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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009		B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C Name of organization THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION Doing Business As MARY LANNING MEMORIAL HOSPITAL Number and street (or P O box if mail is not delivered to street address) Room/suite 715 NORTH ST JOSEPH AVE City or town, state or country, and ZIP + 4 HASTINGS, NE 68901		D Employer identification number 47-0378779 E Telephone number (402) 463-4521 G Gross receipts \$ 97,593,280	
		F Name and address of principal officer BRADLEY NEET 715 NORTH ST JOSEPH AVE HASTINGS, NE 68901		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶			
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527							
J Website: ▶ WWW.MLMH.ORG							
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1915		M State of legal domicile NE			

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities MARY LANNING MEMORIAL HOSPITAL, A REGIONAL HEALTH SYSTEM, IS COMMITTED TO A TRADITION OF EXCELLENCE THROUGH LEADERSHIP IN THE PROVISION OF QUALITY MEDICAL SERVICES AND HEALTH EDUCATION FOR THE PEOPLE OF CENTRAL NEBRASKA		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 _____	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 _____	
	5	Total number of employees (Part V, line 2a)	5 _____ 1,15	
	6	Total number of volunteers (estimate if necessary)	6 _____ 28	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a _____ 540,07	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b _____	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 788,961	Current Year 808,768
	9	Program service revenue (Part VIII, line 2g)	88,915,818	92,831,185
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,681,270	999,321
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,465,397	2,423,564
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,488,906	97,062,838
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	320,987
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,264,715	51,371,486
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>89,700</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	40,865,511	45,065,997
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	90,451,213	96,710,966
19		Revenue less expenses Subtract line 18 from line 12	37,693	351,872
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	128,705,877	134,412,002
	21	Total liabilities (Part X, line 26)	58,101,487	57,377,893
	22	Net assets or fund balances Subtract line 21 from line 20	70,604,390	77,034,109

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	***** Signature of officer 2010-11-10 Date
	BRADLEY NEET PRESIDENT Type or print name and title
Paid Preparer's Use Only	Preparer's signature Barbara J Fajen Date Check if self-employed ☒ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SEIM JOHNSON SESTAK & QUIST LLP 8807 INDIAN HILLS DRIVE SUITE 300 OMAHA, NE 681144123 EIN
	Phone no (402) 330-2660

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

MARY LANNING MEMORIAL HOSPITAL, A REGIONAL HEALTH SYSTEM, IS COMMITTED TO A TRADITION OF EXCELLENCE THROUGH LEADERSHIP IN THE PROVISION OF QUALITY MEDICAL SERVICES AND HEALTH EDUCATION FOR THE PEOPLE OF CENTRAL NEBRASKA. OUR MISSION IS ACHIEVED THROUGH A DEDICATED, CARING STAFF, USING ADVANCED TECHNOLOGY WITHIN A HEALTHY AND PLEASANT ENVIRONMENT, IN A COST EFFECTIVE MANNER.

2

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

If “Yes,” describe these new services on Schedule O

3

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

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$ 82,495,613	including grants of \$	(Revenue \$ 93,454,828)
MARY LANNING MEMORIAL HOSPITAL (MLMH) PROVIDES HEALTHCARE SERVICES TO THE GENERAL PUBLIC AND OPERATES ROUTINE SERVICE BEDS, ICU BEDS, OUTPATIENT SERVICES, A HOME HEALTH PROGRAM, AND A SCHOOL OF NURSING. MLMH TAKES ITS RESPONSIBILITIES FOR PROVIDING BENEFITS TO THE SURROUNDING COMMUNITIES SERIOUSLY. THIS IS DEMONSTRATED IN NUMEROUS WAYS. THE HOSPITAL ABSORBED OVER \$34 MILLION IN COSTS DURING 2009. OVER \$27 MILLION OF THAT AMOUNT RELATES TO CARE PROVIDED TO MEDICARE AND MEDICAID PATIENTS WITH AN ADDITIONAL \$1.1 MILLION IN CARE TO THE UNINSURED IN THE FORM OF CHARITY CARE. SEVENTY-TWO ADDITIONAL PROGRAMS SERVED OVER 43,000 PEOPLE. MUCH ATTENTION HAS BEEN PAID RECENTLY TO THE RESPONSIBILITIES OF TAX-EXEMPT ORGANIZATIONS. FROM THE INFORMATION SUMMARIZED ABOVE, IT IS CLEAR THAT THE CONTRIBUTIONS OF THE HOSPITAL WOULD FAR EXCEED FUNDS THAT WOULD BE GENERATED BY A CORPORATE TAX STRUCTURE.				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)

4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 82,495,613

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	56	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,151	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, 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	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	7	
b	Enter the number of voting members that are independent . . .	1b	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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 the organization ▶ SHAWN NORDBY 715 N ST JOSEPH AVE HASTINGS, NE 68901 (402) 461-5344	

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	2,986,302	85,832	327,403
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶20

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KIEWIT BUILDING GROUP 3921 MASON STREET OMAHA, NE 68105	GENERAL CONTRACTOR	12,263,791
SS PSYCHIATRY GROUP 4110 HARGORD STREET GRAND ISLAND, NE 68803	PHYSICIAN COVERAGE	1,048,480
MCKESSON INFORMATION BOX 98347 CHICAGO, IL 60693	SOFTWARE SUPPORT	907,076
DELTA PHYSICIAN PLACEMENT PO BOX 678082 DALLAS, TX 75267	PHYSICIAN COVERAGE	595,169
HASTINGS HEART INSTITUTE LLC 715 N KANSAS HASTINGS, NE 68901	CARDIAC CATH SERVICES	384,554

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶71

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b	310					
	c	Fundraising events	1c						
	d	Related organizations	1d	725,913					
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	82,545					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f		808,768					
Program Service Revenue			Business Code						
	2a	ALL OTHER PATIENT REVE	621,300	50,330,234	50,330,234				
	b	NET MEDICARE REVENUE	621,300	36,241,433	36,241,433				
	c	NET MEDICAID REVENUE	621,300	6,259,518	6,259,518				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		92,831,185					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		68,380			68,380		
	4	Income from investment of tax-exempt bond proceeds . . .		772,522			772,522		
	5	Royalties							
	6a	Gross Rents	(i) Real	(ii) Personal					
			340,788						
			4,541						
			336,247						
	d	Net rental income or (loss)		336,247			336,247		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) O ther					
			370,870						
				212,451					
			370,870	-212,451					
	d	Net gain or (loss)		158,419	-212,451		370,870		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV , line 18	a						
			b	Less direct expenses	b				
			c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV , line 19	a						
			b	Less direct expenses	b				
			c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a	372,780					
b			Less cost of goods sold	b	313,450				
c			Net income or (loss) from sales of inventory . . .		59,330			59,330	
Miscellaneous Revenue		Business Code							
11a	MISCELLANEOUS	900,099	836,094	836,094					
b	CAFETERIA	722,210	651,819			651,819			
c									
d	All other revenue		540,074		540,074				
e	Total. Add lines 11a-11d		2,027,987						
12	Total revenue. See Instructions		97,062,838	93,454,828	540,074	2,259,168			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	273,483	273,483		
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	1,010,242		1,010,242	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	89,700			89,700
7	Other salaries and wages	38,464,364	33,882,834	4,581,530	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,977,107	2,631,041	346,066	
9	Other employee benefits	6,106,172	5,396,376	709,796	
10	Payroll taxes	2,723,901	2,407,268	316,633	
11	Fees for services (non-employees)				
a	Management				
b	Legal	72,905		72,905	
c	Accounting	70,715		70,715	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	76,887		76,887	
g	Other	2,835,395	2,835,395		
12	Advertising and promotion				
13	Office expenses	2,255,265	1,900,216	355,049	
14	Information technology				
15	Royalties				
16	Occupancy	1,220,801	1,220,801		
17	Travel	260,898	230,337	30,561	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	86,256	45,900	40,356	
20	Interest	469,729	469,729		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,554,098	4,728,168	825,930	
23	Insurance	1,028,753	474,432	554,321	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	19,104,556	19,040,866	63,690	
b	CONTRACTED SERVICES	6,280,983	5,448,097	832,886	
c	BAD DEBT EXPENSE	3,752,553		3,752,553	
d	REPAIRS	1,156,083	1,109,585	46,498	
e	MINOR EQUIPMENT	630,636	354,804	275,832	
f	All other expenses	209,484	46,281	163,203	
25	Total functional expenses. Add lines 1 through 24f	96,710,966	82,495,613	14,125,653	89,700
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			21,812,439	2	12,662,586
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,013,226	4	10,368,909
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			564,373	7	539,325
	8	Inventories for sale or use			2,085,822	8	2,273,244
	9	Prepaid expenses and deferred charges			1,277,747	9	929,096
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	121,478,584	41,072,806	10c	54,441,824
	b	Less accumulated depreciation	10b	67,036,760			
	11	Investments—publicly traded securities			26,867,349	11	29,007,619
	12	Investments—other securities See Part IV, line 11			20,791,029	12	22,969,414
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,221,086	15	1,219,985
	16	Total assets. Add lines 1 through 15 (must equal line 34)			128,705,877	16	134,412,002
Liabilities	17	Accounts payable and accrued expenses			11,631,110	17	12,272,660
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			31,705,000	20	31,065,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,030	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			14,763,347	25	14,040,233
	26	Total liabilities. Add lines 17 through 25			58,101,487	26	57,377,893
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			52,581,588	27	56,725,358
	28	Temporarily restricted net assets			3,523,082	28	4,103,468
	29	Permanently restricted net assets			14,499,721	29	16,205,283
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			70,604,391	33	77,034,109
	34	Total liabilities and net assets/fund balances			128,705,877	34	134,412,002

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION

Employer identification number
47-0378779

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION	Employer identification number 47-0378779
--	--

Part I-A

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		18,007
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				18,007
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	A PORTION OF DUES PAID TO AHA AND NHA IS FOR LOBBYING PURPOSES AND 100% OF DUES PAID TO NABHO IS FOR LOBBYING ACTIVITIES. IN ADDITION, \$4,500 PAID TO RURAL REFERRAL CENTER / SOLE COMMUNITY HOSPITAL COALITION SUPPORTS LOBBYING ACTIVITY CONDUCTED BY THAT ORGANIZATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION	Employer identification number 47-0378779
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	Yes No	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply)											
	Preservation of land for public use (e g , recreation or pleasure) Protection of natural habitat Preservation of open space	Preservation of an historically importantly land area Preservation of a certified historic structure										
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year											
4	Number of states where property subject to conservation easement is located											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?											
	Yes No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?											
	Yes No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	14,499,723	13,467,863			
b Contributions	67,547	37,074			
c Investment earnings or losses	1,873,061	994,786			
d Grants or scholarships					
e Other expenditures for facilities and programs	464,436				
f Administrative expenses					
g End of year balance	15,975,895	14,499,723			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 % %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ 0 % %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

Yes

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,533,193		5,533,193
b Buildings		47,044,511	31,026,614	16,017,897
c Leasehold improvements				
d Equipment		48,386,184	36,010,146	12,376,038
e Other		20,514,696		20,514,696
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				54,441,824

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	197,062,838
2	Total expenses (Form 990, Part IX, column (A), line 25)	296,710,966
3	Excess or (deficit) for the year Subtract line 2 from line 1	3351,872
4	Net unrealized gains (losses) on investments	2,438,320
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	3,639,527
9	Total adjustments (net) Add lines 4 - 8	6,077,847
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	6,429,719

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	TEMPORARILY RESTRICTED FUNDS ARE HELD FOR CAPITAL ACQUISITION, SCHOLARSHIPS, EDUCATION AND COMMUNITY HEALTH CARE. PERMANENTLY RESTRICTED FUND ASSETS ARE HELD IN PERPETUITY WITH THE INCOME USED FOR HOSPITAL OPERATIONS, SCHOLARSHIPS AND RESEARCH.
Part X	Description of Uncertain Tax Positions Under FIN 48	PART X THE HOSPITAL ADOPTED FASB ASC TOPIC 740 SUBTOPIC 10 SECTION 25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB ASC 740 DURING 2007. SECTION 25 PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES. THE ADOPTION OF SECTION 25 BY THE HOSPITAL DID NOT HAVE A MATERIAL IMPACT ON THE HOSPITAL'S FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS.
Part XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTEREST OF FOUNDATION 573475. CHANGE IN BENEFICIAL INTEREST OF TRUST 1824408. PENSION RELATED CHANGES 1241644.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION

Employer identification number
47-0378779

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			1,184,932	0	1,184,932	1 230 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			7,348,213	5,124,393	2,223,820	2 300 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Charity Care and Means-Tested Government Programs			8,533,145	5,124,393	3,408,752	3 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			661,942	0	661,942	0 680 %
f Health professions education (from Worksheet 5)			746,254	0	746,254	0 770 %
g Subsidized health services (from Worksheet 6)			101,968	0	101,968	0 110 %
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions to community groups (from Worksheet 8)			105,160	0	105,160	0 110 %
j Total Other Benefits			1,615,324		1,615,324	1 670 %
k Total. Add lines 7d and 7j			10,148,469	5,124,393	5,024,076	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			250		250	0 %
3Community support			1,938		1,938	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			11,655		11,655	0 010 %
7Community health improvement advocacy						
8Workforce development			131		131	0 %
9Other						
10Total			13,974		13,974	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	2,122,190	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	26,264,832	
6Enter Medicare allowable costs of care relating to payments on line 5	6	54,120,327	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-27,855,495	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1HASTINGS HEART INSTITUTE	HEART MEDICAL CARE	50 000 %	0 %	0 %
2HASTINGS IMAGING CENTER	DIAGNOSTIC IMAGING SERVICES	50 000 %	0 %	0 %
3SOUTHSHORE PROPERTIES	REAL ESTATE RENTAL	25 820 %	0 %	0 %
4MHR HOME CARE LLC	HOME MEDICAL SUPPLIES	12 200 %	0 %	0 %
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MARY LANNING MEMORIAL HOSPITAL 715 NORTH ST JOSEPH AVENUE HASTINGS, NE 68901	X	X		X			X		
HASTINGS PULMONARY 715 N KANSAS AVENUE STE 203 HASTINGS, NE 68901									OUTPATIENT CLINIC
BLUE HILL CLINIC 102 N PINE STREET BLUE HILL, NE 68930									OUTPATIENT CLINIC
SUTTON MEDICAL CLINIC 301 S WAY SUTTON, NE 68979									OUTPATIENT CLINIC
EDGAR CLINIC 315 N C STREET EDGAR, NE 68944									OUTPATIENT CLINIC
LANNING CENTER 815 S BURLINGTON AVENUE HASTINGS, NE 68901									OUTPATIENT CLINIC
PRIMARY CARE CENTER 715 N KANSAS AVENUE HASTINGS, NE 68901									OUTPATIENT CLINIC
COMMUNITY HEALTH CENTER 715 N KANSAS AVENUE HASTINGS, NE 68901									OUTPATIENT CLINIC
CENTRAL NE INFECTIOUS DISEASE 715 N KANSAS AVENUE HASTINGS, NE 68901									OUTPATIENT CLINIC

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c NOT APPLICABLE

Part I, Line 6a NOT APPLICABLE

Part I, Line 7g THE COST ATTRIBUTABLE TO A PHYSICIAN CLINIC IS \$101,968

Part I, Line 7f BAD DEBT EXPENSE IS \$3,752,553

Part I, Line 7 THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS A COST-TO-CHARGE RATIO THE RATIO WAS DERIVED FROM WORKSHEET 2

Part III, Line 4 THE HOSPITAL REPORTS PATIENT ACCOUNTS RECEIVABLE AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYORS, PATIENTS AND OTHERS AN ALLOWANCE FOR BAD DEBTS HAS BEEN ESTABLISHED FOR THE UNCOLLECTIBLE PORTION OF THESE RECEIVABLES AND IS ADJUSTED THROUGHOUT THE YEAR BASED ON THE AGING OF EACH FUNDING SOURCE'S RECEIVABLE ACCOUNT INDIVIDUAL ACCOUNTS WITH BALANCES OVER NINETY DAYS ARE REVIEWED PERIODICALLY FOR FUNDING SOURCE DENIALS, REBILLS TO DIFFERENT FUNDING SOURCES, SUBMISSIONS TO A COLLECTION AGENCY OR WRITE-OFF AS BAD DEBT THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT REPORTED ON LINES 2 AND 3 IS TAKING TOTAL EXPENSES DIVIDED BY TOTAL REVENUE TIMES BAD DEBT EXPENSE

Part III, Line 8 FOR-PROFIT SPECIALITY HOSPITALS HAVE BEEN CARVING OUT CERTAIN HIGH-MARGIN SERVICES, LEAVING GENERAL ACUTE CARE HOSPITALS WITH LOWER-MARGIN MEDICARE SERVICES THIS INDICATES THAT MEDICARE LOSSES CAN BE A RESULT OF RENDERING THIS LOWER-MARGIN SERVICES RATHER THAN INEFFICIENT OPERATIONS

Part III, Line 9b ACCOUNTS WILL BE SCREENED FOR APPROPRIATE REFERRAL TO FINANCIAL ASSISTANCE VS BAD DEBT WRITE OFF DURING THE COLLECTION PROCESS THE FINANCIAL ASSISTANCE POLICY DOES INCLUDE PROVISION FOR IMPLIED CHARITY CARE IF THERE IS SUFFICIENT KNOWLEDGE TO DETERMINE THAT THEY MEET THE QUALIFYING FACTORS OF THE PROGRAM

Part V THERE IS NO ADDITIONAL FACILITY INFORMATION

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 MLMH CURRENTLY UTILITIZES THE MAPP ASSESSMENT CONDUCTED BY THE SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT IN 2008 THIS ASSESSMENT COVERS A FOUR COUNTY AREA THAT CLOSELY MATCHES THE PATIENT BASE OF MLMH PARTNERSHIPS AND COLLABORATIONS OCCUR REGULARLY WITH THE HEALTH DEPARTMENT AND OTHER AGENCIES IN THE COMMUNITY TO ADDRESS AND MEET NEEDS MLMH CURRENTLY PROVIDES MANY SERVICES AND PROJECTS THAT TARGET THE NEEDS OF THE COMMUNITY INCLUDING THE ANNUAL FLU SHOT PROGRAM AS WELL AS OUTREACH OF HEALTHY LIVING AND DISEASE MANAGEMENT TO WORKSITES, MINORITIES AND THE COMMUNITY AT LARGE

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

Part VI, Line 3 MLMH INFORMS AND EDUCATES PATIENTS BY POSTING SIGNS IN ALL ADMISSION AREAS AND PATIENT ROOMS BROCHURES ARE AVAILABLE IN ADMISSION AREAS ALL NON-INSURED INPATIENTS ARE PERSONALLY VISITED AND PATIENTS AT ANYTIME DURING THE BILLING/COLLECTION PROCESS CAN HAVE DISCUSSIONS WITH A FINANCIAL COUNSELOR

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

Part VI, Line 4 MLMH'S PRIMARY SERVICE AREA IS ADAMS COUNTY WITH A SECONDARY AREA INCLUDING MERRICK, HALL, HAMILTON, KEARNEY, CLAY FRANKLIN, WEBSTER, AND NUCKOLLS COUNTIES THE ESTIMATED POPULATION OF ADAMS COUNTY IS 35,000 AND THE SECONDARY SERVICE AREA IS 93,000 ADAMS COUNTY IS 563 SQ MILES FIFTEEN PERCENT OF THE POPULATION IN ADAMS COUNTY IS MEDICARE AGE OR OLDER

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 MLMH PARTICIPATES IN NEBRASKA HEALTH INFORMATION INITIATIVE WHICH ALLOWS PHYSICIANS TO VIEW THE ENTIRE RECORD OF A PATIENT THIS ALLOWS BETTER CARE FOR THE PATIENT BECAUSE THE DOCTOR SEES THEIR ENTIRE HISTORY INSTEAD OF JUST THE PIECE THEY ARE CURRENTLY BEING TREATED FOR

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

Part VI, Line 6 NOT APPLICABLE

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

Part VI, Line 7 NOT APPLICABLE

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

NE

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

DLN: 93493316037220

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION

Employer identification number
47-0378779

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY LANNING HEALTHCARE FOUNDATION715 NORTH ST JOSEPH AVENUE HASTINGS, NE 68901	470800042	501(C)(3)	248,483				TO ASSIST WITH THE OPERATING COSTS OF FUNDRAISING
ADAMS COUNTY CLERK 500 WEST 4TH STREET HASTINGS, NE 68901	476006427	501(C)(1)	25,000				TO ASSIST WITH OPERATING COSTS OF THE AMBULANCE SERVICE

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION

Employer identification number
47-0378779

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☒ Personal services (e g , maid, chauffeur, chef)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
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?		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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:		
5a	The organization?		No
5b	Any related organization?		No
	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:		
6a	The organization?		No
6b	Any related organization?		No
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
W MICHAEL KEARNEY	(i)	280,986	0	0	10,993	8,269	300,248	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY GRONSETH	(i)	177,000	0	0	5,717	10,225	192,942	0
	(ii)	0	0	0	0	0	0	0
LEOTA ROLLS	(i)	180,135	0	0	95,736	10,175	286,046	0
	(ii)	0	0	0	0	0	0	0
LEON JOE DAVIS	(i)	198,766	0	0	6,534	4,126	209,426	0
	(ii)	0	0	0	0	0	0	0
KALPESH D GANATRA	(i)	291,657	203,514	231,599	0	20,644	747,414	0
	(ii)	0	0	0	0	0	0	0
DENNIS HATCH	(i)	318,619	0	32,000	7,350	14,803	372,772	0
	(ii)	0	0	0	0	0	0	0
JOHN BECK	(i)	329,309	0	0	7,351	18,244	354,904	0
	(ii)	0	0	0	0	0	0	0
THOMAS SCHEER	(i)	196,642	0	25,000	0	15,174	236,816	0
	(ii)	0	0	0	0	0	0	0
SUSAN LOEFFEL	(i)	217,440	0	0	7,137	10,429	235,006	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	PART I, LINE 1A HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES. A COUNTRY CLUB MEMBERSHIP IS PROVIDED TO BRADLEY NEET, CEO, FOR PERSONAL USE. THE VALUE OF THE MEMBERSHIP WAS INCLUDED AS TAXABLE WAGES IN MR. NEET'S 2009 W-2. CHAUFFEUR VEHICLES OWNED BY MARY LANNING MEMORIAL HOSPITAL AND DRIVERS EMPLOYED BY THE HOSPITAL ARE MADE AVAILABLE TO PHYSICIANS WHO CHOOSE TO USE THEM FOR TRAVEL TO CLINICS IN OTHER CITIES. SUCH TRAVEL IS STRICTLY FOR HOSPITAL BUSINESS PURPOSES, AND THE PROVISION OF CARS AND DRIVERS ENABLES THE PHYSICIANS TO PERFORM VARIOUS ADMINISTRATIVE TASKS DURING THE TRAVEL TIME. PERSONAL SERVICES. A VEHICLE ALLOWANCE IS GIVEN MONTHLY TO BRADLEY NEET. THE ALLOWANCE WAS INCLUDED AS TAXABLE WAGES IN MR. NEET'S 2009 FORM W-2. PART I, LINE 1B MR. NEET TURNS IN THE MONTHLY BILL FROM THE COUNTRY CLUB FOR THE MEMBERSHIP DUES. PHYSICIANS ARE NOT REQUIRED TO "ACCOUNT" TO THE HOSPITAL FOR THE NUMBER OF MILES DRIVEN, AS THE ENTIRE TRAVEL COST IS A HOSPITAL BUSINESS EXPENSE.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION	Employer identification number 47-0378779
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HOSPITAL REVENUE BONDS SERIES 2003 OF ADAMS COUNTY NE	47-0762824	006060BUO	10-15-2003	3,305,000	RENOVATION OF LOBBY AND ELEVATORS		X		X
B	HOSPITAL REVENUE BONDS SERIES 2008 OF ADAMS COUNTY NE	47-0762824	006060CL9	07-01-2008	23,725,120	TWO ADDITIONS TO THE HOSPITAL		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	3,353,700		24,153,541							
2	Gross proceeds in reserve funds	305,415		1,746,358							
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	4,956,868		4,956,868							
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	3,048,285		17,450,315							
8	Year of substantial completion	2006									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?	X		X							
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		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?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	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?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION

Employer identification number
47-0378779

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A COPY OF FORM 990 WAS PROVIDED TO THE MEMBERS OF THE BOARD AND WAS REVIEWED WITH THOSE MEMBERS PRIOR TO FILING THE RETURN
Form 990, Part VI, Section B, line 12c		EACH EMPLOYEE AND BOARD MEMBER MUST ANNUALLY FILL OUT A CONFLICT SURVEY AND SIGN A CONFLICT OF INTEREST STATEMENT
Form 990, Part VI, Section B, line 15		AN EXECUTIVE COMPENSATION REVIEW IS PERFORMED ANNUALLY THE BOARD COMPARES SALARIES TO MARKET DATA OBTAINED FROM MANAGEMENT SCIENCES ASSOCIATES IN 2010, THE BOARD HIRED AN INDEPENDENT CONSULTANT TO PERFORM A REVIEW OF EXECUTIVE COMPENSATION
Form 990, Part VI, Section C, line 19		ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THROUGH MARY LANNING MEMORIAL HOSPITAL'S ADMINISTRATIVE OFFICES
FORM 990, PART XI, # 2C	AUDIT OF ORGANIZATION'S FINANCIAL STATEMENTS	THE BOARD OF TRUSTEES OF THE ORGANIZATION ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT
		SCHEDULE D, PART V, # 3A(II) ENDOWMENT FUNDS NOT IN THE POSSESSION OF THE ORGANIZATION MARY LANNING HEALTHCARE FOUNDATION AND MARY LANNING HOSPITAL TRUST HOLD ENDOWMENT FUNDS RESTRICTED TO DISTRIBUTION TO MARY LANNING MEMORIAL HOSPITAL THESE FUNDS ARE REFLECTED ON MARY LANNING MEMORIAL HOSPITAL'S BALANCE SHEET IN "INVESTMENTS - OTHER SECURITIES" AND ARE SHOWN ON SCHEDULE D, PART VII THE FUNDS ARE NOT UNDER THE CONTROL OF MARY LANNING MEMORIAL HOSPITAL
FORM 990, PART IV, # 13	SCHOOLS CONDUCTED WITHIN MARY LANNING MEMORIAL HOSPITAL	FORM 990, PART IV, # 13 IS ANSWERED "NO" BECAUSE MARY LANNING MEMORIAL HOSPITAL'S PRIMARY PROGRAM SERVICE IS THE PROVISION OF MEDICAL CARE THROUGH ITS HOSPITAL HOWEVER, IT ALSO CONDUCTS A NURSING SCHOOL IN CONJUNCTION WITH CREIGHTON UNIVERSITY AND A RADIOLOGY SCHOOL SCHEDULE E HAS NOT BEEN PREPARED BECAUSE THE ORGANIZATION DOES NOT CHECK BOX 2, PART I OF SCHEDULE A TO INDICATE IT IS A "SCHOOL" BOTH THE NURSING SCHOOL AND THE RADIOLOGY SCHOOL ARE OPERATED ON A RACIALLY NONDISCRIMINATORY BASIS

Part III

Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
HASTINGS HEART INSTITUTE LLC PO BOX 82585 LINCOLN, NE685012585 47-0802275	HEART MEDICAL CARE	NE		RELATED	-20,287	106,795		No			No
HASTINGS IMAGING CENTER LLC 715 NORTH ST JOSEPH AVENUE HASTINGS, NE68901 20-4267079	DIAGNOSTIC IMAGING SERVICES	NE		RELATED	-185,595	1,440,435		No	-185,595		No
SOUTHSHORE PROPERTIES LLC 715 NORTH ST JOSEPH AVENUE HASTINGS, NE68501 20-4939602	REAL ESTATE RENTAL	NE		UNRELATED	36,313	1,028,433		No	36,313		No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

1r

Yes

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 47-0378779

Name: THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ANDERSON MD CHAIR	1 00	X						0	0	0
TIM BOYD VICE-CHAIR	1 00	X						0	0	0
CLARENCE GARY ANDERSON TRUSTEE	1 00	X						0	85,832	34,170
COLLEEN WERNER TRUSTEE	1 00	X						0	0	0
DENNIS KRIENERT TRUSTEE	1 00	X						0	0	0
CALVIN JOHNSON TRUSTEE	1 00	X						0	0	0
RUTH KOEPKE TRUSTEE	1 00	X						0	0	0
W MICHAEL KEARNEY PRESIDENT THRU AUGUST 20	40 00			X				280,986	0	19,262
BRADLEY NEET PRESIDENT	40 00			X				83,465	0	5,633
TIMOTHY GRONSETH SR VICE PRESIDENT/CFO	40 00			X				177,000	0	15,942
LEOTA ROLLS SR VP CLINICAL OPERATION	40 00			X				180,135	0	105,911
LEON JOE DAVIS VP MEDICAL AFFAIRS	40 00			X				198,766	0	10,660
BRUCE CUTRIGHT VP HUMAN RESOURCES	40 00			X				121,088	0	6,140
MARK CALLAHAN VP CLINICS	40 00			X				99,082	0	28,553
KALPESH D GANATRA PHYSICIAN	40 00					X		726,770	0	20,644
DENNIS HATCH PHYSICIAN	40 00					X		350,619	0	22,153
JOHN BECK PHYSICIAN	40 00					X		329,309	0	25,595
THOMAS SCHEER PHYSICIAN	40 00					X		221,642	0	15,174
SUSAN LOEFFEL PHYSICIAN	40 00					X		217,440	0	17,566

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	19,104,556	19,040,866	63,690	
CONTRACTED SERVICES	6,280,983	5,448,097	832,886	
BAD DEBT EXPENSE	3,752,553		3,752,553	
REPAIRS	1,156,083	1,109,585	46,498	
MINOR EQUIPMENT	630,636	354,804	275,832	