



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Check if Schedule O contains a response to any question in this Part III

















PLATTE HEALTH CENTER AVERA IS A HEALTH MINISTRY ROOTED IN THE GOSPEL. OUR MISSION IS TO MAKE A POSITIVE IMPACT IN THE LIVES AND HEALTH OF PERSONS AND COMMUNITIES BY PROVIDING QUALITY SERVICES GUIDED BY CHRISTIAN VALUES.

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

4e	Total program service expenses	\$ 9,963,153
-----------	---------------------------------------	---------------------

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. 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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		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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	226			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b			Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
b	If "Yes," enter the name of the foreign country: See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?						
14a						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	
b	Enter the number of voting members included in line 1a, above, who 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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		No
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ VICKI JENSEN PO BOX 200 PLATTE, SD 57369 (605) 337-3364

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O.)	(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			
(1) RALPH NACHTIGAL PRESIDENT (THRU 11/2010)	1.00	X		X				0	0	0
(2) ROB REISER VICE PRESIDENT/PRESIDENT	1.00	X		X				0	0	0
(3) LARRY SPRIK DIRECTOR/VICE PRESIDENT	1.00	X		X				0	0	0
(4) KAY MUSHITZ SECRETARY (THRU 11/2010)	1.00	X		X				0	0	0
(5) PAULA NELSON DIRECTOR/SECRETARY	1.00	X		X				0	0	0
(6) SHARON HOFTSEE TREASURER/DIRECTOR	1.00	X		X				0	0	0
(7) KARLA KUIPERS DIRECTOR/TREASURER	1.00	X		X				0	0	0
(8) CARLYLE PHEIFER DIRECTOR	1.00	X						0	0	0
(9) CLIFF VISSCHER DIRECTOR	1.00	X						0	0	0
(10) SANDY GANT DIRECTOR	1.00	X						0	0	0
(11) RON MILLAR DIRECTOR	1.00	X						0	0	0
(12) MARK BURKET CEO	40.00			X				161,579	0	25,574
(13) JERRY HOFFMAN CFO (THRU 12/2010)	40.00			X				64,003	0	12,046
(14) VICKI JENSEN CFO	40.00			X				26,961	0	4,323
(15) JEROME W BENTZ DOCTOR	40.00					X		261,087	0	13,302
(16) REGG HAGGE DOCTOR	40.00					X		281,929	0	26,928

Part VII

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	3
---	---	---

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
AVERA QUEEN OF PEACE 525 N FOSTER MITCHELL, SD 57301	MANAGEMENT, CONSULTING AND IT FEES	864,770
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 ▶1		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	65,988			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	44,135			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		110,123			
Program Service Revenue	2a	PATIENT SERVICE REV	Business Code 622110	6,852,173	6,852,173		
	b	NURSING HOME REVENUE	623110	2,806,615	2,806,615		
	c	CLINIC REVENUE	621498	1,411,711	1,411,711		
	d	INT AVERA HLTH FDTN	900099	528,237	528,237		
	e	OTHER REVENUE	900099	197,864	197,864		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,796,600			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		13,889		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real 19,202	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)	19,202				
d		Net rental income or (loss)		19,202			19,202
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 26,544			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)		26,544			
d		Net gain or (loss)		26,544			26,544
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		11,966,358	11,796,600	0	59,635	

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	247,595		247,595	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	55,755	55,755		
7	Other salaries and wages	5,233,347	4,997,493	235,854	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,885	87,976	8,909	
9	Other employee benefits	901,266	827,191	74,075	
10	Payroll taxes	342,943	311,407	31,536	
a	Fees for services (non-employees) Management	185,639		185,639	
b	Legal				
c	Accounting	62,374	11,129	51,245	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	73,279	60,953	12,326	
12	Advertising and promotion	26,046	7,829	18,217	
13	Office expenses	1,231,952	1,179,663	52,289	
14	Information technology	235,048	27,628	207,420	
15	Royalties				
16	Occupancy	342,915	329,948	12,967	
17	Travel	26,798	21,694	5,104	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,792	23,448	17,344	
20	Interest	424,624	424,624		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	865,906	865,906		
23	Insurance	74,141	74,141		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	263,506	263,506		
b	EQUIPMENT AND REPAIRS	227,890	221,646	6,244	
c	LOCUM FEES	95,419	95,419		
d	DUES AND SUBSCRIPTIONS	40,924	22,834	18,090	
e	SALES AND USE TAX	34,948	34,948		
f	All other expenses	50,162	18,015	32,147	
25	Total functional expenses. Add lines 1 through 24f	11,180,154	9,963,153	1,217,001	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			286,024	2	992,062
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,539,039	4	1,656,575
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			670,000	7	
	8	Inventories for sale or use			146,958	8	196,193
	9	Prepaid expenses and deferred charges			60,671	9	80,694
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	14,885,412	10,173,358	10c	9,538,490
	b	Less: accumulated depreciation	10b	5,346,922			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			1,808,084	12	2,839,257
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			87,275	15	117,944
16	Total assets. Add lines 1 through 15 (must equal line 34)			14,771,409	16	15,421,215	
Liabilities	17	Accounts payable and accrued expenses			998,097	17	1,019,488
	18	Grants payable				18	
	19	Deferred revenue			123,430	19	146,740
	20	Tax-exempt bond liabilities				20	
	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			9,338,348	23	9,080,415
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			10,459,875	26	10,246,643
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,158,980	27	3,503,502
	28	Temporarily restricted net assets			40,299	28	230,378
	29	Permanently restricted net assets			1,112,255	29	1,440,692
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			4,311,534	33	5,174,572
	34	Total liabilities and net assets/fund balances			14,771,409	34	15,421,215

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,966,358
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,180,154
3	Revenue less expenses Subtract line 2 from line 1	3	786,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,311,534
5	Other changes in net assets or fund balances (explain in Schedule O)	5	76,834
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,174,572

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PLATTE COMMUNITY MEMORIAL HOSPITAL INC

Employer identification number
46-0239781

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PLATTE COMMUNITY MEMORIAL HOSPITAL INC

Employer identification number
46-0239781

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,112,255	896,140	575,993		
b Contributions	341,684	216,115	320,147		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,453,939	1,112,255	896,140		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 910 %

b

Permanent endowment ▶ 99 090 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ 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		192,952		192,952
b Buildings		11,530,043	3,395,137	8,134,906
c Leasehold improvements				
d Equipment		2,778,884	1,797,822	981,062
e Other		383,533	153,963	229,570
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				9,538,490

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	11,966,358
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,180,154
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	786,204
4	Net unrealized gains (losses) on investments	4	76,834
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	76,834
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	863,038

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	12,043,192
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	76,834
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	76,834
3	Subtract line 2e from line 1	3	11,966,358
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,966,358

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,180,154
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	0
3	Subtract line 2e from line 1	3	11,180,154
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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,180,154

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INCOME WILL BE USED TOWARDS EXPENDITURES FOR HEALTHCARE SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HEALTH CENTER BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE HEALTH CENTER WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

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

2010

Open to Public
Inspection

Name of the organization
PLATTE COMMUNITY MEMORIAL HOSPITAL INC

Employer identification number
46-0239781

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most hospitals		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a	Does the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			75,918		75,918	0 700 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			214,513	203,469	11,044	0 100 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			290,431	203,469	86,962	0 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	4		2,174,770	1,630,273	544,497	4 990 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits	4		2,174,770	1,630,273	544,497	4 990 %
k Total. Add lines 7d and 7j	4		2,465,201	1,833,742	631,459	5 790 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	199,716
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	79,052
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 a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,667,811
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,631,496
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	36,315
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
b	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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

Schedule H (Form 990) 2010

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 3

Name and address		Type of Facility (Describe)
1	PLATTE MEDICAL CLINIC 612 E 8TH STREET PLATTE,SD 57369	MEDICAL CLINIC
2	PLATTE MEDICAL CLINIC 612 E 8TH STREET PLATTE,SD 57369	MEDICAL CLINIC
3	PLATTE MEDICAL CLINIC 612 E 8TH STREET PLATTE,SD 57369	MEDICAL CLINIC
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g, open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C PLATTE HEALTH CENTER AVERA (PHC) UTILIZES THE FEDERAL POVERTY GUIDELINES AND AN ASSET TEST TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE

Identifier	ReturnReference	Explanation
		PART I, LINE 6A PHC IS INCLUDED IN THE COMMUNITY BENEFIT REPORT THAT IS SUBMITTED TO AVERA HEALTH BY AVERA QUEEN OF PEACE, A RELATED ORGANIZATION IT IS AVAILABLE THROUGH THE WEBSITE AND REQUESTED MAILING, AND IS FILED WITH THE CATHOLIC HEALTH ASSOCIATION

Identifier	ReturnReference	Explanation
		PART I, LINE 7 LINES 7A AND 7B WERE DETERMINED USING THE RATIO OF PATIENT CARE COSTS TO CHARGES CALCULATED IN IRS WORKSHEET 2 LINE 7G WAS OBTAINED FROM THE MEDICARE COST REPORT

Identifier	ReturnReference	Explanation
		PART I, LINE 7G THE EXPENSES OF THE RURAL HEALTH CLINIC TOTAL \$1,738,661

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSE OF \$263,506 WAS SUBTRACTED FROM TOTAL OPERATING EXPENSE

Identifier	ReturnReference	Explanation
		PART II N/A

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 4 A) THE COST TO CHARGE RATIO WAS CALCULATED ON IRS WORKSHEET 2 FOR THE FISCAL YEAR ENDING 6/30/2011 B) THE AMOUNT ON LINE 3 OF \$79,052 IS 30 PERCENT OF BAD DEBT EXPENSE THIS NUMBER IS BASED ON A DETAILED REVIEW OF THE ACCOUNTS THAT ARE CURRENTLY LISTED WITH ACCOUNTS MANAGEMENT, INC UPON REVIEWING EACH HOUSEHOLD ACCOUNT THAT IS AT AMI, IT WAS FOUND THAT ABOUT 30 PERCENT OF THE OUTSTANDING BALANCES MAY HAVE BEEN ELIGIBLE UNDER THE FACILITY'S CHARITY CARE POLICY SINCE WE ARE IN A SMALL COMMUNITY, WE WERE ABLE TO IDENTIFY WHICH ACCOUNTS MAY HAVE QUALIFIED FOR CHARITY CARE BECAUSE OF LOW INCOME OR SOME KNOWN HARDSHIP TO THE HOUSEHOLD ALSO FOR THIS REVIEW PROCESS, FAMILIES THAT HAVE ACCOUNTS AT AMI BUT HAVE RECENTLY APPLIED FOR CHARITY CARE WERE ALSO TAKEN INTO CONSIDERATION, AS THEY MOST LIKELY WOULD HAVE QUALIFIED ON THE PREVIOUS ACCOUNTS HAD THEY FILLED OUT THE APPLICATION C) PAYMENTS RECEIVED ON AN ACCOUNT THAT HAS BEEN WRITTEN OFF RESULT IN A REVERSAL OF THE WRITE-OFF AND APPLICATION OF THE PAYMENT TO THE PATIENT ACCOUNT ACCOUNTS MANAGEMENT INC WOULD BE NOTIFIED OF PAYMENT TO ALLOW THEM TO PROPERLY UPDATE THEIR RECORDS D) FOOTNOTE FROM FINANCIAL STATEMENT THE CARRYING AMOUNT OF PATIENT AND RESIDENT RECEIVABLES IS REDUCED BY A VALUATION ALLOWANCE THAT REFLECTS MANAGEMENT'S ESTIMATE OF AMOUNTS THAT WILL NOT BE COLLECTED FROM PATIENTS, RESIDENTS AND THIRD-PARTY PAYORS MANAGEMENT REVIEWS PATIENT AND RESIDENT RECEIVABLES BY PAYOR CLASS AND APPLIES PERCENTAGES TO DETERMINE ESTIMATED AMOUNTS THAT WILL NOT BE COLLECTED FROM THIRD PARTIES UNDER CONTRACTUAL AGREEMENTS AND AMOUNTS THAT WILL NOT BE COLLECTED FROM PATIENTS AND RESIDENTS DUE TO BAD DEBTS MANAGEMENT CONSIDERS HISTORICAL WRITE OFF AND RECOVERY INFORMATION IN DETERMINING THE ESTIMATED BAD DEBT PROVISION MANAGEMENT ALSO REVIEWS ACCOUNTS TO DETERMINE IF CLASSIFICATION AS CHARITY CARE IS APPROPRIATE</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE ALLOWABLE COST OF CARE WAS CALCULATED FROM THE MEDICARE COST REPORT FOR THE FISCAL YEAR ENDING 6/30/2011

Identifier	ReturnReference	Explanation
		PART III, LINE 9B STATEMENTS ARE SENT OUT ON A MONTHLY BASIS IF THE PATIENT HAS MADE NO PAYMENT AFTER RECEIVING THE THIRD STATEMENT, A SERIES OF COLLECTION LETTERS WILL BE SENT THE FIRST COLLECTION LETTER IS SENT THIRTY DAYS AFTER THE LAST STATEMENT, THE 2ND LETTER IS SENT THIRTY DAYS LATER IF NO PAYMENT IS RECEIVED, AND THE FINAL LETTER IS SENT THIRTY DAYS LATER IF AGAIN NO PAYMENT IS RECEIVED IF NO PAYMENT HAS BEEN RECEIVED AFTER THE THREE COLLECTION LETTERS, THE ACCOUNT IS TURNED OVER TO ACCOUNTS MANAGEMENT FOR COLLECTION AMI WILL PROCEED WITH THEIR FORMAL COLLECTION PROCESS WE WRITE ACCOUNTS OFF AS BAD DEBT AFTER AMI CONFIRMS TO US THAT THEY HAVE EXHAUSTED ALL OPTIONS

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 PHC IS CURRENTLY IN THE PROCESS OF CONDUCTING A HEALTH NEEDS ASSESSMENT WHILE EVALUATING THE OVERALL HEALTH NEEDS OF THE COMMUNITY, SPECIAL ATTENTION AND PRIORITY MAY BE GIVEN TO LOW INCOME AND DISADVANTAGED INDIVIDUALS AND FAMILIES OUR PROCESS INCLUDES 1) IDENTIFYING COMMUNITY STAKEHOLDERS, 2) DEFINING THE AREA WE SERVE, 3) DATA COLLECTION, 4) ANALYSIS OF THE DATA, 5) REPORTING AND DISSEMINATING THE DATA

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 UPON REGISTRATION AND/OR ADMISSION, THE BUSINESS OFFICE STAFF WORKS TO EDUCATE ALL SELF-PAY PATIENTS ON OUR PATIENT ASSISTANCE POLICY SELF PAY PATIENTS WHO MAY BE ELIGIBLE FOR MEDICAID OR OTHER STATE/FEDERAL BENEFITS ARE INFORMED OF A THIRD PARTY VENDOR WHOM THE FACILITY HAS ENLISTED TO ASSIST PATIENTS IN EXPLORING BENEFITS THAT MAY BE AVAILABLE THE THIRD PARTY VENDOR IS A PUBLIC INTEREST LAW FIRM THAT PROVIDES FREE LEGAL SERVICES TO THOSE WHO QUALIFY A REPRESENTATIVE FROM THAT VENDOR WILL CONTACT PATIENTS TO DETERMINE WHETHER IT IS APPROPRIATE FOR THEM TO ASSIST IN AN APPLICATION FOR BENEFITS WHEN THE GROUP ACCEPTS A CASE, THEY FOLLOW IT UNTIL APPLICATIONS HAVE BEEN APPROVED OR DENIED ALL IS DONE AT NO CHARGE TO THE PATIENT SELF PAY BALANCES THAT GO UNPAID FOR 60 DAYS WILL RECEIVE A SERIES OF TWO LETTERS THE LETTERS EXPLAIN THE FACILITY'S COLLECTION PROCESS, AND INCLUDE THE PATIENT ASSISTANCE FORM AND POLICY FOR THE GUARANTOR TO COMPLETE

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 PHC IS A CRITICAL ACCESS HOSPITAL IN PLATTE, SD PLATTE IS A RURAL COMMUNITY WITH ALMOST 1,400 RESIDENTS LOCATED IN SOUTH CENTRAL SOUTH DAKOTA THE FACILITY SERVES AN AREA OF ABOUT 6,000 PEOPLE IN CHARLES MIX, DOUGLAS, GREGORY, AURORA, AND BRULE COUNTIES THE DOMINANT INDUSTRIES INCLUDE SMALL FAMILY BUSINESSES AND FAMILY FARMS THE AREA IS VERY WELL KNOWN FOR RECREATIONAL HUNTING AND FISHING, WHICH BOOSTS THE POPULATION BY ABOUT 20 PERCENT THROUGHOUT MAY-OCTOBER THE MAJORITY OF PEOPLE SERVED BY PHC ARE LIVING IN CHARLES MIX COUNTY (ABOUT 1100 SQUARE MILES) CHARLES MIX COUNTY IS COMPRISED OF ABOUT 65 PERCENT CAUCASIAN PEOPLE, 32 PERCENT NATIVE AMERICAN, AND 3 PERCENT OTHER PHC SERVES MOSTLY THE CAUCASIAN POPULATION, WITH THE REMAINING POPULATION UTILIZING A MEDICAL FACILITY 45 MILES SOUTHEAST 2010 STATISTICS SHOW THE AVERAGE HOUSEHOLD INCOME IN CHARLES MIX IS \$35,808, WITH 24 PERCENT OF THE POPULATION LIVING BELOW POVERTY LEVELS, AND 24 PERCENT ON MEDICAID

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 OUR BOARD CONSISTS OF 9 MEMBERS WHO REPRESENT ALL OF OUR SERVICE AREAS, INCLUDING PLATTE, GEDDES, AND HARRISON, SD MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE AREA THE BOARD WORKS TO SET ASIDE FUNDS EACH YEAR TO THE AVERA POOLED INVESTMENTS, WHICH ARE INTENDED TO ACCUMULATE TO SUPPORT EQUIPMENT UPGRADES AND FUTURE BUILDING PROJECTS PHC IS THE ONLY HOSPITAL IN THE PLATTE COMMUNITY THE NEXT CLOSEST CRITICAL ACCESS HOSPITAL IS 35 MILES TO THE EAST, AND THE CLOSEST REGIONAL HOSPITAL IS 66 MILES NORTHEAST PHC WORKS VERY HARD TO PROVIDE QUALITY HEALTHCARE IN A RURAL SETTING PHC IS CERTIFIED IN TELEMED SERVICES, E-ER, E-STROKE, AND E-PHARMACY

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 7 THE HOSPITAL IS A MANAGED FACILITY OF AVERA HEALTH AVERA HEALTH AND THE HOSPITAL WORK COOPERATIVELY TO ENHANCE HEALTHCARE THROUGHOUT THE COMMUNITY SERVED BY THE HOSPITAL AS A MANAGED FACILITY, THE HOSPITAL IS ABLE TO PARTICIPATE IN AVERA E-CARE SERVICES THESE SERVICES INCLUDE AVERA E-ICU, E-EMERGENCY, E-PHARMACY AND E-CONSULT THESE SERVICES ALLOW RURAL PATIENTS TO BE CARED FOR AT THEIR LOCAL HOSPITALS, PROVIDE RURAL HOSPITALS ACCESS TO IMMEDIATE SPECIALTY CARE AND SUPPORT, AND HELP REDUCE HEALTH CARE COSTS AND TRAVEL THE HOSPITAL ALSO HAS ACCESS TO "BACK OFFICE" SUPPORT SERVICES, SUCH AS LEGAL CONSULTATION, QUALITY BENCHMARKING, CODING, COMPUTER SERVICES, CONTRACT NEGOTIATIONS, ADMINISTRATIVE CONSULTATION, GROUP PURCHASING, HUMAN RESOURCE ASSISTANCE AND MANY OTHER SERVICES AVERA HEALTH IS ABLE TO PROVIDE THESE SERVICES TO THE HOSPITAL AT A COST BELOW THAT WHICH THE HOSPITAL COULD OTHERWISE ACHIEVE IN TURN, LOCAL CAREGIVERS ARE ABLE TO DEVOTE MORE RESOURCES TO PATIENT AND RESIDENT CARE AVERA HEALTH AND THE HOSPITAL DEDICATE RESOURCES TO ENDEAVORS THAT MAKE A POSITIVE DIFFERENCE TO IMPROVE THE HEALTH OF THE COMMUNITIES THEY SERVE THESE ACTIVITIES INCLUDE LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, ECONOMIC DEVELOPMENT, PHYSICAL IMPROVEMENTS IN THE COMMUNITY, CONTRIBUTIONS TO NONPROFIT COMMUNITY ORGANIZATIONS, NONPROFIT EVENT SPONSORSHIPS, DONATED MEDICAL SUPPLIES, COMMUNITY HEALTH EDUCATION AND SUPPORT GROUPS, HEALTH SCREENINGS, FLU-SHOT CLINICS, COMMUNITY HEALTH EDUCATION AND VARIOUS OTHER ACTIVITIES</p>

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2010
		Open to Public Inspection

Name of the organization PLATTE COMMUNITY MEMORIAL HOSPITAL INC	Employer identification number 46-0239781
--	--

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?			No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?			No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
5a	The organization?			No
5b	Any related organization?			No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
6a	The organization?			No
6b	Any related organization?			No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III			No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III			No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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				
(1) MARK BURKET	(i)	122,614	0	38,965	6,798	19,087	187,464	0
	(ii)	0	0	0	0	0	0	0
(2) JERRY HOFFMAN	(i)	62,921	0	1,082	3,363	8,828	76,194	0
	(ii)	0	0	0	0	0	0	0
(3) JEROME W BENTZ	(i)	261,087	0	0	0	13,302	274,389	0
	(ii)	0	0	0	0	0	0	0
(4) REGG HAGGE	(i)	281,929	0	0	0	26,928	308,857	0
	(ii)	0	0	0	0	0	0	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
SUPPLEMENTAL INFORMATION	PART III	PART II. MARK BURKET, CEO, AND JERRY HOFFMAN, CFO, ARE COMPENSATED BY AVERA QUEEN OF PEACE HOSPITAL, 525 NORTH FOSTER, MITCHELL, SD 57301. VICKI JENSEN, CFO, IS COMPENSATED BY PLATTE HEALTH CENTER.

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
2010
Open to Public Inspection

Name of the organization PLATTE COMMUNITY MEMORIAL HOSPITAL INC	Employer identification number 46-0239781
---	---

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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	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
(1) KATY BURKET	FAMILY RELATIONSHIP WITH MARK BURKET, CEO	55,755	EMPLOYEE		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization PLATTE COMMUNITY MEMORIAL HOSPITAL INC	Employer identification number 46-0239781
---	---

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE EXECUTIVE COMMITTEE SHALL HAVE THE BOARD PRESIDENT AS ITS CHAIRMAN AND RESPONSIBLE PERSON THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE FACILITY DURING THE INTERIM BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED ANY ACTION TAKEN SHALL NOT CONFLICT WITH THE POLICIES AND EXPRESSED WISHES OF THE BOARD OF DIRECTORS AND THAT IT SHALL REFER ALL MATTERS OF MAJOR IMPORTANCE TO THE BOARD OF DIRECTORS ALL OTHER COMMITTEES ARE ADVISORY TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		A VERA QUEEN OF PEACE PROVIDES MANAGEMENT SERVICES TO THE HEALTH CENTER THE CEO IS PAID THROUGH A VERA QUEEN OF PEACE AND PRESIDES OVER THE DAY-TO-DAY OPERATIONS OF THE HEALTH CENTER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		THE EXECUTIVE COMMITTEE DOES NOT PREPARE MINUTES FOR THEIR MEETINGS. INSTEAD, THEY REPORT TO THE BOARD AND DISCUSSION OF EXECUTIVE COMMITTEE MEETINGS IS INCLUDED IN THE BOARD MEETING MINUTES.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE CEO AND CFO REVIEW THE FORM 990 AFTER THEIR REVIEW, THE FORM 990 IS GIVEN TO THE BOARD MEMBERS AT A REGULARLY SCHEDULED BOARD MEETING THE FORM 990 IS FILED AFTER BOARD MEMBERS HAVE RECEIVED IT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	NO ANNUAL DISCLOSURE IS PERFORMED INSTEAD, BOARD MEMBERS AND OFFICERS ARE EXPECTED TO DISCLOSE CONFLICTS AS THEY ARISE THE FULL BOARD REVIEWS THE POTENTIAL CONFLICTS OF INTEREST AND DETERMINES WHETHER A CONFLICT EXISTS IF A CONFLICT EXISTS, THE AFFECTED PERSON IS REQUIRED TO ABSTAIN FROM VOTING ON THE ITEM THAT GIVES RISE TO THE CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PACKAGE FOR THE CEO AND CFO IS DETERMINED BY THE MANAGEMENT COMPANY , A VERA QUEEN OF PEACE THE BOARD OF DIRECTORS OF PLATTE HEALTH CENTER REVIEWS AND DETERMINES WHETHER THE MANAGEMENT AGREEMENT IS ACCEPTABLE IN TERMS AND CONDITIONS THE COMPENSATION PACKAGE FOR THE OTHER OFFICERS IS BASED ON A REVIEW OF THE SDAHO ANNUAL COMPENSATION SURVEY AND APPROVED BY THE CEO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 76,834



Financial Statements
June 30, 2011 and 2010

**Platte Community Memorial
Hospital, Inc. d/b/a
Platte Health Center, Inc.**

Independent Auditor's Report.....	1
Financial Statements	
Balance Sheets	2
Statements of Operations	3
Statements of Changes in Net Assets.....	4
Statements of Cash Flows	5
Notes to Financial Statements.....	6
Independent Auditor's Report on Supplementary Information	19
Supplementary Information	
Schedules of Net Patient and Resident Service Revenue.....	20
Schedules of Other Revenue	21
Schedules of Expenses	22
Statistical Information.....	26



Independent Auditor's Report

The Board of Directors
Platte Community Memorial Hospital, Inc. d/b/a Platte Health Center, Inc.
Platte, South Dakota

We have audited the accompanying balance sheets of Platte Community Memorial Hospital, Inc. d/b/a Platte Health Center, Inc. (Health Center) as of June 30, 2011 and 2010, and the related statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Health Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Center's internal control over financial reporting. Accordingly, we do not express such an opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Platte Health Center, Inc. as of June 30, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Sioux Falls, South Dakota
November 4, 2011

Platte Health Center, Inc.
Balance Sheets
June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 947,039	\$ 264,491
Receivables		
Patient and resident, net of estimated uncollectibles		
and allowances of \$869,666 in 2011 and \$729,040 in 2010	1,577,916	1,487,818
Other	22,931	13,721
Estimated third-party payor settlements	-	670,000
Supplies	196,193	146,958
Prepaid expenses	80,694	60,671
	<u>2,824,773</u>	<u>2,643,659</u>
Assets Limited as to Use		
By board for funded depreciation	897,132	394,137
Under loan agreement	45,023	21,533
	<u>942,155</u>	<u>415,670</u>
Noncurrent assets limited as to use		
Property and Equipment	<u>9,538,490</u>	<u>10,173,358</u>
Other Assets		
Interest in net assets of foundation	1,942,125	1,413,947
Property held for future use	43,000	43,000
Deferred financing costs, net of accumulated		
amortization of \$25,438 in 2011 and \$21,916 in 2010	74,944	44,275
Other receivables	55,728	37,500
	<u>2,115,797</u>	<u>1,538,722</u>
Total other assets	<u>\$ 15,421,215</u>	<u>\$ 14,771,409</u>

See Notes to Financial Statements

Platte Health Center, Inc.
Balance Sheets
June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 328,668	\$ 287,071
Accounts payable		
Trade	214,823	491,361
Estimated third-party payor settlements	250,000	-
Accrued expenses		
Salaries and wages	169,951	143,440
Vacation	349,107	328,142
Payroll taxes and other	20,804	20,854
Interest	14,803	14,300
Deferred revenue	<u>146,740</u>	<u>123,430</u>
Total current liabilities	1,494,896	1,408,598
Long-Term Liabilities, Less Current Maturities	<u>8,751,747</u>	<u>9,051,277</u>
Total liabilities	<u>10,246,643</u>	<u>10,459,875</u>
Net Assets		
Unrestricted	3,503,502	3,158,980
Temporarily restricted	230,378	40,299
Permanently restricted	<u>1,440,692</u>	<u>1,112,255</u>
Total net assets	<u>5,174,572</u>	<u>4,311,534</u>
	<u>\$ 15,421,215</u>	<u>\$ 14,771,409</u>

Platte Health Center, Inc.
Statements of Operations
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted Revenues, Gains and Other Support		
Net patient and resident service revenue	\$ 11,070,499	\$ 9,807,246
Other revenue	<u>283,054</u>	<u>293,589</u>
Total revenues, gains and other support	<u>11,353,553</u>	<u>10,100,835</u>
Expenses		
Salaries and wages	5,564,992	5,317,379
Employee benefits	1,343,522	1,272,306
Medical fees	95,419	65,090
Purchased services	246,177	208,019
Supplies	963,463	866,654
Repairs and maintenance	210,607	195,405
Other expenses	852,259	711,910
Insurance	74,141	77,406
Utilities	275,538	271,094
Interest	424,624	411,187
Depreciation and amortization	865,906	855,778
Provision for bad debts	<u>263,506</u>	<u>217,447</u>
Total expenses	<u>11,180,154</u>	<u>10,469,675</u>
Operating Income (Loss)	<u>173,399</u>	<u>(368,840)</u>
Other Income (Loss)		
Investment income (loss)	116,885	(3,662)
Gain (loss) on sale of fixed assets	382	(456)
Change in interest in net assets of foundation	<u>9,721</u>	<u>58,471</u>
Other income, net	<u>126,988</u>	<u>54,353</u>
Revenues In Excess Of (Less Than) Expenses	300,387	(314,487)
Grants and Contributions for Capital Purposes	<u>44,135</u>	<u>100,000</u>
Increase (Decrease) in Unrestricted Net Assets	<u>\$ 344,522</u>	<u>\$ (214,487)</u>

Platte Health Center, Inc.
Statements of Changes in Net Assets
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted Net Assets		
Revenues in excess of (less than) expenses	\$ 300,387	\$ (314,487)
Grants and contributions for capital purposes	<u>44,135</u>	<u>100,000</u>
Increase (decrease) in unrestricted net assets	<u>344,522</u>	<u>(214,487)</u>
Temporarily Restricted Net Assets		
Change in interest in net assets of foundation	<u>190,079</u>	<u>17,825</u>
Permanently Restricted Net Assets		
Change in interest in net assets of foundation	<u>328,437</u>	<u>216,115</u>
Increase in Net Assets	863,038	19,453
Net Assets, Beginning of Year	<u>4,311,534</u>	<u>4,292,081</u>
Net Assets, End of Year	<u><u>\$ 5,174,572</u></u>	<u><u>\$ 4,311,534</u></u>

Platte Health Center, Inc.
Statements of Cash Flows
Years Ended June 30, 2011 and 2010

	2011	2010
Operating Activities		
Change in net assets	\$ 863,038	\$ 19,453
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation	865,906	855,778
Amortization	3,522	1,427
Undistributed portion of change in interest in net assets of foundation	(528,178)	(291,661)
Changes in assets and liabilities		
Receivables	(117,536)	(96,339)
Estimated third-party payor settlements	920,000	160,000
Supplies	(49,235)	26,872
Prepaid expenses	(20,023)	2,879
Accounts payable	(276,538)	102,326
Accrued expenses	47,929	(137,602)
Deferred revenue	23,310	43,819
Net Cash from Operating Activities	<u>1,732,195</u>	<u>686,952</u>
Investing Activities		
Purchase of property and equipment	(231,038)	(1,367,970)
Increase in assets limited as to use	<u>(526,485)</u>	<u>(415,670)</u>
Net Cash used for Investing Activities	<u>(757,523)</u>	<u>(1,783,640)</u>
Financing Activities		
Proceeds from issuance of long-term debt	-	1,393,347
Principal payments on long-term debt	(257,933)	(236,089)
Payment of deferred financing costs	<u>(34,191)</u>	<u>-</u>
Net Cash (used for) from Financing Activities	<u>(292,124)</u>	<u>1,157,258</u>
Net Increase in Cash and Cash Equivalents	682,548	60,570
Cash and Cash Equivalents, Beginning of Year	<u>264,491</u>	<u>203,921</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 947,039</u></u>	<u><u>\$ 264,491</u></u>
Supplemental Disclosure of Cash Flow Information		
Cash payments for interest	<u>\$ 424,121</u>	<u>\$ 549,304</u>
Interest capitalized	<u>\$ -</u>	<u>\$ 10,416</u>
Property acquired under capital lease obligation	<u>\$ -</u>	<u>\$ 341,777</u>
Noncash Investing and Financing Activities		
Refinancing of construction note payable	<u><u>\$ 4,500,000</u></u>	<u><u>\$ -</u></u>

See Notes to Financial Statements

Note 1 - Organization and Significant Accounting Policies

Organization

Platte Community Memorial Hospital, Inc. d/b/a Platte Health Center, Inc. ("Health Center") operates a 17-bed critical access hospital, a 48-bed long-term care facility, a congregate living center located in Platte, South Dakota, and rural health clinics located in Platte, South Dakota and Geddes, South Dakota. The Health Center is organized as a South Dakota nonprofit corporation and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The organization's legal name is Platte Community Memorial Hospital, Inc.; however, the organization conducts all business as Platte Health Center, Inc.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Patient and Resident Receivables

Patient and resident receivables are uncollateralized patient, resident and third-party payor obligations. Unpaid patient and resident receivables do not have interest assessed. Payments of patient and resident receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient and resident receivables is reduced by a valuation allowance that reflects management's best estimate of amounts that will not be collected from patients and residents and third-party payors. Management reviews patient and resident receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients and residents due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision. Management also reviews accounts to determine if classification as charity care is appropriate.

Supplies

Supplies are stated at lower of cost (first-in, first-out) or market.

Investments and Investment Income

Investments with readily determinable market values are stated at fair value. The fair value of all debt and equity securities with readily determinable fair values are based on quotations obtained from national and foreign securities exchanges. The Health Center has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 825. ASC 825 permits entities to choose to measure many financial instruments and certain other items at fair value. Unrealized gains and losses on all investments with readily determinable market values are recorded in earnings as a component of revenues in excess of (less than) expenses. Investment income or loss (including interest income, dividends, net changes in unrealized gains and losses, and net realized gains and losses) is included in revenues in excess of (less than) expenses unless the income or loss is restricted by donor or law. Investment income is recorded as nonoperating revenue in the statement of operations.

The Health Center participates in the Avera Pooled Investment Fund, a fund administered by Avera Health. The Pooled Investment Fund has a portion of its holdings in alternative investments, which are not readily marketable. These alternative investments include partnerships and other interests that invest in hedge funds, real asset funds, and private equity/venture capital funds, among others. Certain alternative investments held within the Avera Pooled Investment Fund include liquidity and redemption limitations. Alternative investments representing less than 3% ownership interest are carried at cost, subject to an annual review for impairment. Alternative investments representing greater than 3% ownership interest are recorded using the equity method. Investment income, including interest, dividends, realized gains and losses, and unrealized gains and losses are allocated to participants of the Avera Pooled Investment Fund.

Assets Limited As To Use

Assets limited as to use include assets set aside by the Board of Directors for funded depreciation to be used for future capital expenditures, over which the Board retains control and may, at its discretion, subsequently use for other purposes and assets restricted under a loan agreement. Assets limited as to use that are available for obligations classified as current liabilities are reported in current assets.

Fair Value Measurements

The Health Center has determined the fair value of certain assets and liabilities in accordance with the provisions of ASC 820, Fair Value Measurements and Disclosures, which provides a framework for measuring fair value under generally accepted accounting principles.

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. ASC 820 also establishes a fair value hierarchy, which prioritizes the valuation inputs into three broad levels.

Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

Interest in Net Assets of Foundation

Avera Health Foundation (Foundation), an affiliate of the Health Center, solicits contributions and holds funds on behalf of the Health Center. The Health Center's interest in these funds is recorded as other assets in the accompanying financial statements and as temporarily or permanently restricted net assets if donors have placed restrictions on the use of the funds. Changes in the funds held by the Foundation are recorded as changes in net assets of foundation in the accompanying financial statements.

Property and Equipment

Property and equipment acquisitions in excess of \$5,000 (\$1,000 for nursing home acquisitions) are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the accompanying financial statements. The estimated useful lives of property and equipment are as follows:

Land improvements	5-25 years
Buildings and improvements	5-50 years
Equipment	3-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted net assets, and are excluded from revenues in excess of (less than) expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Deferred Financing Costs

Deferred financing costs are amortized over the period the related obligation is outstanding using the straight-line method. Amortization of deferred financing costs is included in interest expense in the accompanying financial statements.

Deferred Revenue

The Health Center recognizes deferred revenue for amounts billed to nursing home residents where services have not been provided. Grants are also recorded as deferred revenue when the Health Center receives grant money in advance of qualifying grant expenditures. Grant revenue is recognized and included in operating income at the time qualifying expenditures are made by the Health Center.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Health Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Health Center in perpetuity.

Revenues In Excess of (Less Than) Expenses

Revenues in excess of (less than) expenses excludes transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors.

Net Patient and Resident Service Revenue

The Health Center has agreements with third-party payors that provide for payments to the Health Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per diem, reimbursed costs, and discounted charges. Net patient and resident service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

To fulfill its mission of community service, the Health Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Health Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as patient and resident service revenue.

Advertising Costs

The Health Center expenses advertising costs as incurred.

Income Taxes

The Health Center is organized as a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Health Center is required to file a Return of Organizations Exempt from Income Tax (Form 990) with the Internal Revenue Service (IRS). The Health Center had no cash paid for income taxes for the years ended June 30, 2011 and 2010, respectively.

The Health Center believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Health Center would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Reclassifications

Reclassifications have been made to the June 30, 2010 financial information to make it conform to the current year presentation. The reclassifications had no effect on previously reported operating results or changes in net assets.

Note 2 - Charity Care

The Health Center maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and equivalent service statistics. These amounts do not include those services that are provided to patients and residents covered by Medicare, Medicaid, state agencies, county, and other third-party payors where less than full charges are received.

The amount of charges foregone, based on established rates, during the years ended June 30, 2011 and 2010, was \$100,166 and \$60,092, respectively. The amounts of charity care specified above exclude expenses associated with a number of additional community services provided by the Health Center.

Note 3 - Net Patient and Resident Service Revenue

The Health Center has agreements with third-party payors that provide for payments to the Health Center at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare – Hospital: The Health Center is licensed as a Critical Access Hospital (CAH). The Health Center is reimbursed for most inpatient, outpatient, and clinic services on a cost based methodology with final settlement determined after submission of annual cost reports by the Health Center and are subject to audits thereof by the Medicare fiscal intermediary. The Health Center's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2008. The Health Center's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Health Center.

Medicare – Clinics: The clinics are designated as Provider Based Rural Health Clinics by the Medicare program. As a result, clinical services rendered to Medicare program beneficiaries are reimbursed at cost.

Medicaid: Services rendered to Medicaid program beneficiaries for Health Center services are paid using a percent of charges methodology with no settlement process.

Wellmark – Blue Cross: Services rendered to Wellmark – Blue Cross subscribers are paid under a prospectively determined percentage of charges methodology.

Medicare and Medicaid – Nursing Home: The Health Center participates in the Medicare program for which payments for resident services is made on a prospectively determined per diem rate which varies based on a case-mix resident classification system. The Health Center is reimbursed for Medicaid nursing home resident services through prospective per diems which are determined on a cost-related basis subject to certain limitations as prescribed by the South Dakota Department of Social Services regulations. These rates are subject to retroactive adjustment by field audit.

Other: The Health Center has also entered into payment agreements with certain commercial insurance carriers and managed care insurance carriers and other organizations. The basis for payment to the Health Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations governing Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is an ongoing level of uncertainty relative to the estimated liability for prior period cost reports. There is a reasonable possibility that recorded estimates will change by a material amount in the near term.

A summary of patient and resident service revenue and contractual adjustments for the years ended June 30, 2011 and 2010, is as follows:

	<u>2011</u>	<u>2010</u>
Total patient and resident service revenue	<u>\$ 14,030,019</u>	<u>\$ 12,207,551</u>
Contractual adjustments		
Medicare	(1,945,954)	(1,345,318)
Medicaid	(672,076)	(709,630)
Other	<u>(341,490)</u>	<u>(345,357)</u>
Total contractual adjustments	<u>(2,959,520)</u>	<u>(2,400,305)</u>
Net patient and resident service revenue	<u><u>\$ 11,070,499</u></u>	<u><u>\$ 9,807,246</u></u>

Note 4 - Investments and Investment Income

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2011 and 2010, is shown in the following table.

	<u>2011</u>	<u>2010</u>
By board for funded depreciation		
Interest in Pooled Investment Fund *	<u>\$ 897,132</u>	<u>\$ 394,137</u>
Under loan agreement		
Cash and cash equivalents	<u>\$ 45,023</u>	<u>\$ 21,533</u>

Pooled Investment Fund *

The Center is a participant in the Avera Pooled Investment Fund, a fund administered by Avera Health that is maintained for the benefit of facilities that are sponsored, operated, or managed by Avera Health. Investments are made in conformity with the objectives and guidelines of the Avera Health Pooled Investment Committee. Within the fund, facilities share in a pool of investments that are managed by various fund managers. Asset valuation and income and losses of the fund are allocated to participating members based on the carrying amount of their investment in the fund. The Pooled Investment Fund includes investments in securities that are measured at fair value using inputs under the guidance provided by ASC 820. The Pooled Investment Fund also contains investments that are recorded at historical cost or under the equity method as described in the Fund's investment policy.

As of June 30, 2011 and 2010, the valuations of investments within the Avera Pooled Investment Fund were as follows:

	2011	2010
Fair value - Level 1 inputs	56.7%	49.0%
Fair value - Level 2 inputs	27.9%	34.4%
Fair value - Level 3 inputs	0.0%	0.0%
Cost basis or equity method	15.4%	16.6%
	<u>100.0%</u>	<u>100.0%</u>

As of June 30, 2011 and 2010, the Avera Pooled Investment Fund assets consisted of the following types of investments:

	2011	2010
Publicly traded equity mutual funds	21.0%	12.1%
US Treasury and Agency obligations	13.4%	18.9%
Publicly traded equity securities	13.2%	12.9%
Non-publicly traded alternative investments		
Hedge fund	10.1%	9.9%
Real asset	5.4%	6.7%
Foreign stocks	8.5%	7.5%
Publicly traded fixed income mutual funds	7.3%	6.2%
Cash and short-term investments	6.7%	10.3%
Corporate bonds	5.2%	5.8%
Institutional equity mutual funds	3.8%	3.6%
Institutional fixed income mutual funds	2.7%	3.2%
Other fixed income	2.7%	2.9%
	<u>100.0%</u>	<u>100.0%</u>

Investment Income

Investment income and gains and losses on assets limited as to use, cash equivalents, and other investments consists of the following for the years ended June 30, 2011 and 2010:

	2011	2010
Other income		
Interest income	\$ 13,889	\$ 2,201
Realized gains on investments, net	26,162	4,372
Change in unrealized gains and losses on investments	76,834	(10,235)
	<u>\$ 116,885</u>	<u>\$ (3,662)</u>

Note 5 - Property and Equipment

	2011		2010	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 192,952	\$ -	\$ 192,952	\$ -
Land improvements	383,533	153,963	383,533	122,839
Buildings and improvements	11,530,043	3,395,137	11,530,043	2,817,724
Equipment	2,778,884	1,797,822	2,560,091	1,552,698
	<u>\$ 14,885,412</u>	<u>\$ 5,346,922</u>	<u>\$ 14,666,619</u>	<u>\$ 4,493,261</u>
Net property and equipment		<u>\$ 9,538,490</u>		<u>\$ 10,173,358</u>

Note 6 - Leases

The Health Center leases certain equipment under noncancelable long-term lease agreements. Total lease expense for the years ended June 30, 2011 and 2010, for all operating leases was \$86,780 and \$91,886, respectively.

The equipment leased under capital lease agreement consists of:

	2011	2010
Radiology equipment	\$ 341,777	\$ 341,777
Less accumulated amortization (included as depreciation and amortization on the accompanying financial statements)	<u>(137,785)</u>	<u>(68,355)</u>
	<u>\$ 203,992</u>	<u>\$ 273,422</u>

Minimum future lease payments for capital and non-cancelable operating leases are as follows:

<u>Year Ending June 30,</u>	Capital Leases	Operating Leases
2012	\$ 70,653	\$ 52,930
2013	77,076	22,054
2014	<u>38,538</u>	
Total minimum lease payments	186,267	<u>\$ 74,984</u>
Less interest	<u>(11,157)</u>	
Present value of minimum lease payments - Note 7	<u>\$ 175,110</u>	

Note 7 - Long-Term Debt

Long-term debt consists of:

	<u>2011</u>	<u>2010</u>
Tax-exempt mortgage notes payable, 3.75% as of June 30, 2011, due in monthly installments of \$9,082 through November 5, 2011	\$ 45,025	\$ 150,112
Construction note payable, variable interest, 5.00% as of June 30, 2010, to be refinanced as long-term debt upon completion of construction project, matures in late 2010	-	4,500,000
USDA note payable, 4.125% as of June 30, 2011, due in monthly installments of \$19,575 through June 2049	4,392,430	4,446,620
Mortgage note payable, 4.98% as of June 30, 2011, interest rate to be adjusted in April 2016, then recalculated every five years according to a present formula, due in varying annual installments through to 2036	4,467,850	-
Capital lease obligation - Note 6	<u>175,110</u>	<u>241,616</u>
	9,080,415	9,338,348
Less current maturities	<u>(328,668)</u>	<u>(287,071)</u>
	<u><u>\$ 8,751,747</u></u>	<u><u>\$ 9,051,277</u></u>

Long-term debt maturities are as follows:

<u>Year Ending June 30,</u>	
2012	\$ 328,668
2013	301,086
2014	273,447
2015	243,388
2016	251,692
Thereafter	<u>7,682,134</u>
	<u><u>\$ 9,080,415</u></u>

Substantially all of the Health Center's assets at June 30, 2011, are pledged as collateral for the debt obligations.

Note 8 - Temporarily and Permanently Restricted Net Assets

As discussed in Note 1, the Avera Health Foundation solicits and holds contributions on behalf of the Health Center. Some of the contributions are restricted by the donors for specific purposes.

Temporarily restricted net assets are available for the following purposes at June 30, 2011 and 2010:

	2011	2010
To support various health care related programs and services	\$ 230,378	\$ 40,299

Permanently restricted net assets at June 30, 2011 and 2010, are restricted to:

	2011	2010
Funds to be held in perpetuity, income from which is to be used to support hospital operating and capital needs at the discretion of the board of directors	\$ 1,440,692	\$ 1,112,255

Note 9 - Endowment

The Health Center's endowments consist of a portion of their interest in the net assets of the Avera Health Foundation. The Avera Health Foundation includes endowment funds which have been established for a variety of purposes. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments (if any), are classified and reported based on the existence or absence of donor-imposed restrictions. The Health Center's permanently restricted endowment funds are donor restricted and totaled \$1,440,692 and \$1,112,255 at June 30, 2011 and 2010, respectively. The Health Center's board designated endowment funds totaled \$13,247 and \$0 at June 30, 2011 and 2010, respectively.

Interpretation of Relevant Law

The Health Center has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Health Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Health Center in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The purposes of the Health Center and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Health Center
7. The investment policies of the Health Center

Changes in endowment net assets for the year ending June 30, 2011 and 2010, are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, June 30, 2009	\$ -	\$ -	\$ 896,140	\$ 896,140
Change in interest in net assets of Avera Health Foundation	-	-	216,115	216,115
Endowment net assets, June 30, 2010	-	-	1,112,255	1,112,255
Change in interest in net assets of Avera Health Foundation	13,247	-	328,437	341,684
Endowment net assets, June 30, 2011	<u>\$ 13,247</u>	<u>\$ -</u>	<u>\$ 1,440,692</u>	<u>\$ 1,453,939</u>

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor requires the Health Center to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies that were deemed material as of June 30, 2011 and 2010.

Return Objectives and Risk Parameters

Through its affiliation with the Avera Health Foundation, the Health Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Health Center must hold in perpetuity or for a donor-specified period(s). Under these policies, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that meet the price and yield investment returns established by the Avera Pooled Investment Committee while assuming a moderate level of investment risk. The Health Center expects its endowment funds with the Avera Health Foundation, over time, to provide an average rate of return of approximately 6%-8% annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Health Center relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Health Center targets a diversified asset allocation including equity securities, fixed-income securities, hedge funds, and private equity to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Avera Health Foundation Board of Directors determines the annual spending rate and distribution amounts based on a review of the average market value of the endowment fund over the most recent 20 quarters. Local governing boards review the spending rate and distribution information and determine if payouts that would invade the corpus would be fiscally responsible.

Note 10 - Pension Plan

The Health Center has a defined contribution pension plan under which employees become participants upon reaching age 21 and completion of one year of service during which the employee completes at least 1,000 hours of service. The Health Center matches the employees' contribution up to 3%. Contributions are deposited with the plan trustee who invests the plan assets. Total pension plan expense for the years ended June 30, 2011 and 2010, was \$96,885 and \$100,589, respectively.

Note 11 - Concentrations of Credit Risk

The Health Center grants credit, without collateral, to its patients and residents, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors, patients and residents at June 30, 2011 and 2010, was as follows:

	2011	2010
Medicare	35%	32%
Medicaid	4%	6%
Blue Cross	8%	9%
Other third-party payors and patients/residents	53%	53%
	<u>100%</u>	<u>100%</u>

The Health Center's cash balances are maintained in various bank deposit accounts. At various times during the years ended June 30, 2011 and 2010, the balances of these deposits were in excess of federally insured limits.

Note 12 - Functional Expenses

The Health Center provides health care services to residents within its geographic location. Expenses related to providing these services by functional class for the years ended June 30, 2011 and 2010, are as follows:

	<u>2011</u>	<u>2010</u>
Patient and resident health care services	\$ 9,963,153	\$ 9,448,049
General and administrative	<u>1,217,001</u>	<u>1,021,626</u>
	<u>\$ 11,180,154</u>	<u>\$ 10,469,675</u>

Note 13 - Contingencies

Malpractice Insurance, Litigation and Claims

The Hospital has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. The Hospital is also insured under an excess umbrella liability policy with a limit of \$10 million. Should the claims made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

Note 14 - Subsequent Events

The Health Center has evaluated subsequent events through November 4, 2011, the date which the financial statements were available to be issued.



Supplementary Information
June 30, 2011 and 2010

**Platte Community Memorial
Hospital, Inc. d/b/a
Platte Health Center, Inc.**



Independent Auditor's Report on Supplementary Information

The Board of Directors
Platte Community Memorial Hospital, Inc. d/b/a Platte Health Center, Inc.
Platte, South Dakota

The audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The following supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the audit procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

A handwritten signature in cursive script that reads "Eide Bailly LLP".

Sioux Falls, South Dakota
November 4, 2011

Platte Health Center, Inc.
Schedules of Net Patient and Resident Service Revenue
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Patient and Resident Service Revenue		
Routine services	\$ 2,365,229	\$ 1,835,722
Long term care	2,806,615	2,898,541
Platte Clinic	1,279,423	1,110,309
Geddes Clinic	132,288	139,545
Nursery	37,044	20,856
Operating room	678,862	474,442
Delivery and labor room	15,429	7,195
Anesthesiology	65,769	70,427
Radiology	2,156,630	1,830,869
Laboratory	1,778,687	1,447,532
Respiratory therapy	3,276	5,191
Physical therapy	428,023	339,022
Electrocardiology	382,889	292,343
Central supply	268,921	212,200
Pharmacy	1,042,237	949,486
Emergency room	452,400	412,066
Occupational therapy	70,941	78,128
Speech therapy	5,863	1,252
Sleep lab	75,297	59,380
Private Duty	7,360	12,861
Homemaker	77,002	70,276
Charity care	(100,166)	(60,092)
Total patient and resident service revenue	<u>14,030,019</u>	<u>12,207,551</u>
Total Patient and Resident Service Revenue - Reclassified		
Inpatient acute	1,733,085	1,448,852
Outpatient	6,964,366	5,645,062
Swing bed	1,214,408	1,025,334
Clinic	1,411,711	1,249,854
Nursing home	2,806,615	2,898,541
Charity care	(100,166)	(60,092)
Total patient service revenue	<u>14,030,019</u>	<u>12,207,551</u>
Deductions from Patient and Resident Service Revenue		
Contractual adjustments		
Medicare	(1,945,954)	(1,345,318)
Medicaid	(672,076)	(709,630)
Other	(341,490)	(345,357)
Total deductions from patient and resident service revenue	<u>(2,959,520)</u>	<u>(2,400,305)</u>
Net Patient and Resident Service Revenue	<u>\$ 11,070,499</u>	<u>\$ 9,807,246</u>

Platte Health Center, Inc.
Schedules of Other Revenue
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Other Revenue		
Gentle Touch	\$ 62,565	\$ 72,891
Guest meals	56,656	51,040
Rent	19,202	16,512
Home Health	-	8,490
Grants	65,988	75,950
Miscellaneous	<u>78,643</u>	<u>68,706</u>
	<u>\$ 283,054</u>	<u>\$ 293,589</u>

Platte Health Center, Inc.
Schedules of Expenses
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Routine Services		
Salaries and wages	\$ 684,847	\$ 669,724
Supplies and other expenses	105,209	94,279
	<u>790,056</u>	<u>764,003</u>
Long Term Care		
Salaries and wages	1,895,928	1,911,364
Supplies and other expenses	342,599	323,627
	<u>2,238,527</u>	<u>2,234,991</u>
Platte Clinic		
Salaries and wages	876,643	837,184
Supplies and other expenses	118,997	94,176
	<u>995,640</u>	<u>931,360</u>
Geddes Clinic		
Salaries and wages	115,256	123,742
Supplies and other expenses	24,025	21,065
	<u>139,281</u>	<u>144,807</u>
Gentle Touch		
Salaries and wages	45,396	41,528
Supplies and other expenses	26,160	21,814
	<u>71,556</u>	<u>63,342</u>
Nursery		
Salaries and wages	4,473	3,232
Supplies and other expenses	355	2,392
	<u>4,828</u>	<u>5,624</u>
Operating Room		
Salaries and wages	41,026	27,707
Supplies and other expenses	13,326	12,469
	<u>54,352</u>	<u>40,176</u>
Delivery and Labor Room		
Salaries and wages	5,584	3,759
Supplies and other expenses	2,834	1,911
	<u>8,418</u>	<u>5,670</u>
Anesthesiology		
Salaries and wages	99,558	44,387
Supplies and other expenses	2,412	2,181
	<u>101,970</u>	<u>46,568</u>

Platte Health Center, Inc.
Schedules of Expenses
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Radiology		
Salaries and wages	176,069	165,040
Supplies and other expenses	270,951	225,984
	<u>447,020</u>	<u>391,024</u>
Laboratory		
Salaries and wages	197,779	185,727
Supplies and other expenses	274,308	228,661
	<u>472,087</u>	<u>414,388</u>
Physical Therapy		
Salaries and wages	139,641	144,559
Supplies and other expenses	7,584	8,869
	<u>147,225</u>	<u>153,428</u>
Electrocardiology		
Salaries and wages	9,437	3,899
Supplies and other expenses	16,914	1,415
	<u>26,351</u>	<u>5,314</u>
Central Supply		
Salaries and wages	72,490	66,028
Supplies and other expenses	90,477	75,281
	<u>162,967</u>	<u>141,309</u>
Pharmacy		
Salaries and wages	101,086	96,581
Supplies and other expenses	323,583	292,326
	<u>424,669</u>	<u>388,907</u>
Emergency Room		
Salaries and wages	105,607	95,978
Medical fees	70,680	61,925
Supplies and other expenses	25,621	5,115
	<u>201,908</u>	<u>163,018</u>
Occupational Therapy		
Salaries and wages	59,754	58,401
Supplies and other expenses	699	2,614
	<u>60,453</u>	<u>61,015</u>
Sleep Lab		
Salaries and wages	7,877	6,444
Supplies and other expenses	1,886	2,336
	<u>9,763</u>	<u>8,780</u>

Platte Health Center, Inc.
Schedules of Expenses
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Home Health		
Salaries and wages	60	106
Supplies and other expenses	80	196
	<u>140</u>	<u>302</u>
Homemaker		
Salaries and wages	62,070	51,899
Supplies and other expenses	7,964	7,907
	<u>70,034</u>	<u>59,806</u>
Hospice		
Salaries and wages	-	806
Supplies and other expenses	(270)	654
	<u>(270)</u>	<u>1,460</u>
Speech Therapy		
Salaries and wages	695	500
Supplies and other expenses	932	-
	<u>1,627</u>	<u>500</u>
Operation of Plant		
Salaries and wages	71,778	69,865
Supplies and other expenses	203,536	213,566
	<u>275,314</u>	<u>283,431</u>
Private Duty		
Salaries and wages	4,057	6,011
Supplies and other expenses	931	1,539
	<u>4,988</u>	<u>7,550</u>
Housekeeping		
Salaries and wages	97,735	95,286
Supplies and other expenses	27,583	25,254
	<u>125,318</u>	<u>120,540</u>
Laundry		
Salaries and wages	13,780	12,329
Supplies and other expenses	4,243	3,537
	<u>18,023</u>	<u>15,866</u>
Dietary		
Salaries and wages	77,637	75,583
Supplies and other expenses	84,312	70,565
	<u>161,949</u>	<u>146,148</u>

Platte Health Center, Inc.
Schedules of Expenses
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Medical Records		
Salaries and wages	86,984	97,366
Supplies and other expenses	<u>13,823</u>	<u>18,288</u>
	<u>100,807</u>	<u>115,654</u>
Administrative		
Salaries and wages	511,745	422,344
Supplies and other expenses	<u>581,709</u>	<u>498,226</u>
	<u>1,093,454</u>	<u>920,570</u>
Unassigned Expenses		
Insurance	74,141	77,406
Depreciation and amortization	865,906	855,778
Interest	424,624	411,187
Employee benefits	1,343,522	1,272,306
Provision for bad debts	<u>263,506</u>	<u>217,447</u>
	<u>2,971,699</u>	<u>2,834,124</u>
	<u>\$ 11,180,154</u>	<u>\$ 10,469,675</u>

Platte Health Center, Inc.
Statistical Information
Years Ended June 30, 2011 and 2010

	2011	2010
Patient Days (1)		
Medicare	438	416
Non-Medicare	137	102
Total	<u>575</u>	<u>518</u>
Swing-Bed Days	802	597
Nursing Home Days	16,758	16,782
Nursery Days	50	28
Number of Discharges (1)		
Medicare	196	189
Non-Medicare	84	53
Total	<u>280</u>	<u>242</u>
Outpatient Visits	12,229	10,695
Number of Beds - Hospital	17	17
Percent of Occupancy - Hospital	22%	18%
Percent of Occupancy - Nursing Home	96%	96%
Most Frequent Year-End Routine Service Rates		
Private/Semi-private rooms	\$ 1,371.00	\$ 1,281.00
Nursery	746.00	697.00
Intensive care unit	2,708.00	2,530.00
Swing-bed	346.00-1,204.00	307.00-1,125.00
Collection Statistics		
Patient and resident receivables, net	\$ 1,577,916	\$ 1,487,818
Number of days charges outstanding (2)	65	67
Uncollectible accounts (3)	\$ 363,672	\$ 277,539
Percentage of uncollectible accounts to total charges	2.59%	2.27%

(1) Excludes nursery.

(2) Based on average daily gross patient and resident service revenue for the last three months of the fiscal period.

(3) Includes provision for bad debts and charity care.