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Form **990** 

Department of the Treasury

## **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

OMB No 1545-0047

Open to Public
Inspection

|                          | enue Service<br>he 2008  |                                  | ar, or tax year beginning 09-01-2008  |   |                   | •                                      | Inspection              |  |
|--------------------------|--|----------------------------------|---|---|-------------------|--|-------------------------|--|
|                          | ıf applıcab  |                                  | C Name of organization  | dia chang to 31 200                     |                   | D Employer ider                        | ntification number      |  |
| _                        | ii applicab<br>is change   | use IRS                          | DIALYSIS CENTER OF LINCOLN INC  |   |                   | 47-0708725                             |                         |  |
| _                        | change   | label or print or                | Doing Business As   |   |                   | E Telephone number                     |                         |  |
| _                        | -  | type. See                        |   |   |                   | (402) 489-5                            | 339                     |  |
| Initial i<br>–<br>Termir |  | Specific<br>Instruc-<br>tions.   | Number and street (or P O box if mail 7910 O STREET   | is not delivered to street addre        | ss) Room/suite    | <b>G</b> Gross receipts \$             |                         |  |
| _                        | led return   |                                  | City or town, state or country, and ZIP LINCOLN, NE 685102500                               | + 4                                     | I                 |  |                         |  |
| Applica                  | ition pendi  | ng                               |   |   |                   |  |                         |  |
|                          |  |                                  | me and address of principal officer   |   | H(a) Is this      | s a group return                       |                         |  |
|                          |  |                                  | /EMERSON<br>OSTREET   |   | affiliat          | tes?                                   | ⊤Yes 🔽 No               |  |
|                          |  |                                  | DLN, NE 68510   |   | H(b) Are all      | affiliates include                     | d?                      |  |
| Tax-e                    | xempt stat   | us 🔽 501(d                       | c) ( 3 ) <b>4</b> (insert no )  |   |                   | ," attach a list(<br>p exemption num   | see instructions)       |  |
| Web                      | site: ► \  | WWW DIALYS                       | SISNEBRASKA ORG   |   | , II(c) (104)     | p exemption num                        |                         |  |
| Type of                  | f organizat  | on 🔽 Corpora                     | ation Trust Association Other   |   | L Year of fo      | rmation M                              | State of legal domicile |  |
| Part                     |  | mmary                            |   |   |                   | L                                      |                         |  |
|                          | <b>1</b> Brief   | y describe tl                    | ne organization's mission or most si  | gnificant activities                    |                   |  |                         |  |
| ا م                      | PRO'   | VIDE MEDIC                       | CAL SERVICES TO RENAL DIALYS  | SIS PATIENTS                            |                   |  |                         |  |
|                          |  |                                  |   |   |                   |  |                         |  |
|                          |  |                                  |   |   |                   |  |                         |  |
| · [                      |  | k this hov 🜬                     |   | ts onerations or disposed               | of more than      | 25% of its asset                       |                         |  |
| 3   3                    |  | '                                |   |   |                   |  |                         |  |
|                          |  |                                  | members of the governing body (Pa   |   |                   |  |                         |  |
| :                        |  |                                  | ndent voting members of the govern  |   | )                 |  |                         |  |
| '                        | <b>5</b> Total   | number of e                      | mployees (Part V , line 2a)   |   |                   | 5                                      | 1;                      |  |
| ξ   ·                    | <b>6</b> Total   | number of v                      | olunteers (estimate if necessary)   |   |                   | 6                                      |                         |  |
| נ                        | <b>7a</b> Total  | gross unrela                     | ated business revenue from Part VII   | II, line 12, column (C)                 |                   | 7a                                     |                         |  |
|                          | <b>b</b> Netu  | ınrelated bus                    | iness taxable income from Form 99   | 0-T, line 34                            |                   | 7b                                     |                         |  |
|                          |  |                                  |   |   | Prio              | r Year                                 | Current Year            |  |
|                          | <b>8</b> Cor   | itributions an                   | nd grants (Part VIII, line 1h)  |   |                   | 790                                    | 6,84                    |  |
| <u>o</u> . I.,           |  |                                  | revenue (Part VIII, line 2g)  |   | 16,046,698        | 14,946,173                             |                         |  |
| 를   <u>.</u>             |  |                                  | me (Part VIII, column (A), lines 3,   |   |                   | 563,292                                |                         |  |
| Tue Ae 10                |  |                                  | ,   |   | 563,292           | -286,32                                |                         |  |
| _   +                    | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e |                                  |   |   |                   |  | (                       |  |
| 1                        |  |                                  | add lines 8 through 11 (must equal F  |   | e                 | 16,610,780                             | 14,666,693              |  |
| 1:                       |  |                                  | ar amounts paid (Part IX, column (A   |   |                   | 953,100                                | 967,923                 |  |
| 14                       |  |                                  | or for members (Part IX, column (A)   |   |                   | 333,100                                | 507,52                  |  |
|                          |  |                                  |   |   | _                 |  | <u> </u>                |  |
| 8 1                      | 5 Sais<br>10)  |                                  | ompensation, employee benefits (Pa  | 6,571,658                               | 7,010,039         |  |                         |  |
| ğ   10                   | •  |                                  | draising fees (Part IX, column (A), li  |   |                   | (                                      |                         |  |
| EXP enses                |  |                                  | penses (Part IX, column (D), line 25) $\blacktriangleright 0$                               | ,                                       |                   |  |                         |  |
| ති  <br>13               |  |                                  | Part IX, column (D), line 25) ► (Part IX, column (A), lines 11a-11                          | d 11f_24f)                              |                   | 8,255,542                              | 0 260 62                |  |
|                          |  |                                  |   |   |                   |  | 8,360,63                |  |
| 18                       |  | •                                | Add lines 13-17 (must equal Part I  | , |                   | 15,780,300                             | 16,338,594              |  |
| 97                       | y Rev  | enue less ex                     | penses Subtract line 18 from line 1   | 12                                      |                   | 830,480                                | -1,671,90               |  |
| ်<br>ရှိနှင့်            |  |                                  |   |   | Beginni           | ng of Year                             | End of Year             |  |
| 5年<br>20<br>3円           |  |                                  | ort X, line 16)   |   |                   | 23,335,410                             | 20,659,647              |  |
| Second 20                |  | al liabilities (                 | Part X, line 26)  |   |                   | 3,976,945                              | 3,008,683               |  |
|                          |  |                                  | nd balances Subtract line 21 from l   | ine 20                                  |                   | 19,358,465                             | 17,650,960              |  |
| Part :                   |  | gnature B                        |   |   |                   |  |                         |  |
|                          |  |                                  | erjury, I declare that I have examined this i<br>correct, and complete Declaration of prepa |   |                   |  |                         |  |
|                          | 1.   | ****                             | ,   | ,                                       | 1                 | 04-15                                  | ,                       |  |
| Sign                     | 18 _   | gnature of offic                 | <br>:er   |   | Date              | AL IN                                  |                         |  |
| lere                     | - ['   | _                                |   |   |                   |  |                         |  |
|                          |  | ARRY EMERSON<br>ype or print nar |   |   |                   |  |                         |  |
|                          | <u> </u>   |                                  |   | Data                                    | Chool: f          | Drage / 1 1 1                          |                         |  |
|                          |  | rer's<br>ture MICH               | AEL L CLYMER  |   | Check If<br>self- | Preparer's identify (see instructions) | ring number             |  |
| Paid                     |  | tule <b>F</b>                    |   |   | empolyed 🕨 🔽      |  |                         |  |
| repare                   |  | s name (or you                   | rs MICHAEL L CLYMER CPA   | <u> </u>                                |                   | ETN L                                  |                         |  |
| Jse Onl                  |  | -employed),<br>ess, and ZIP + 4  | 1012 9TH STREET   |   |                   | EIN Þ                                  |                         |  |
|                          |  | , ,                              |   |   |                   | Phone no 🕨 (40                         | 2) 694-6505             |  |
| 4 =                      | IDC '  |                                  | AURORA, NE 68818  | /                                       |                   | ,                                      | Yes INO                 |  |
| av ide                   | 1 K > (1) S (  | TATIONS FATI                     | ana wiin ine brebatet snown anovez :  | · · · · · · · · · · · · · · · · · · ·   |                   |  |                         |  |

|     | Statemen   | t of Program Service                                      | Accomplishn  | <br><b>1ents</b> (see instr                                       | ructions.)   | raye Z                                       |
|-----|--|---|--|---|--|--|
| 1   |  | e organization's mission                                  |  |   |  |  |
| PRO | VIDE MEDICAL SEF   | RVICES TO RENAL DIALY                                     | SIS PATIENTS   |   |  |  |
|     |  |   |  |   |  |  |
| 2   | the prior Form 990   | n undertake any significan<br>or 990-EZ?                  |  |   |  | es 🔽 No                                      |
| 3   |  | hese new services on Sche<br>n cease conducting, or ma    |  | naes in how it cond   | lucts, any program   |  |
| _   | services?  |   |  |   |  | es 🔽 No                                      |
| _   |  | hese changes on Schedule                                  |  |   |  |  |
| 4   | Section 501(c)(3)  |   | is and section 494   | 17(a)(1) trusts are   | rgest program services by expe<br>required to report the amount or<br>rvice reported   |  |
| 4a  | (Code  | ) (Expenses \$  | 14,375,687 ınclud  | ing grants of \$  | 967,923 ) (Revenue \$  | )  |
|     | LINCOLN HAD MORE T<br>ALMOST 9,400 DAYS C<br>DIALYSIS CENTER PAR | THAN 300 PATIENTS DURING TH<br>OF CAPD AND CCPD TREATMENT | E YEAR, THE DIALYSIS<br>MORE THAN 4,700 D<br>RAMS RELATED TO KID | CENTER PROVIDED M<br>IALYSIS TREATMENTS V<br>DNEY DISEASE AND TRI | T NEBRASKA AT THE END OF FY 2009,<br>ORE THAN 34,000 OUTPATIENT HEMOI<br>WERE PROVIDED TO HOSPITAL INPATIE<br>EATMENT EMPLOYEES ARE ENCOURAG<br>DIALYSIS | DIALYSIS TREATMENTS AND NTS IN ADDITION, THE |
| 4b  | (Code  | ) (Expenses \$  | ıncludı  | ng grants of \$   | ) (Revenue \$  | )  |
|     |  |   |  |   |  |  |
| 4c  | (Code  | ) (Expenses \$  | ıncludı  | ng grants of \$   | ) (Revenue \$  | )  |
|     |  |   |  |   |  |  |
|     | (Code<br>DISTRIBUTIONS TO LI                                     | ) (Expenses \$<br>NCOLN HOSPITAL ORGANIZATION             |  | ng grants of \$   | ) (Revenue \$  | )  |
| 4d  | Other program se<br>(Expenses \$                                 | rvices (Describe in Sched<br>includ                       | ule O)<br>ing grants of\$  |   | ) (Revenue \$  | )  |
| 4e  | Total program ser  | vice expenses►\$  | 14,375,687 <i>(N</i>   | 1ust equal Part IX, i   | 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 $A^{\bullet \bullet}$   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   |     | Νo |
| 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   |     | Νo |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 4   |     | No |
| 5   | Section 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   |     | 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, 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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{3}$  | 10  |     | No |
| 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  | Yes |    |
| 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  | 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 U.S.?  | 14a |     | Νο |
| 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 |     | No |
| 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  |     | No |
| 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  |     | No |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17  |     | No |
| 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  |     | Νο |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | Νo |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | Νο |
| 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  | Yes |    |
| 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  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | Νο |
| 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 |     | Νο |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | Νο |
| 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 |     | No |
| 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 |     | No |
| 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  |     | No |
| 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  |     | No |

#### Part IV Checklist of Required Schedules (Continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |     |    |
| а  | 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)? If "Yes," complete Schedule L, Part |     |     |    |
|    |  | 28a |     | Νο |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  | 28b |     | No |
| С  | 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? If "Yes," complete Schedule L, Part IV.   | 28c |     | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | Νο |
| 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</i> "Yes," complete Schedule R, Part I  | 33  |     | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  |     | Νo |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35  |     | Νο |
| 36 | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Νο |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | Νο |
|    | organization? If "Yes," complete Schedule R, Part V, line 2  |     |     |    |

|           | 1990 (2008)   |          |     | Page: |
|-----------|---|----------|-----|-------|
| Pa        | rt V Statements Regarding Other IRS Filings and Tax Compliance  |          |     |       |
| 1a        | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal   |          | Yes | No    |
|           | of U.S. Information Returns. Enter -0- if not applicable  |          |     |       |
|           | <b>1a</b> 13  |          |     |       |
| 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   | _        |     |       |
| 2a        | gaming (gambling) winnings to prize winners?  | 1c       | Yes |       |
| Za        | Statements filed for the calendar year ending with or within the year covered by this return  |          |     |       |
| b         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  |          |     |       |
|           | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)                                  | 2b       | Yes |       |
| 3a        | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this  | _        |     |       |
| L         | return?   | 3a<br>3b |     | No    |
| - Б<br>4а | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   | 3D       |     |       |
| 70        | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  | 4-       |     |       |
|           | account)?   | 4a       |     | No    |
| Ь         | If "Yes," enter the name of the foreign country 🕨   |          |     |       |
|           | Financial Accounts  |          |     |       |
| 5a        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |     | Νo    |
| b         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |     | Νo    |
| 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       |     | Νo    |
| b         | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                 | 6b       |     |       |
| 7         | Organizations that may receive deductible contributions under section 170(c).   |          |     |       |
| а         | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?   | 7a       |     | Νo    |
| 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  |          |     | N     |
| d         | file Form 8282?   | 7c       |     | No    |
| u         | The s, indicate the number of forms 62.02 med during the year   |          |     |       |
| e         | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                             | 7e       |     | No    |
| f         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |     | Νο    |
| g         | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     | Νo    |
| h         | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as   | 7h       |     | N o   |
| 8         | required?   | /"       |     | NO    |
| J         | organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8        |     | No.   |
| 9         | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.   |          |     |       |
| а         | Did the organization make any taxable distributions under section 4966?   | 9a       |     | No    |
| b         | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b       |     | Νo    |
| 10        | Section 501(c)(7) organizations. Enter  |          |     |       |
| а         | 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   |          |     |       |
| 11        | Section 501(c)(12) organizations. Enter   |          |     |       |
| а         | Gross income from members or shareholders   |          |     |       |
| b         | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )                                  |          |     |       |
| 12a       | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |       |
|           | If "Yes," enter the amount of tax-exempt interest received or accrued during the  |          |     |       |
|           | vear 12b  |          |     | I     |

(402) 489-5339

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

| Se  | ction 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 1a 4  |        |          |          |
| ь   | Enter the number of voting members that are independent 1b 4   |        |          |          |
| 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      |          | Νο       |
| 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 organizational documents since the prior Form 990 was filed?  | 4      |          | N o      |
| 5   | Did the organization become aware during the year of a material diversion of the organization's assets?  | 5      |          | Νο       |
| 6   | Does the organization have members or stockholders?  | 6      | Yes      |          |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  | 7a     | Yes      |          |
| Ь   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b     |          | No       |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |        |          |          |
| а   | The governing body?  | 8a     | Yes      |          |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b     | Yes      |          |
| 9a  | Does the organization have local chapters, branches, or affiliates?  | 9a     |          | Νο       |
| b   | 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?   | 9b     |          |          |
| 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  | 10     |          | No       |
| 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   | 11     |          | No       |
| Se  | ction B. Policies  |        |          |          |
|     |  |        | Yes      | No       |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a    |          | No       |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    |          |          |
| C   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c    |          |          |
| 13  | Does the organization have a written whistleblower policy?   | 13     |          | No       |
| 14  | Does the organization have a written document retention and destruction policy?  | 14     |          | No       |
| 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  |        |          |          |
| а   | The organization's CEO, Executive Director, or top management official?  | 15a    |          | No       |
| Ь   | Other officers or key employees of the organization?   | 15b    |          | Νο       |
|     | 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    |          | No       |
| b   | 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?  | 16b    |          |          |
|     | List the States with which a copy of this Form 000 is required to be filed.  |        |          |          |
| 17  | List the States with which a copy of this Form 990 is required to be filed   |        |          |          |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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. See Additional Data Table  |        |          |          |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of th   | e orga | nızatıor | <b>.</b> |
|     | DIALYSIS CENTER OF LINCOLN INC DIALYSIS CENTER OF LINCOLN INC 7910 O STREET 7910 O STREET LINCOLN, NE 68510  | -      |          |          |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
  - ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if th          | <u>e organızat</u>             | ion did not compensate any officer,              | <u>direc</u>   | ctor,                | tru                  | stee o                                       | r ke   | y employee  |  |  |
|-------------------------------|--------------------------------|--|--|----------------------|----------------------|--|--------|---|--|--|
|                               |                                | <b>(C)</b><br>Position (check all<br>that apply) |  |                      |                      |  |        | (D)   | (5)  | <b>(F)</b><br>Estimated                        |
| <b>(A)</b><br>Name and Title  | (B)<br>Average<br>hours<br>per |  | Institutio   | Officei              | Ke) employee         | Highest co<br>employee                       | Former | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | amount of<br>other<br>compensation<br>from the |
|                               | week                           | x Individual                                     | Highest compensated employee  Key employee  Officer  Institutional Trustee | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization<br>and related<br>organizations |        |   |  |  |
| CRAIG AMES<br>VICE CHAIR      |                                | X  |  |                      |                      |  |        | 0   | 0  | 0  |
| ROBERT LANIK<br>CHAIR         |                                | Х  |  |                      |                      |  |        | 0   | 0  | 0  |
| JEANETTE WOJTALEWICZ<br>CHAIR |                                | Х  |  |                      |                      |  |        | 0   | 0  | 0  |
| KATHY CAMPBELL<br>SECRETARY   |                                | X  |  |                      |                      |  |        | 0   | 0  | 0  |
| KIM MOORE<br>TREASURER        |                                | Х  |  |                      |                      |  |        | 0   | 0  | 0  |
| LARRY EMERSON<br>CEO          | 40                             |  |  | Х                    |                      |  |        | 170,473   | 0  | 0  |
| KAREL SYSEL<br>CFO            | 40                             |  |  | х                    |                      |  |        | 85,139  | 0  | 0  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |
|                               |                                |  |  |                      |                      |  |        |   |  |  |

from the organization 🟲

| ·VTT | Section A. Officers | . Directors, Trust | ees. Kev Employ  | ees, and Highest Co | mpensated Employee      | s (continued         |
|------|---------------------|--------------------|------------------|---------------------|-------------------------|----------------------|
|      | Section A. Officers | , Directors, must  | ces, key Lilibio | ces, and inquest co | ilipelisatea Ellipioyee | <b>3</b> (Continue a |

|                              |  | <b>(C)</b> Position (check all that apply)                                 |                       |          |              |                              |           | (2)   | (5)  |          | (F   |   |
|------------------------------|--|--|-----------------------|----------|--------------|------------------------------|-----------|---|--|----------|--|---|
| <b>(A)</b><br>Name and Title | (B)<br>Average<br>hours<br>per<br>week | x <u>I</u> ndividual   | Institutional Trustee | Officei  | Key employee | Highest compensated employee | Former    | ( <b>D)</b> Reportable compensation from the organization (W- 2/1099- MISC) | ( <b>E)</b> Reportable compensatio from related organizations (W- 2/1099 | 5        | Estim<br>amou<br>oth<br>compen<br>from<br>organiz<br>and re<br>organiz | nt of<br>er<br>satior<br>the<br>zation<br>lated |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          |  |   |
| Total                        |  |  |                       | <u> </u> |              | <b>&gt;</b>                  |           | 255,612   |  | $\perp$  |  |   |
| Total number<br>compensation |  | s (including those in 1a) who rec<br>janization▶1                          | eıved m               | ore '    | than         | <br>\$100                    | 0,00      | 0 in reportable   |  | <u> </u> |  |   |
|                              |  |  |                       |          |              |                              |           |   |  |          | Yes  | No  |
|                              |  | ny <b>former</b> officer, director or trus                                 |                       |          |              |                              |           |   | d employee   |          |  |   |
|                              |  | ete Schedule J for such individual   |                       |          |              |                              |           |   | •  | 3        |  | Νo  |
|                              |  | n line 1a, is the sum of reportabl<br>rganizations greater than \$150,     |                       |          |              |                              |           |   | om the   |          |  |   |
| ındıvıdual .                 |  |  |                       | •        | •            | •                            |           |   |  | 4        | Yes  |   |
|                              |  | ne 1a receive or accrue compen<br>on? <i>If "Yes," complete Schedule J</i> |                       |          |              |                              | ated<br>• | organization for s  | ervices  | 5        |  | No  |
|                              | -                                      |  |                       |          |              |                              |           |   |  |          |  | NO  |
|                              | lependent                              |  |                       |          |              | - •                          |           |   |  |          |  |   |
| Section B. Inc               |  |  | epenaen               | t co     | ntra         | ctors                        | tnat      | received more th  | an   |          |  |   |
| Complete this                | table for yo                           | ur five highest compensated ind<br>n from the organization                 |                       |          |              |                              |           |   |  |          |  |   |
| Complete this                | table for yo                           |  |                       |          |              |                              |           | Descriptio  | (B)<br>n of services   |          | (C<br>Compen   |   |
| Complete this                | table for yo                           | n from the organization (A)  |                       |          |              |                              |           | Descriptio  | ( <b>B)</b><br>n of services   |          |  |   |
| Complete this                | table for yo                           | n from the organization (A)  |                       |          |              |                              |           | Descriptio  | (B)<br>n of services   |          |  |   |

|   |     |  |           | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512, 513, or 514 |
|---|-----|--|-----------|----------------------|--|---|---|
| 9 42<br>24 24   | 1a  | Federated campaigns 1a   |           |                      |  |   |   |
| ≣ੁ  | ь   | Membership dues 1b   |           |                      |  |   |   |
| 5€  | С   | Fundraising events <b>1c</b>   |           |                      |  |   |   |
| हिं<br>  अ  | d   | Related organizations 1d   |           |                      |  |   |   |
| ᅙᆖ  |     |  |           |                      |  |   |   |
| e E<br>E S  | е   | Government grants (contributions) 1e   |           |                      |  |   |   |
| <u> </u>  | f   | All other contributions, gifts, grants, and similar amounts not included above       | 6,841     |                      |  |   |   |
| contributions, gitts, grants<br>and other similar amounts | g   | Noncash contributions included in  |           |                      |  |   |   |
| 2<br>2<br>2<br>3  | h   | lines 1a-1f \$<br><b>Total.</b> Add lines 1a-1f                                      | ►         | 6,841                |  |   |   |
| e =   |     | Busines  | s Code    |                      |  |   |   |
| ē.  | 2a  | NET PATIENT SERVICE REVENUE  |           | 14,534,139           | 14,534,139                             |   |   |
| æ   | b   | OTHER OPERATING REVENUE  |           | 412,034              | 412,034                                |   |   |
| 9   | с   |  |           |                      |  |   |   |
| ∑<br>30   | d   |  |           |                      |  |   |   |
| Σ.  | e   |  |           |                      |  |   |   |
| Ē   | f   | All other program service revenue  |           |                      |  |   |   |
| Program Serwoe Revenue                                    | •   | An other program service revenue   |           |                      |  |   |   |
| Δ   | g   | Total. Add lines 2a-2f   | . •       | 14,946,173           |  |   |   |
|   | 3   | Investment income (including dividends, interes                                      | t         |                      |  |   |   |
|   |     | and other similar amounts)   | ▶         | 182,888              |  |   | 182,888   |
|   | 4   | Income from investment of tax-exempt bond proceeds .                                 | . ▶       |                      |  |   |   |
|   | 5   | Royalties  | . ▶       |                      |  |   |   |
|   |     | (ı) Real (ıı) Per  |           |                      |  |   |   |
|   | 6a  | Gross Rents  |           |                      |  |   |   |
|   | ь   | Less rental  |           |                      |  |   |   |
|   | _   | expenses  Pental income  |           |                      |  |   |   |
|   | С   | or (loss)  |           |                      |  |   |   |
|   | d   | Net rental income or (loss)  | . 1       |                      |  |   |   |
|   |     | (i) Securities (ii) O  | ther      |                      |  |   |   |
|   | 7a  | Gross amount 1,086,586 from sales of   |           |                      |  |   |   |
|   |     | assets other   |           |                      |  |   |   |
|   | ь   | than inventory Less cost or 1,555,795  |           |                      |  |   |   |
|   |     | other basis and sales expenses   |           |                      |  |   |   |
|   | С   | Gain or (loss) -469,209  |           |                      |  |   |   |
|   | d   | Net gain or (loss)   |           | -469,209             | -469,209                               |   |   |
|   | 8a  | Gross income from fundraising  | -         | ·                    | · ·                                    |   |   |
| Other Revenue   | ·   | events (not including  \$ of contributions reported on line 1c) See Part IV, line 18 |           |                      |  |   |   |
| Ě   | Ь   | Less direct expenses b   |           |                      |  |   |   |
| 2   | С   | Net income or (loss) from fundraising events .                                       | . F       |                      |  |   |   |
|   | 9a  | Gross income from gaming activities See Part IV, line 19                             |           |                      |  |   |   |
|   |     | a  |           |                      |  |   |   |
|   | b   | Less direct expenses b   |           |                      |  |   |   |
|   | С   | Net income or (loss) from gaming activities .  | •         |                      |  |   |   |
|   | 10a | Gross sales of inventory, less returns and allowances .                              |           |                      |  |   |   |
|   | ь   | Less cost of goods sold b  |           |                      |  |   |   |
|   | с   | Net income or (loss) from sales of inventory .                                       | . 🕨       |                      |  |   |   |
|   |     | Miscellaneous Revenue Business   | Code      |                      |  |   |   |
|   | 11a |  |           |                      |  |   |   |
|   | ь   |  |           |                      |  |   |   |
|   |     |  |           |                      |  |   |   |
|   | С   |  |           |                      |  |   |   |
|   | d   | All other revenue  |           |                      |  |   |   |
|   | e   | Total. Add lines 11a-11d   | .▶        | 44.66                | 44 49                                  |   | 405 5r -  |
|   | 12  | <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 9c, 10c, and 11e            | 8c,<br>┣- | 14,666,693           | 14,476,964                             |   | 182,888   |

### 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). |  |                       |                             |  |                         |  |  |  |  |
|--|--|-----------------------|-----------------------------|--|-------------------------|--|--|--|--|
|  |  |                       | (B)                         | (D).   | (D)                     |  |  |  |  |
|  | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses                  | Fundraising<br>expenses |  |  |  |  |
| 1  | Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$   | 967,923               | 967,923                     |  |                         |  |  |  |  |
| 2  | Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                             |  |                         |  |  |  |  |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                             |  |                         |  |  |  |  |
| 4  | Benefits paid to or for members  |                       |                             |  |                         |  |  |  |  |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 255,612               |                             | 255,612  |                         |  |  |  |  |
| 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   | 5,189,826             | 4,572,810                   | 617,016  |                         |  |  |  |  |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 318,444               | 267,414                     | 51,030   |                         |  |  |  |  |
| 9  | Other employee benefits  | 835,271               | 699,322                     | 135,949  |                         |  |  |  |  |
| 10   | Payroll taxes  | 410,886               | 348,542                     | 62,344   |                         |  |  |  |  |
| 11   | Fees for services (non-employees)  |                       |                             |  |                         |  |  |  |  |
| а  | Management   |                       |                             |  |                         |  |  |  |  |
| b  | Legal  | 46,063                |                             | 46,063   |                         |  |  |  |  |
| c  | Accounting   | 33,544                |                             | 33,544   |                         |  |  |  |  |
| d  | Lobbying   |                       |                             |  |                         |  |  |  |  |
| e  | Professional fundraising See Part IV, line 17  |                       |                             |  |                         |  |  |  |  |
| f  | Investment management fees   | 24,397                |                             | 24,397   |                         |  |  |  |  |
| g  | Other  |                       |                             |  |                         |  |  |  |  |
| 12   | Advertising and promotion  | 3,150                 |                             | 3,150  |                         |  |  |  |  |
| L3   | Office expenses  |                       |                             |  |                         |  |  |  |  |
| L <b>4</b>   | Information technology   |                       |                             |  |                         |  |  |  |  |
| .5   | Royalties  |                       |                             |  |                         |  |  |  |  |
| L <b>6</b>   | Occupancy  | 668,752               | 668,752                     |  |                         |  |  |  |  |
| L <b>7</b>   | Travel   | 66,018                | 40,644                      | 25,374   |                         |  |  |  |  |
| L8   | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                             |  |                         |  |  |  |  |
| 19   | Conferences, conventions, and meetings   | 8,062                 | 4,978                       | 3,084  |                         |  |  |  |  |
| 20   | Interest   | 90,500                | 90,500                      |  |                         |  |  |  |  |
| 21   | Payments to affiliates   |                       |                             |  |                         |  |  |  |  |
| 22   | Depreciation, depletion, and amortization  | 802,605               | 624,025                     | 178,580  |                         |  |  |  |  |
| 23   | Insurance  | 107,164               |                             | 107,164  |                         |  |  |  |  |
| 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) |                       |                             |  |                         |  |  |  |  |
| а  | DIALYSIS SUPPLIES  | 5,547,208             | 5,547,208                   |  |                         |  |  |  |  |
| ь  | BIOMED EXPENSE   | 200,106               | 200,106                     | +  |                         |  |  |  |  |
| c  | CONTRACT SERVICES  | 195,097               | 31,539                      | + + +  |                         |  |  |  |  |
| d  | MEDICAL DIRECTOR   | 104,992               | 104,992                     |  |                         |  |  |  |  |
| e  | TELEPHONE  | 102,016               | 82,114                      | 19,902   |                         |  |  |  |  |
| f  | All other expenses   | 360,958               | 124,818                     | <del>                                     </del> |                         |  |  |  |  |
| 25   | Total functional expenses. Add lines 1 through 24f   | 16,338,594            | 14,375,687                  | 1,962,907  |                         |  |  |  |  |
| 26   | Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in  | ,,-,-                 | , ,                         | ,,   |                         |  |  |  |  |
|  | complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                   |                       |                             |  |                         |  |  |  |  |

| Pa          | rt X  | Balance Sheet  |         |                     |                   |         | <u> </u> |           |
|-------------|-------|--|---------|---------------------|-------------------|---------|----------|-----------|
|             |       |  |         |                     | (A)               |         | (B       | ;)        |
|             | 1     |  |         |                     | Beginning of year |         | End of   | •         |
|             | 1     | Cash—non-interest-bearing  |         |                     | 3,399             |         |          | 1,895     |
|             | 2     | Savings and temporary cash investments   | •       |                     | 3,756,731         |         | ;        | 3,594,919 |
|             | 3     | Pledges and grants receivable, net   | •       |                     |                   | 3       |          |           |
|             | 4     | Accounts receivable, net   |         |                     | 3,204,488         | 4       | ;        | 3,071,295 |
|             | 5     | Receivables from current and former officers, directors, trustees other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$  |         | • •                 |                   | 5       |          |           |
|             | 6     | Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of $3000000000000000000000000000000000000$ |         | ` ' ' ' ' '         |                   | 6       |          |           |
|             | 7     | Notes and loans receivable, net  |         |                     |                   | 7       |          |           |
| ets         | 8     | Inventories for sale or use  |         |                     | 317,638           | 8       |          | 336,381   |
| Assets      | 9     | Prepaid expenses and deferred charges  |         |                     | 54,956            | 9       |          | 30,470    |
| ⋖           | 10a   | Land, buildings, and equipment cost basis  | 10a     | 13,081,843          |                   |         |          |           |
|             | b     | Less accumulated depreciation Complete Part VI of Schedule D   | 10b     | 5,736,378           | 7,924,460         | 10c     |          | 7,345,465 |
|             | 11    | Investments—publicly traded securities   |         |                     | 8,032,566         | 11      |          | 6,250,837 |
|             | 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  |         | 41,172              | $\vdash$          |         | 28,385   |           |
|             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)  |         | •                   | 23,335,410        |         | 21       | 0,659,647 |
|             | 17    |  | •       |                     | 1,176,945         |         |          | 1,138,687 |
|             | 1     | Accounts payable and accrued expenses .  |         |                     | 1,170,943         | 18      |          | 1,130,007 |
|             | 18    | Grants payable   |         |                     |                   |         |          |           |
|             | 19    | Deferred revenue   |         |                     | 2 000 000         | 19      |          | 4 070 000 |
| Ø           | 20    | Tax-exempt bond liabilities  |         |                     | 2,800,000         |         |          | 1,870,000 |
| Œj          | 21    | Escrow account liability Complete Part IV of Schedule D  | •       | •                   |                   | 21      |          |           |
| Liabilities | 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  |         |                     |                   | 25      |          |           |
|             | 26    | Total liabilities. Add lines 17 through 25   |         |                     | 3,976,945         | 26      | ;        | 3,008,687 |
| <b>У</b>    |       | Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.  | lete li | nes 27              |                   |         |          |           |
| Balance     | 27    | Unrestricted net assets  |         |                     | 19,358,465        | 27      | 1        | 7,650,960 |
| <u>8</u>    | 28    | Temporarily restricted net assets  |         |                     |                   | 28      |          |           |
| 귤           | 29    | Permanently restricted net assets  |         |                     |                   | 29      |          |           |
| r Fund      |       | Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.   | d com   | plete               |                   |         |          |           |
| S 0.        | 30    | Capital stock or trust principal, or current funds   |         |                     |                   | 30      |          |           |
| sets        | 31    | Paid-in or capital surplus, or land, building or equipment fund .  |         |                     |                   | 31      |          |           |
| AS          | 32    | Retained earnings, endowment, accumulated income, or other ful   |         |                     |                   | 32      |          |           |
| Net         | 33    | Total net assets or fund balances  |         |                     | 19,358,465        | 33      | 1        | 7,650,960 |
| Ž           | 34    | Total liabilities and net assets/fund balances   |         |                     | 23,335,410        | 34      | 2        | 0,659,647 |
| Pa          | rt XI |  |         |                     |                   | 1 2 . 1 |          |           |
|             |       | · ····································   |         |                     |                   |         | Yes      | No        |
| 1           | Acco  | ounting method used to prepare the Form 990 Cash 🔽   | Accru   | ual Cother          |                   |         | 165      | NO        |
| 2a          | Were  | the organization's financial statements compiled or reviewed by a  | an ind  | ependent account    | ant?              | 2a      |          | No        |
| b           | Were  | the organization's financial statements audited by an independen   | ıt accı | ountant?            |                   | 2b      | Yes      |           |
| c           |       | es" to 2a or 2b, does the organization have a committee that assu<br>, review, or compilation of its financial statements and selection o                                |         |                     |                   | 2c      |          | Νο        |
| 3a          | Asa   | result of a federal award, was the organization required to undergoe Audit Act and OMB Circular A-133?   | ana     | udıt or audıts as s | et forth in the   | 3a      |          | No        |
| b           |       | es," did the organization undergo the required audit or audits?  |         |                     |                   | 3b      |          |           |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313015390

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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.

Open to Public Inspection

| DIALYS | IS CEN   | ITER OF LINCO     | LN INC                |   |               |                       |             |                                 |              |                      |            |         |
|--------|----------|-------------------|-----------------------|---|---------------|-----------------------|-------------|---------------------------------|--------------|----------------------|------------|---------|
|        |          |                   |                       |   |               |                       |             |                                 | -070872      |                      |            |         |
| Par    |          |                   |                       | harity Status (to be co                                     |               |                       |             |                                 | Instruct     | ions)                |            |         |
|        | rgani:   |                   |                       | ation because it is (Please                                 |               |                       |             |                                 |              |                      |            |         |
| 1      | <u> </u> | •                 |                       | urches, or association of ch                                |               |                       | Section     | L/U(B)(1)(                      | A)(I).       |                      |            |         |
| 2      | <u> </u> |                   |                       | ion 170(b)(1)(A)(ii). (Attac                                |               | •                     |             |                                 |              |                      |            |         |
| 3      | <u> </u> | -                 | •                     | e hospital service organizati                               |               |                       | -           |                                 |              |                      | •          |         |
| 4      | ı        |                   | -                     | zation operated in conjuncti                                | on with a l   | hospital d            | escribed ii | n <b>Section</b> :              | 170(b)(1)    | ( <b>A</b> )(iii). E | nter the   |         |
|        | _        | •                 | name, city, and       |   |               |                       |             |                                 |              |                      |            |         |
| 5      | ı        |                   |                       | or the benefit of a college or                              | universit     | y owned o             | r operated  | l by a gove                     | ernmental    | unit desci           | ribed in   |         |
|        | _        |                   |                       | (Complete Part II )   |               |                       |             |                                 |              |                      |            |         |
| 6      | <u> </u> | •                 | , -                   | overnment or governmental                                   |               |                       | ,           |                                 | • •          |                      |            |         |
| 7      | ı        |                   |                       | ally receives a substantial p                               |               | support fro           | om a gove   | rnmental u                      | ınıt or fron | n the gene           | ral public | :       |
|        | _        | described i       | n Section 170(b       | <b>))(1)(A)(vi)</b> (Complete Par                           | tII)          |                       |             |                                 |              |                      |            |         |
| 8      |          |                   | •                     | ed in <b>Section 170(b)(1)(A)</b>                           |               | •                     | •           |                                 |              |                      |            |         |
| 9      | ~        | -                 |                       | ally receives (1) more than                                 |               |                       |             |                                 |              | · ·                  |            | SS      |
|        |          | •                 |                       | ated to its exempt functions                                | -             |                       | •           | , ,                             | •            |                      |            |         |
|        |          |                   | <del>-</del>          | estment income and unrelate                                 |               |                       | •           |                                 |              | x) from bus          | sinesses   |         |
|        | _        |                   | <u>-</u>              | on after June 30, 1975 See                                  |               |                       | •           |                                 | •            |                      |            |         |
| 10     | <u>_</u> |                   |                       | and operated exclusively to                                 |               |                       |             |                                 |              |                      |            |         |
| 11     |          | _                 | =                     | and operated exclusively fo                                 |               |                       |             |                                 | •            | •                    |            |         |
|        |          |                   |                       | orted organizations describe<br>type of supporting organiza |               |                       |             |                                 |              | Section 5            | 09(a)(3).  | Check   |
|        |          | a T               |                       |   |               |                       | nally Integ |                                 | '' d         | Гтуре                | III - Ot   | ner     |
| e      | $\Box$   | By checkin        | <br>g this box, I cei | rtify that the organization is                              |               |                       | -           |                                 | ne or mor    | e disquali           | fied pers  | ons     |
|        |          |                   |                       | agers and other than one or                                 | more publ     | licly suppo           | orted orga  | nızatıons (                     | described    | ın section           | 509(a)(    | 1) or   |
| _      |          | section 50        |                       |   |               |                       |             |                                 |              |                      |            |         |
| f      |          | If the organ      |                       | d a written determination fro                               | m the IRS     | that it is            | a Type I,   | TypeIIo                         | r Type III   | supportin            | ig organiz | ration, |
| g      |          |                   |                       | as the organization accepted                                | d anv gift    | or contrib            | utıon from  | anv of the                      |              |                      |            | '       |
|        |          | following pe      |                       | <b>.</b>  | , 5           |                       |             | ,                               |              |                      |            |         |
|        |          | (i) a persoi      | n who directly o      | r indirectly controls, either a                             | alone or to   | gether wi             | th persons  | describe                        | d ın (ıı)    |                      | Yes        | No      |
|        |          | and (111) bel     | ow, the governı       | ng body of the the supported                                | d organiza    | tion?                 |             |                                 |              | 11g(                 | (i)        |         |
|        |          | (ii) a famıly     | / member of a p       | erson described in (i) above                                | 7             |                       |             |                                 |              | 11g(                 | ii)        |         |
|        |          | (iii) a 35%       | controlled enti       | ty of a person described in (                               | ı) or (ıı) al | bove?                 |             |                                 |              | 11g(                 | iii)       |         |
| h      |          | Provide the       | following inforr      | nation about the organizatio                                | ns the org    | janızatıon            | supports    |                                 |              |                      |            |         |
|        |          |                   |                       |   | Γ             |                       | 1           |                                 | Γ            |                      |            |         |
|        |          | ame of            | (ii) EIN              | (iii) Type of organization                                  |               | s the                 | 1           | ou notify                       | l            | s the                | (vii) An   |         |
| (      |          | orted<br>IIzation |                       | (described on lines 1-9<br>above or IRC section             | _             | ation in<br>Iisted in | _           | inization<br>i <b>)</b> of your |              | rganized             | supp       | OIL     |
|        | , gan    |                   |                       | (See Instructions))   | your go       |                       |             | ort?                            |              | US?                  |            |         |
|        |          |                   |                       |   |               | ment?                 |             |                                 |              |                      |            |         |
|        |          |                   |                       |   | Yes           | No                    | Yes         | No                              | Yes          | No                   |            |         |
|        |          |                   |                       |   |               |                       |             |                                 |              |                      |            |         |
|        |          |                   |                       |   |               |                       |             |                                 |              |                      |            |         |
| _      |          |                   |                       |   |               |                       |             |                                 |              |                      |            |         |
|        |          |                   |                       |   |               |                       |             |                                 |              |                      |            |         |
|        |          |                   |                       |   |               |                       |             |                                 |              |                      |            |         |

Total

| Part II | Support Schedule for Organizations Described in IRC 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.)                      |

| Pι   | ıblic Support   |                    | , ,               | ,                 |                  |              |          |            |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in)                        | (a) 2004           | <b>(b)</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    | Tax revenues levied for the organization's                      |                    |                   |                   |                  |              |          |            |
|      | benefit and either paid to or expended on                       |                    |                   |                   |                  |              |          |            |
| _    | its behalf<br>The value of services or facilities               |                    |                   |                   |                  | <del> </del> |          |            |
| 3    | furnished by a governmental unit to the                         |                    |                   |                   |                  |              |          |            |
|      | organization without charge                                     |                    |                   |                   |                  |              |          |            |
| 4    | Total. Add line 1-3   |                    |                   |                   |                  | 1            |          |            |
| 5    | The portion of total contribution by each                       |                    |                   |                   |                  |              |          |            |
| 5    | person (other than a government unit or                         |                    |                   |                   |                  |              |          |            |
|      | publicly supported organization) included                       |                    |                   |                   |                  |              |          |            |
|      | on line 1 that exceed 2% of the amount                          |                    |                   |                   |                  |              |          |            |
|      | shown on line 11, column  |                    |                   |                   |                  |              |          |            |
|      | · (f)   |                    |                   |                   |                  |              |          |            |
| 6    | Public Support subtract line 5 from line                        |                    |                   |                   |                  |              |          |            |
|      | 4   |                    |                   |                   |                  |              |          |            |
|      | otal Support  |                    | 1                 |                   | T                |              |          |            |
|      | endar year (or fiscal year beginning in)                        | (a) 2004           | <b>(b)</b> 2005   | (c) 2006          | (d) 2007         | (e) :        | 2008     | (f) Total  |
| 7    | A mounts 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                        |                    |                   |                   |                  |              |          |            |
| 10   | from the sale of capital assets (Explain in                     |                    |                   |                   |                  |              |          |            |
|      | Part IV )   |                    |                   |                   |                  |              |          |            |
| 11   | Total Support (Add lines 7 through 10)                          |                    |                   |                   |                  |              |          |            |
| 12   | Gross receipts from related activities, etc                     | (See instructio    | ns )              |                   | •                | 12           |          |            |
| 13   | First Five Years. If the Form 990 is for the                    | organization's f   | irst second thu   | d fourth or fifth | ntay vearas a F  |              | 3)       |            |
|      | organization, check this box and <b>stop here</b>               |                    | mat, second, tim  | u, rouren, or mer | rtax year as a s | /O1(C)(C     | • •      | <b>▶</b> □ |
|      |   |                    |                   |                   |                  |              |          | •          |
| Co   | omputation of Public Support Perc                               | entage             |                   |                   |                  |              |          |            |
| 14   | Public Support Percentage for 2008 (line 6                      | 5 column (f) dıvı  | ded by line 11 c  | olumn (f))        |                  | 14           |          |            |
| 15   | Public Support Percentage for 2007 Scheo                        | dule A , Part IV - | A, line 26f       |                   |                  | 15           |          |            |
| 16a  | 33 1/3% Test - 2008. If the organization di                     | d not check the    | box on line 13.   | and line 14 is 3  | 3 1/3% or more.  |              | this box |            |
|      | and <b>stop here.</b> The organization qualifies a              |                    |                   |                   | ,                |              |          | <b>▶</b> □ |
| b    | 33 1/3% Test - 2007. If the organization d                      |                    |                   |                   | 15 is 33 1/3% d  | r more,      | check th |            |
|      | box and stop here. The organization qualifi                     | es as a publicly   | supported orga    | nızatıon          |                  |              |          | <b>▶</b> □ |
| 17a  | 10% Facts and Circumstances Test - 2008.                        |                    |                   |                   |                  |              |          |            |
|      | more, and if the organization meets the "fa                     |                    | •                 |                   |                  |              |          | · —        |
|      | organization meets the "facts and circums                       |                    |                   |                   |                  |              |          | <b>►</b> □ |
| Ь    | 10% Facts and Circumstances Test - 2007.                        |                    |                   |                   |                  |              |          |            |
|      | more, and if the organization meets the "fa                     |                    | •                 |                   |                  |              |          | _          |
| 4.0  | the organization meets the "facts and circu                     |                    |                   |                   |                  |              |          | n ▶        |
| 18   | <b>Private Foundation.</b> If the organization did              | not check the b    | oux on line 13, 1 | oa, 160, 1/a or   | 1/D, check this  | oox an       | u see    | <b>▶</b> □ |
|      | ınstructions  |                    |                   |                   |                  |              |          | F-1        |

#### Support Schedule for Organizations Described in IRC 509(a)(2)

|  | (Complete only if you check  |  |   |  |                                  |   |  |
|--|--|--|---|--|----------------------------------|---|--|
|  | ction A. Public Support  |  |   |  |                                  |   |  |
| Cale                                     | ndar year (or fiscal year beginning in)  | (a) 2004   | <b>(b)</b> 2005   | (c) 2006   | <b>(d)</b> 2007                  | (e) 2008  | (f) Total  |
| 1  | Gifts, grants, contributions, and<br>membership fees received (Do not<br>include any "unusual grants")   | 2,450  | 25  | 375  | 790                              | 6,841   | 10,481   |
| 2  | Gross receipts from admissions,<br>merchandise sold or services performed,<br>or facilities furnished in any activity that<br>is related to the organization's tax-<br>exempt purpose  | 14,952,082   | 16,569,788  | 17,206,936   | 16,046,697                       | 14,930,262  | 79,705,765   |
| 3  | Gross receipts from activities that are<br>not an unrelated trade or business under<br>section 513   |  |   |  |                                  |   |  |
| 4  | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities  |  |   |  |                                  |   |  |
| 5  | furnished by a governmental unit to the organization without charge  | 14,954,532   | 16,569,813  | 17,207,311   | 16,047,487                       | 14,937,103  | 79,716,246   |
|  | Total Add lines 1-5 A mounts included on lines 1, 2, and 3 received from disqualified persons  | 14,934,332   | 10,309,613  | 17,207,311   | 10,047,407                       | 14,937,103  | 79,710,240   |
| _  | A mounts 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 Total of lines 7a and 7b   |  |   |  |                                  |   |  |
| 8  | Public Support (Substract line 7c from line 6)   |  |   |  |                                  |   | 79,716,246   |
| To                                       | tal Support  |  |   |  |                                  |   |  |
|  |  |  |   |  | (1)                              |   |  |
|  | ndar year (or fiscal year beginning in)  | (a) 2004   | <b>(b)</b> 2005   | (c) 2006   | (d) 2007                         | (e) 2008  | (f) Total  |
| Cale                                     | ndar year (or fiscal year beginning in) A mounts from line 6   | (a) 2004<br>14,954,532   | <b>(b)</b> 2005<br>16,569,813   | (c) 2006<br>17,207,311                                   | ( <b>d)</b> 2007<br>16,047,487   | (e) 2008<br>14,937,103                                | <b>(f)</b> Total 79,716,246                                    |
|  | ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |  |   |  |                                  |   |  |
| Cale<br>9                                | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar  | 14,954,532<br>167,693  | 16,569,813<br>297,806   | 17,207,311<br>418,371                                    | 16,047,487<br>474,983            | 14,937,103<br>198,798                                 | 79,716,246<br>1,557,651  |
| Cale<br>9<br>10a                         | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses   | 14,954,532   | 16,569,813  | 17,207,311   | 16,047,487                       | 14,937,103  | 79,716,246   |
| Cale<br>9<br>10a<br>b                    | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975  | 14,954,532<br>167,693  | 16,569,813<br>297,806   | 17,207,311<br>418,371                                    | 16,047,487<br>474,983            | 14,937,103<br>198,798                                 | 79,716,246<br>1,557,651  |
| Cale<br>9<br>10a<br>b                    | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly   | 14,954,532<br>167,693  | 16,569,813<br>297,806   | 17,207,311<br>418,371                                    | 16,047,487<br>474,983            | 14,937,103<br>198,798                                 | 79,716,246<br>1,557,651  |
| Cale<br>9<br>10a<br>b<br>c<br>11         | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets   | 14,954,532<br>167,693  | 16,569,813<br>297,806   | 17,207,311<br>418,371                                    | 16,047,487<br>474,983            | 14,937,103<br>198,798                                 | 79,716,246<br>1,557,651  |
| Cale 9 10a  b  c 11  12  13 14           | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here  | 14,954,532<br>167,693<br>167,693   | 16,569,813<br>297,806<br>297,806  | 17,207,311<br>418,371<br>418,371                         | 16,047,487<br>474,983<br>474,983 | 14,937,103<br>198,798<br>198,798                      | 79,716,246<br>1,557,651<br>1,557,651<br>81,273,897             |
| Cale 9 10a  b  c 11  12  13 14           | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here  | 14,954,532<br>167,693<br>167,693<br>irganization's firs  | 16,569,813<br>297,806<br>297,806<br>st, second, third                                   | 17,207,311<br>418,371<br>418,371<br>, fourth, or fifth t | 16,047,487<br>474,983<br>474,983 | 14,937,103<br>198,798<br>198,798                      | 79,716,246  1,557,651  1,557,651  81,273,897                   |
| Cale 9 10a b c 11 12 13 14 Co 15         | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percet Public Support Percentage for 2008 (line 8)  | 14,954,532<br>167,693<br>167,693<br>rganization's first  | 16,569,813<br>297,806<br>297,806<br>st, second, third                                   | 17,207,311<br>418,371<br>418,371<br>, fourth, or fifth t | 16,047,487<br>474,983<br>474,983 | 14,937,103<br>198,798<br>198,798                      | 79,716,246  1,557,651  1,557,651  81,273,897  ation,  98 083 % |
| Cale 9 10a  b  c 11  12  13 14  Co 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percel Public Support Percentage for 2008 (line 8)  | 14,954,532<br>167,693<br>167,693<br>167,693<br>entage<br>column (f) dividule A , Part IV - A             | 16,569,813<br>297,806<br>297,806<br>st, second, third                                   | 17,207,311<br>418,371<br>418,371<br>, fourth, or fifth t | 16,047,487<br>474,983<br>474,983 | 14,937,103<br>198,798<br>198,798                      | 79,716,246  1,557,651  1,557,651  81,273,897                   |
| Cale 9 10a  b  c 11  12  13 14  Co 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched | 14,954,532 167,693 167,693 167,693 entage column (f) divid ule A , Part IV - A                           | 16,569,813<br>297,806<br>297,806<br>st, second, third<br>ed by line 13 cc               | 17,207,311<br>418,371<br>418,371<br>, fourth, or fifth t | 16,047,487<br>474,983<br>474,983 | 14,937,103<br>198,798<br>198,798<br>01(c)(3) organiza | 79,716,246  1,557,651  1,557,651  81,273,897  ation,  98 083 % |
| Cale 9 10a  b  c 11  12  13 14  Co 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percel Public Support Percentage for 2008 (line 8)  | 14,954,532 167,693 167,693 167,693 entage column (f) dividule A , Part IV - A Percentage ne 10c column ( | 16,569,813<br>297,806<br>297,806<br>st, second, third<br>ed by line 13 cc<br>, line 27g | 17,207,311<br>418,371<br>418,371<br>, fourth, or fifth t | 16,047,487<br>474,983<br>474,983 | 14,937,103<br>198,798<br>198,798                      | 79,716,246  1,557,651  1,557,651  81,273,897  ation,  98 083 % |

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



▶▽

| Part IV | <b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) |  |  |  |  |  |  |  |  |
|---------|---|--|--|--|--|--|--|--|--|
|         |   |  |  |  |  |  |  |  |  |
|         | Facts and Circumstances Test  |  |  |  |  |  |  |  |  |
|         |   |  |  |  |  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Schedule D (Form 990) 2008

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Name of the organization
DIALYSIS CENTER OF LINCOLN INC

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization of the organization number 47-0708725

|             | organization answered "Yes" to Form 99  | (a) Donor advised funds                    | (b) Funds ar                                      | d other accou | nts    |  |  |  |
|-------------|---|--|---|---------------|--------|--|--|--|
| Т           | otal number at end of year  |  |   |               |        |  |  |  |
| Α           | ggregate Contributions to (during year)   |  |   |               |        |  |  |  |
| Α           | ggregate Grants from (during year)  |  |   |               |        |  |  |  |
| Α           | ggregate value at end of year   |  |   |               |        |  |  |  |
|             | old the organization inform all donors and donor advunds are the organization's property, subject to the  |  | lonor advised                                     | ☐ Yes         | ר No   |  |  |  |
| u           | old the organization inform all grantees, donors, and<br>ised only for charitable purposes and not for the bei<br>mpermissible private benefit?                           |  |   | ☐ Yes         | ি No   |  |  |  |
| art         | Conservation Easements. Complete  | ıf the organization answered "Yes          | " to Form 990, Part                               | IV, line 7.   |        |  |  |  |
| Р<br>Г<br>Г | Preservation of land for public use (e.g., recreat Protection of natural habitat  | ion or pleasure) Preservation of           | an historically import<br>certified historic stru | •             | a      |  |  |  |
| '           | Preservation of open space  |  |   |               |        |  |  |  |
|             | Complete lines 2a-2d if the organization held a qual<br>in the last day of the tax year   | lified conservation contribution in the fo | rm of a conservation                              | easement      |        |  |  |  |
| O           | in the last day of the tax year   |  | Held  | at the End of | the Ye |  |  |  |
| ı           | Total number of conservation easements  |  | 2a  |               |        |  |  |  |
|             |   | •-   | 2b  |               |        |  |  |  |
|             | Total acreage restricted by conservation easement   |  |   |               |        |  |  |  |
|             | Number of conservation easements on a certified h   | ` '  | 2c  |               |        |  |  |  |
|             | Number of conservation easements included in (c)  | acquired after 8/17/06                     | 2d  |               |        |  |  |  |
| N           | lumber of conservation easements modified, transf   | erred, released, extinguished, or termin   | ated by the organizati                            | on during     |        |  |  |  |
| t           | he taxable year ►   |  |   |               |        |  |  |  |
| N           | lumber of states where property subject to conserv  | ation easement is located 🕨                |   |               |        |  |  |  |
| D           | oes the organization have a written policy regardin   | g the periodic monitoring, inspection, v   | iolations, and                                    | ☐ Yes         | √ No   |  |  |  |
| S           | taff or volunteer hours devoted to monitoring, inspe  | ecting and enforcing easements during t    | the year ►  |               |        |  |  |  |
| А           | mount of expenses incurred in monitoring, inspecti  | ing, and enforcing easements during the    | e year ►\$  |               |        |  |  |  |
| D           | ooes each conservation easement reported on line 2.70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?   |  |   | ☐ Yes         | ע אכ   |  |  |  |
| I<br>b      | n Part XIV, describe how the organization reports or<br>alance sheet, and include, if applicable, the text of<br>the organization's accounting for conservation ease      | the footnote to the organization's financ  |   |               |        |  |  |  |
| rt i        | Organizations Maintaining Collection Complete if the organization answered  |  | s, or Other Simila                                | ar Assets.    |        |  |  |  |
| a           | f the organization elected, as permitted under SFAS<br>rt, historical treasures, or other similar assets held<br>rovide, in Part XIV, the text of the footnote to its fil | for public exhibition, education or rese   | arch in furtherance of                            |               | е,     |  |  |  |
| h           | f the organization elected, as permitted under SFAS<br>istorical treasures, or other similar assets held for<br>rovide the following amounts relating to these item       | public exhibition, education, or researc   |   |               |        |  |  |  |
| (           | i) Revenues included in Form 990, Part VIII, line 1   | L  | <b>►</b> \$                                       |               |        |  |  |  |
| (           | ii) Assets included in Form 990, Part X   |  | <b>►</b> \$                                       |               |        |  |  |  |
|             | f the organization received or held works of art, hist<br>ollowing amounts required to be reported under SFA  |  | s for financial gain, pr                          | ovide the     |        |  |  |  |
| R           | evenues included in Form 990, Part VIII, line 1   |  | <b>►</b> \$                                       |               |        |  |  |  |
| Δ           | Assets included in Form 990, Part X   |  |   |               |        |  |  |  |

Cat No 52283D

| 3                                |  |   |                             |  |  |               | Asset                                |                                    |
|----------------------------------|--|---|-----------------------------|--|--|---------------|--------------------------------------|------------------------------------|
|                                  | Using the organization's accession and other records, or items (check all that apply)                                | check any of th   | ne follo                    | owing that are   | e a sıgnıfıcant ι                              | use of its co | llection                             |                                    |
| а                                | Public exhibition  | d   | Γ                           | Loan or exch   | ange programs                                  | 5             |                                      |                                    |
| b                                | Scholarly research   | е   | Γ                           | Other  |  |               |                                      |                                    |
| c                                | Preservation for future generations  |   |                             |  |  |               |                                      |                                    |
| 4                                | Provide a description of the organization's collections a<br>Part XIV  | and explain ho  | w they                      | further the o  | rganızatıon's e                                | xempt purpo   | se in                                |                                    |
| 5                                | During the year, did the organization solicit or receive of assets to be sold to raise funds rather than to be maint |   |                             |  |  | nılar         | ΓY                                   | es 「V No                           |
| Par                              | Trust, Escrow and Custodial Arranger Part IV, line 9, or reported an amount on                                       |   |                             |  | nızatıon answ                                  | vered "Yes    | " to For                             | m 990,                             |
| 1a                               | Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?                               | er intermediary   | forco                       | ontributions o   | r other assets                                 | not           | <b>┌</b>                             | es 🔽 No                            |
| b                                | If "Yes," explain why in Part XIV and complete the follo   | owing table   |                             |  |  |               |                                      |                                    |
|                                  |  |   |                             |  |  |               | A moun                               | t                                  |
| с                                | 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, P  | art X, line 21?   | 1                           |  |  |               | <b>□</b> Y                           | es 🔽 No                            |
|                                  | If "Yes," explain the arrangement in Part XIV  |   |                             |  |  |               |                                      |                                    |
| Pa                               | rt V Endowment Funds. Complete if the orga   |   |                             |  |  |               |                                      |                                    |
| 4 -                              | (a)Curren  | nt Year   (b  | )Prior Y                    | ear   (c) i w  | Years Back (d)                                 | Inree Years B | аск <b>(е)</b> г                     | our Years Back                     |
| 1a                               | Beginning of year balance  |   |                             |  |  |               |                                      |                                    |
| b                                | Contributions  |   |                             |  |  |               |                                      |                                    |
| <b>c</b>                         | Investment earnings or losses  |   |                             |  |  |               |                                      |                                    |
| d                                | Grants or scholarships   |   |                             |  |  |               |                                      |                                    |
| e                                |  |   |                             |  |  |               |                                      |                                    |
|                                  | Other expenditures for facilities and programs   |   |                             |  |  |               |                                      |                                    |
| f                                | '  |   |                             |  |  |               |                                      |                                    |
| f<br>g                           | and programs   |   |                             |  |  |               |                                      |                                    |
|                                  | Administrative expenses  | nce held as   |                             |  |  |               |                                      |                                    |
| g                                | A dministrative expenses   | nce held as   |                             |  |  |               |                                      |                                    |
| g<br>2                           | and programs   | nce held as   |                             |  |  |               |                                      |                                    |
| g<br>2<br>a                      | and programs   | nce held as   |                             |  |  |               |                                      |                                    |
| g<br>2<br>a<br>b                 | and programs   |   | that a                      | re held and a  | dmınıstered for                                | · the         |                                      |                                    |
| g<br>2<br>a<br>b                 | and programs   |   | that a                      | re held and a  | dmınıstered for                                | the .         |                                      | Yes No                             |
| g<br>2<br>a<br>b                 | and programs   |   | that a                      | re held and a  | dmınıstered for                                | [             | 3a(i)                                | No                                 |
| g<br>2<br>a<br>b<br>c<br>3a      | and programs   | e organization  | <br>                        |  | dmınıstered for<br>                            | [             | 3a(i)<br>3a(ii)                      | N o                                |
| g<br>2<br>a<br>b<br>c<br>3a      | and programs   | e organization  | <br>Schedu                  | <br>   | dmınıstered for                                | [             | 3a(i)                                | No                                 |
| g<br>2<br>a<br>b<br>c<br>3a<br>b | and programs   | e organization  | <br>Schedu                  | <br><br>ule R?   |  | · · · [       | 3a(i)<br>3a(ii)                      | N o                                |
| g<br>2<br>a<br>b<br>c<br>3a<br>b | and programs   | e organization  | cheduent fur                |  | rt X, line 10.                                 | · · · [       | 3a(i)<br>3a(ii)                      | N o                                |
| g<br>2<br>a<br>b<br>c<br>3a<br>b | and programs   | e organization  | Schedu<br>ent fur<br>See Fo | <br><br>ule R?   |  | · · · [       | 3a(i)<br>3a(ii)<br>3b                | N o                                |
| g 2 a b c 3a b                   | and programs   | e organization  | Schedu<br>ent fur<br>See Fo | ule R? orm 990, Pa   | rt X, line 10.                                 | [             | 3a(i)<br>3a(ii)<br>3b                | No<br>No<br>No                     |
| g 2 a b c 3a Par                 | and programs   | e organization  | Schedu<br>ent fur<br>See Fo | ule R? orm 990, Pa   | rt X, line 10.                                 | (c) Deprecia  | 3a(i)<br>3a(ii)<br>3b                | No<br>No<br>No<br>d) Book value    |
| g 2 a b c 3a Par                 | and programs   | e organization  | Schedu<br>ent fur<br>See Fo | inds  Orm 990, Pa  Cost or other s (investment)  | rt X, line 10.  (b)Cost or other basis (other) | (c) Deprecia  | 3a(i)   3a(ii)   3b   attion (       | N o<br>N o<br>N o<br>d) Book value |
| g 2 a b c 3a  Par 1a b c         | and programs   | e organization  | Schedu<br>ent fur<br>See Fo | ule R?   | rt X, line 10.  (b)Cost or other basis (other) | (c) Deprecia  | 3a(i) 3a(ii) 3b ation (              | No<br>No<br>No                     |
| g 2 a b c 3a  Par  1a b c d e    | and programs   | e organization   s required on Stion's endowm quipment. S | cheduent fur<br>bee Fo      | orm 990, Pa<br>Orm 990, Pa<br>Cost or other<br>s (investment)<br>6,975,708<br>1,092,303<br>5,013,832 | rt X, line 10. (b)Cost or other basis (other)  | (c) Deprecia  | 3a(i) 3a(ii) 3b  atton ( 1,986 6,822 | N o N o N o N o S,293,722 555,481  |

| Part VII      | Investments-Other Securities. See                                   | Form 990, Part X, line 1 | 2. |                                      |
|---------------|---|--------------------------|----|--------------------------------------|
|               | (a) Description of security or cateory (including name of security) | (b)Book value            |    | d of valuation<br>·year market value |
| Financial d   | erivatives and other financial products                             |                          |    |                                      |
|               | eld equity interests  |                          |    |                                      |
| Other         |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
| Total. (Colu  | mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨           |                          |    |                                      |
| Down VIII     | Investments Duesus Polated Co                                       | a Farm OOO Dart V June   | 12 |                                      |
| Part VIII     | Investments—Program Related. Se                                     |                          |    | d of valuation                       |
|               | (a) Description of investment type                                  | (b) Book value           |    | year market value                    |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
| Total (Colu   | mn (b) should equal Form 990, Part X, col (B) line 13 )             |                          |    |                                      |
| Part IX       |   | ne 15.                   |    |                                      |
|               | (a) Descri  |                          |    | (b) Book value                       |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
| Total. (Colu  | ımn (b) should equal Form 990, Part X, col.(B) line .               | 15.)                     |    |                                      |
|               | Other Liabilities. See Form 990, Part 3                             |                          |    |                                      |
|               | (a) Description of Liability  | (b) A mount              |    |                                      |
| Federal Inc   | come Taxes  |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          |    |                                      |
|               |   |                          | ]  |                                      |
|               |   |                          | ]  |                                      |
|               |   |                          | ]  |                                      |
|               |   |                          | 1  |                                      |
|               |   |                          | 1  |                                      |
|               |   |                          | 1  |                                      |
| -             |   |                          | 1  |                                      |
|               |   |                          | 1  |                                      |
| Total. (Colum | mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨           |                          | 1  |                                      |
| ,,            | · · · · · · · · · · · · · · · · · · ·                               | 1                        |    |                                      |

| Par  | t XI Reconciliation of Cl                    | nange in Net Assets from Forr  | n 99     | 00 to  | Financial Stateme  | nts     |                    |
|------|--|--|----------|--------|--------------------|---------|--------------------|
| 1    | Total revenue (Form 990, Part \              | /III, column (A), line 12)   |          |        |                    | 1       | 14,666,693         |
| 2    | Total expenses (Form 990, Pari               | t IX, column (A), line 25)   |          |        |                    | 2       | 16,338,594         |
| 3    | Excess or (deficit) for the year             | Subtract line 2 from line 1  |          |        |                    | 3       | -1,671,901         |
| 4    | Net unrealized gains (losses) or             | n investments  |          |        |                    | 4       | -35,604            |
| 5    | Donated services and use of fac              | ulities  |          |        |                    | 5       |                    |
| 6    | Investment expenses                          |  |          |        |                    | 6       |                    |
| 7    | Prior period adjustments                     |  |          |        |                    | 7       |                    |
| 8    | Other (Describe in Part XIV)                 |  |          |        |                    | 8       |                    |
| 9    | Total adjustments (net) Add lin              | es 4 - 8   |          |        |                    | 9       | -35,604            |
| 10   | Excess or (deficit) for the year p           | per financial statements. Combine line:  | s 3 aı   | nd 9   |                    | 10      | -1,707,505         |
| Part |  | evenue per Audited Financial   |          |        | nts With Revenue p | er R    | eturn              |
| 1    | Total revenue, gains, and othei              | support per audited financial  |          |        |                    |         | 14,631,089         |
| _    | statements                                   |  |          |        |                    | 1       |                    |
| 2    |  | not on Form 990, Part VIII, line 12  |          | 1 - 1  | l                  |         |                    |
| а    | Net unrealized gains on investi              |  | •        | 2a     | -35,604            |         |                    |
| Ь    | Donated services and use of fa               |  | •        | 2b     |                    |         |                    |
| C    | Recoveries of prior year grants              |  | •        | 2c     |                    |         |                    |
| d    | Other (Describe in Part XIV)                 |  | •        | 2d     |                    |         |                    |
| e    | Add lines <b>2a</b> through <b>2d</b> .      |  |          |        |                    | 2e      | -35,604            |
| 3    |  |  | •        |        |                    | 3       | 14,666,693         |
| 4    |  | ), Part VIII, line 12, but not on line 1   |          |        | ı                  |         |                    |
| а    | Investment expenses not inclu                | ided on Form 990, Part VIII, line 7b   | •        | 4a     |                    |         |                    |
| b    | Other (Describe in Part XIV)                 |  |          | 4b     |                    |         |                    |
| С    | Add lines <b>4a</b> and <b>4b</b>            |  | •        |        |                    | 4c      |                    |
| 5    |  | <b>4c.</b> (This should equal Form 990, Par  |          |        |                    | 5       | 14,666,693         |
|      | •  | cpenses per Audited Financia   |          | teme   | nts With Expenses  |         |                    |
| 1    | Total expenses and losses per                |  |          |        |                    | 1       | 16,338,594         |
| 2    |  | not on Form 990, Part IX, line 25  |          | ١ ـ    | 1                  |         |                    |
| a    | Donated services and use of fa               |  |          | 2a     |                    |         |                    |
| Ь    | Prior year adjustments                       |  |          | 2b     |                    |         |                    |
| с    |  | Part IX, line 25   | •        | . 2c   |                    |         |                    |
| d    | Other (Describe in Part XIV)                 |  | •        | 2d     |                    | _       |                    |
| е    | Add lines <b>2a</b> through <b>2d</b>        |  |          |        |                    | 2e      |                    |
| 3    | Subtract line <b>2e</b> from line <b>1</b> . |  | •        |        |                    | 3       | 16,338,594         |
| 4    |  | ), Part IX, line 25, but not on line 1:  |          | 1 .    | 1                  |         |                    |
| а    | •  | ided on Form 990, Part VIII, line 7b   |          |        |                    |         |                    |
| Ь    |  |  | •        | 4b     |                    |         |                    |
| С    | Add lines 4a and 4b                          |  |          |        |                    | 4c      |                    |
| 5    |  | d <b>4c.</b> (This should equal Form 990, Pa   | rt I , I | ıne 18 | )                  | 5       | 16,338,594         |
|      | t XIV Supplemental Info                      |  |          |        |                    |         |                    |
|      |  | criptions required for Part II, lines 3, !<br>Part XII, lines 2d and 4b, and Part XI |          |        |                    | art XIV | , lines 1b and 2b, |
|      | Ident if ier                                 | Return Reference   |          |        | Explanat           | ion     |                    |
|      |  |  |          |        |                    |         |                    |
|      |  |  |          |        |                    |         |                    |
|      |  |  |          |        |                    |         |                    |
|      |  |  |          |        |                    |         |                    |
|      |  |  |          |        |                    |         |                    |

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

OMB No 1545-0047

DLN: 93493313015390

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

**Inspection** Employer identification number

| DIALYSIS CENTER OF LINCOL  | _N INC                               |  |                              |   |   | 47-0708725                             |                                       |
|--|--------------------------------------|--|------------------------------|---|---|--|---------------------------------------|
| Part I General Inform  1 Does the organization main the selection criteria used  2 Describe in Part IV the organization. | ntaın records to<br>to award the gra | nts or assistance?                         | t of the grants or assista   |   |   |  | ┌ Yes ┌                               |
| Part II Grants and Oth<br>Form 990, Part IV<br>Part IV and Sche  | V, line 21 for a<br>dule I-1 if add  | ny recipient that rece<br>itional space is | eived more than \$5,0        | 00. Check this box i                      | t <b>es.</b> Complete if the of no one recipient rec        | eived more than \$5,0                  |                                       |
| 1(a) Name and address of organization or government  | (b) EIN                              | (c) IRC section<br>if applicable           | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| BRYAN HEALTH SERVICES<br>1600 SOUTH 48TH STREET<br>LINCOLN,NE 68506  |                                      | 3  | 483,962                      |   |   |  |                                       |
| SAINT ELIZABETH HEALTH<br>SERVICES555 SOUTH<br>70TH STREET<br>LINCOLN,NE 68510   |                                      | 3  | 483,961                      |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
|  |                                      |  |                              |   |   |  |                                       |
| 2 Enter total number of sect   |                                      | <del>-</del>                               |                              | _   |   |  | 2                                     |
| organizations  |                                      |  |                              |   |   | <u> </u>                               | ·                                     |

|                        |                  | <b>ce to Individua</b><br>ıf addıtıonal spac |                                     | tates. Complete if the                        | organization answered "Ye                                   | s" on Form 990, Part IV, line 22.     |
|------------------------|------------------|--|-------------------------------------|---|---|---------------------------------------|
| (a)Type of grant or as | ssistance        | ( <b>b)</b> Number of recipients             | <b>(c)</b> A mount of<br>cash grant | ( <b>d)</b> A mount of<br>non-cash assistance | (e) Method of valuation<br>(book, FMV, appraisal,<br>other) | (f)Description of non-cash assistance |
|                        |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
| rt IV Suppleme         | ntal Informati   | <b>on.</b> Complete thi                      | s part to provide the               | e information required i                      | n Part I, line 2, and any ot                                | her additional information.           |
| t if ier               | Return Reference | E  | Explanation                         |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
| +                      |                  |  |                                     |   |   |                                       |
|                        |                  |  |                                     |   |   |                                       |
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DLN: 93493313015390

OMB No 1545-0047

**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.

2008

Open to Public Inspection

|  | ,                              |
|--|--------------------------------|
| Name of the organization<br>DIALYSIS CENTER OF LINCOLN INC | Employer identification number |
|  | 47-0708725                     |
| Part I Questions Regarding Compensation                    |                                |
|  | Yes No                         |

|    |   |    | ' | 110 |
|----|---|----|---|-----|
| 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  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   |    | ĺ |     |
|    | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  |    |   |     |
| b  | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                    | 2  |   |     |
| 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 Compensation survey or study  |    |   |     |
|    | Form 990 of other organizations  A pproval by the board or compensation committee   |    |   |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a  |    |   |     |
| а  | Receive a severance payment or change of control payment?   | 4a |   | Νo  |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b |   | Νo  |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |   | Νo  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  |    |   |     |
|    | 501(c)(3) and 501(c)(4) organizations only 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   |    |   |     |
| а  | The organization?   | 5a |   | Νo  |
| b  | Any related organization?   | 5b |   | Νo  |
|    | 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  |    |   |     |
| а  | The organization?   | 6a |   | No  |
| b  | Any related organization?   | 6b |   | Νo  |
|    | 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  | 7  |   | No  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accured 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            | 8  |   | No  |

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name         | (B) Breakdown of W-2 and/or 1099-MISC compensation |   |                             | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation                             |
|------------------|--|---|-----------------------------|--------------|----------------|----------------------|--|
|                  | (i) Base<br>compensation                           | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>compensation | compensation | benefits       | (B)(ı)-(D)           | reported in prior Form<br>990 or Form 990-EZ |
| LARRY EMERSON (I | - 1  |   |                             |              |                | 170,473              |  |
| (i               | <b>)</b>   |   |                             |              |                |                      |  |
| (i               |  |   |                             |              |                |                      |  |
| (i               |  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               |  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               |  |   |                             |              |                |                      |  |
| (i               | )  |   |                             |              |                |                      |  |
| (i               |  |   |                             |              |                |                      |  |
| (i               |  |   |                             |              |                |                      |  |

#### 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

| Ident if ier | Return<br>Reference | Explanation |
|--------------|---------------------|-------------|
|              |                     |             |
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DLN: 93493313015390

Schedule K
(Form 990)
Supp

## **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

|     | e of the organization LYSIS CENTER OF LINCOLN INC                      |                         |                     |          |          |            |          |                |               | Employer | · identifica  | tion num | ber     |                      |
|-----|--|-------------------------|---------------------|----------|----------|------------|----------|----------------|---------------|----------|---------------|----------|---------|----------------------|
| DIA | ALYSIS CENTER OF LINCOLN INC   |                         |                     |          |          |            |          |                |               | 47-070   | 8725          |          |         |                      |
| P   | art I Bond Issues (Required  | for 2008)               |                     | 1        |          |            |          |                |               | •        |               |          |         |                      |
|     | (a) Issuer Name  | (b) Issuer EIN          | (c) CUSIP #         | (d) Date | Issued   | (e) Issue  | e Price  | <b>(f)</b> Des | cription of l | Purpose  | <b>(g)</b> De | efeased  | Beha    | On<br>alf of<br>suer |
|     |  |                         |                     |          |          |            |          |                |               |          | Yes           | No       | Yes     | No                   |
| A   | HOSPITAL AUTHORITY NO 1 OF LANCAST                                     |                         |                     | 12-07-   | 2006     | 2,         | 265,000  |                |               |          |               | x        |         | х                    |
| Pa  | Proceeds (Optional for   | 2008)                   |                     | I        | I        | _          | <u>'</u> |                |               |          |               |          |         |                      |
| 1   | Total Proceeds of Issue  |                         |                     | 4        | Α        |            | В        | 1              | С             | •        | <b>D</b>      |          | E       |                      |
|     | Gross Proceeds in Reserve Funds  |                         |                     |          |          |            |          |                |               |          |               | +        |         |                      |
|     | Proceeds in Refunding or Defeasai                                      | nce Escrows             |                     |          |          |            |          |                |               |          |               | _        |         |                      |
| 4   | Other Unspent Proceeds   |                         |                     |          |          |            |          |                |               |          |               |          |         |                      |
| 5   | Issuance Costs from Proceeds   |                         |                     |          |          |            |          |                |               |          |               |          |         |                      |
| 6   | Working Capital Expenditures from                                      | n Proceeds              |                     |          |          |            |          |                |               |          |               |          |         |                      |
| 7   | Capital Expenditures from Proceed                                      | ds                      |                     |          |          |            |          |                |               |          |               |          |         |                      |
| 8   | Year of Substantial Completion   |                         |                     |          |          |            |          | <u>I</u>       |               | I        |               | <b>!</b> |         |                      |
|     |  |                         |                     | Yes      | No       | Yes        | No       | Yes            | No            | Yes      | No            | Yes      | s       | No                   |
| 9   | Were the bonds issued as part of a                                     | a current refunding iss | ue?                 |          |          |            |          |                |               |          |               |          |         |                      |
| 10  | Were the bonds issued as part of a                                     | an advance refunding is | ssue?               |          |          |            |          |                |               |          |               |          |         |                      |
| 11  | Has the final allocation of proceed                                    | s been made?            |                     |          |          |            |          |                |               |          |               |          |         |                      |
| 12  | Does the organization maintain ad final allocation of proceeds?        | equate books and reco   | ords to support the |          |          |            |          |                |               |          |               |          |         |                      |
| Pa  | rtiiii Private Business Use  | (Optional for 2008)     |                     | ·        |          | 1          |          |                |               |          |               |          |         |                      |
|     |  |                         |                     | <u> </u> | <u> </u> |            | B<br>    |                | C<br>         |          | )<br>         | +        | E       |                      |
| 1   | Was the organization a partner in a which owned property financed by   |                         | mber of an LLC,     | Yes      | No       | Yes        | No       | Yes            | No            | Yes      | No            | Yes      | •       | No                   |
| 2   | Are there any lease arrangements<br>which may result in private busine | with respect to the fin | nanced property     |          |          |            |          |                |               |          |               |          |         |                      |
| For | Paperwork Reduction Act Notice, see the                                | e Instructions for Form | 990.                |          |          | Cat No 501 | 193E     |                |               | s        | chedule K     | (Form 99 | 0) 2008 | i                    |

| Schedule K | (Form 990) 20 | 800        |             |
|------------|---------------|------------|-------------|
| Part III   | Private Bu    | siness Use | (Continued) |

|     |  | A B |    | C   |    | D   |          | I   | E        |     |    |
|-----|--|-----|----|-----|----|-----|----------|-----|----------|-----|----|
|     |  | Yes | No | Yes | No | Yes | No       | Yes | No       | Yes | No |
| 3a  | Are there any management or service contracts with respect to the financed property which may result in private business use?  |     |    |     |    |     |          |     |          |     |    |
| 3b  | Are there any research agreements with respect to the financed property which may result in private business use?  |     |    |     |    |     |          |     |          |     |    |
| 3с  | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government |     |    |     |    |     |          |     |          |     |    |
| 6   | Total of lines 4 and 5   |     |    |     |    |     |          |     |          |     |    |
| 7   | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  |     |    |     |    |     |          |     |          |     |    |
| Pai | rt IV Arbitrage (Optional for 2008)  |     |    |     |    |     |          |     |          |     |    |
|     |  | ı   | Α  | E   | 3  | (   | <u>c</u> | ı   | <u> </u> | ı   | Ε  |
|     |  | Yes | No | Yes | No | Yes | No       | Yes | No       | Yes | No |
| 1   | Has a Form 8038-T been filed wth respect to the bond issue?  |     |    |     |    |     |          |     |          |     |    |
| 2   | Is the bond issue a variable rate issue?   |     |    |     |    |     |          |     |          |     |    |
| 3a  | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  |     |    |     |    |     |          |     |          |     |    |
| ь   | Name of provider   |     |    |     |    |     |          |     |          |     |    |
| С   | Term of hedge  |     |    |     |    |     |          |     |          |     |    |
| 4a  | Were gross proceeds invested in a GIC?   |     |    |     |    |     |          |     |          |     |    |
| ь   | Name of provider   |     |    |     |    |     |          |     |          |     |    |
| С   | Term of GIC  |     |    |     |    |     |          |     |          |     |    |
| d   | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |     |    |     |    |     |          |     |          |     |    |
| 5   |  |     |    |     |    |     |          |     |          |     |    |
|     | Were any gross proceeds invested beyond an available temporary period?   |     |    |     |    |     |          |     |          |     |    |

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DLN: 93493313015390

**SCHEDULE 0** 

(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.

2008

Open to Public

Name of the organization
DIALYSIS CENTER OF LINCOLN INC

Employer identification number

47-0708725

| ldentifier         | Return Reference                 | Explanation                                     |
|--------------------|----------------------------------|---|
| FIRST A CHIEVEMENT | FORM 990, PAGE 2, PART III, LINE | ORGANIZATIONS WHICH FOSTER ADVANCEMENT IN RENAL |
| DESCRIPTION        | 4A                               | DIALYSIS  |

| ldentifier                         | Return Reference                    | Explanation                                     |
|------------------------------------|-------------------------------------|---|
| ALL OTHER ACHIEVEMENTS DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | DISTRIBUTIONS TO LINCOLN HOSPITAL ORGANIZATIONS |

| ldentifier                            | Return Reference                     | Explanation   |
|---------------------------------------|--------------------------------------|---|
| CLASSES OF MEMBERS OR<br>STOCKHOLDERS | FORM 990, PAGE 6, PART VI,<br>LINE 6 | THERE ARE TWO EQUAL MEMBERS OF THE NON-PROFIT CORPORATION |

| ldentifier                           | Return Reference                      | Explanation  |
|--------------------------------------|---------------------------------------|--|
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI,<br>LINE 7A | EACH MEMBER APPOINTS TWO PERSONS TO THE BOARD OF DIRECTORS |

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

Cat No 51056K

Schedule O (Form 990) 2008

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 47-0708725

Name: DIALYSIS CENTER OF LINCOLN INC

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line<br>6b, 8b, 9b, and 10b of Part VIII. | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| DIALYSIS SUPPLIES  | 5,547,208             | 5,547,208                          |   |                                |
| BIOMED EXPENSE   | 200,106               | 200,106                            |   |                                |
| CONTRACT SERVICES  | 195,097               | 31,539                             | 163,558                                   |                                |
| MEDICAL DIRECTOR   | 104,992               | 104,992                            |   |                                |
| TELEPHONE  | 102,016               | 82,114                             | 19,902                                    |                                |