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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BryanLGH Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1600 SOUTH 48TH STREET

City or town, state or country, and ZIP + 4
LINCOLN, NE 685061299

D Employer identification number
47-0376552

E Telephone number
(402) 481-3190

G Gross receipts $ 483,282,120

F Name and address of principal officer
RUSSELL GRONEWOLD
1600 SOUTH 48TH STREET
LINCOLN, NE 68506

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 bryanlgh org

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

L Year of formation 1926

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCELLENT CARE AND PROMOTE HEALTH WITH A FOCUS ON QUALITY, COLLABORATION AND COMPASSION

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of employees (Part V, line 2a)	**5**	3,927
6	Total number of volunteers (estimate if necessary)	**6**	550
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,631,028
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-319,560

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	835,837	800,117
9	Program service revenue (Part VIII, line 2g)	435,394,018	450,431,844
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-23,187,054	3,801,433
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,796,922	7,847,868
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	419,839,723	462,881,262
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	210,801	274,457
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	196,977,324	206,340,017
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	220,716,613	226,477,666
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	417,904,738	433,092,140
19	Revenue less expenses Subtract line 18 from line 12	1,934,985	29,789,122
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	687,031,566	703,189,931
21	Total liabilities (Part X, line 26)	303,524,632	295,722,942
22	Net assets or fund balances Subtract line 21 from line 20	383,506,934	407,466,989

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2011-04-14

Russ Gronewold VP FINANCE & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105	EIN ▶	Phone no ▶ (314) 290-1000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROVIDE EXCELLENT CARE AND PROMOTE HEALTH WITH A FOCUS ON QUALITY, COLLABORATION AND COMPASSION

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 $ 393,735,107 including grants of $ 274,457) (Revenue $ 443,238,195)

BryanLGH Medical Center provides the community, state and region with comprehensive patient-centered, safety-focused quality care It promotes wellness, provides healthcare services for those in need regardless of their ability to pay, and is sensitive to those who are culturally diverse or have disabilities In fiscal year 2010, BryanLGH provided life-saving procedures and medications to thousands of individuals who simply could not pay for these services and whom no other public support was available Unreimbursed charges for charity care totaled $20 1 million BryanLGH also incurred $37 8 million in unreimbursed Medicare costs, $13 4 million in Medicaid costs and $34,806 to support other public programs BryanLGH Medical Center's Commitment to Health Professionals' education, through residency programs and the College of Health Sciences, totaled $3 6 million Community education, and support programs and services subsidized by the Medical Center, totaled more than $880,000 Donations to charitable organizations and community building activities totaled more than $516,000 BryanLGH Medical Center's quantifiable community benefit for fiscal year 2010 totals more than $76 million The Medical Center is a 664-bed, not for profit, locally owned, healthcare organization serving patients from throughout Nebraska, as well as part of Kansas, Iowa, South Dakota and other states in the region Premier services include cardiology, neuroscience, orthopedics, vascular, trauma and emergency centers, intensive care, women's and children's health, imaging and mental health The Medical Center is the community's only provider of inpatient mental health services and has helped thousands of citizens through the BryanLGH Independence Center residential substance abuse treatment program The Medical Center also emphasizes education by providing graduate and undergraduate degrees through the BryanLGH College of Health Sciences which offers graduate and undergraduate degrees through its School of Nursing, School of Health Professions, and School of Nurse Anesthesia Programs The Medical Center is one of only 74 hospitals in the United States to have received both the 2010 Distinguished Hospital Award for Clinical Excellence, and the Patient Safety Excellent Award from HealthGrades During 2010, the Medical Center also received the Gold Seal of Approval from the Joint Commission on Accreditation of Healthcare Organizations, which sets the highest standards for quality and safety in the delivery of health care

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** ▶ $ 393,735,107

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, line10? *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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	811		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,927		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
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 16		
b	Enter the number of voting members that are independent . .	1b 9		
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	Yes	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	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		No
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		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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 ▶

RUSSELL GRONEWOLD
1600 SOUTH 48TH STREET
LINCOLN, NE 685061299
(402) 481-3190

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(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			
See add'l data										

1b Total . . . . . ▶	5,059,965	1,432,047	940,772

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 ▶ 73

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Inpatient Physician Associates 2300 S 16TH ST LINCOLN, NE 68502	Medical Services	2,403,475
Heartland Surgical Services 2300 South 16th Street LINCOLN, NE 68502	Medical Services	1,678,534
Associated Anesthesiologist 6911 Van Dorn Suite 2 LINCOLN, NE 68506	Anesthesiology Servi	1,474,077
Lincoln Medical Education Partner 4600 Valley Road LINCOLN, NE 68510	Medical Training	1,231,201
Dialysis Center of Lincoln 7910 O Street LINCOLN, NE 68510	Lab Services	1,090,655
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 ▶ 37		

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	72,762			
	c	Fundraising events	1c				
	d	Related organizations	1d	343,303			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	384,052			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		800,117			
			Business Code				
Program Service Revenue	2a	NET PATIENT REVENUE	621,990	438,895,506	438,895,506		
	b	PROGRAM RENTAL REVENUE	531,190	3,521,578	3,521,578		
	c	BRYANLGH COLLEGE OF HEALTH SCIENCES REVENUE	611,600	4,744,810			4,744,810
	d	PHARMACY	446,110	2,448,839		866,519	1,582,320
	e	INCOME FROM PARTNERSHIP - DIALYSIS CENTER	621,990	793,111	793,111		
	f	All other program service revenue		28,000	28,000		
	g	**Total.** Add lines 2a–2f		450,431,844			
	3	Investment income (including dividends, interest and other similar amounts)		3,776,477			3,776,477
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	380,084				
	b	Less rental expenses	401,117				
	c	Rental income or (loss)	-21,033				
	d	Net rental income or (loss)		-21,033		-21,033	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	19,699,906	324,791			
	b	Less cost or other basis and sales expenses	19,435,843	563,898			
	c	Gain or (loss)	264,063	-239,107			
	d	Net gain or (loss)		24,956			24,956
Other Revenue	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		0			
	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		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722,210	2,793,467		62,548	2,730,919
	b	CHILD CARE	624,410	1,370,147		10,373	1,359,774
	c	PURCHASE DIS/REBATES	900,099	1,302,434			1,302,434
	d	All other revenue		2,402,853		1,712,621	690,232
	e	**Total.** Add lines 11a–11d		7,868,901			
	12	**Total revenue.** See Instructions		462,881,262	443,238,195	2,631,028	16,211,922

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	274,457	274,457		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,530,502	3,222,038	2,308,464	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	142,658,930	137,651,872	5,007,058	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,559,056	14,048,061	510,995	
9	Other employee benefits	32,813,285	31,661,601	1,151,684	
10	Payroll taxes	10,778,244	10,399,948	378,296	
11	Fees for services (non-employees)				
a	Management	221,334		221,334	
b	Legal	30,772		30,772	
c	Accounting	30,927		30,927	
d	Lobbying	7,859		7,859	
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	1,232,660		1,232,660	
g	Other	36,128,796	34,872,878	1,255,918	
12	Advertising and promotion	1,191,493		1,191,493	
13	Office expenses	89,985,723	86,827,395	3,158,328	
14	Information technology	5,390,378	5,201,186	189,192	
15	Royalties	0			
16	Occupancy	6,325,226	6,103,223	222,003	
17	Travel	349,952	327,169	22,783	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	157,887	140,262	17,625	
20	Interest	7,367,363	7,108,783	258,580	
21	Payments to affiliates	19,601,142		19,601,142	
22	Depreciation, depletion, and amortization	34,418,536	33,210,511	1,208,025	
23	Insurance	1,824,567	1,760,528	64,039	
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	BAD DEBT	18,413,946	17,767,651	646,295	
b	RECRUITMENT EXPENSES	929,526	900,507	29,019	
c	MISCELLANEOUS FEES	2,869,579	2,257,037	612,542	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	433,092,140	393,735,107	39,357,033	0
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		52,463,251	2	63,551,440
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		48,754,901	4	49,467,404
	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			7	
	8	Inventories for sale or use		7,905,525	8	7,923,325
	9	Prepaid expenses and deferred charges		2,379,063	9	2,791,463
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 647,272,322			
	b	Less accumulated depreciation	10b 280,587,297	375,932,819	10c	366,685,025
	11	Investments—publicly traded securities		139,123,515	11	139,120,415
	12	Investments—other securities See Part IV, line 11		30,140,000	12	32,199,530
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		30,332,492	15	41,451,329
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		687,031,566	16	703,189,931
Liabilities	17	Accounts payable and accrued expenses		36,928,868	17	31,677,255
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		197,110,000	20	179,030,000
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		69,485,764	25	85,015,687
	26	**Total liabilities.** Add lines 17 through 25		303,524,632	26	295,722,942
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		376,114,465	27	399,027,285
	28	Temporarily restricted net assets		2,967,666	28	3,884,054
	29	Permanently restricted net assets		4,424,803	29	4,555,650
		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		383,506,934	33	407,466,989
	34	Total liabilities and net assets/fund balances		687,031,566	34	703,189,931

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c		No
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?	3a		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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BryanLGH Medical Center

Employer identification number
47-0376552

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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 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 ▶

b **33 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 ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **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	Employer identification number
BryanLGH Medical Center	47-0376552

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		
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-		

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

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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?	Yes		7,859
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			7,859
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
SUPPLEMENTAL INFORMATION - LOBBYING	SCHEDULE C, PART II-B, LINE F	BRYANLGH MEDICAL CENTER IS A MEMBER OF THE NEBRASKA HOSPITAL ASSN (NHA) DURING THE CURRENT YEAR, THE REPORTING ORGANIZATION MADE PAYMENTS FOR MEMBERSHIP DUES TO THE NHA OF $104,783, OF THIS AMOUNT THE NHA REPORTED THAT 7 50% OR $7,859 OF THE TOTAL DUES PAID WERE USED FOR LOBBYING ACTIVITIES SCHEDULE C, PART II-B, LINE G ON VARIOUS OCCASIONS THROUGHOUT THE YEAR, THE CEO MET WITH STATE AND LOCAL LEGISLATORS TO DISCUSS ISSUES RELATED TO HEALTHCARE WHILE SOME RELATED TO HEALTHCARE REFORM, OTHER ISSUES DISCUSSED INCLUDED MEETING THE NEEDS OF INDIGENT/UNINSURED AND UNDERINSURED PATIENTS, AS WELL AS THE ONGOING NEED FOR HEALTH SERVICES INCLUDING MENTAL HEALTH SERVICES FOR THE COMMUNITY

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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
BryanLGH Medical Center

Employer identification number
47-0376552

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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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

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

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

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

Part V Endowment Funds. Complete if 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	1,190,240	1,184,822			
b Contributions	761	647			
c Investment earnings or losses	13,872	19,961			
d Grants or scholarships					
e Other expenditures for facilities and programs	10,557	15,190			
f Administrative expenses					
g End of year balance	1,194,316	1,190,240			

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 100 000 %

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

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

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	0	11,527,077		11,527,077
b Buildings		400,444,862	127,058,141	273,386,721
c Leasehold improvements		321,677	194,081	127,596
d Equipment		222,964,687	151,051,318	71,913,369
e Other		12,014,018	2,283,756	9,730,262
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				366,685,025

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED FINANCING COSTS, NET	1,471,175
RECS FROM CRETE AREA MEDICAL	14,910,037
HOSPITALIST SVCS CONTRACT REC	4,465,575
FAS 109 DEFERRED TAX ASSET	873,399
OTHER ACCOUNTS RECEIVABLE	568,263
INTEREST IN AFFILIATES	19,162,880
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	41,451,329

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
SELF INSURANCE LIABILITY	725,000
INTEREST RATE SWAP LIABILITY	10,398,270
HOSPITALIST SVCS CTRT PAYABLE	4,465,575
CRETE AREA MEDICAL 2008C BOND LIAB	1,715,186
CAPITAL LEASE OBLIGATIONS	183,426
ORIGINAL ISSUE PREMIUM	1,769,186
ACCRUED PENSION BENEFIT OBLIGATION	55,397,188
OTHER LIABILITIES	10,361,856
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	85,015,687

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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 investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	BRYANLGH MEDICAL CENTER'S ("MEDICAL CENTER") ENDOWMENT FUNDS ARE ESTABLISHED TO PROVIDE FOR LOANS FOR THE STUDENTS WHO ATTEND THE BRYANLGH COLLEGE OF HEALTH SCIENCES BRYANLGH COLLEGE OF HEALTH SCIENCES PROVIDES HEALTHCARE PROFESSIONAL EDUCATION WITH PROGRAMS LEADING TO GRADUATE AND UNDERGRADUATE ACADEMIC DEGREES BRYANLGH COLLEGE OF HEALTH SCIENCES IS PART OF THE MEDICAL CENTER AND ITS OPERATIONS ARE INCLUDED THE MEDICAL CENTER'S FORM 990 FOOTNOTE FROM THE ORG FIN STMTS THAT REPORTS LIABILITY UNDER FIN 48 SCHEDULE D, PART X, LINE 2 THERE WAS NO FIN 48 DISCLOSURE OF FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF SFAS NO 109 (FIN 48) IN THE MAY 31, 2010 AUDITED FINANCIAL STATEMENTS AS IT WAS NOT MATERIAL

Additional Data

Software ID:
Software Version:
EIN: 47-0376552
Name: BryanLGH Medical Center

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
SELF INSURANCE LIABILITY	725,000
INTEREST RATE SWAP LIABILITY	10,398,270
HOSPITALIST SVCS CTRT PAYABLE	4,465,575
CRETE AREA MEDICAL 2008C BOND LIAB	1,715,186
CAPITAL LEASE OBLIGATIONS	183,426
ORIGINAL ISSUE PREMIUM	1,769,186
ACCRUED PENSION BENEFIT OBLIGATION	55,397,188
OTHER LIABILITIES	10,361,856

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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
BryanLGH Medical Center

Employer identification number
47-0376552

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 *free* 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 *discounted* 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 eligibile 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)		5,291	7,358,504	0	7,358,504	1 770 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		32,452	13,357,324	0	13,357,324	3 220 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		1,234	34,806	0	34,806	0 010 %
d **Total** Charity Care and Means-Tested Government Programs		38,977	20,750,634	0	20,750,634	5 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			886,586	66,999	819,587	0 200 %
f Health professions education (from Worksheet 5)			10,739,970	7,147,514	3,592,456	0 870 %
g Subsidized health services (from Worksheet 6)			273,394	208,716	64,678	0 020 %
h Research (from Worksheet 7)			0			
i Cash and in-kind contributions to community groups (from Worksheet 8)			438,283	0	438,283	0 110 %
j **Total** Other Benefits			12,338,233	7,423,229	4,915,004	1 200 %
k **Total.** Add lines 7d and 7j		38,977	33,088,867	7,423,229	25,665,638	6 200 %

Part II Community 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
1	Physical improvements and housing						
2	Economic development						
3	Community support			77,555	0	77,555	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			77,555	0	77,555	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	6,780,915		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide 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

5	Enter total revenue received from Medicare (including DSH and IME)	5	129,819,202		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	167,665,400		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-37,846,198		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
9b	If "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		No

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	NONE				
2					
3					
4					
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)
BRYANLGH MEDICAL CENTER EAST 1600 SOUTH 48TH ST LINCOLN,NE 68506	X	X		X			X		
BRYANLGH MEDICAL CENTER WEST 2300 SOUTH 16TH STREET LINCOLN,NE 68502	X	X		X			X		
BRYANLGH MEDICAL CENTER 3901 PINE LAKE ROAD SUITE 111 LINCOLN,NE 68516									LINEAR ACCELERATOR & CT SCANNER SERVICES
BRYANLGH MEDICAL CENTER 1500 SOUTH 48TH STREET SUITE 400 LINCOLN,NE 68506									CATH LAB SERVICES
BRYANLGH MEDICAL CENTER 1500 SOUTH 48TH ST SUITE 614 ROO LINCOLN,NE 68506									VASCULAR OUTPATIENT SERVICES
BRYANLGH MEDICAL CENTER 1600 SOUTH 48TH STREET SUITE 600 LINCOLN,NE 68506									CARDIAC OUTPATIENT SERVICES
BRYANLGH MEDICAL CENTER 2222 SOUTH 16TH ST TOWER B SUITE LINCOLN,NE 68502									MRI SERVICES
BRYANLGH MEDICAL CENTER 2222 SOUTH 16TH ST TOWER B SUITE LINCOLN,NE 68502									RADIOLOGY SERVICES
BRYANLGH MEDICAL CENTER 2221 SOUTH 17TH ST SUITE 100 LINCOLN,NE 68502									LABORATORY SERVICES
BRYANLGH MEDICAL CENTER 1640 LAKE STREET LINCOLN,NE 68502									COUNSELING SERVICES
BRYANLGH MEDICAL CENTER 7501 S 27TH STREET LINCOLN,NE 68512									THERAPY SERVICES
BRYANLGH MEDICAL CENTER 1500 SOUTH 48TH ST 1ST FLOOR LINCOLN,NE 68506									LAB & RADIOLOGY SERVICES
BRYANLGH MEDICAL CENTER 7441 O STREET SUITE 105 LINCOLN,NE 68510									MAMMOGRAPHY SERVICES
BRYANLGH MEDICAL CENTER 3901 PINE LAKE ROAD SUITE 110 LINCOLN,NE 68516									OUTPATIENT RADIOLOGY SERVICES

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

The Medical Center is involved in numerous community building activities which promote the health of the communities it serves Numerous community concerns are addressed, including disease prevention, health improvement, education and access to care Many of our employees serve on community collaboration boards and health advocacy programs to further the health of the communities we serve And, we work with neighborhood programs, including schools, work sites and safety net providers to promote health and wellness and prevent disease

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)

See additional data

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 communites served

BRYANLGH MEDICAL CENTER is a member of BryanLGH Health System, one of the largest nonprofit health care organizations in THE REGION BryanLGH Health System includes two medical centers as well as numerous outpatient services and clinics THAT SERVE URBAN, SUBURBAN AND RURAL COMMUNITIES IN NEBRASKA, KANSAS, IOWA, MISSOURI AND SOUTH DAKOTA PREMIER SERVICES INCLUDE CARDIOLOGY, NEUROSCIENCE, ORTHOPEDICS, VASCULAR, TRAUMA AND EMERGENCY CENTERS, INTENSIVE CARE, WOMEN'S AND CHILDREN'S HEALTH, IMAGING, AND MENTAL HEALTH

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

NE

Additional Data

Software ID:
Software Version:
EIN: 47-0376552
Name: BryanLGH Medical Center

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE MEDICAL CENTER USES FEDERAL POVERTY GUIDELINES BETWEEN 200% AND 400% THERE IS A SLIDING SCALE FEE SCHEDULE USED FOR THE PERCENTAGE OF THE BALANCE DUE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

BRYANLGH MEDICAL CENTER'S COMMUNITY BENEFIT REPORT IS CONTAINED IN A REPORT PREPARED ANNUALLY BY BRYANLGH HEALTH SYSTEM, THE SOLE MEMBER OF THE ORGANIZATION THIS BRYANLGH HEALTH SYSTEM COMMUNITY BENEFIT REPORT DESCRIBES THE PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITIES THAT ARE SERVED BY BRYANLGH MEDICAL CENTER AND ITS AFFILIATES THE REPORT IS MAILED TO VARIOUS HOUSEHOLDS IN EASTERN NEBRASKA AND THE SURROUNDING AREA THE REPORT IS ALSO AVAILABLE ONLINE AT WWW BRYANLGH COM/COMMUNITYBENEFIT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE MEDICAL CENTER'S UNCOMPENSATED CARE COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE AMOUNT ON LINE 7A DIRECT AND INDIRECT COSTS WERE DEDUCTED FROM PAYMENTS TO CALCULATE THE AMOUNTS ON 7B AND 7C FOR LINES 7E, 7F, 7G AND 7I, ANY OFFSETTING REVENUE WAS DEDUCTED FROM EXPENSES DIRECTLY ATTRIBUTABLE TO THE COMMUNITY BENEFIT ACTIVITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE SUBSIDIZED COSTS REPORTED ON LINE 7G DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

BAD DEBT EXPENSE INCLUDED IN TOTAL EXPENSES ON FORM 990, PART IX, LINE 25(A) WAS $18,413,946 THIS BAD DEBT EXPENSE WAS SUBTRACTED FROM EXPENSES FOR PURPOSES OF CALCULATING THE PERCENTAGE LISTED IN COLUMN (F) ($433,099,504 - 18,413,946 = $414,685,558)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COST OF BAD DEBT EXPENSE WAS DETERMINED BY TAKING THE MEDICAL CENTER'S BAD DEBT COST-TO-CHARGE RATIO TIMES THE BAD DEBT EXPENSE THAT WAS STATED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MAY 31, 2010 The amount of the Medical Center's bad debt expense at cost attributable to patients eligible under the Medical Center's charity care policy is estimated to be zero based on the following (1) BryanLGH Medical Center has established policies that define charity care and provide guidelines for assessing a patient's ability to pay, and once eligibility is verified, the Medical Center will write accounts off to charity care and no longer pursue debt collection procedures, (2) BryanLGH Medical Center has counselors who work individually with each patient both pre and post discharge to assess financial need and recommend appropriate assistance, (3) BryanLGH Medical Center provides presumptive financial assistance when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to the lack of supporting documentation Once determined, due to the inherent nature of presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance THE FOLLOWING IS THE FOOTNOTE FROM BRYANLGH HEALTH SYSTEM'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS REGARDING BAD DEBT EXPENSE "ADDITIONS TO THE ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS (BAD DEBTS EXPENSE) ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE, AND SUBSEQUENT RECOVERIES ARE ADDED THE AMOUNT OF THE ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS INFORMATION USED IN MANAGEMENT'S ASSESSMENT INCLUDES ITS REVIEW OF HISTORICAL COLLECTIONS AND WRITE-OFFS THAT REPRESENT A MAJORITY OF THE SYSTEM'S REVENUES AND ACCOUNTS RECEIVABLE MANAGEMENT EVALUATES THE COLLECTABILITY OF ACCOUNTS RECEIVABLE BY EVALUATING ITS PAYOR COMPOSITION AND AGING AND BY UTILIZING ITS REVIEW OF THE RESULTS OF HISTORICAL COLLECTIONS AND WRITE-OFF EXPERIENCE, ADJUSTED FOR CHANGES IN TRENDS AND CONDITIONS, TO DETERMINE THE ALLOWANCE FOR THE CURRENT REPORTING DATE AFTER SATISFACTION OF AMOUNT DUE FROM INSURANCE, THE SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES "

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICAL CENTER'S MEDICARE COST REPORT IS THE STEP-DOWN METHOD OF COST ALLOCATION THE ENTIRE MEDICARE SHORTFALL AS REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT HOSPITALS RELIEVE THE GOVERNMENT OF A FINANCIAL BURDEN WHEN THEY PROVIDE CARE TO PUBLICLY INSURED PATIENTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

BryanLGH Medical Center has participated over the past fifteen years in community needs assessments in cooperation with other health care providers and the Lincoln-Lancaster County Health Department through a collaborative group called Health Partners Initiative The group has held community forums and conducted community needs assessments over the years and has participated in the development of Healthy People 2010 Plan for Lincoln-Lancaster County In addition, over the past year, BryanLGH has participated in the Mayor's Health Care Safety Net Task Force, resulting in a series of recommendations regarding initiatives to enhance the health of people living in Lincoln and Lancaster County, Nebraska In addition to participation in community health status needs assessments, BryanLGH conducts an annual perception survey both locally, in Lincoln-Lancaster County and regionally across the state The survey assesses perception of the quality and availability of health care providers in the region In addition, as part of the annual strategic planning process, the Medical Center assesses market share and utilization trends as well as changes in population demographics The Medical Center utilizes the data collected through its own efforts, as well as the needs assessments conducted through the Lincoln-Lancaster County Health Department to assess unmet needs in the area In addition, vital statistics data as well as adult behavioral risk factor data collected at both the state and local level is utilized to identify at-risk and under-served populations as well as assess the efficacy of services provided by the Medical Center This information is utilized to update service line and overall strategic plans for the organization

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

AT BRYANLGH MEDICAL CENTER WE ARE COMMITTED TO TREATING ALL PATIENTS WITH COMPASSION THIS IS AN IMPORTANT PART OF OUR MISSION BRYANLGH MEDICAL CENTER HAS FINANCIAL ASSISTANCE PROCEDURES THAT REFLECT OUR COMMITMENT TO PROVIDE ASSISTANCE TO PATIENTS WHO CANNOT AFFORD TO PAY FOR PART OR ALL OF THE CARE THEY RECEIVE EDUCATION REGARDING OUR CHARITY CARE POLICY IS PROVIDED AT EACH NEW EMPLOYEE ORIENTATION SO THAT EACH EMPLOYEE WILL HAVE A CLEAR UNDERSTANDING OF THE FINANCIAL ASSISTANCE THAT IS AVAILABLE TO OUR PATIENTS BRYANLGH MEDICAL CENTER HAS TRAINED COUNSELORS WHO WORK INDIVIDUALLY WITH PATIENTS PRE-REGISTRATION AND POST-DISCHARGE, OR AT ANY OTHER TIME THE STAFF ENCOUNTERS INFORMATION DETAILING THE PATIENT'S FINANCIAL NEED THE COUNSELORS RECOMMEND APPROPRIATE ASSISTANCE SUCH AS FEDERAL, STATE OR LOCAL PROGRAMS, OR ELIGIBILITY FOR ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IN ADDITION, INFORMATION REGARDING BRYANLGH MEDICAL CENTER'S CHARITY CARE POLICY IS PROVIDED ON EACH BILLING STATEMENT PATIENTS MAY APPLY FOR CHARITY CARE AT ANY POINT FROM PRE-ADMISSION TO THE FINAL PAYMENT OF THE BILL, AS WE RECOGNIZE THAT A PATIENT'S ABILITY TO PAY OVER AN EXTENDED PERIOD OF TIME MAY BE SUBSTANTIALLY ALTERED DUE TO ILLNESS OR FINANCIAL HARDSHIP, RESULTING IN A NEED FOR CHARITY CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

BryanLGH Medical Center is a nonprofit regional medical center offering a comprehensive range of medical services to residents of Lancaster County, greater Nebraska, KANSAS, IOWA, MISSOURI AND SOUTH DAKOTA The Medical Center includes two acute care campuses that are located in Lincoln, Nebraska, the State's second largest metropolitan area With the service area rapidly expanding and the over 65 population expected to grow by over 6% in the next five years, the health care needs of our service area are expanding and changing Projected growth in the Hispanic and Asian populations challenges us to accommodate diverse language and cultural needs

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

BOARD OF TRUSTEES The Board of Trustees is made up of medical professionals, business professionals, and community leaders all of whom reside in the hospital's primary service area These volunteers give countless hours of service to the hospital in their oversight role They are involved in the community needs assessment process, in fundraising, and in general stewardship MEDICAL STAFF Medical staff privileges are offered to qualified physicians Appointments are made in accordance with the Medical Staff Bylaws and the credentialing policy SERVICES BryanLGH is a leading referral hospital in the region, providing a complete diagnostic and interventional cardiac program, trauma services, mental health services, a neurosciences institute, substance abuse treatment program, obstetrics care, neonatal intensive care and an air ambulance service The hospital utilizes surplus funds to maintain access to patient services and to expand access points of care to patients throughout the community including but not limited to, the following 1) educational programs that provide classes and information on tobacco cessation, healthy aging, childbirth, infant care, pregnancy and more, 2) free blood pressure and diabetes screening, free or low-cost screening for breast, prostate, skin and colorectal cancers, 3) expansion of the emergency department to accommodate increase in emergency department patients, 4) funding to People's Health which provides access to medical care and preventative health education to a historically underserved and low-income segment of the community

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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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BryanLGH Medical Center

Employer identification number
47-0376552

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
AMERICAN CANCER SOCIETY5733 S 34TH ST STE 500 LINCOLN,NE 68516	741185665	501(C)(3)	14,500		N/A	N/A	CHARITABLE
AMERICAN RED CROSS220 OAKCREEK DR LINCOLN,NE 68528	530196605	501(C)(3)	12,000		N/A	N/A	CHARITABLE
CHILD ADVOCACY CENTER3200 SUMMER ST LINCOLN,NE 68502	470793765	501(C)(3)	75,000		N/A	N/A	CHARITABLE
LINCOLN PARKS & REC FOUNDATION2740 A ST LINCOLN,NE 68510	363853746	501(C)(3)	10,000		N/A	N/A	CHARITABLE
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN,NE 68506	237159940	501(C)(3)	10,000		N/A	N/A	CHARITABLE
MARCH OF DIMES4700 VALLEY RD 100 LINCOLN,NE 68510	131846366	501(C)(3)	11,000		N/A	N/A	CHARITABLE
UNITED WAY206 S 13TH ST 100 LINCOLN,NE 68508	470376624	501(C)(3)	31,300		N/A	N/A	CHARITABLE
YMCA OF LINCOLN570 FALLBROOK BLVD 210 LINCOLN,NE 68521	470376578	501(C)(3)	15,000		N/A	N/A	CHARITABLE
AMERICAN HEART ASSOCIATION1540 SOUTH 70TH STREET 100 LINCOLN,NE 68506	135613797	501(C)(3)	6,000		N/A	N/A	CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 9

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.

Identifier	Return Reference	Explanation
Form 990, Schedule I, PART 1, LINE 2	Description of Organization's Procedures for Monitoring the Use of Grants	THE ORGANIZATION RECEIVING THE GRANT IS REQUIRED TO SUBMIT INVOICES FOR THE COST OF THE EQUIPMENT/PROJECT, BEFORE BRYANLGH MEDICAL CENTER RELEASES ANY FUNDS TO THE ORGANIZATION THE ORGANIZATION IS ALSO REQUIRED TO SUBMIT NEWSPAPER CLIPPINGS/NEWSLETTERS TO PROVE THAT THE FUNDS WERE USED FOR THEIR INTENDED PURPOSE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BryanLGH Medical Center

Employer identification number
47-0376552

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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				
CRAIG AMES	(i)	122,539	64,121	295,571	0	19,437	501,668	0
	(ii)	0	0	0	0	0	0	0
KIMBERLY RUSSEL	(i)	0	0	0	0	0	0	0
	(ii)	585,463	162,905	195,547	7,350	24,964	976,229	0
Kathleen M Campbell	(i)	181,161	29,079	9,499	6,429	6,616	232,784	0
	(ii)	0	0	0	0	0	0	0
Jennifer Lesoing-Lucs	(i)	0	0	0	0	0	0	0
	(ii)	278,326	49,280	159,501	323,503	30,839	841,449	0
Edward Raines MD	(i)	845,208	3,750	1,608	7,350	27,292	885,208	0
	(ii)	0	0	0	0	0	0	0
David Hughes MD	(i)	695,094	11,250	1,608	7,350	24,927	740,229	0
	(ii)	0	0	0	0	0	0	0
Lawrence Elliott	(i)	173,650	29,251	96,409	199,302	25,277	523,889	0
	(ii)	0	0	0	0	0	0	0
Shirley Travis	(i)	150,527	28,038	75,192	13,475	15,532	282,764	0
	(ii)	0	0	0	0	0	0	0
Carolyn Cody MD	(i)	140,293	26,616	61,525	5,766	13,972	248,172	0
	(ii)	0	0	0	0	0	0	0
Charles Meyer	(i)	129,163	16,309	28,742	9,841	21,654	205,709	0
	(ii)	0	0	0	0	0	0	0
David Reese	(i)	129,776	19,713	12,596	6,191	23,227	191,504	0
	(ii)	0	0	0	0	0	0	0
David Bingham MD	(i)	503,843	133,687	17,878	7,350	19,540	682,298	0
	(ii)	0	0	0	0	0	0	0
Stuart Myers MD	(i)	475,661	0	21,045	7,350	22,639	526,695	0
	(ii)	0	0	0	0	0	0	0
STEVEN FRAGER	(i)	123,689	13,492	14,350	8,717	23,000	183,248	0
	(ii)	0	0	0	0	0	0	0
WILLIAM CORKLE	(i)	131,062	12,098	14,662	8,736	10,633	177,191	0
	(ii)	0	0	0	0	0	0	0
DONALD GOBLE	(i)	131,674	12,416	8,419	8,405	4,108	165,022	0
	(ii)	0	0	0	0	0	0	0

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
QUESTIONS REGARDING COMPENSATION	SCHEDULE J, PART I, LINE 1A	TRAVEL OF COMPANIONS SEVERAL OF THE MEMBERS OF THE BOARD OF THE TRUSTEES ARE INDEPENDENT COMMUNITY MEMBERS WHO ARE VOLUNTEER BOARD MEMBERS, AND DO NOT RECEIVE ANY COMPENSATION FOR THEIR TIME AND DUTIES AS MEMBERS OF THE BOARD OF TRUSTEES RESPONSIBILITIES OF TRUSTEES ARE COMPLEX, AND EFFECTIVE GOVERNANCE DEPENDS UPON HAVING BOARD MEMBERS THAT ARE WELL EDUCATED ABOUT ALL ASPECTS OF HEALTH CARE AND HEALTH CARE GOVERNANCE BRYANLGH MEDICAL CENTER ENCOURAGES ONGOING EDUCATION OF ITS TRUSTEES BY PROVIDING REIMBURSEMENT FOR REASONABLE TRAVEL EXPENSES THAT FURTHER THE MISSION OF BRYANLGH MEDICAL CENTER REIMBURSEMENT FOR COMPANIONS IS LIMITED BY THE BOARD OF TRUSTEE'S TRAVEL POLICY TO AIR TRAVEL AT THE COACH LEVEL ALL TRAVEL OF COMPANIONS IS APPROVED IN ADVANCE BY THE CHIEF EXECUTIVE OFFICER OF BRYANLGH HEALTH SYSTEM, AND SUBSTANTIATION OF ALL TRAVEL RELATED EXPENSES IS REQUIRED BEFORE PAYMENT THIS BENEFIT IS TREATED AS TAXABLE COMPENSATION TO THE TRUSTEES COMPENSATION OF ORGANIZATION'S CEO/EXECUTIVE DIRECTOR SCHEDULE J, PART I, LINE 3 THE ORGANIZATION RELIED ON BRYANLGH HEALTH SYSTEM, ITS SOLE MEMBER, TO ESTABLISH COMPENSATION OF ITS SENIOR MANAGERS BRYANLGH HEALTH SYSTEM USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION COMPENSATION COMMITTEE INDEPENDENT COMPENSATION CONSULTANT COMPENSATION SURVEY AND STUDIES APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE COMPENSATION AND BENEFIT AMOUNTS OF SENIOR MANAGERS ARE DETERMINED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF BRYANLGH HEALTH SYSTEM THE COMPENSATION COMMITTEE MET IN APRIL, 2010 TO REVIEW AND CONSIDER MARKET DATA AND RESULTING COMPENSATION ADJUSTMENTS FOR SENIOR MANAGER POSITIONS FOR THE FOLLOWING FISCAL YEAR, AND MET AGAIN IN AUGUST, 2010 TO REVIEW COMPENSATION PHILOSOPHY AND THE RESULTS OF THE VARIABLE PORTION OF THE COMPENSATION PLAN FROM THE PRIOR YEAR THIS COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT EXTERNAL TRUSTEES AND USES COMPARABLE BENCHMARKING DATA AND STUDIES PROVIDED BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES ANNUALLY, THE COMPENSATION COMMITTEE REVIEWS ALL SENIOR MANAGEMENT POSITIONS TO CONFIRM THAT ALL COMPENSATION AND BENEFITS ARE REASONABLE WHEN COMPARED TO CURRENT BENCHMARKING DATA DOCUMENTATION IS KEPT OF ALL MEETINGS OF THE COMPENSATION COMMITTEE LISTING THE DATE AND TERMS OF THE COMPENSATION REVIEWED AND APPROVED ALL OTHER NON-SENIOR MANAGEMENT POSITIONS ARE REVIEWED BY HUMAN RESOURCES FOR APPROPRIATE COMPENSATION EMPLOYED PHYSICIAN POSITIONS ARE REVIEWED AND COMPARED TO MGMA STANDARDS FOR THE SPECIFIC SPECIALTY UNDER REVIEW SEVERANCE PAYMENTS CRAIG AMES, FORMER PRESIDENT AND CHIEF OPERATING OFFICER OF BRYANLGH MEDICAL CENTER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $147,600 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2009 JENNIFER LESOING-LUCS, FORMER VP-FINANCE AND CFO OF BRYANLGH HEALTH SYSTEM, WILL RECEIVE SEVERANCE PAYMENTS TOTALING $310,028 DURING CALENDAR YEARS 2010 AND 2011 THE AMOUNT OF $310,028 HAS BEEN INCLUDED ON SCHEDULE J, PART II, COLUMN (C) RETIREMENT AND OTHER DEFERRED COMPENSATION LAWRENCE ELLIOTT, FORMER VP-DIAGNOSTIC & TREATMENT SERVICES OF BRYANLGH MEDICAL CENTER, WILL RECEIVE SEVERANCE PAYMENTS, TOTALING $185,827 DURING CALENDAR YEARS 2010 AND 2011 THE AMOUNT OF $185,827 HAS BEEN INCLUDED ON SCHEDULE J, PART II, COLUMN (C) RETIREMENT AND OTHER DEFERRED COMPENSATION SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SCHEDULE J, PART 1, LINE 4B THE FOLLOWING PEOPLE LISTED IN FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN, OR RECEIVED A PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN Craig Ames $76,928 Carolyn Cody, MD 35,147 Lawrence Elliott $79,778 Jennifer Lesoing-Lucs $102,839 David Reese $6,508 Kimberly Russel $154,000 Shirley Travis $31,749 COMPENSATION CONTINGENT ON REVENUES OR NET EARNINGS SCHEDULE J, PART 1, LINE 5A IN THE CASE OF CERTAIN PHYSICIAN EMPLOYEE AGREEMENTS, COMPENSATION IS PAID ON A PERCENTAGE OF PROFESSIONAL COLLECTIONS PERFORMED ABOVE A PREDETERMINED THRESHOLD COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES SCHEDULE J, PART II COMPENSATION AMOUNTS REPORTED ON SCHEDULE J, PART II ARE BASED ON THE CALENDAR YEAR ENDED DECEMBER 31, 2009

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0376552
Name: BryanLGH Medical Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
CRAIG AMES	(I)	122,539	64,121	295,571	0	19,437	501,668	0
	(II)	0	0	0	0	0	0	0
KIMBERLY RUSSEL	(I)	0	0	0	0	0	0	0
	(II)	585,463	162,905	195,547	7,350	24,964	976,229	0
Kathleen M Campbell	(I)	181,161	29,079	9,499	6,429	6,616	232,784	0
	(II)	0	0	0	0	0	0	0
Jennifer Lesoing-Lucs	(I)	0	0	0	0	0	0	0
	(II)	278,326	49,280	159,501	323,503	30,839	841,449	0
Edward Raines MD	(I)	845,208	3,750	1,608	7,350	27,292	885,208	0
	(II)	0	0	0	0	0	0	0
David Hughes MD	(I)	695,094	11,250	1,608	7,350	24,927	740,229	0
	(II)	0	0	0	0	0	0	0
Lawrence Elliott	(I)	173,650	29,251	96,409	199,302	25,277	523,889	0
	(II)	0	0	0	0	0	0	0
Shirley Travis	(I)	150,527	28,038	75,192	13,475	15,532	282,764	0
	(II)	0	0	0	0	0	0	0
Carolyn Cody MD	(I)	140,293	26,616	61,525	5,766	13,972	248,172	0
	(II)	0	0	0	0	0	0	0
Charles Meyer	(I)	129,163	16,309	28,742	9,841	21,654	205,709	0
	(II)	0	0	0	0	0	0	0
David Reese	(I)	129,776	19,713	12,596	6,191	23,227	191,504	0
	(II)	0	0	0	0	0	0	0
David Bingham MD	(I)	503,843	133,687	17,878	7,350	19,540	682,298	0
	(II)	0	0	0	0	0	0	0
Stuart Myers MD	(I)	475,661	0	21,045	7,350	22,639	526,695	0
	(II)	0	0	0	0	0	0	0
STEVEN FRAGER	(I)	123,689	13,492	14,350	8,717	23,000	183,248	0
	(II)	0	0	0	0	0	0	0
WILLIAM CORKLE	(I)	131,062	12,098	14,662	8,736	10,633	177,191	0
	(II)	0	0	0	0	0	0	0
DONALD GOBLE	(I)	131,674	12,416	8,419	8,405	4,108	165,022	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

Name of the organization
BryanLGH Medical Center

Employer identification number
47-0376552

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 AUTHORITY NO 1 OF LANCASTER COUNTY NE	47-0721900	513886SR3	05-27-2008	115,216,759	REFUNDED SERIES 2007A & 2002 BONDS		X		X
B	HOSPITAL AUTHORITY NO 1 OF SALINE COUNTY NE	47-0843167	79517TAW6	05-27-2008	13,480,000	REFUNDED SERIES 2007B BONDS		X		X
C	HOSPITAL AUTHORITY NO 1 OF LANCASTER COUNTY NE	47-0490169	513886RR4	12-21-2006	61,381,548	REFUNDED SER 1997A & 1997B BONDS		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	115,216,759	13,480,000	61,381,548		
2	Gross proceeds in reserve funds	0	0	0		
3	Proceeds in refunding or defeasance escrows	0	0	0		
4	Other unspent proceeds	0	0	0		
5	Issuance costs from proceeds	1,840,702	230,175	555,587		
6	Working capital expenditures from proceeds	0	0	0		
7	Capital expenditures from proceeds	0	0	0		
8	Year of substantial completion	2008	2008	2006		

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X			X				
10	Were the bonds issued as part of an advance refunding issue?		X		X	X					
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

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		X				
2	Is the bond issue a variable rate issue?	X		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			X				
b	Name of provider	PIPER JAFFRAY		PIPER JAFFRAY							
c	Term of hedge	23		23							
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider	NA									
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		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BryanLGH Medical Center

Employer identification number
47-0376552

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
US BANK	BOARD MEMBER IS OFFICER	18,327,992	PAYMENT FOR BANKING SERVICES		No
NEBRASKA EMERGENCY MEDICINE	BOARD MEMBER IS OFFICER	1,008,001	PAYMENT FOR EMERGENCY PHYS		No
ED ASSOCIATES LLC	BOARD MEMBER IS OFFICER	339,040	PAYMENT FOR MED DIRECTOR FEES		No
LINCOLN POULTRY	BOARD MEMBER IS OFFICER	244,655	PAYMENT FOR FOOD SERV PRODUCTS		No
PRAIRIE SURGICAL ASSOCIATES PC	BOARD MEMBER IS OFFICER	97,763	PAYMENT FOR PHYSICIAN SERVICES		No

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
BryanLGH Medical Center

Employer identification number
47-0376552

Identifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Question 2	The following business and family relationships were reported during the fiscal year between the organization's trustees, officers or key employees Business Relationships STEVE ERWIN AND BYRON BOSLAU STEVE ERWIN AND GENE BRAKE STEVE ERWIN AND JOHN DITTMAN STEVE ERWIN AND RICHARD EVNEN STEVE ERWIN AND RON HARRIS STEVE ERWIN AND MARTIN MASSENGALE STEVE ERWIN AND KIMBERLY RUSSEL STEVE ERWIN AND JOHN WOODRICH STEVE ERWIN AND JENNIFER LESOING-LUCS RICHARD EVNEN AND KATHY CAMPBELL FAMILY RELATIONSHIP GENE BRAKE AND DAVID REESE DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 6 AS STATED IN THE CORPORATION'S ORGANIZING DOCUMENTS, THE SOLE MEMBER OF THE ORGANIZATION IS BRYANLGH HEALTH SYSTEM ("HEALTH SYSTEM") HEALTH SYSTEM HAS THE RIGHTS UNDER THE ORGANIZING DOCUMENTS TO (1) APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZATION'S GOVERNING BODY, (2) ELECT THE MEMBERS OF THE GOVERNING BODY, AND (3) RECEIVE ANY REMAINING ASSETS AFTER DISSOLUTION OF THE ORGANIZATION DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUESTION 7A BRYANLGH HEALTH SYSTEM ("HEALTH SYSTEM") AS SOLE MEMBER OF THE ORGANIZATION, HAS THE RIGHT UNDER THE ORGANIZING DOCUMENTS TO REMOVE ANY TRUSTEE FROM OFFICE AT ANY TIME, WITH OR WITHOUT CAUSE BY A TWO-THIRDS (2/3) VOTE OF THE VOTING TRUSTEES OF HEALTH SYSTEM DESCR CLASSES OF PERSONS, DECISIONS REQ APPR & TYPE OF VOTING RIGHTS FORM 990, PART VI, QUESTION 7B BRYANLGH HEALTH SYSTEM ("HEALTH SYSTEM") IS THE SOLE MEMBER OF BRYANLGH MEDICAL CENTER ("MEDICAL CENTER") PURSUANT TO THE GOVERNING DOCUMENTS, THE BOARD OF THE MEDICAL CENTER MAY MANAGE THE AFFAIRS OF THE CORPORATION, HOWEVER, THE BOARD MAY NOT, WITHOUT THE PRIOR APPROVAL OF THE HEALTH SYSTEM (1) ADOPT ANY LONG-TERM CAPITAL OR OPERATIONAL BUDGET, (2) ADOPT ANY CHANGES IN ANY ANNUAL OR LONG-TERM CAPITAL BUDGET OR OPERATIONAL EXPENSE BUDGET EXCEEDING $5,000,000 IN ANY SINGLE TRANSACTION OR $10,000,000 IN ANY CORPORATION FISCAL YEAR, (3) APPROVE OR IMPLEMENT AMENDMENTS TO ITS MISSION STATEMENT OR STRATEGIC PLAN, (4) APPROVE ANY INDEBTEDNESS OR INCUR A MORTGAGE OR LIEN OF ANY KIND OR NATURE ON ASSETS OF THE CORPORATION WHERE THE BORROWING OR INDEBTEDNESS EXCEEDS $5,000,000 IN ANY SINGLE TRANSACTION OR A TOTAL OF $10,000,000 IN ANY CORPORATION FISCAL YEAR, (5) ENGAGE IN OR ENTER INTO ANY TRANSACTION OR TRANSACTIONS PROVIDING FOR THE TRANSFER, SALE OR OTHER DISPOSITION OF CAPITAL ASSETS IN ANY SINGLE TRANSACTION OF $5,000,000 OR A TOTAL OF $10,000,000 IN ANY CORPORATION FISCAL YEAR, (6) APPROVE THE ELECTION OF MEMBERS OF THE BOARD, (7) APPROVE THE APPOINTMENT OF THE CHIEF EXECUTIVE OFFICER, (8) APPROVE PARTICIPATION IN OTHER HEALTH CARE SYSTEMS BY AFFILIATION OR MERGER, (9) APPROVE ITS LIQUIDATION OR DISSOLUTION, (10) ORGANIZE OR ACQUIRE, OR AUTHORIZE THE ORGANIZATION OR ACQUISITION OF ANY INTEREST IN, AS ALLOWED BY THE CODE, OF ANY CORPORATION, ASSOCIATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, TRUST, SHARED SERVICE ARRANGEMENT, JOINT VENTURE OR OTHER ENTITY, DIRECTLY OR INDIRECTLY, WHERE THE CAPITAL EXPENDITURES OR OPERATING EXPENSES BY THE CORPORATION IN CONNECTION WITH SUCH ORGANIZATION OR ACQUISITION IN ANY SINGLE TRANSACTION EXCEEDS $5,000,000 OR A TOTAL OF $10,000,000 IN ANY CORPORATION FISCAL YEAR, (11) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION, (12) TAKE ANY OTHER ACTIONS WHICH MAY BE INCONSISTENT WITH THE SYSTEM'S GOALS AND OBJECTIVES DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11A Form 990 is reviewed by an independent accounting firm The Form 990 is also reviewed by the Chief Financial Officer, Chief Executive Officer and the Finance Committee of BryanLGH Health System prior to the submission of the form to the Internal Revenue Service DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST FORM 990, PART VI, QUESTION 12C BRYANLGH MEDICAL CENTER ("MEDICAL CENTER") HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY THAT IS MONITORED AND ENFORCED BY THE GOVERNANCE COMMITTEE OF BRYANLGH HEALTH SYSTEM, THE SOLE MEMBER OF THE CORPORATION BOARD MEMBERS AND SENIOR MANAGERS ARE REQUIRED TO ANNUALLY COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE QUESTIONNAIRE TO IDENTIFY ANY POSSIBLE CONFLICTS OF INTEREST THE GOVERNANCE COMMITTEE OF BRYANLGH HEALTH SYSTEM REVIEWS ALL IDENTIFIED CONFLICTS RELATIVE TO THE MEMBER'S ABILITY TO VOTE ON CERTAIN TYPES OF TRANSACTIONS AND/OR WHETHER ANY IDENTIFIED CONTRACTS/TRANSACTIONS WILL REQUIRE FURTHER REVIEW/ALTERATION OFFICES/POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15A & 15B THE COMPENSATION AND BENEFIT AMOUNTS OF SENIOR MANAGERS ARE DETERMINED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF BRYANLGH HEALTH SYSTEM, THE SOLE MEMBER OF THE ORGANIZATION THE COMPENSATION COMMITTEE MET IN APRIL, 2010 TO REVIEW AND CONSIDER MARKET DATA AND RESULTING COMPENSATION ADJUSTMENTS FOR SENIOR

Identifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Question 2	MANAGER POSITIONS FOR THE FOLLOWING FISCAL YEAR, AND MET AGAIN IN AUGUST, 2010 TO REVIEW C OMPENSATION PHILOSOPHY AND THE RESULTS OF THE VARIABLE PORTION OF THE COMPENSATION PLAN FR OM THE PRIOR YEAR THIS COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT EXTERNAL TRUSTE ES AND USES COMPARABLE BENCHMARKING DATA AND STUDIES PROVIDED BY AN INDEPENDENT THIRD PART Y COMPENSATION CONSULTANT TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES ANNUALLY, THE COMPENSATION COMMITTEE REVIEWS ALL SENIOR MANAGEMENT POSITIONS TO CONFIRM THAT ALL COMPENS ATION AND BENEFITS ARE REASONABLE WHEN COMPARED TO CURRENT BENCHMARKING DATA DOCUMENTATIO N IS KEPT OF ALL MEETINGS OF THE COMPENSATION COMMITTEE LISTING THE DATE AND TERMS OF THE COMPENSATION REVIEWED AND APPROVED ALL OTHER NON-SENIOR MANAGEMENT POSITIONS ARE REVIEWED BY HUMAN RESOURCES FOR APPROPRIATE COMPENSATION EMPLOYED PHYSICIAN POSITIONS ARE REVIEWE D AND COMPARED TO MGMA STANDARDS FOR THE SPECIFIC SPECIALTY UNDER REVIEW JOINT VENTURE PO LICY FORM 990, PART VI, QUESTION 16B ON NOVEMBER 1, 2010, BRYANLGH HEALTH SYSTEM AND ITS A FFILIATES ADOPTED A WRITTEN JOINT VENTURE POLICY TO PROTECT THE TAX-EXEMPT STATUS OF THE H EALTH SYSTEM AND AFFILIATES THE FOLLOWING PROVISIONS ARE REQUIRED TO BE INCLUDED IN THE T ERMS OF ANY CHARITABLE JOINT VENTURE (1) THE ORGANIZATIONAL DOCUMENTS WILL INCLUDE A BIND ING STATEMENT THAT ENSURES THE FURTHERANCE OF ITS CHARITABLE PURPOSES, (2) THE JOINT VENTU RE WILL HAVE A WRITTEN CHARITY CARE POLICY, (3) THE HEALTH SYSTEM AND THE AFFILIATES WILL HAVE EFFECTIVE CONTROL AS EVIDENCED BY MAJORITY VOTING CONTROL, OR ADEQUATE RESERVE POWERS TO ASSURE THAT KEY DECISIONS AFFECTING ACCOMPLISHMENT OF CHARITABLE PURPOSES ARE PRESENT AVAIL OF GOV DOCS, CONFLICT OF INT POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, Q UESTION 19 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS A RE NOT MADE AVAILABLE FOR PUBLIC DISCLOSURE ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTE D TO RELATED ORGANIZATIONS FORM 990, PART VII, SECTION A, COLUMN B KIMBERLY RUSSEL, RUSSEL L GRONEWOLD, AND JENNIFER LESOING-LUCS EACH SPEND APPROXIMATELY 30 HOURS PER WEEK DEVOTED TO BRYANLGH HEALTH SYSTEM, AND AN ADDITIONAL 30 HOURS PER WEEK DEVOTED TO THE RELATED ORGA NIZATIONS WITHIN BRYANLGH HEALTH SYSTEM COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES & K EY EMPLOYEES FORM 990, PART VII, SECTION A COMPENSATION AMOUNTS REPORTED ON FORM 990, PART VII, SECTION A, COLUMNS (D),(E) AND (F) ARE BASED ON THE CALENDAR YEAR ENDED DECEMBER 31, 2009 OVERSIGHT OF CONSOLIDATED AUDIT FORM 990, PART XI, QUESTION 2C BRYANLGH MEDICAL CEN TER'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED FINANCIAL STATEMENT FOR BRYANLGH HEALTH SYSTEM, THE ORGANIZATION'S SOLE MEMBER THE AUDIT COMMITTEE OF THE BOARD O F TRUSTEES OF BRYANLGH HEALTH SYSTEM IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANC IAL STATEMENTS, AND THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM THAT PERFORMS THE AUD IT TAX EXEMPT BONDS SCHEDULE K, PART I, LINE A THE REFUNDED SERIES 2007A BONDS WERE ISSUE D ON FEBRUARY 8, 2007 THE REFUNDED SERIES 2002 BONDS WERE ISSUED ON DECEMBER 20, 2002 SC HEDULE K, PART I, LINE B THE REFUNDED SERIES 2007B BONDS WERE ISSUED ON FEBRUARY 8, 2007 SCHEDULE K, PART I, LINE C THE REFUNDED SERIES 1997A BONDS WERE ISSUED ON SEPTEMBER 18, 19 97 THE REFUNDED SERIES 1997B BONDS WERE ISSUED ON OCTOBER 31, 1997 SCHEDULE K, PART III PART III HAS NOT BEEN COMPLETED GIVEN THAT ALL REFUNDED BONDS WERE ISSUED SOLELY TO REFUND BONDS ISSUED PRIOR TO 2003

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BryanLGH Medical Center

Employer identification number
47-0376552

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BRYANLGH HEALTH SYSTEM 1600 SOUTH 48TH STREET LINCOLN, NE 68506 36-3414823	HEALTHCARE	NE	501(c)(3)	11C	NA
CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE CRETE, NE 68333 47-0841285	HEALTHCARE	NE	501(c)(3)	3	NA
BRYANLGH FOUNDATION 1600 SOUTH 48TH STREET LINCOLN, NE 68506 23-7005720	CHARITABLE	NE	501(c)(3)	7	NA
BRYANLGH PHYSICIAN NEWORK INC 1600 SOUTH 48TH STREET LINCOLN, NE 68506 20-1357375	HEALTHCARE	NE	501(c)(3)	9	NA
BRYANLGH HEALTH SERVICES INC 1600 SOUTH 48TH STREET LINCOLN, NE 68506 47-0712000	HEALTHCARE	NE	501(c)(3)	9	NA

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

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

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
BRYANLGH ENTERPRISES INC 1600 SOUTH 48TH STREET LINCOLN, NE68506 47-0701037	MEDICAL SERVICES	NE	NA	C	0	0	0 %
INTEGRATED CARDIOLOGY GROUP LLC 1600 SOUTH 48TH STREET LINCOLN, NE68506 47-0844961	CARDIOLOGY	NE	NA	C	0	0	0 %
LIFEPOINTE INC 1600 SOUTH 48TH STREET LINCOLN, NE68506 36-4588998	HEALTH & WELLNESS	NE	NA	C	0	0	0 %

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	No
c	Gift, grant, or capital contribution from other organization(s)	**1c** Yes	
d	Loans or loan guarantees to or for other organization(s)	**1d** Yes	
e	Loans or loan guarantees by other organization(s)	**1e**	No
f	Sale of assets to other organization(s)	**1f**	No
g	Purchase of assets from other organization(s)	**1g**	No
h	Exchange of assets	**1h** Yes	
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	No
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k** Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	No
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m** Yes	
n	Sharing of paid employees	**1n** Yes	
o	Reimbursement paid to other organization for expenses	**1o** Yes	
p	Reimbursement paid by other organization for expenses	**1p** Yes	
q	Other transfer of cash or property to other organization(s)	**1q** Yes	
r	Other transfer of cash or property from other organization(s)	**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)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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) Disproprtionate 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

Return to Form

Software ID:
Software Version:
EIN: 47-0376552
Name: BryanLGH Medical Center

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	BRYANLGH ENTERPRISES INC	A	353,838
(2)	BRYANLGH PHYSICIAN NETWORK INC	A	166,156
(3)	CRETE AREA MEDICAL CENTER	A	728,236
(4)	INTEGRATED CARDIOLOGY GROUP INC	A	252,074
(5)	BRYANLGH FOUNDATION	C	271,836
(6)	CRETE AREA MEDICAL CENTER	D	13,225,000
(7)	CRETE AREA MEDICAL CENTER	H	389,928
(8)	BRYANLGH PHYSICIAN NETWORK INC	H	110,240
(9)	CRETE AREA MEDICAL CENTER	K	302,448
(10)	BRYANLGH PHYSICIAN NETWORK INC	O	644,275
(11)	CRETE AREA MEDICAL CENTER	P	298,027
(12)	BRYANLGH PHYSICIAN NETWORK INC	P	117,222
(13)	BRYANLGH ENTERPRISES INC	p	325,577
(14)	INTEGRATED CARDIOLOGY GROUP LLC	P	54,683
(15)	BRYANLGH FOUNDATION	Q	66,725
(16)	BRYANLGH HEALTH SERVICES INC	R	9,551,108

Additional Data

Software ID:
Software Version:
EIN: 47-0376552
Name: BryanLGH Medical Center

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			
Steve Erwin CHAIRPERSON	2.0	X						0	0	0
Gene Stohs MD VICE CHAIRPERSON	2.0	X						10,000	0	0
JOHN WOODRICH COO, EFFECTIVE 12/1/2009	60.0	X		X				17,700	0	0
CRAIG AMES COO, RETIRED 6/5/2009	60.0	X		X				482,231	0	19,437
KIMBERLY RUSSEL PRESIDENT & CEO	30.0	X		X				0	943,915	32,314
Byron Boslau Secretary	2.0	X		X				0	0	0
Kathy Campbell TREASURER	2.0	X		X				0	0	0
Ron Harris TRUSTEE	2.0	X						0	0	0
C Rex Bevins TRUSTEE	2.0	X						0	0	0
Martin Massengale TRUSTEE	2.0	X						0	0	0
John Dittman TRUSTEE	2.0	X						0	0	0
Nicholas Cusick TRUSTEE	2.0	X						0	0	0
Richard Evnen TRUSTEE	2.0	X						0	0	0
Gene Brake TRUSTEE	2.0	X						0	1,025	0
Kevin Mota MD TRUSTEE	2.0	X						40,000	0	0
Edward Mlinek MD Trustee	2.0	X						0	0	0
Russell Gronewold VP-Fin & CFO, EFF 1/19/10	30.0			X				0	0	0
Jennifer Lesoing-Lucs VP-Fin & CFO, Resigned 1/22/10	30.0			X				0	487,107	354,342
Kathleen M Campbell VP-Patient Care Services, CNO	60.0				X			219,739	0	13,045
Edward Raines MD Cardio Vascular Surgeon	80.0				X			850,566	0	34,642
David Hughes MD Cardio Vascular Surgeon	80.0				X			707,952	0	32,277
Lawrence Elliott VP Cardiac, Retired 6/30/10	60.0				X			299,310	0	224,579
Shirley Travis VP - Clinical Services	60.0				X			253,757	0	29,007
Carolyn Cody MD VP - Medical Affairs	24.0				X			228,434	0	19,738
Charles Meyer Perioperative Anesthesia Dir	50.0				X			174,214	0	31,495

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			
David Reese VP - Clinical & Support Serv	60 0				X			162,086	0	29,418
David Bingham MD Vascular Surgeon	50 0					X		655,408	0	26,890
Stuart Myers MD Vascular Surgeon	50 0					X		496,706	0	29,989
STEVEN FRAGER PERFUSIONIST	50 0					X		151,531	0	31,717
WILLIAM CORKLE STAFF PHARMACIST	50 0					X		157,822	0	19,369
DONALD GOBLE STAFF PHARMACIST	50 0					X		152,509	0	12,513

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REVENUE	621,990	438,895,506	438,895,506		
PROGRAM RENTAL REVENUE	531,190	3,521,578	3,521,578		
BRYANLGH COLLEGE OF HEALTH SCIENCES REVENUE	611,600	4,744,810			4,744,810
PHARMACY	446,110	2,448,839		866,519	1,582,320
INCOME FROM PARTNERSHIP - DIALYSIS CENTER	621,990	793,111	793,111		