL PRESIDENT	1.	X		X				NONE	620,528.	25,594.
NEIL FINSAND VICE PRESIDENT	1.	X		X				NONE	130,692.	51,156.
ROBERT SCOTT SECRETARY/TREASURER	1.	X		X				NONE	NONE	NONE
SAM BAIRD TRUSTEE	1.	X						NONE	NONE	NONE
RICHARD CAMPBELL TRUSTEE	1.	X						NONE	NONE	NONE
HEIDI CUCA-CONKLIN TRUSTEE	1.	X						NONE	NONE	NONE
DR. CHARLES GREGORIUS TRUSTEE	1.	X						NONE	NONE	NONE
CATHY HEDSTROM TRUSTEE	1.	X						NONE	NONE	NONE
LLOYD HINKLEY TRUSTEE	1.	X						NONE	NONE	NONE
JON HINRICHS TRUSTEE	1.	X						NONE	NONE	NONE
ART KNOX TRUSTEE	1.	X						NONE	NONE	NONE
JIM MASTERA TRUSTEE	1.	X						NONE	NONE	NONE
PATTY MCMANUS TRUSTEE	1.	X						NONE	NONE	NONE
ROBERT NEFSKY TRUSTEE	1.	X						NONE	NONE	NONE
ROBERT NORRIS TRUSTEE	1.	X						NONE	NONE	NONE
DON STADING TRUSTEE	1.	X						NONE	NONE	NONE
JAMES STANGE TRUSTEE	1.	X						NONE	NONE	NONE
JAMES STUART, III TRUSTEE	1.	X						NONE	NONE	NONE
CORI VOKOUN TRUSTEE	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000  
52108P 2256

V08-8.3

39

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

BRYANLGH FOUNDATION

23-7005720

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

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

Schedule J-2 (Form 990) 2008

JSA

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52108P 2256

V08-8.3

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

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**2008**

**Open to Public Inspection**

Name of the organization

BRYANLGH FOUNDATION

Employer identification number

23-7005720

DESCRIPTION OF OTHER PROGRAM SERVICE

FORM 990, PART III, LINE 4D

TO PROVIDE FOR BRYANLGH HEALTH SYSTEM EMPLOYEES DURING TIME OF

CATASTROPHIC LOSS.

DESCRIPTION OF FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, QUESTION 2

ROBERT NORRIS, BOARD MEMBER, HAS BUSINESS RELATIONSHIPS WITH THE

FOLLOWING BOARD MEMBERS: ROBERT SCOTT, RENEE SJULIN, JAMES STANGE,

RICHARD CAMPBELL, CORI VOKOUN, AND PATTY MCMANUS.

RENEE SJULIN, BOARD MEMBER, HAS BUSINESS RELATIONSHIPS WITH THE FOLLOWING

BOARD MEMBERS: CATHY HEDSTROM, ROBERT SCOTT, AND JAMES STUART, III.

CORI VOKOUN, BOARD MEMBER, HAS BUSINESS RELATIONSHIPS WITH THE FOLLOWING

BOARD MEMBERS: RICHARD CAMPBELL, PATTY MCMANUS, AND KIMBERLY RUSSEL.

DESCRIPTION OF SIGNIFICANT CHANGES TO ORGANIZING OR ENABLING DOCUMENTS

FORM 990, PART VI, QUESTION 4

DURING 2008, THE ORGANIZATION AMENDED ITS BYLAWS TO: 1) REVISE THE

DOLLAR LIMITS FOR THE ADOPTION OF CAPITAL OR OPERATIONAL BUDGETS BY THE

BOARD WITHOUT PRIOR APPROVAL BY BRYANLGH HEALTH SYSTEM ("HEALTH SYSTEM"),

THE ORGANIZATION'S SOLE MEMBER; 2) REVISE THE DOLLAR LIMITS FOR THE

BOARD'S APPROVAL OF THE TRANSFER/SALE OF CAPITAL ASSETS WITHOUT PRIOR

APPROVAL BY HEALTH SYSTEM; 3) REVISE THE DOLLAR LIMITS FOR BOARD

EXPENDITURES FOR ACQUISITIONS WITHOUT THE PRIOR APPROVAL OF THE HEALTH

SYSTEM; 4) REVISE THE DOLLAR LIMITS FOR THE BOARD'S APPROVAL OF

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

**Schedule O (Form 990) 2008**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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INDEBTEDNESS WITHOUT PRIOR APPROVAL BY HEALTH SYSTEM; 5) REVISE THE  
VOTING PROCEDURES OF THE BOARD TO INCLUDE A PRESUMPTION OF ASSENT; 6)  
ADDED HEALTH SYSTEM'S GOVERNANCE COMMITTEE TO THE NOMINATION PROCESS FOR  
NEW BOARD MEMBERS; 7) ADDED THE PROVISION THAT A MAJORITY OF TRUSTEES  
ENTITLED TO VOTE WITH RESPECT TO THE SUBJECT MATTER SHALL HAVE THE SAME  
FORCE AND EFFECT AS AN UNANIMOUS VOTE WITH REGARDS TO ACTIONS TAKEN  
WITHOUT MEETINGS; 8) REVISE THE SECTION REGARDING MEETINGS OF TRUSTEES  
TO REQUIRE A MAJORITY OF TRUSTEES ENTITLED TO VOTE INSTEAD OF ALL  
ELIGIBLE VOTING MEMBERS PARTICIPATING; 9) ADDED A HEALTH SYSTEM  
REPRESENTATIVE AS AN ADDITIONAL MEMBER OF THE NOMINATING COMMITTEE; 10)  
REVISED THE INVESTMENT OF FUNDS PROVISION TO PROVIDE THAT THE POLICY OF  
THE FINANCE COMMITTEE OF THE HEALTH SYSTEM SHALL GOVERN THE INVESTMENT OF  
ALL FUNDS OF THE CORPORATION, EXCEPT IN THE CASE OF CURRENT FUNDS THAT  
ARE NOT NEEDED FOR IMMEDIATE USE.

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS  
FORM 990, PART VI, QUESTION 6  
AS STATED IN THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS, THE  
SOLE MEMBER OF BRYANLGH FOUNDATION IS BRYANLGH HEALTH SYSTEM ("HEALTH  
SYSTEM"). HEALTH SYSTEM HAS THE RIGHT UNDER THE ORGANIZING DOCUMENTS TO:  
1) APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZATIONS' GOVERNING BODY;  
2) ELECT THE MEMBERS OF THE GOVERNING BODY; AND, 3) RECEIVE ANY REMAINING  
ASSETS AFTER DISSOLUTION OF THE ORGANIZATION.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

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

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

Employer identification number

FORM 990, PART VI, QUESTION 7A  
BRYANLGH HEALTH SYSTEM ("HEALTH SYSTEM") AS SOLE MEMBER OF BRYANLGH  
FOUNDATION ("FOUNDATION"), HAS THE RIGHT UNDER THE ORGANIZING DOCUMENTS  
TO REMOVE ANY TRUSTEE FROM OFFICE AT ANY TIME, WITH OR WITHOUT CAUSE BY A  
TWO-THIRDS VOTE OF THE BOARD OF HEALTH SYSTEM. ELECTION OF FOUNDATION'S  
BOARD OF TRUSTEES SHALL AT ALL TIMES BE SUBJECT TO THE APPROVAL OF THE  
HEALTH SYSTEM.

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING  
RIGHTS

FORM 990, PART VI, QUESTION 7B  
BRYANLGH HEALTH SYSTEM ("HEALTH SYSTEM") IS THE SOLE MEMBER OF BRYANLGH  
FOUNDATION ("FOUNDATION"). PURSUANT TO THE GOVERNING DOCUMENTS, THE  
BOARD OF TRUSTEES OF FOUNDATION MAY MANAGE THE AFFAIRS OF THE  
CORPORATION; HOWEVER, THE BOARD OF TRUSTEES MAY NOT, WITHOUT THE PRIOR  
APPROVAL OF THE HEALTH SYSTEM: (1) ADOPT ANY LONG-TERM CAPITAL  
OPERATIONAL BUDGET; (2) ADOPT ANY CHANGES IN ANY ANNUAL OR LONG-TERM  
CAPITAL BUDGET OR OPERATIONAL EXPENSE BUDGET EXCEEDING \$250,000 IN ANY  
SINGLE TRANSACTION OR \$500,000 IN ANY ONE CORPORATION FISCAL YEAR; (3)  
APPROVE OR IMPLEMENT AMENDMENTS TO ITS MISSION STATEMENT OR TO STRATEGIC  
PLANS; (4) AMEND THE BYLAWS OR ARTICLES OF INCORPORATION; (5) APPROVE  
THE TRANSFER, SALE OR OTHER DISPOSITION OF CAPITAL ASSETS IN ANY ONE  
CORPORATION FISCAL YEAR IN EXCESS OF \$500,000; (6) ORGANIZE OR ACQUIRE,  
OR AUTHORIZE THE ORGANIZATION OR ACQUISITION OF ANY CORPORATION,  
ASSOCIATION, PARTNERSHIP, TRUST, SHARED SERVICE ARRANGEMENT, JOINT

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

VENTURE OR OTHER ENTITY, DIRECTLY OR INDIRECTLY, WHERE THE CAPITAL  
EXPENDITURE OR OPERATING EXPENSES BY THE CORPORATION IN CONNECTION WITH  
SUCH ORGANIZATION OR ACQUISITION IN ANY ONE CORPORATION FISCAL YEAR  
EXCEEDS \$500,000; (7) APPROVE ANY INDEBTEDNESS INVOLVING A MORTGAGE OR  
LIEN OF ANY KIND OR NATURE ON ASSETS OF THE CORPORATION WHERE THE  
BORROWING OR INDEBTEDNESS IN ANY ONE CORPORATION FISCAL YEAR EXCEEDS  
\$500,000; (8) ELECT OR APPOINT TRUSTEES OR THE PRESIDENT OF THE  
CORPORATION; OR (9) TAKE ANY OTHER ACTIONS WHICH MAY BE INCONSISTENT WITH  
THE HEALTH SYSTEM'S GOALS AND OBJECTIVES.

DESCRIBE THE PROCESS USED BY THE GOVERNING BODY TO REVIEW 990  
FORM 990, PART VI, QUESTION 10  
A COPY OF FORM 990 WAS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES,  
OF BRYANLGH HEALTH SYSTEM, THE SOLE MEMBER OF BRYANLGH FOUNDATION. THE  
FINANCE COMMITTEE REVIEWED FORM 990 PRIOR TO THE SUBMISSION OF THE FORM  
TO THE INTERNAL REVENUE SERVICE.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST  
FORM 990, PART VI, QUESTION 12C  
BRYANLGH FOUNDATION HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY  
THAT IS MONITORED AND ENFORCED BY THE GOVERNANCE COMMITTEE OF BRYANLGH  
HEALTH SYSTEM, THE SOLE MEMBER OF THE CORPORATION. BOARD MEMBERS ARE  
REQUIRED TO ANNUALLY COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE  
QUESTIONNAIRE TO IDENTIFY ANY POSSIBLE CONFLICTS OF INTEREST. THE  
CONFLICT OF INTEREST AND DISCLOSURE QUESTIONNAIRES ARE REVIEWED IN DETAIL

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

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**Open to Public Inspection**

Name of the organization

Employer identification number

BY THE GOVERNANCE COMMITTEE OF BRYANLGH HEALTH SYSTEM. CONFLICTS ARE  
MONITORED BY MEMBERS OF THE GOVERNANCE COMMITTEE. THE CONFLICT OF  
INTEREST POLICY HAS RESTRICTIONS FOR ANY BOARD MEMBER WITH A CONFLICT OF  
INTEREST SUCH AS PROHIBITING THEM FROM PARTICIPATING IN DELIBERATIONS AND  
VOTING WITH REGARD TO CERTAIN TRANSACTIONS IN WHICH THEY HAVE AN  
INTEREST.

OFFICES/POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN  
FORM 990, PART VI, QUESTION 15A & 15B  
BRYANLGH HEALTH SYSTEM ("HEALTH SYSTEM") IS THE SOLE MEMBER OF THE  
ORGANIZATION. ANNUALLY, ALL SENIOR MANAGEMENT POSITIONS ARE REVIEWED BY  
THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE HEALTH SYSTEM.  
THE PROCESS INCLUDES AN EVALUATION USING COMPARABLE MARKET DATA COMPILED  
BY AN OUTSIDE COMPENSATION CONSULTANT. DOCUMENTATION IS KEPT OF ALL  
MEETINGS OF THE COMPENSATION COMMITTEE LISTING THE DATE AND TERMS OF THE  
COMPENSATION REVIEWED. ALL OTHER NON-SENIOR MANAGEMENT POSITIONS ARE  
REVIEWED BY HUMAN RESOURCES FOR APPROPRIATE COMPENSATION.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO PUBLIC  
FORM 990, PART VI, QUESTION 19  
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL  
STATEMENTS ARE NOT MADE AVAILABLE FOR PUBLIC DISCLOSURE.

ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  
FORM 990, PART VII, SECTION A, COLUMN B

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Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**2008**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

KIMBERLY RUSSEL, KEN FOSTER AND JENNIFER LESOING-LUCS EACH SPEND  
APPROXIMATELY 60 HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS WITHIN  
BRYANLGH HEALTH SYSTEM.

DISTINGUISHING PYMTS FOR PROF FUNDRAISING SERVICES FROM EXP PYMT/REIMB  
SCHEDULE G, PART I, COL V  
JEROLD PANAS, LINZY & PARTNERS ("JEROLD PANAS") WAS PAID A TOTAL AMOUNT  
OF \$35,535 TO CONDUCT A CAPITAL CAMPAIGN FEASIBILITY STUDY. JEROLD PANAS  
WAS PAID \$34,700 FOR THE TIME SPENT CONDUCTING THE STUDY AND REIMBURSED  
\$835 FOR TRAVEL AND OUT OF POCKET EXPENSES.







**Part V Transactions With Related Organizations**

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	BRYANLGH MEDICAL CENTER	O	742,882.
(2)	BRYANLGH MEDICAL CENTER	R	68,323.
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

BRYANLGH FOUNDATION'S MISSION IS TO ADVANCE HEALTH, EXCELLENCE IN  
PATIENT CARE AND HEALTH-RELATED EDUCATION THROUGH PHILANTHROPIC  
SUPPORT OF THE BRYANLGH HEALTH SYSTEM

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES  
=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
CARING FUND FOR HEALTH SYSTEM EMPLOYEES IN NEED.	13,562.	13,562.	NONE
TOTALS	13,562.	13,562.	NONE
	=====	=====	=====