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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
601 WEST LEOTA STREET

City or town, state or country, and ZIP + 4
NORTH PLATTE, NE 69103

D Employer identification number
47-0662290

E Telephone number
(308) 696-8000

G Gross receipts $ 136,171,745

F Name and address of principal officer
KRYSTAL CLAYMORE
601 WEST LEOTA STREET
NORTH PLATTE, NE 69103

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GPRMC COM

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ | **L** Year of formation 1971 | **M** State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE ACUTE, PREVENTIVE AND OTHER HEALTHCARE SERVICES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	979
6	Total number of volunteers (estimate if necessary)	**6**	120
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,278,095
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-222,494

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	182,361	272,616
	9 Program service revenue (Part VIII, line 2g)	123,519,842	136,609,704
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-59,846	-2,334,782
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,654,874	1,624,207
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	125,297,231	136,171,745
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	555,000	520,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	57,612,035	61,924,901
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	60,154,183	67,764,544
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	118,321,218	130,209,445
	19 Revenue less expenses Subtract line 18 from line 12	6,976,013	5,962,300

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	157,121,103	166,896,116
	21 Total liabilities (Part X, line 26)	29,434,778	28,867,342
	22 Net assets or fund balances Subtract line 21 from line 20	127,686,325	138,028,774

Part II Signature Block

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

Sign Here

****** 2012-11-12
Signature of officer — Date

KRYSTAL CLAYMORE CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JULIE M GERKEN | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00400882

Firm's name (or yours if self-employed), address, and ZIP + 4: SEIM JOHNSON LLP, 18081 BURT STREET SUITE 200, OMAHA, NE 680224722 | EIN ▶ 47-6097913 | Phone no ▶ (402) 330-2660

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

PROVIDING THE KIND OF HEALTH CARE WE WOULD WANT FOR OURSELVES AND OUR FAMILIES, IN PARTNERSHIP WITH THOSE WE SERVE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 124,094,310 including grants of $ 520,000) (Revenue $ 136,609,704)

GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) PROVIDES FULL SERVICE MEDICAL CARE TO THE GENERAL PUBLIC THAT OFFERS INPATIENT, AND OUTPATIENT SERVICES THAT INCLUDE HOME SUPPORT SERVICES, OUTREACH PROGRAMS, AND FOLLOW-UP CARE TO MEET THE DIVERSE NEEDS OF THE PATIENTS GPRMC SERVES GPRMC PROVIDES CARE TO THE UNDERINSURED AND THE UNINSURED FURTHERMORE, GPRMC PROVIDES PROGRAMS, SUCH AS MEDICATION ASSISTANCE, HOME HEALTH, HOSPICE, HEALTHY START, AND ATHLETIC TRAINING AND DOES NOT RECOUP THE COST OF SUCH PROGRAMS GPRMC ABSORBS THE COST ASSOCIATED WITH PROGRAMS THAT DO NOT COVER THE COSTS OF CARE SO THAT GPRMC STILL PROVIDES COMMUNITY MEMBERS WITH THE CARE THEY NEED GPRMC PROVIDES BENEFITS TO THE SURROUNDING COMMUNITIES IN THE FORM OF DONATIONS OF CASH AND SUPPLIES, SPONSORSHIP OF EVENTS, TRANSPORTATION SERVICES, ASSISTANCE IN REGISTERING FOR GOVERNMENT PROGRAMS, SCHOOL HEALTH, AND STUDENT HOUSING EDUCATING THE COMMUNITY CONCERNING THEIR HEALTH AND WELL BEING ALLOWS PATIENTS TO MANAGE THEIR OWN CARE GPRMC SUBSIDIZES PROFESSIONAL DEVELOPMENT EDUCATION AND CERTIFICATION OF CLINICAL STAFF TO ENSURE GPRMC IS ABLE TO PROVIDE THE NEWEST TREATMENTS AND BEST CARE

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 124,094,310

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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.*	11b		No
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.*	11c		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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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.*	11f	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*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	185		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	979		
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** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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?			**12a**	
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

KRYSTAL CLAYMORE CHIEF FINANCIAL OFFICER
601 WEST LEOTA
NORTH PLATTE, NE 69103
(308) 696-7197

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) DAVID PEDERSON CHAIR	1 00	X		X				0	0	0
(2) ALAN HIRSCHFELD VICE CHAIR	1 00	X		X				0	0	0
(3) KYLE GIFFORD SECRETARY/TREASURER	1 00	X		X				0	0	0
(4) WENDY GOSNELL MD CHIEF OF STAFF	1 00	X		X				48,000	0	0
(5) CHRIS JOHNG MD VICE CHIEF OF STAFF	1 00	X		X				0	0	0
(6) JEFF BRITAN MD DIRECTOR	1 00	X						0	0	0
(7) ROBERT BUCKLAND MD DIRECTOR	1 00	X						0	0	0
(8) JOHN D HANNAH MD DIRECTOR	1 00	X						0	0	0
(9) MARC KASCHKE DIRECTOR	1 00	X						0	0	0
(10) DIANN KOLKMAN DIRECTOR	1 00	X						0	0	0
(11) BEN LASHLEY DDS DIRECTOR	1 00	X						0	0	0
(12) JOHN PATTERSON DIRECTOR	1 00	X						0	0	0
(13) RORIC PAULMAN DIRECTOR	1 00	X						0	0	0
(14) MISTY ROBERTSON DIRECTOR	1 00	X						0	0	0
(15) LINDA TUCKER DIRECTOR	1 00	X						0	0	0
(16) GREG NIELSEN CEO	40 00			X				284,054	0	50,992
(17) MEL MCNEA COO	40 00			X				199,430	0	54,748

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MICHAEL FEAGLER INTERIM VP OF FINANCE (1/11 - 8/11)	40 00			X				147,663	0	33,369
(19) KRYSTAL CLAYMORE CFO (9/11 - PRESENT)	40 00			X				74,953	0	5,817
(20) KELLY HURT VP - HR (11/11 - PRESENT)	40 00			X				18,153	0	1,337
(21) JAMES SMITH VP - MEDICAL AFFAIRS	40 00			X				397,604	0	76,334
(22) JAMES ANDERSON CIO	40 00				X			164,810	0	37,917
(23) IRFAN A VAZIRI PHYSICIAN (GPRMC)	40 00					X		1,013,529	0	72,104
(24) CHARLEY B GATES PHYSICIAN (NPNPG)	40 00					X		654,793	0	53,177
(25) RYAN L RATHJEN PHYSICIAN (NPNPG)	40 00					X		548,791	0	69,602
(26) MARIA E DE VILLA PHYSICIAN (GPRMC)	40 00					X		539,285	0	67,611
(27) JOSE A CARDENAS PHYSICIAN (GPRMC)	40 00					X		465,715	0	55,992
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,556,780	0	579,000

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 54

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NORTH PLATTE ORTHOPAEDIC 215 MCNEEL LANE NORTH PLATTE, NE 69101	PHYSICIAN/ADMINISTRATIVE SERVICES	746,109
SWANSON RUSSELL ASSOCIATES 122 P STREET LINCOLN, NE 685081463	MARKETING	478,530
COMPHEALTH INC PO BOX 972651 DALLAS, TX 753972651	BHS LOCUM	457,467
JOE BOYLE MD 17240 EASTONVILE RD ELBERT, CO 80106	MEDICAL SERVICES	426,150
B E SMITH INC DEPT 300 PO BOX 219241 KANSAS CITY, MO 641219241	MANAGEMENT	422,100

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 27

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 102,470				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 170,146				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	272,616			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICE REV	624100	90,969,256	90,969,256	
	b	MEDICARE/MEDICAID PAYM	624100	44,418,826	44,418,826	
	c	MANAGEMENT FEES	624100	751,581	751,581	
	d	OTHER OPERATING REVENU	624100	470,041	470,041	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		136,609,704		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		-2,365,680		-2,365,680
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 126,005				
	b	Less rental expenses 0				
	c	Rental income or (loss) 126,005				
	d	Net rental income or (loss) . . . . . ▶		126,005		126,005
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 30,898				
	b	Less cost or other basis and sales expenses 0				
	c	Gain or (loss) 30,898				
	d	Net gain or (loss) . . . . . ▶		30,898		30,898
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	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	PATHOLOGY 621500	1,203,133		1,203,133	
	b	CAFETERIA SALES 624200	220,107			220,107
	c	MEDICAL TRANSCRIPTION 519100	55,296		55,296	
	d	All other revenue	19,666		19,666	
	e	**Total.** Add lines 11a–11d . . . . . ▶	1,498,202			
	12	**Total revenue.** See Instructions . . . ▶	136,171,745	136,609,704	1,278,095	-1,988,670

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	520,000	520,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,595,181	48,000	1,547,181	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48,534,052	47,879,683	654,369	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,542,968	1,521,556	21,412	
9	Other employee benefits	6,447,464	6,408,239	39,225	
10	Payroll taxes	3,805,236	3,657,126	148,110	
11	Fees for services (non-employees)				
a	Management				
b	Legal	427,514		427,514	
c	Accounting	51,873		51,873	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	159,191		159,191	
g	Other	16,912,070	14,563,162	2,348,908	
12	Advertising and promotion	618,738	554,082	64,656	
13	Office expenses	7,070,291	6,802,724	267,567	
14	Information technology				
15	Royalties . .				
16	Occupancy	1,199,111	1,199,111		
17	Travel	507,913	420,422	87,491	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	745,230	745,230		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,319,854	10,276,830	43,024	
23	Insurance	444,002	339,937	104,065	
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	MEDICAL SUPPLIES	20,371,826	20,371,826		
b	BAD DEBTS	8,205,676	8,205,676		
c	MISCELLANEOUS EXPENSES	292,045	157,349	134,696	
d	DUES & SUBSCRIPTIONS	257,145	257,145		
e					
f	All other expenses	182,065	166,212	15,853	
25	**Total functional expenses.** Add lines 1 through 24f	130,209,445	124,094,310	6,115,135	0
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,144,730	1	54,777
	2	Savings and temporary cash investments	24,183,408	2	25,017,884
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,206,463	4	20,107,897
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	828,886	7	932,719
	8	Inventories for sale or use	2,971,670	8	3,867,826
	9	Prepaid expenses and deferred charges	2,715,692	9	2,608,877
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 134,571,595			
	b	Less accumulated depreciation — 10b: 93,254,181	40,012,257	10c	41,317,414
	11	Investments—publicly traded securities	58,493,202	11	60,566,811
	12	Investments—other securities See Part IV, line 11	6,076,981	12	6,388,314
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,487,814	15	6,033,597
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	157,121,103	16	166,896,116
Liabilities	17	Accounts payable and accrued expenses	9,130,938	17	9,956,937
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	17,060,000	20	14,870,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,243,840	25	4,040,405
	26	**Total liabilities.** Add lines 17 through 25	29,434,778	26	28,867,342
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	126,954,196	27	137,296,645
	28	Temporarily restricted net assets	732,129	28	732,129
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	127,686,325	33	138,028,774
	34	Total liabilities and net assets/fund balances	157,121,103	34	166,896,116

Part XI Reconcilliation 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	136,171,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,209,445
3	Revenue less expenses Subtract line 2 from line 1	3	5,962,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	127,686,325
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,380,149
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	138,028,774

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-0662290
Name: NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
NORTH PLATTE NE HOSPITAL CORP DBA GREAT PLAINS REGIONAL MEDICAL CENTER	47-0662290

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		8,333
j	Total lines 1c through 1i			8,333
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE $8,333 REPRESENTS THE PORTION OF NHA AND AHA DUES ARE USED FOR LOBBYING BY THOSE ORGANIZATIONS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		213,971		213,971
b Buildings		43,244,853	26,538,941	16,705,912
c Leasehold improvements		691,106	550,171	140,935
d Equipment		86,697,365	64,308,569	22,388,796
e Other		3,724,300	1,856,500	1,867,800
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				41,317,414

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ESTIMATED THIRD PARTY SETTLEMENTS	2,395,337
DEFERRED COMPENSATION	1,501,550
PHYSICIAN INCOME GUARANTEES	143,518
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,040,405

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	136,171,745
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	130,209,445
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,962,300
4	Net unrealized gains (losses) on investments	4	-534,372
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,914,521
9	Total adjustments (net) Add lines 4 - 8	9	4,380,149
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,342,449

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	140,392,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-534,372		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	4,914,521		
e	Add lines **2a** through **2d**			2e	4,380,149
3	Subtract line **2e** from line **1**			3	136,012,554
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	159,191		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	159,191
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	136,171,745

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

1	Total expenses and losses per audited financial statements			1	130,050,254
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	130,050,254
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	159,191		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	159,191
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	130,209,445

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 UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	GREAT PLAINS REGIONAL MEDICAL CENTER (THE MEDICAL CENTER) AND REGENCY RETIREMENT RESIDENCE (REGENCY) ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE GPMAI IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE NPNPG IS A LIMITED LIABILITY COMPANY WHOLLY OWNED BY THE MEDICAL CENTER THE MEDICAL CENTER, REGENCY AND GPMAI HAVE RECEIVED A DETERMINATION LETTER THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE THE INTERNAL REVENUE SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN TAX-EXEMPT STATUS IN GENERAL, SUCH STANDARDS REQUIRE THE MEDICAL CENTER, REGENCY AND GPMAI TO MEET A COMMUNITY BENEFIT STANDARD AND COMPLY WITH VARIOUS LAWS AND REGULATIONS GREAT PLAINS HOMECARE EQUIPMENT, INC (GPHME) IS A FOR-PROFIT CORPORATION THAT RECOGNIZED FEDERAL AND STATE INCOME TAX EXPENSE OF APPROXIMATELY $21,400 AND $52,700 IN 2011 AND 2010, RESPECTIVELY THE INCOME TAX EXPENSE IS INCLUDED AS ANOTHER EXPENSE OF THE CONSOLIDATED STATEMENTS OF OPERATIONS THE ORGANIZATION ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC 740, INCOME TAXES THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED AT DECEMBER 31, 2011, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS ACCRUED
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN GREAT PLAINS HEALTH CARE FOUNDATION 154,958 TRANSFER OF EQUITY FROM AFFILIATE 4,759,563 TOTAL TO SCHEDULE D, PART XI, LINE 8 4,914,521
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN GREAT PLAINS HEALTH CARE FOUNDATION 154,958 TRANSFER OF EQUITY FROM AFFILIATE 4,759,563

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 250.000000000000 %	3b	Yes	
c	If the organization did 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 policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			2,740,419		2,740,419	2 250 %
b Medicaid (from Worksheet 3, column a)			11,395,885	6,577,736	4,818,149	3 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			57,172,514	41,100,710	16,071,804	13 170 %
d **Total** Charity Care and Means-Tested Government Programs			71,308,818	47,678,446	23,630,372	19 370 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,128,722	16,319	1,112,403	0 910 %
f Health professions education (from Worksheet 5)			104,021		104,021	0 090 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			108,321	46,945	61,376	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			528,093		528,093	0 430 %
j **Total** Other Benefits			1,869,157	63,264	1,805,893	1 480 %
k **Total.** Add lines 7d and 7j			73,177,975	47,741,710	25,436,265	20 850 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
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 Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense	2	8,205,676		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	36,144,642		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	42,930,090		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-6,785,448		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a		Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		Yes	

Part IV Management Companies and Joint Ventures (see instructions)

(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 1 PHYSICIAN HOSPITAL CONTRACTING ORGANIZATION	NEGOTIATE HEALTHCARE CONTRACTS FOR PHYSCIANS AND THE HOSPITAL	50 000 %	0 %	50 000 %
2 2 NORTH PLATTE SURGERY CENTER	PROVIDES OUTPATIENT SURGERY SERVICES	50 000 %	0 %	50 000 %
3 3 NORTH PLATTE HEART INSTITUTE	PROVIDE CARDIAC SERVICES (DISSOLVED JULY 2011)	50 000 %	0 %	50 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	GREAT PLAINS REGIONAL MEDICAL CENTER 601 WEST LEOTA NORTH PLATTE,NE 69101	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

GREAT PLAINS REGIONAL MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☐ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☑ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size 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	PHYSICIAN HOSPITAL CONTRACTING ORG 601 WEST LEOTA NORTH PLATTE,NE 69101	NEGOTIATE HEALTHCARE CONTRACTS FOR PHYSCIANS AND THE HOSPITAL
2	NORTH PLATTE SURGERY CENTER 621 WEST FRANCIS STREET NORTH PLATTE,NE 69101	OUTPATIENT SURGERIES
3	NORTH PLATTE HEART INSTITUTE 1307 SOUTH OAK STREET NORTH PLATTE,NE 69101	CARDIAC SERVICES (DISSOLVED JULY 2011)
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) MAY MAKE A DETERMINATION OF ELIGIBILTY AT ANY STAGE OF THE PROCESS, INCLUDING PAST ASSIGNMENT TO AN OUTSIDE COLLECTION AGENCY EACH PATIENT REQUESTING FINANCIAL ASSISTANCE WILL BE ASKED TO COMPLETE A FINANCIAL QUESTIONNAIRE AND PROVIDE COPIES OF DOCUMENTATION INCLUDING A MOST RECENT FEDERAL INCOME TAX FORM, COPIES OF RECENT PAY STUBS, BANK STATEMENTS AND OTHER APPROPRIATE INDICATORS OF INCOME A REFERRAL FOR FINANCIAL ASSITANCE MAY BE RECOMMENDED BY THE PATIENT, FAMILY MEMBER, PHYSICIAN, OR HOSPITAL DEPARTMENTS AND PROVIDED BASED ON INFORMATION FROM OTHER SOURCES FULL FINANCIAL ASSISTANCE WILL GENERALLY BE PROVIDED WHEN GROSS HOUSEHOLD INCOME IS EQUAL TO OR LESS 150% OF THE FEDERAL POVERTY GUIDELINES A SLIDING FEE SCALE DISCOUNT WILL BE APPLIED FOR HOUSEHOLD INCOME UP TO 250% OF THE FEDERAL POVERTY GUIDELINES THE INCOME LEVELS WILL BE UPDATED ANNUALLY BASED UPON THE MOST CURRENT FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
		PART I, LINE 6A GPRMC'S COMMUNITY BENEFIT REPORT IS PREPARED BY THE STAFF OF GPRMC

Identifier	ReturnReference	Explanation
		PART I, LINE 7 GPRMC UTILIZED AN OVERALL COST TO CHARGE RATIO (TOTAL EXPENSES - BAD DEBT) / GROSS PATIENT SERVICE REVENUE = PERCENTAGE OF COST TO CHARGE

Identifier	ReturnReference	Explanation
		PART I, LINE 7G THERE ARE NO SUBSIDIZED HEALTH SERVICES REPORTED ON LINE 7G

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 8205676

Identifier	ReturnReference	Explanation
		PART II THERE ARE NO ACTIVITIES REPORTED IN PART II HOWEVER, GPRMC HAS MANY ACTIVITES TO PROMOTE HEALTH IN THE COMMUNITIES SERVED BY GPRMC THIS ACTIVITIES INCLUDE RECRUITMENT OF PHYSICIANS TO MEET NEED, SPONSOR OF HEALTH FAIR, SPORTS CLINICS, SUPPORT GROUPS, PHYSICIANS SERVE ON COMMUNITY BOARDS, EDUCATION PROGRAMS, AND MEDICATION ASSISTANCE THE DONATED SERVICES AND FUNDS HELP FURTHER THE MISSION AND GOALS OF COMMUNITY ORGANIZATIONS WHICH, IN TURN, HELP IMPROVE OVERALL HEALTH STATUS AND QUALITY OF LIFE OF THE COMMUNITIES SERVED

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE COSTING METHODOLOGY USED IN DETERMINING THE BAD DEBT EXPENSES INCLUDES CALCULATING ON A MONTHLY BASIS THE TOTAL ESTIMATE AMOUNTS BASED ON HISTORICAL WRITE OFFS THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT CONTAIN A SPECIFIC FOOTNOTE DESCRIBING BAD DEBT HOWEVER, THE FOLLOWING IS THE TEXT OF THE FOOTNOTES TITLED "PATIENT RECEIVABLES," "NET PATIENT SERVICE REVENUE," AND "CHARITY CARE" PATIENT RECEIVABLES THE ORGANIZATION REPORTS PATIENT ACCOUNTS RECEIVABLE AT NET REALIZABLE AMOUNTS FROM THE THIRD-PARTY PAYORS, PATIENTS AND OTHERS THE ORGANIZATION PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON REVIEW OF OUTSTANDING RECEIVABLES AND HISTORICAL COLLECTION AND WRITE-OFF INFORMATION PAYMENT FOR SERVICES IS REQUIRED WITHIN 30 DAYS OF RECEIPT OF INVOICE OR CLAIM SUBMITTED ACCOUNTS PAST DUE MORE THAN 120 DAYS ARE INDIVIDUALLY ANALYZED FOR COLLECTIBILITY ACCOUNTS DEEMED UNCOLLECTIBLE ARE WRITTEN-OFF ON A MONTHLY BASIS NET PATIENT SERVICE REVENUE NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, 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 THE ORGANIZATION 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 ORGANIZATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE ORGANIZATION IS DEDICATED TO PROVIDING COMPREHENSIVE HEALTH CARE SERVICES TO ALL SEGMENTS OF SOCIETY, INCLUDING THE AGED AND OTHERWISE ECONOMICALLY DISADVANTAGED IN ADDITION, THE ORGANIZATION PROVIDES A VARIETY OF COMMUNITY HEALTH SERVICES AT OR BELOW COST

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE MEDICARE SHORTFALL IS BASED ON THE INFORMATION FROM THE COST REPORT THESE COSTS ARE MEDICARE REIMBURSABLE COSTS, NOT ALL COSTS THESE COST SHOULD BE TREATED AS COMMUNITY BENEFITS TO THE EXTENT THAT THEY DO NOT COVER OUR COSTS, AND WE DO NOT USE ANY NEGOTITION TOOL WITH MEDICARE FOR OUR RATES THE RATES THAT WE ARE PAID ARE MANDATED HENCE, THIS DOES NOT GIVE US AS A PROVIDER TO COVER THE MEDICARE COSTS AS A FACILITY WE ARE WORKING TOWARD COSTS SAVINGS

Identifier	ReturnReference	Explanation
		PART III, LINE 9B IF THE COLLECTION AGENCY LEARNS INFORMATION THAT INDICATES THAT THE PATIENT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE GPRMC CHARITY CARE POLICY, THEN THE COLLECTION AGENCY SHALL PROMPTLY NOTIFY THE PATIENT FINANCIAL SERVICES DIRECTOR AND CEASE ANY FURTHER COLLECITON ACTIVITY UNTIL GPRMC DETERMINES THE PATIENT ELIGIBILITY

Identifier	ReturnReference	Explanation
GREAT PLAINS REGIONAL MEDICAL CENTER		PART V, SECTION B, LINE 11H THE CHARGES ARE BASED ON A COMBINATION OF FACTORS THE COMBINATION INCLUDES THE USE OF MEDICARE FEE SCHEDULES AND INFORMATION SUPPLIED BY THE NHA FOR PEER GROUP HOSPITALS THE ITEMS MARKED ON LINE 11 REFER TO CALCULATING DISCOUNTS

Identifier	ReturnReference	Explanation
GREAT PLAINS REGIONAL MEDICAL CENTER		PART V, SECTION B, LINE 17E GPRMC WORKS WITH PATIENTS THROUGH PHONE INTERVIEWS AND IN PERSON INTERVIEWS TO SEE WHAT THE PATIENT'S SITUATION IS AND DETERMINE IF THE INDIVIDUAL QUALIFIES FOR ASSISTANCE, SUCH AS MEDICAID

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE ORGANIZATION USES STRATEGIC PLANNING PROCESS, MARKET STUDIES, OPEN FORUMS WITH PHYSICIANS, COMMUNITY FOCUS GROUP, CUSTOMER SERVICE SURVEYS, COMMUNITY SURVEYS ALL TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES GPRMC SERVES PATIENT CARE AND SUPPORT SERVICES PROVIDED BY GPRMC ARE BASED ON THE MISSION, VISION, VALUES AND PHILOSOPHY PATIENT CARE AND ANCILLARY SERVICES ARE ORGANIZED IN RESPONSE TO PATIENT NEEDS AS IDENTIFIED THROUGH THE STRATEGIC PLANNING PROCESS THE GPRMC STRATEGIC PLAN FOCUSES ON ACHIEVING A CONTINUUM OF CARE TO MEET THE NEEDS OF THE COMMUNITY SERVED THE STRATEGIC PLANNING PROCESS IS COMPLETED APPROXIMATELY EVERY THREE TO FIVE YEARS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 PATIENTS THAT ARE DETERMINED TO BE FINANCIALLY INDIGENT, THE PATIENT/GUARANTOR WILL BE NOTIFIED AND ASSISTED BY THE GPRMC PATIENT FINANCIAL SERVICES IN APPLYING FOR FINANCIAL ASSISTANCE IF NO SOURCE OF FINANCIAL ASSISTANCE IS AVAILABLE, THE ACCOUNT WILL BE REVIEWED FOR A CHARITY ALLOWANCE ACCORDING THE HOSPITAL'S CHARITY POLICY (ADMINISTRATIVE POLICY 8210-0008) CASE MANAGERS ARE AVAILABLE AT GPRMC TO ASSISTS PATIENTS AND THEIR FAMILIES IN DEALING THE FINANCIAL AND SOCIAL STRESS THAT ACCOMPANY ILLNESS AND HOSPITALIZATION CASE MANAGERS HAVE A WORKING KNOWLEDGE OF SOCIAL WORK THEORIES AND ASSIST PATIENTS WITH CONTACTING COMMUNITY AGENCIES THAT CAN ASSIST THEM IN RECOVERY AND FINANCIAL NEEDS AN OUTSIDE AGENCY IS USED TO PROVIDE ASSISTANCE TO PATIENTS IN DETERMINING THEIR ELIGIBILITY FOR MEDICAID ONE-ON-ONE FINANCIAL COUNSELING IS AVAILABLE TO EVERY PATIENT, UPON REQUEST

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 GREAT PLAINS REGIONAL MEDICAL CENTER IS THE ONLY HOSPITAL IN LINCOLN COUNTY AND IS A REGIONAL REFERRAL HOSPITAL FOR 19 OTHER COUNTIES IN NEBRASKA GPRMC SERVES A MARKET OF OVER 123,026 RESIDENTS OVER NINETY-EIGHT PERCENT OF GPRMC'S INPATIENT ADMISSIONS COME FROM WITHIN THIS MARKET SEVENTY-SEVEN PERCENT OF THE PATIENTS COME FROM LINCOLN COUNTY THE PRIMARY SERVICE AREA IS DEFINED AS LINCOLN COUNTY THE SECONDARY SERVICE AREA INCLUDES THE FOLLOWING NINETEEN COUNTIES ARTHUR, FRONTIER, HOOKER, PERKINS, CHASE, GRANT, GOSPER, KEITH, RED WILLOW, FURNAS, DUNDY, CHERRY, CUSTER, HAYES, LOGAN, THOMAS, DAWSON, HITCHCOCK, AND MCPHERSON THE POPULATION IN THE SERVICE AREA IS EXPECTED TO CONTINUE THE SHIFT TOWARDS AN AGING POPULATION THAT WOULD INCREASE SERVICE UTILIZATION HOSPITALS IN SECONDARY SERVICE AREA ARE CHASE COUNTY COMMUNITY HOSPITAL (CHASE COUNTY), CHERRY COUNTY HOSPITAL (CHERRY COUNTY), CALLAWAY DISTRICT HOSPITAL (CUSTER COUNTY), JENNIE M MELHAM MEMORIAL HOSPITAL (CUSTER COUNTY), COZAD COMMUNITY HOSPITAL (DAWSON COUNTY), GOTHENBURG MEMORIAL HOSPITAL (DAWSON COUNTY), TRI COUNTY HOSPITAL (DAWSON COUNTY), DUNDY COUNTY HOSPITAL (DUNDY COUNTY), TRI VALLEY HEALTH SYSTEM (FURNAS COUNTY), OGALLALA COMMUNITY HOSPITAL (KEITH COUNTY), PERKINS COUNTY HEALTH SERVICES (PERKINS COUNTY), AND COMMUNITY HOSPITAL (RED WILLOW COUNTY) MARKET OVERVIEWPRIMARY SERVICE AREA- CONSISTS OF LINCOLN COUNTY- ACCOUNTS FOR NEARLY 77% GPRMC'S INPATIENT CASES- THE 2010 POPULATION IS 36,288 SECONDARY SERVICE AREA- CONSISTS OF 19 COUNTIES EXTENDING NORTH TO SOUTH DAKOTA, SOUTH TO KANSAS AND WEST TO COLORADO - ACCOUNTS FOR 21 5% OF GPRMC'S INPATIENT CASES - POPULATION 86,738 IN 2010 - LARGEST EMPLOYER IS UNION PACIFIC WITH 2,300 EMPLOYEES AT THE END OF 2011

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 GPRMC HAS MANY ACTIVITIES TO PROMOTE HEALTH IN THE COMMUNITIES SERVED BY GPRMC THESE ACTIVITIES INCLUDE RECRUITMENT OF PHYSICIANS TO MEET NEED, SPONSOR OF HEALTH FAIR, SPORTS CLINICS, SUPPORT GROUPS, PHYSICIANS SERVE ON COMMUNITY BOARDS, EDUCATION PROGRAMS, AND MEDICATION ASSISTANCE THE DONATED SERVICES AND FUNDS HELP FURTHER THE MISSION AND GOALS OF COMMUNITY ORGANIZATIONS WHICH, IN TURN, HELP IMPROVE OVERALL HEALTH STATUS AND QUALITY OF LIFE OF THE COMMUNITIES SERVED

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 GREAT PLAINS REGIONAL MEDICAL CENTER ASSISTS IN IDENTIFYING AND RECRUITING TOP PHYSICIANS IN NEEDED SPECIALTIES GPRMC PROVIDES EDUCATION TO THE COMMUNITY ON VARIOUS HEALTH PROGRAMS FOR EMPLOYEES, EMPLOYERS AND THE COMMUNITY GPRMC SERVES MANY MEMBERS OF THE STAFF HOLD SPEAKING ENGAGEMENTS TO PROVIDE MEDICAL INFORMATION TO THE COMMUNITY THE MEDICATION ASSISTANCE PROGRAM ASSISTS PATIENTS TO FIND OTHER MEANS TO AFFORD THEIR PRESCRIPTIONS THE MEDICAL CENTER OPERATES ACUTE AND PSYCHIATRIC CARE BEDS, A HOME HEALTH AGENCY, AND PROVIDES VARIOUS OUTPATIENT AND EMERGENCY MEDICAL TREATMENT SERVICES THE AFFILIATES LEASE ANS SELL HOME MEDICAL EQUIPMENT TO THE PUBLIC, RENT OFFICE SPACE TO PHYSICIAN PRACTICES, RENT INDEPENDENT LIVING APARTMENTS TO THE ELDERLY, AND PROVIDE PHYSICIAN PROFESSIONAL MEDICAL SERVICES AND OTHER PROGRAMS TO PATIENTS

Identifier	ReturnReference	Explanation
	PART VI, LINE 7	GPRMC DOES NOT FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEBRASKA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319038262

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEBRASKALAND DAYS INCPO BOX 706 NORTH PLATTE,NE 69103	47-0521025		5,000				SPONSOR OF 2011 EVENT
(2) MID NEBRASKA COMMUNITY FOUNDATION INC120 N DEWEY NORTH PLATTE,NE 69101	47-0604965	501(C)(3)	5,000				DONATION FOR MEMORIAL PARK SPLASH PAD
(3) NORTH PLATTE COMMUNITY COLLEGE FOUNDATION601 W STATE FARM ROAD NORTH PLATTE,NE 68101	20-2459157	501(C)(3)	500,000				HEALTHCARE COMPLEX
(4) GREAT PLAINS HEALTHCARE FOUNDATION601 W LEOTA NORTH PLATTE,NE 68101	36-3954197	501(C)(3)	10,000				GENERAL PURPOSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GREAT PLAINS REGIONAL MEDICAL CENTER PROVIDES SPONSORSHIP DOLLARS TO CHARITABLE EVENTS IN THE LOCAL AREA THE ORGANIZATION GIVES TO CHARITABLE ORGANIZATIONS IN THE AREA WHICH BENEFIT THE LOCAL COMMUNITY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) GREG NIELSEN	(i)	283,454	600	0	9,800	41,192	335,046	0
	(ii)	0	0	0	0	0	0	0
(2) MEL MCNEA	(i)	198,705	725	0	8,176	46,572	254,178	0
	(ii)	0	0	0	0	0	0	0
(3) MICHAEL FEAGLER	(i)	146,938	725	0	6,042	27,327	181,032	0
	(ii)	0	0	0	0	0	0	0
(4) JAMES SMITH	(i)	396,204	1,400	0	9,800	66,534	473,938	0
	(ii)	0	0	0	0	0	0	0
(5) JAMES ANDERSON	(i)	142,147	12,600	10,063	6,392	31,525	202,727	0
	(ii)	0	0	0	0	0	0	0
(6) IRFAN A VAZIRI	(i)	664,207	348,197	1,125	9,800	62,304	1,085,633	0
	(ii)	0	0	0	0	0	0	0
(7) CHARLEY B GATES	(i)	595,933	3,818	55,042	9,800	43,377	707,970	0
	(ii)	0	0	0	0	0	0	0
(8) RYAN L RATHJEN	(i)	352,260	195,735	796	9,800	59,802	618,393	0
	(ii)	0	0	0	0	0	0	0
(9) MARIA E DE VILLA	(i)	464,383	71,006	3,896	9,800	57,811	606,896	0
	(ii)	0	0	0	0	0	0	0
(10) JOSE A CARDENAS	(i)	293,701	172,014	0	9,800	46,192	521,707	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	JAMES ANDERSON HAS AN ARRANGEMENT AS PART OF HIS EMPLOYMENT HE LIVES IN A FACILITY RENTED BY THE HOSPITAL GPRMC REPORTS THE FAIR MARKET VALUE OF THE BENEFIT HE RECEIVES AS COMPENSATION TO HIM

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY NO 1 OF LINCOLN COUNTY NEBRASKA	97-1837633	533282AZ2	07-14-2009	8,835,000	REFUND 1997 AND 2003 REVENUE BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,230,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	8,835,000			
4	Gross proceeds in reserve funds	883,502			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	8,835,000			
12	Other unspent proceeds				
13	Year of substantial completion	1999			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
PART II, LINE 3		THE TOTAL PROCEEDS DO NOT EQUAL THE SUMMATION OF LINES 4 - 12 DUE TO TRANSFERRED OR REPLACEMENT PROCEEDS IN LINE 4

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

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	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1) CHARLEY B GATES SIGNING BONUS/FORGIVENESS FOR SERVICE		X	151,000	75,500		No	Yes		Yes	
Total . . . . . ▶ $				75,500						

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) DAVID PEDERSEN	WIFE OF MR PEDERSEN, A DIRECTOR, IS THE OWNER OF PRO PRINTING	130,260	PRINTING SERVICES		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

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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

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	GPRMC STARTED OUR OWN CARDIOVASCULAR SERVICE WITH THREE NEW PHYSICIANS WORLD-CLASS HEART CARE ONLY AT GREAT PLAINS HEART & VASCULAR CENTER FROM DIAGNOSING THE CAUSE OF CHEST PAIN TO INTERVENTIONAL CARDIOLOGY, MANAGING YOUR CONDITION AND HELPING YOU GET BACK ON YOUR FEET WITH CARDIOPULMONARY REHAB, THE HEART AND VASCULAR CENTER AT GREAT PLAINS REGIONAL MEDICAL CENTER OFFERS ONE OF THE MOST COMPREHENSIVE HEART AND VASCULAR PROGRAMS IN WEST CENTRAL NEBRASKA AND A RECENT $5 MILLION INVESTMENT ENABLED THE HEART CENTER TO DRAMATICALLY EXPAND ITS SERVICES TO PATIENTS THE HEART AND VASCULAR CENTER AT GREAT PLAINS REGIONAL MEDICAL CENTER UTILIZES INNOVATIVE AND ADVANCED TECHNOLOGY AND A STAFF OF BOARD CERTIFIED CARDIOLOGISTS AND MEDICAL PROFESSIONALS TO CARE FOR YOU FROM DIAGNOSING THE CAUSE OF CHEST PAIN TO INTERVENTIONAL CARDIOLOGY, MANAGING YOUR CONDITION AND HELPING YOU GET BACK ON YOUR FEET WITH CARDIOPULMONARY REHAB, THE HEART AND VASCULAR CENTER AT GREAT PLAINS REGIONAL MEDICAL CENTER OFFERS ONE OF THE MOST COMPREHENSIVE HEART AND VASCULAR PROGRAMS IN WEST CENTRAL NEBRASKA AND A RECENT $5 MILLION INVESTMENT ENABLED THE HEART CENTER TO DRAMATICALLY EXPAND ITS SERVICES TO PATIENTS "I BELIEVE IN BRINGING WORLD-CLASS HEART CARE DIRECTLY TO THE PEOPLE OF THIS COMMUNITY IN DOING SO, WE BECOME A PART OF THE COMMUNITY, WITH A TEAM OF DEDICATED PHYSICIANS FOCUSED ON THE VITALITY AND HEALTH OF OUR FRIENDS AND NEIGHBORS" - ARSHAD ALI, M D, GPRMC CARDIOLOGIST CLOSE TO YOUR HEART, WHEN YOU NEED IT MOST FOR A PERSON HAVING CHEST PAIN, RAPID RESPONSE IS CRITICAL TO DETERMINE THE CAUSE TREATMENT BEGINS THE MINUTE PARAMEDICS ARRIVE AT THE SCENE OR THE PATIENT ENTERS GREAT PLAINS REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT WITH THE LATEST INNOVATIVE TECHNOLOGIES, OUR STAFF OF PHYSICIANS AND MEDICAL PROFESSIONALS WORK TO QUICKLY AND ACCURATELY DIAGNOSE YOUR HEART CONDITION OUR SKILLED CARDIOLOGISTS TREAT BOTH EMERGENCY PATIENTS IN THE MIDST OF A HEART ATTACK, AS WELL AS SHORT-STAY PATIENTS COMING IN FOR SCHEDULED DIAGNOSTIC OR THERAPEUTIC PROCEDURES THERE IS NO BETTER PLACE TO BE FOR IMMEDIATE ACCESS TO ADVANCED DIAGNOSTIC TESTS, EQUIPMENT AND A SKILLED CARDIOLOGY TEAM - WHEN YOU NEED IT MOST WE ARE CHANGING THE STATISTICS OF HEART DISEASE THE NEW HEART CENTER IS ESPECIALLY VALUABLE IN RURAL NEBRASKA, AN AREA OF THE COUNTRY WHERE CARDIO-VASCULAR DISEASE IS PARTICULARLY PREVALENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DIANN KOLKMAN AND JAMES E. SMITH HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE FORM 990 ARE DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW THIS IS DONE VIA THE BOARD PORTAL, FOLLOW UP IS DISCUSSED AT THE NEXT MEETING FOLLOWING THE FILING OF THE FORM 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	GPRMC PROVIDES A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH OFFICER AND DIRECTOR THE CONFLICT OF INTEREST QUESTIONNAIRE IS FILLED OUT AND RETURNED ANNUALLY ANY QUESTIONABLE SITUATION IS DISCLOSED ON THE QUESTIONNAIRE FURTHERMORE, ANY POTENTIAL CONFLICTS ARISING DURING THE YEAR ARE TO BE REPORTED TO ADMINISTRATION THERE HAS BEEN A COMMITTEE FORMED CALLED THE CONFLICTS REVIEW COMMITTEE THE COMMITTEE REVIEWS TRANSACTIONS THAT MAY BE CONSIDERED TO HAVE A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) BOARD OF DIRECTORS STRIVE TO COMPENSATE OFFICERS AND KEY EMPLOYEES AT LEVELS THAT ARE COMPETITIVE IN THE MARKETPLACE, COST EFFECTIVE AND, AS MUCH AS POSSIBLE, INTERNALLY EQUITABLE. THE EXECUTIVE COMMITTEE FOR THE BOARD OF TRUSTEES MEETS NO LESS THAN ANNUALLY TO REVIEW COMPENSATION PACKAGES FOR GPRMC'S PRESIDENT, OFFICERS, AND KEY EMPLOYEES. COMPENSATION DATA IS GATHERED BY AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT BY SURVEY OF COMPARABLE POSITIONS AT PEER INSTITUTIONS ENSURE THAT COMPENSATION PACKAGES ARE MEETING FAIR MARKET VALUE. A COMPLETE ANALYSIS OF DATA IS REQUESTED AT LEAST EVERY FOUR YEARS. THE INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT IS ULTIMATELY ACCOUNTABLE TO THE EXECUTIVE COMMITTEE AND THE BOARD. THE EXECUTIVE COMMITTEE ANNUALLY RECOMMENDS TO THE BOARD THE SELECTION/RETENTION OF THE INDEPENDENT EXECUTIVE COMPENSATION, REVIEWS COMPENSATION RECOMMENDATIONS, AND DETERMINES THOSE OFFICERS AND KEY EMPLOYEES FOR WHOM WRITTEN EMPLOYMENT CONTRACTS WILL BE WRITTEN. THE BOARD OF DIRECTORS HAS THE AUTHORITY TO ANNUALLY AUTHORIZE MANAGEMENT TO PROCEED WITH IMPLEMENTATION OF PROPOSED COMPENSATION OF OFFICERS AND KEY EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GREAT PLAINS REGIONAL MEDICAL CENTER DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE CHIEF FINANCIAL OFFICER, GOVERNING DOCUMENTS WILL BE MADE AVAILABLE TO THE PUBLIC FOR REVIEW AT THE HOSPITAL'S ADMINSTRATIVE OFFICE

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, LINE 1A	THE BOARD MEMBERS OF GREAT PLAINS REGIONAL MEDICAL CENTER ARE ALSO BOARD MEMBERS FOR GREAT PLAINS MEDICAL ARTS BUILDING, INC (GMAI) ALAN HIRSCHFELD, RORIC PAULMAN, BEN LASHLEY, MD, DAVID PEDERSON, DIANN KOLKMAN, KYLE GIFFORD, ROBERT BUCKLAND, MD, AND WENDY GOSNELL, MD, SERVES ON THE BOARD OF REGENCY RETIREMENT RESIDENCE OF NORTH PLATTE (RRRNP) GREGORY A NIELSEN, CEO/PRESIDENT, MICHAEL FEAGLER, INTERIM VP OF FINANCE, AND KRYSTAL CLAYMORE, CFO, EACH SPENT A FEW HOURS IN THEIR RESPECTIVE ROLES AT GMAI AND A FEW HOURS EACH WEEK AT RRRNP

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -534,372 CHANGE IN INTEREST IN GREAT PLAINS HEALTH CARE FOUNDATION 154,958 TRANSFER OF EQUITY FROM AFFILIATE 4,759,563 TOTAL TO FORM 990, PART XI, LINE 5 4,380,149

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS OF GREAT PLAINS REGIONAL MEDICAL CENTER ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

Employer identification number
47-0662290

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTH PLATTE NE PHYSICIAN CORP 600 EAST FRANCIS STREET SUITE 9 NORTH PLATTE, NE 69101 26-1608464	PHYSICIAN AND MID LEVEL SERVICES FOR VARIOUS CLINIC AND HOSPITAL PHYSICIANS	NE	8,817,127	2,700,760	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GREAT PLAINS MEDICAL ARTS INC 611 WEST FRANCIS NORTH PLATTE, NE 69101 47-0606874	PROPERTY HOLDING COMPANY	NE	501(C)(2)	N/A	N/A		No
(2) REGENCY RETIREMENT RESIDENCE OF NORTH PLATTE 700 WEST PHILIP NORTH PLATTE, NE 69101 47-0792670	RETIREMENT APPARTMENTS	NE	501(C)(3)	9	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GREAT PLAINS HOME MEDICAL EQUIPMENT PO BOX 1596 NORTH PLATTE, NE 69101 47-0786518	SELLING OF HOME MEDICAL EQUIPMENT	NE	N/A	C	1,447,340	1,187,123	100 000 %

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GREAT PLAINS HOMECARE EQUIPMENT INC	R	619,268	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

North Platte, Nebraska Hospital Corporation and Affiliates

North Platte, Nebraska

Consolidated Financial Statements
December 31, 2011 and 2010

Together with Independent Auditor's Report

North Platte, Nebraska Hospital Corporation and Affiliates

Table of Contents

SEIM JOHNSON

Independent Auditor's Report

To the Board of Directors of
North Platte, Nebraska Hospital Corporation and Affiliates
North Platte, Nebraska

We have audited the accompanying consolidated balance sheets of North Platte, Nebraska Hospital Corporation and Affiliates (the Organization) as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended These consolidated financial statements are the responsibility of the Organization's management Our responsibility is to express an opinion on these consolidated 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 consolidated financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2011 and 2010, and the results of their operations, changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole The information in Exhibits 1 through 3 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information has been subjected to auditing procedures applied in the audit of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole

Seim Johnson, LLP

Omaha, Nebraska,
March 7, 2012

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Balance Sheets
December 31, 2011 and 2010

		2011	2010
ASSETS			
Current assets			
Cash and cash equivalents	$	9,496,024	12,232,896
Short-term investments		17,111,664	14,594,671
Assets limited as to use - required for current liabilities		394,827	395,232
Receivables -			
Patients, net of estimated uncollectibles of $11,427,120 in 2011 and $9,596,826 in 2010		20,386,733	15,366,332
Other		1,360,548	1,121,971
Inventories		3,968,540	3,050,346
Prepaid expenses		1,578,407	1,219,593
Physician income guarantees		143,518	438,635
Total current assets		54,440,261	48,419,676
Investments		8,238,171	8,794,524
Assets limited as to use, net of current portion		51,933,813	49,303,446
Property and equipment, net		44,345,880	43,164,873
Other assets -			
Deferred bond issue costs, net		445,037	524,671
Deferred compensation assets		1,501,550	1,191,912
Recruitment and relocation advances, net		458,022	589,030
Investment in affiliates		1,384,635	1,233,640
Interest in Foundation		3,000,969	2,842,056
Land held for future expansion and investment		744,276	744,276
Total other assets		7,534,489	7,125,585
Total assets	$	166,492,614	156,808,104
LIABILITIES AND NET ASSETS			
Current liabilities			
Current maturities of long-term debt	$	2,265,000	2,190,000
Accounts payable -			
Trade		2,991,182	2,641,274
Construction		1,089,681	1,373,536
Accrued salaries, vacation and vested benefits payable		5,857,690	5,054,392
Accrued interest payable		83,821	90,114
Physician income guarantees		143,518	438,635
Estimated third-party payor settlements		2,395,337	1,613,293
Total current liabilities		14,826,229	13,401,244
Long-term debt, net of current maturities		12,605,000	14,870,000
Deferred compensation liability		1,501,550	1,191,912
Total liabilities		28,932,779	29,463,156
Net assets			
Unrestricted		136,827,706	126,612,819
Temporarily restricted		732,129	732,129
Total net assets		137,559,835	127,344,948
Total liabilities and net assets	$	166,492,614	156,808,104

See notes to consolidated financial statements

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Statements of Operations
For the Years Ended December 31, 2011 and 2010

		2011	2010
UNRESTRICTED REVENUE			
Net patient service revenue	$	137,953,107	124,841,399
Other operating revenue		1,414,901	1,564,260
Total revenue		139,368,008	126,405,659
EXPENSES			
Salaries and wages		51,237,389	48,099,927
Employee benefits		12,320,206	10,973,130
Professional fees - physicians		2,536,449	2,983,286
Professional fees - other		9,251,230	8,107,599
Supplies		25,003,075	21,033,929
Utilities		1,537,659	1,437,291
Repairs and maintenance		4,907,670	4,501,169
Leases and rentals		1,165,276	1,106,240
Insurance		453,947	503,890
Interest		745,229	856,409
Other		3,572,689	3,044,206
Provision for bad debts		8,225,230	6,859,734
Depreciation and amortization		10,033,306	9,685,281
Total expenses		130,989,355	119,192,091
OPERATING INCOME		8,378,653	7,213,568
NONOPERATING GAINS, NET		2,073,276	3,337,020
EXCESS REVENUE OVER EXPENSES		10,451,929	10,550,588
CHANGE IN UNREALIZED LOSSES ON OTHER THAN TRADING SECURITIES		(534,372)	(265,344)
GIFTS, GRANTS AND BEQUESTS		142,372	29,739
CHANGE IN INTEREST IN FOUNDATION		154,958	276,810
INCREASE IN UNRESTRICTED NET ASSETS	$	10,214,887	10,591,793

See notes to consolidated financial statements

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Statements of Changes in Net Assets
For the Years Ended December 31, 2011 and 2010

		2011	2010
UNRESTRICTED NET ASSETS			
Operating income	$	8,378,653	7,213,568
Nonoperating gains, net		2,073,276	3,337,020
Change in unrealized losses on other than trading securities		(534,372)	(265,344)
Gifts, grants and bequests		142,372	29,739
Change in interest in Foundation		154,958	276,810
INCREASE IN NET ASSETS		10,214,887	10,591,793
NET ASSETS, beginning of year		127,344,948	116,753,155
NET ASSETS, end of year	$	137,559,835	127,344,948

See notes to consolidated financial statements

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Statements of Cash Flows
For the Years Ended December 31, 2011 and 2010

		2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES			
Change in net assets	$	10,214,887	10,591,793
Adjustments to reconcile change in net assets to net cash provided by operating activities			
Change in interest in Foundation		(154,958)	(276,810)
Depreciation and amortization		10,033,306	9,685,281
Change in unrealized (gains) losses on other than trading securities		534,372	265,344
Amortization of recruitment, relocation and income guarantee advances		475,555	429,596
Gain on disposal of assets		(30,898)	(8,432)
Gain on investment in affiliates		(537,442)	(414,838)
Gifts, grants and bequests		(142,372)	(29,739)
(Increase) decrease in current assets -			
Patient accounts receivable, net		(5,020,401)	(706,222)
Other receivables		(238,577)	(171,190)
Inventories		(918,194)	(289,540)
Prepaid expenses		(358,814)	(170,627)
Increase (decrease) in current liabilities -			
Accounts payable		349,908	155,754
Accrued salaries, vacation and vested benefits payable		803,298	330,747
Accrued interest payable		(6,293)	(8,234)
Estimated third-party payor settlements		782,044	(1,174,642)
Net cash provided by operating activities		15,785,421	18,208,241
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property and equipment, net		(11,387,636)	(4,564,652)
Deposits to investments, net		(1,960,640)	(6,442,192)
Deposits to assets limited as to use, net		(3,164,334)	(10,969,189)
Recruitment and relocation advances, net		(344,547)	(327,455)
Distributions from investments in affiliates		386,447	207,190
Change in interest in Foundation		(3,955)	101,886
Net cash used in investing activities		(16,474,665)	(21,994,412)
CASH FLOWS FROM FINANCING ACTIVITIES			
Principal payments on long-term debt		(2,190,000)	(3,104,227)
Gifts, grants and bequests		142,372	29,739
Net cash used in financing activities		(2,047,628)	(3,074,488)
NET DECREASE IN CASH AND CASH EQUIVALENTS		(2,736,872)	(6,860,659)
CASH AND CASH EQUIVALENTS - Beginning of year		12,232,896	19,093,555
CASH AND CASH EQUIVALENTS - End of year	$	9,496,024	12,232,896

See notes to consolidated financial statements

(1) Organization and Summary of Significant Accounting Policies

The following is a summary of significant accounting policies of the North Platte, Nebraska Hospital Corporation and Affiliates (the Organization) These policies are in accordance with accounting principles generally accepted in the United States of America

A *Principles of Consolidation*

The consolidated financial statements include the accounts of the following entities

- North Platte, Nebraska Hospital Corporation, d/b/a Great Plains Regional Medical Center (Medical Center)
- Great Plains Medical Arts Building, Inc (GPMAI)
- Great Plains Homecare Equipment, Inc (GPHEI)
- Regency Retirement Residence of North Platte (Regency)
- North Platte Nebraska Physicians Group, LLC (NPNPG)

The Medical Center, a not-for-profit organization, is licensed for 116 beds and currently is staffed for and operates 80 acute care beds, 19 licensed psychiatric care beds, a home health agency, and provides various outpatient and emergency medical treatment services

GPMAI is a not-for-profit organization whose Board of Directors is the same as the Medical Center Its purpose is to acquire and hold title to property and to manage properties held

GPHEI, a wholly-owned taxable corporation, formed during 1995, leases and sells home medical equipment to the public

Regency is a not-for-profit organization whose Board of Directors consists of five members, all of which are appointed by the Medical Center Regency is an independent living facility

NPNPG, a limited liability company, formed during 2008, provides physician professional medical services and other programs to patients

B *Industry Environment*

The health care industry is subject to numerous laws and regulations of federal, state and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursements for patient services, and Medicare and Medicaid fraud and abuse Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed

Management believes that the Organization is in compliance with government laws and regulations as they apply to the areas of fraud and abuse While no regulatory inquiries have been made which are expected to have a material effect on the Organization's financial statements, compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time

As a result of recently enacted federal healthcare reform legislation, substantial changes are anticipated in the United States healthcare system Such legislation includes numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, reimbursement of healthcare providers and the legal obligations of health insurers, providers and employers These provisions are currently slated to take effect at specified times over approximately the next decade

C *Management*

The Medical Center is a not-for-profit provider of healthcare services The Medical Center has an agreement for consulting services with Community Hospital Consulting (CHC) The Medical Center has had this agreement with CHC since April 2010

Regency is a not-for-profit independent living facility Regency has an agreement for management services with Paradigm Senior Living, Inc (Paradigm) Regency has had this agreement with Paradigm since October 2006

D *Use of Estimates*

The preparation of consolidated financial statements in conformity with 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 consolidated financial statements and the reported amounts of revenue and expenses during the reporting period Actual results could differ from those estimates

E *Cash and Cash Equivalents*

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less

Supplemental disclosures of cash flow information include

	2011	2010
Interest paid	$ 748,859	861,980

F *Patient Receivables*

The Organization reports patient accounts receivable at net realizable amounts from the third-party payors, patients and others The Organization provides an allowance for uncollectible accounts based on review of outstanding receivables and historical collection and write-off information Payment for services is required within 30 days of receipt of invoice or claim submitted Accounts past due more than 120 days are individually analyzed for collectibility Accounts deemed uncollectible are written-off on a monthly basis

G *Inventories*

Inventories are stated at the lower of cost (first-in, first-out valuation method) or market

H *Investments*

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in excess of revenue over expenses unless the income or loss is restricted by donor or law

I *Assets Limited as to Use*

Assets limited as to use include the following

By Trustee under Indenture Agreements – These assets are maintained according to the terms of the 2002 Nebraska Investment Finance Authority Loan Agreement and the 1997 and 2009 Hospital Authority No 1 of Lincoln County, Nebraska Loan Agreements Amounts required to meet current liabilities of the Medical Center and Regency have been reclassified on the consolidated balance sheets as of December 31, 2011 and 2010

By Board for Capital Improvements – These assets are set aside by the Board of Directors for future capital improvements The Board retains control of these assets and may at its discretion subsequently use them for other purposes

J *Property and Equipment*

Property and equipment acquisitions are recorded at cost Depreciation is provided on the straight-line method based upon useful lives set forth by the American Hospital Association The Organization maintains a capitalization policy of $3,000

Gifts of cash that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations or donor restrictions are reported when the acquired long-lived assets are placed into service

K *Deferred Bond Issue Costs*

Deferred bond issue costs are amortized on a straight-line basis over the period of their respective bond issue Amortization expense of $79,634 and $61,415 in 2011 and 2010, respectively, is included in the accompanying consolidated statements of operations

L *Recruitment and Relocation Advances*

The Medical Center has entered into several agreements to recruit and relocate needed physician specialists to the community of North Platte, Nebraska All monies advanced under these agreements will be forgiven over a one to three year period in which the physician practices in the community Advances must be repaid with interest if the physician fails to fulfill their contract responsibilities

M *Investment in Affiliates*

The Medical Center is accounting for its investments in Great Plains PHO, Inc (PHO), a 50% owned affiliate and North Platte Surgery Center, LLC, a 50% owned affiliate by the equity method of accounting, under which, the Medical Center's share of the net income (loss) is recognized as income (loss) in the Organization's consolidated statements of operations and added to (subtracted from) the investment account Contributions to the affiliates are treated as additions to, and dividends received are treated as reductions of, the investment account

N *Temporarily and Permanently Restricted Net Assets*

Temporarily restricted net assets are those whose use by the Medical 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 Medical Center in perpetuity At December 31, 2011 and 2010, the Organization had no permanently restricted net assets

O *Net Patient Service Revenue*

Net patient service revenue is reported at the estimated net realizable amounts from patients, 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

P *Rental Income*

GPMAI is the lessor of certain office space and land leased under various monthly or annually noncancelable operating leases Rental income is recorded monthly as earned in the consolidated statements of operations

Regency is the lessor of residential facilities for the aged under one year noncancelable operating leases Rental income is recorded monthly as earned in the consolidated statements of operations

Q *Charity Care*

The Organization 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 Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue Management's disclosure of charity care costs are described in Note 3

The Organization is dedicated to providing comprehensive health care services to all segments of society, including the aged and otherwise economically disadvantaged In addition, the Organization provides a variety of community health services at or below cost

R *Donor-Restricted Gifts*

Unconditional promises to give cash and other assets to the Organization are reported at fair value at the date the promise is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements

S *Group Health Insurance Costs*

The Medical Center is self-insured under its employee group health program, up to certain limits Included in the accompanying consolidated statements of operations is a provision for premiums for excess coverage and payments for claims, including estimates of the ultimate costs for both reported claims and claims incurred but not yet reported at year end

T *Income Taxes*

The Medical Center and Regency are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code GPMAI is a not-for-profit corporation as described in Section 501(c)(2) of the Internal Revenue Code NPNPG is a limited liability company wholly owned by the Medical Center The Medical Center, Regency and GPMAI have received a determination letter that it is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code The Internal Revenue Service has established standards to be met to maintain tax-exempt status In general, such standards require the Medical Center, Regency and GPMAI to meet a community benefit standard and comply with various laws and regulations

GPHME is a for-profit corporation that recognized federal and state income tax expense of approximately $21,400 and $52,700 in 2011 and 2010, respectively The income tax expense is included as an other expense of the consolidated statements of operations

The Organization accounts for uncertainties in accounting for income tax assets and liabilities using guidance included in FASB ASC 740, *Income Taxes* The Organization recognizes the effect of income tax positions only if those positions are more likely than not of being sustained At December 31, 2011, the Organization had no uncertain tax positions accrued

U *Fair Value of Financial Statements*

The Organization applies the provisions included in FASB ASC 820 for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date At December 31, 2011, there were no nonfinancial assets or liabilities measured at fair value in the financial statements on the nonrecurring basis

Financial instruments consist of cash and cash equivalents, receivables, investments, assets limited as to use, current liabilities and long-term debt obligations Management's estimates of fair value of investments and assets limited as to use are described in Note 4 The carrying amounts reported in the balance sheets for cash and cash equivalents, receivables and current liabilities approximate fair value due to the short-term nature of these financial instruments The carrying value of long-term debt obligations approximates fair value since the interest rates closely reflect current market rates for notes with similar maturities and credit quality

V *Excess of Revenue over Expenses*

The consolidated statements of operations include excess of revenue over expenses as a performance indicator Changes in unrestricted net assets which are excluded from the performance indicator, consistent with industry practice, include change in unrealized gains and losses on other than trading securities, contributions of long lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets), and change in interest in Foundation

W *Subsequent Events*

The Organization considered events occurring through March 7, 2012 for recognition or disclosure in the consolidated financial statements as subsequent events That date is the date the consolidated financial statements were available to be issued

(2) Net Patient Service Revenue

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

Medicare. Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Inpatient nonacute services are paid based on a prospectively determined rate per day Outpatient services are paid based on ambulatory payment classifications or fee schedule amounts Homecare services are paid at prospectively determined rates per episode of care Physician clinic services provided to Medicare beneficiaries are paid on fee schedule amounts The Medical Center is reimbursed for some items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare Administrative Contractor The Medical Center's Medicare cost reports have been audited by the Medicare Administrative Contractor through December 31, 2006

Medicaid. Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge Outpatient services are reimbursed based on a percentage rate representing the average ratio of cost to charges

The Medical Center has also entered into payment agreements with certain commercial insurance carriers The basis for payment to the Medical Center under these agreements includes discounts from established charges

Net patient service revenue, as reflected in the accompanying consolidated statements of operations, consists of the following

	2011	2010
Gross patient charges		
Inpatient routine services	$ 18,340,415	18,449,965
Inpatient ancillary services	60,891,276	54,062,145
Outpatient and physician clinic services	173,252,975	151,316,849
Home medical equipment and other	2,136,715	2,017,594
	254,621,381	225,846,653
Less deductions from gross patient charges		
Medicare	78,131,401	67,081,572
Medicaid	18,163,012	16,657,035
Blue Cross/Blue Shield	5,536,725	5,139,716
Other third-party adjustments	8,726,011	7,220,516
Charity care	6,111,125	4,906,415
	116,668,274	101,005,254
Net Patient Service Revenue	$ 137,953,107	124,841,399

The Organization reports net patient service revenue at estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations

Revenue from the Medicare and Medicaid programs accounted for approximately 28% and 5%, respectively, of the Medical Center's net patient revenue for the year ended December 31, 2011, and 25% and 5%, respectively, for the Medical Center's net patient revenue for the year ended December 31, 2010 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

(3) Charity Care

The Organization provides charity care to patients who are financially unable to pay for the health care services they receive Patients who qualify for charity care are given a percentage discount from established charges based on a sliding scale using poverty guidelines It is the policy of the Organization not to pursue collection of amounts determined to qualify as charity care Accordingly, the Organization does not report these amounts in net operating revenue or in the allowance for doubtful accounts The Organization determines the costs associated with providing charity care by aggregating the direct and indirect costs, including salaries, benefits, supplies, and other operating expenses, based on the overall cost to charge ratio for the Medical Center and NPNPG The costs of caring for charity care patients for the years ended December 31, 2011 and 2010 were $2,931,273 and $2,414,837, respectively

(4) Fair Value

Fair Value Hierarchy

The Organization has adopted FASB ASC 820 for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to

measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements) The three levels of the fair value hierarchy are as follows

Level 1 inputs are quoted market 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 in Level 1 that are observable for the asset or liability either directly or indirectly through either corroboration or observable market data

Level 3 inputs are inputs are unobservable for the asset or liability Therefore, unobservable inputs shall reflect the entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk) developed based on the best information available in the circumstances

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety

The following methods and assumptions were used to estimate the fair value for each class of financial instrument measured at fair value

Cash and cash equivalents and accrued interest – The fair value of cash and cash equivalents, consisting primarily of money market funds, is classified as Level 1 as these funds are valued using quoted market prices

Certificates of deposit – Investments in certificates of deposit are classified as Level 2 based on multiple sources of information, which may include market data and/or quoted market prices form either markets that are not active or are for the same or similar assets of active markets

Fixed income securities – Investments in fixed income securities are comprised of U S government agency obligations, municipal bonds, and corporate bonds and notes U S government agency obligations are classified as Level 1 if they trade with sufficient frequency and volume to enable to the Organization to obtain pricing information on an ongoing basis The remaining fixed income securities are classified as Level 2 based on multiple sources of information, which may include market data and/or quoted market prices form either markets that are not active or are for the same or similar assets in active markets

Mutual funds – The fair value of mutual funds is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers

Corporate stocks – The fair value of equity securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers

For the fiscal years ended December 31, 2011 and 2010, the application of valuation techniques applied to similar assets and liabilities has been consistent

The following tables present the financial instruments that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at December 31, 2011 and 2010

	December 31, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 14,385,807	--	--	14,385,807
Certificates of deposit	--	36,708,335	--	36,708,335
US treasury obligations	3,581,793	--	--	3,581,793
US government agency obligations	--	3,017,096	--	3,017,096
Municipal bonds	--	480,728	--	480,728
Corporate bonds and notes	--	2,703,393	--	2,703,393
Mutual funds	264,681	--	--	264,681
Corporate stock				
Domestic	15,315,913	--	--	15,315,913
International	1,060,088	--	--	1,060,088
Accrued interest	160,641	--	--	160,641
	$ 34,768,923	42,909,552	--	77,678,475

	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 10,996,163	--	--	10,996,163
Certificates of deposit	--	26,610,674	--	26,610,674
US treasury obligations	7,796,211	--	--	7,796,211
US government agency obligations	--	8,895,379	--	8,895,379
Municipal bonds	--	458,164	--	458,164
Corporate bonds and notes	--	2,472,083	--	2,472,083
Mutual funds	2,913,468	--	--	2,913,468
Corporate stock				
Domestic	12,292,113	--	--	12,292,113
International	575,608	--	--	575,608
Accrued interest	78,010	--	--	78,010
	$ 34,651,573	38,436,300	--	73,087,873

(5) Assets Limited as to Use

In connection with the issuance of the Hospital Revenue Bonds, Series 2002 and 2009 and related trust indenture agreements, the Medical Center is required to maintain the following

Bond Fund (Medical Center) – Established for the monthly deposit by the Medical Center of 1/12 of the next annual principal payment and 1/6 of the next semiannual interest payment, respectively

Debt Service Reserve Fund (Medical Center) – Established to reserve funds equal to the maximum annual principal and interest requirements on the bonds If the amount in the fund exceeds the maximum annual debt service requirement, the excess is to be transferred to the bond fund and credited against the next principal payment due

Rebate Fund (Medical Center) – Established to provide for payment of any rebates owing to the United States under Section 148 of the Code Amounts deposited in this fund are not subject to the Pledge of the Indenture in favor of the bonds

In addition, the Medical Center's Board of Directors has set aside assets for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes

Assets limited as to use, are presented in the consolidated financial statements at fair value The composition of assets limited as to use, at December 31, 2011 and 2010, is as follows

	2011	2010
Assets limited as to use –		
Board designated for capital improvements	$ 49,910,903	47,280,436
Held by Trustee under bond indenture agreements	2,417,737	2,418,242
	52,328,640	49,698,678
Less amount required for current obligations	394,827	395,232
Assets limited as to use, net of current portion	$ 51,933,813	49,303,446

The Medical Center has outsourced the management of a majority of its investment portfolios to third-party investment managers Third-party investment managers follow the Medical Center's investment policies, however, no restrictions on buying or selling specific securities are imposed Therefore, the Medical Center does not consider any material impairment losses to be temporary Impairment losses are included with nonoperating gains (losses), net, and a new cost basis is established for each security for which an impairment loss is recognized

Investment return for the years ended December 31, 2011 and 2010 is summarized as follows

	2011	2010
Interest and dividends	$ 1,614,119	1,403,084
Investment management fees	(159,191)	(131,188)
Net realized gains, net	50,008	1,641,854
Change in unrealized gains (losses)	(534,372)	(265,344)
Total investment return	$ 970,564	2,648,406
Included in nonoperating gains, net	$ 1,504,936	2,913,750
Reported separately as a change in unrestricted net assets	(534,372)	(265,344)
Total investment return	$ 970,564	2,648,406

(6) Other Receivables

The composition of other receivables at December 31, 2011 and 2010, is summarized as follows

	2011	2010
Employee loans and advances	$ 932,719	828,886
Employee group health plan reinsurance receivable	244,010	80,000
Credit card and other rebate receivables	138,619	57,990
Gifts, grants and bequests	--	44,248
Other	45,200	110,847
	$ 1,360,548	1,121,971

(7) Property and Equipment

Property and equipment as of December 31, 2011 and 2010 is summarized as follows

	2011	2010
Land and improvements	$ 3,328,273	3,325,273
Buildings and fixed equipment	62,784,572	61,637,866
Equipment and furnishings	75,047,995	65,620,238
Construction in progress	1,228,856	964,199
	142,389,696	131,547,576
Less - Accumulated depreciation	98,043,816	88,382,703
	$ 44,345,880	43,164,873

Depreciation expense of $9,976,179 and $9,628,154 in 2011 and 2010, respectively, is included in the accompanying consolidated statements of operations

(8) Recruitment and Relocation

The Medical Center has entered into several agreements to recruit, relocate and provide income guarantees to needed physician specialists for the community of North Platte, Nebraska All monies advanced under these agreements will be forgiven over a one to three year period in which the physician practices in the community Advances must be repaid with interest if the physician fails to fulfill their contract responsibilities

The following illustrates amounts advanced under these agreements and applicable amortization expense (included in other expenses in the accompanying consolidated statements of operations) for 2011 and 2010

	2011	2010
Recruitment and relocation advances -		
Beginning of year	$ 589,030	691,171
Advances	344,547	363,956
Paybacks	--	(36,501)
Amortization	(475,555)	(429,596)
End of Year	$ 458,022	589,030

(9) Investments in Affiliates

The Medical Center owns a 50% investment in the stock of Great Plains PHO, Inc (PHO) The PHO, a taxable corporation, coordinates physician and Medical Center participation in managed care products The Medical Center owns a 50% interest in the North Platte Surgery Center, LLC (NPSC), which operates a freestanding ambulatory surgery center that began providing services in 2003 The Medical Center owned a 50% interest in North Platte Heart Institute, LLC (NPHI), which provided cardiac catheterizations to diagnose heart disease that began providing services in 2004 This investment was dissolved July 31, 2011 All investments are recorded by the equity method of accounting

The Medical Center's investment in affiliates at December 31, 2011 and 2010 is as follows

	2011	2010
Great Plains PHO, Inc	$ 40,355	40,480
North Platte Surgery Center, LLC	1,344,280	1,124,377
North Platte Heart Institute, LLC	--	68,783
	$ 1,384,635	1,233,640

(10) Long-Term Debt

A summary of the long-term debt at December 31, 2011 and 2010 follows

	2011	2010
4 70% - 5 45% Hospital Revenue Bonds, Series 2002, term bonds due November 2022 and serial bonds due through November 2017, payable in varying annual installments on November 15, interest payable semi-annually (Medical Center)	$ 9,265,000	9,885,000
2 80% - 4 00% Hospital Revenue bonds, Series 2009, serial bonds due November 2015, payable in varying semi-annual installments on May 15 and November 15, interest payable semi-annually (Medical Center)	5,605,000	7,175,000
	14,870,000	17,060,000
Less current maturities	2,265,000	2,190,000
Total long-term debt	$ 12,605,000	14,870,000

On May 15, 2002, $14,000,000 of Hospital Revenue Bonds were issued by Nebraska Investment Finance Authority (Issuer) pursuant to the Indenture, the Loan Agreement, the 2002 Note and the Mortgage between the Issuer and First National Bank of Omaha, Omaha, Nebraska (Trustee) Bond proceeds were used to finance the costs of the improvements, additions and equipment purchases for the Medical Center

On June 5, 2009, $8,835,000 of Hospital Revenue Bonds were issued by Hospital Authority No 1 of Lincoln County (Issuer), Nebraska pursuant to the Indenture, the Loan Agreement, the 2009 Note and Mortgage between the Issuer and First National Bank of Omaha, Omaha, Nebraska (Trustee) Bond proceeds were loaned to satisfy the Medical Center's obligations with respect to the Hospital Revenue Bonds, Series 1997 and 2003

The 2002 and 2009 bonds are collateralized equally and ratably by a first mortgage lien on the facilities and a security interest in the Medical Center's accounts, inventory and equipment

Under the terms of the 2002 and 2009 revenue bond indentures, the Medical Center is required to maintain certain deposits with a trustee Such deposits are included with assets limited as to use The revenue bond indentures also place limits on the incurrence of additional borrowings and requires that the Medical Center satisfy certain measures of financial performance as long as the bonds are outstanding

Scheduled principal payments on long-term debt for the next five years are as follows

2012	$ 2,265,000
2013	2,345,000
2014	2,200,000
2015	1,590,000
2016	790,000
Thereafter	5,680,000
	$ 14,870,000

(11) Physician Income Guarantees

The Medical Center has entered into an agreement that provides a physician income guarantee for a recruited physician specialist The guarantee provides this physician with a minimum level of income for the first year of providing professional services in the community The maximum potential amount of future advances related to the physician income guarantees at December 31, 2011 is $143,518 During 2011, the Medical Center advanced $295,117 to the physician under the income guarantee agreement

(12) Temporarily Restricted Net Assets

Temporarily restricted net assets at December 31, 2011, are restricted primarily for a future building and service expansion project, hospital improvements, and support for various programs These funds are currently held by the Great Plains Health Care Foundation and are available upon request of the Medical Center These funds are comprised of cash and cash equivalents, investments held by other foundations and pledges receivable

(13) Commitments

Purchase Agreements

During 2009, the Medical Center entered into an agreement for the servicing of a new computer software system The initial term for services for software support services and remote hosting services commenced in December 2009 and will continue through 2012

The Medical Center's minimum contractual obligations under the agreement are as follows

Year Ending December 31	
2012	$ 469,650

Operating Leases

The Medical Center and GPHEI lease facility space and equipment for operations under various noncancelable operating lease agreements which expire between November 2011 and April 2023, and require varying minimum annual lease payments

The total future minimum lease commitments at December 31, 2011 are as follows

2012	$ 836,061
2013	476,253
2014	359,640
2015	340,185
2016	340,185
Thereafter	2,126,157

Total operating lease expense included in the consolidated statements of operations for the years ended December 31, 2011 and 2010, was approximately $1,165,000 and $1,106,000, respectively

(14) Nonoperating Gains, Net

Nonoperating gains, net are comprised of the following

	2011	2010
Investment income	$ 1,504,936	2,913,750
Gain on disposal of assets	30,898	8,432
Gain on investment in affiliates	537,442	414,838
	$ 2,073,276	3,337,020

(15) Professional Liability Insurance

The Medical Center carries a professional liability policy (including malpractice) which provides $1,000,000 of coverage for injuries per occurrence and $3,000,000 aggregate coverage In addition, the Medical Center carries an umbrella policy which also provides an additional $5,000,000 of professional liability coverage per occurrence and aggregate coverage These policies provide coverage on a claims-made basis covering only the claims which have occurred and are reported to the insurance company while the coverage is in force The Medical Center could have exposure on possible incidents that have occurred for which claims will be made in the future should professional liability insurance not be obtained, should coverage be limited and/or not available

Accounting principles generally accepted in the United States of America require a healthcare provider to recognize the ultimate costs of malpractice claims or similar contingent liabilities, which include costs associated with litigating or settling claims, when the incidents that give rise to the claims occur The Medical Center does evaluate all incidents and claims along with prior claims experienced to determine if a liability is to be recognized For the years ending December 31, 2011 and 2010, management determined no liability should be recognized for asserted or unasserted claims Management is not aware of any such claim that would have a material adverse impact on the accompanying consolidated financial statements

(16) 457(b) Deferred Compensation Plan

The Medical Center has established a deferred compensation plan for a select group of management or highly compensated employees in accordance with Internal Revenue Code 457(b) The plan permits eligible employees to defer a portion of their salaries until future years The deferred compensation is not available to the employees until retirement, separation from employment, death, unforeseeable emergency or attaining age 70½ The employer is the beneficial owner of all assets the employee places in the plan The employee is fully vested in all amounts credited to his or her account The Medical Center made no contributions to the plan on behalf of participants for the years ended December 31, 2011 and 2010

(17) 401(k) Retirement Plan

The Medical Center sponsors a 401(k) Retirement Plan for its employees The plan covers all employees who have six months of service, are age 21 or older, and have elected to participate in the plan The plan is funded through contributions by both employees and the Medical Center The employee contribution may be up to 100% of their pre-tax qualified compensation and is fully vested Employees may direct the contributions among 24 different funds as determined by the Plan Matching contributions up to 4% are made by the Medical Center A participant is fully vested in the Medical Center's contribution after six years of credited service Pension expense was $1,396,368 and $1,345,623 for the years ended December 31, 2011 and 2010, respectively

(18) Concentrations of Credit Risk

The Organization is located in North Platte, Nebraska The Organization grants credits without collateral to its patients, most of who are local residents and are insured under third-party payor agreements The mix of receivables from patients and third-party payors was as follows

	2011	2010
Medicare	30%	29%
Medicaid	21	17
Blue Cross/Blue Shield	13	15
Other third-party payors	14	15
Private pay	22	24
	100%	100%

Financial instruments that potentially subject the Organization to concentrations of credit risk include cash and cash equivalents and investments Investments and cash and cash equivalents are managed within guidelines established by the Board of Directors which, as a matter of policy, limit the amounts that may be invested with one issuer and the type of investment Management believes the risks related to its investments and cash and cash equivalents is minimal

(19) Related Party Transactions

Great Plains Health Care Foundation (Foundation) was established exclusively for the purpose of supporting programs and services of the Medical Center and other organizations that provide or support health related programs Because the Medical Center does not have the authority to appoint a majority of the Board Members of the Foundation, the consolidated financial statements do not include the accounts of this organization All funds raised, except funds required for the operations of the Foundation, are to be distributed, or held for the purpose of supporting the programs and services of the Medical Center, or as required to comply with the purposes specified by donors Total net assets of the Foundation as of December 31, 2011 and 2010 were approximately $6,912,386 and $6,991,000, respectively

The Medical Center has recognized its transfers to the Foundation and net assets of the Foundation restricted for the Medical Center's use as an interest in foundation, included as an other asset, in the accompanying consolidated balance sheets Increases and decreases in the Medical Center's interest in Foundation relating to investment income and contributions are recorded as a change in interest in Foundation in the accompanying consolidated financial statements

(20) Functional Expenses

The Organization provides general healthcare services to residents within its geographic location Expenses related to the provision of these services are as follows

	2011	2010
Program services	$ 130,867,826	119,072,833
Fundraising	121,529	119,258
	$ 130,989,355	119,192,091

(21) Subsequent Event

In November 2011, the Organization entered into an agreement with an architectural firm to design an approximately $60 million multi-phase patient tower new construction project The design is to include general, single patient rooms with 75-115 beds, women's services (OBGYN), pediatrics, med surge, ICU, observation, behavioral health services and relocation of services to support the patient tower Total estimate fees associated with the contract are $3,400,000 Subsequent to year end the Organization's Board approved the hiring of a construction firm whose fees are estimated at $1,135,000 The Organization intends to utilize long-term debt financing and existing funds to pay for the project

North Platte, Nebraska Hospital Corporation and Affiliates

Exhibit 1

Consolidating Balance Sheet
December 31, 2011

	Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
ASSETS							
Current assets							
Cash and cash equivalents	$ 8,153,653	728,158	320,016	78,517	215,680	--	9,496,024
Short-term investments	16,703,328	408,336	--	--	--	--	17,111,664
Assets limited as to use - required for current liabilities	394,827	--	--	--	--	--	394,827
Receivables -							
Patients, net of estimated uncollectibles	19,305,428	--	278,836	--	802,469	--	20,386,733
Affiliates	4,126,845	--	--	--	--	(4,126,845)	--
Other	909,415	--	22,626	--	428,507	--	1,360,548
Inventories	3,867,825	--	100,715	--	--	--	3,968,540
Prepaid expenses	1,494,420	1,175	8,326	6,606	67,880	--	1,578,407
Physician income guarantee	143,518	--	--	--	--	--	143,518
Total current assets	55,099,259	1,137,669	730,519	85,123	1,514,536	(4,126,845)	54,440,261
Investments	8,238,171	--	--	--	--	--	8,238,171
Assets limited as to use, net of current portion	51,933,813	--	--	--	--	--	51,933,813
Property and equipment, net	40,880,096	999,950	456,604	1,571,912	437,318	--	44,345,880
Other assets -							
Deferred bond issue costs, net	445,037	--	--	--	--	--	445,037
Deferred compensation assets	752,644	--	--	--	748,906	--	1,501,550
Recruitment and relocation advances, net	458,022	--	--	--	--	--	458,022
Investment in affiliates	3,387,345	--	--	--	--	(2,002,710)	1,384,635
Interest in Foundation	3,000,969	--	--	--	--	--	3,000,969
Land held for future expansion and investment	--	744,276	--	--	--	--	744,276
Total other assets	8,044,017	744,276	--	--	748,906	(2,002,710)	7,534,489
Total assets	$ 164,195,356	2,881,895	1,187,123	1,657,035	2,700,760	(6,129,555)	166,492,614

North Platte, Nebraska Hospital Corporation and Affiliates

Exhibit 1

Consolidating Balance Sheet (Continued)
December 31, 2011

		Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
LIABILITIES AND NET ASSETS								
Current liabilities								
Current maturities of long-term debt	$	2,265,000	--	--	--	--	--	2,265,000
Accounts payable -								
Trade		2,558,549	79,511	94,017	47,538	211,567	--	2,991,182
Construction		1,089,681	--	--	--	--	--	1,089,681
Affiliates		--	1,971,676	56,873	1,940,420	157,876	4,126,845	--
Accrued salaries, vacation and vested benefits payable		5,255,947	--	--	2,247	599,496	--	5,857,690
Accrued interest payable		83,821	--	--	--	--	--	83,821
Physician income guarantee		143,518	--	--	--	--	--	143,518
Estimated third-party payor settlements		2,395,337	--	--	--	--	--	2,395,337
Total current liabilities		13,791,853	2,051,187	150,890	1,990,205	968,939	(4,126,845)	14,826,229
Long-term debt, net of current maturities		12,605,000	--	--	--	--	--	12,605,000
Deferred compensation liability		752,644	--	--	--	748,906	--	1,501,550
Total liabilities		27,149,497	2,051,187	150,890	1,990,205	1,717,845	(4,126,845)	28,932,779
Net assets (deficit)								
Common stock and paid-in-capital		--	--	475,000	--	15,510,197	(15,985,197)	--
Unrestricted		136,313,730	830,708	561,233	(333,170)	(14,527,282)	13,982,487	136,827,706
Temporarily restricted		732,129	--	--	--	--	--	732,129
Total net assets (deficit)		137,045,859	830,708	1,036,233	(333,170)	982,915	(2,002,710)	137,559,835
Total liabilities and net assets	$	164,195,356	2,881,895	1,187,123	1,657,035	2,700,760	(6,129,555)	166,492,614

North Platte, Nebraska Hospital Corporation and Affiliates

Exhibit 2

Consolidating Statement of Operations
For the Year Ended December 31, 2011

	Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
UNRESTRICTED REVENUE							
Net patient service revenue	$ 127,888,714	--	1,361,892	--	8,702,501	--	137,953,107
Other operating revenue	1,658,314	456,825	85,448	270,753	114,626	(1,171,065)	1,414,901
Total revenue	129,547,028	456,825	1,447,340	270,753	8,817,127	(1,171,065)	139,368,008
EXPENSES							
Salaries and wages	42,566,565	--	432,018	67,665	7,302,161	868,980	51,237,389
Employee benefits	10,849,218	--	170,218	14,879	1,207,811	78,080	12,320,206
Professional fees - physicians	1,917,033	--	--	--	2,160,567	(1,541,151)	2,536,449
Professional fees - other	8,705,279	29,805	83,644	65,004	595,186	(227,688)	9,251,230
Supplies	24,153,351	4,494	36,583	43,149	783,504	(18,006)	25,003,075
Utilities	1,396,147	76,839	13,509	28,068	23,096	--	1,537,659
Repairs and maintenance	4,757,753	32,515	30,763	2,536	84,461	(358)	4,907,670
Leases and rentals	1,030,648	257	64,507	34,979	365,807	(330,922)	1,165,276
Insurance	365,885	2,759	3,080	4,105	78,118	--	453,947
Interest	745,229	--	--	11,562	--	(11,562)	745,229
Other	2,798,675	74,886	545,110	40,235	113,783	--	3,572,689
Provision for bad debts	7,603,976	--	19,554	--	601,700	--	8,225,230
Depreciation and amortization	9,723,464	100,417	7,524	81,064	120,837	--	10,033,306
Total expenses	116,613,223	321,972	1,406,510	393,246	13,437,031	(1,182,627)	130,989,355
OPERATING INCOME (LOSS)	12,933,805	134,853	40,830	(122,493)	(4,619,904)	11,562	8,378,653
NONOPERATING GAINS (LOSSES), NET	(2,508,488)	14,021	6,418	234	14,515	4,546,576	2,073,276
EXCESS REVENUE OVER (UNDER) EXPENSES	10,425,317	148,874	47,248	(122,259)	(4,605,389)	4,558,138	10,451,929
CHANGE IN UNREALIZED GAINS ON OTHER THAN TRADING SECURITIES	(534,372)	--	--	--	--	--	(534,372)
DIVIDENDS PAID TO AFFILIATE	--	--	(200,000)	--	--	200,000	--
GIFTS, GRANTS AND BEQUESTS	142,372	--	--	--	--	--	142,372
CHANGE IN INTEREST IN FOUNDATION	154,958	--	--	--	--	--	154,958
EQUITY TRANSFER FROM AFFILIATE	--	--	--	--	4,759,563	(4,759,563)	--
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 10,188,275	148,874	(152,752)	(122,259)	154,174	(1,425)	10,214,887

North Platte, Nebraska Hospital Corporation and Affiliates

Exhibit 3

Consolidating Statement of Changes in Net Assets
For the Year Ended December 31, 2011

	Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
UNRESTRICTED NET ASSETS							
Operating income (loss)	$ 12,933,805	134,853	40,830	(122,493)	(4,619,904)	11,562	8,378,653
Nonoperating gains (losses), net	(2,508,488)	14,021	6,418	234	14,515	4,546,576	2,073,276
Change in unrealized gains on other than trading securities	(534,372)	--	--	--	--	--	(534,372)
Dividends paid to affiliate	--	--	(200,000)	--	--	200,000	--
Gifts, grants and bequests	142,372	--	--	--	--	--	142,372
Change in interest in Foundation	154,958	--	--	--	--	--	154,958
Equity transfer from affiliate	--	--	--	--	4,759,563	(4,759,563)	--
Increase (decrease) in unrestricted net assets	10,188,275	148,874	(152,752)	(122,259)	154,174	(1,425)	10,214,887
NET ASSETS (DEFICIT), beginning of year	126,857,584	681,834	1,188,985	(210,911)	828,741	(2,001,285)	127,344,948
NET ASSETS (DEFICIT), end of year	$ 137,045,859	830,708	1,036,233	(333,170)	982,915	(2,002,710)	137,559,835