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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 07-01-2011 and ending 06-30-2012

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

C Name of organization
MADISON COMMUNITY HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
917 N WASHINGTON AVE

City or town, state or country, and ZIP + 4
MADISON, SD 57042

D Employer identification number
46-0228038

E Telephone number
(605) 256-6551

G Gross receipts $ 14,201,265

F Name and address of principal officer
TAMARA MILLER
917 N WASHINGTON AVE
MADISON, SD 57042

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 MADISONHOSPITAL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1955 | **M** State of legal domicile SD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE HEALTH CARE SERVICES TO AREA RESIDENTS

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	161
6	Total number of volunteers (estimate if necessary)	**6**	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	134,848	161,177
	9 Program service revenue (Part VIII, line 2g)	12,537,792	13,986,864
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,449	48,799
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,900	4,425
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,740,989	14,201,265
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	6,665,732	7,192,505
	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)	5,577,866	5,682,834
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,243,598	12,875,339
	19 Revenue less expenses Subtract line 18 from line 12	497,391	1,325,926

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	10,822,178	12,398,488
	21 Total liabilities (Part X, line 26)	950,000	1,231,475
	22 Net assets or fund balances Subtract line 21 from line 20	9,872,178	11,167,013

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

****** 2013-01-29
Signature of officer — Date

TAMARA MILLER CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LAURIE HANSON | Date 2013-01-29 | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00851848

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP
200 EAST 10TH STREET PO BOX 5125
SIOUX FALLS, SD 571175125

EIN ▶ 45-0250958

Phone no ▶ (605) 339-1999

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

MADISON COMMUNITY HOSPITAL SERVES AS A COMMUNITY HEALTH FOCAL POINT THROUGH THE PROVISION AND MAINTENANCE OF A PROGRESSIVE, EFFICIENT, AND WELL MANAGED HEALTHCARE INSTITUTION, COMMITTED TO QUALITY MEDICAL PRACTICE, AND HIGH ETHICAL STANDARDS MADISON COMMUNITY HOSPITAL SERVES AS A COMMUNITY AND SERVICE AREA BASED PRIMARY CARE INSTITUTION WITH BASIC SECONDARY CARE SUPPORT SERVICES, AND FACILITIES PROVIDED TO MEET DEMONSTRATED NEEDS WHICH CAN BE MET WITHIN THE FINANCIAL AND RESOURCE CONSTRAINTS OF THE ORGANIZATION

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 $ 11,329,562 including grants of $) (Revenue $ 13,876,574)

MADISON COMMUNITY HOSPITAL (HOSPITAL) IS A 25-BED ACUTE CARE HOSPITAL LOCATED IN MADISON, SOUTH DAKOTA FOR THE YEAR ENDED JUNE 30, 2012 ACUTE PATIENT DAYS = 1,097, NEWBORN DAYS = 97, SKILLED DAYS = 1,208, AND INTERMEDIATE DAYS = 113

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** ▶ $ 11,329,562

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	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		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	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**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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**	28		
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**	161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account 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	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its 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		No
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		No
	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		No
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		

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 ▶

MRS TAMARA MILLER
917 N WASHINGTON AVE
MADISON, SD 57042
(605) 256-6551

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) BRAD WILKENS PRESIDENT	1 00	X		X				0	0	0
(2) GREG HOLLISTER VICE PRESIDENT	1 00	X		X				0	0	0
(3) LOIS NIEDERT SECRETARY	1 00	X		X				0	0	0
(4) CHRIS LEMAIR TREASURER	1 00	X		X				0	0	0
(5) DAN BROWN TRUSTEE	1 00	X						0	0	0
(6) PEGGY CASANOVA TRUSTEE	1 00	X						0	0	0
(7) ROBIN SCHWEBACH TRUSTEE	1 00	X						0	0	0
(8) LELAND WHITE TRUSTEE	1 00	X						0	0	0
(9) LOREN SCOTT TRUSTEE	1 00	X						0	0	0
(10) CINDY CALLIES TRUSTEE	1 00	X						0	0	0
(11) KEVIN HOFF TRUSTEE	1 00	X						0	0	0
(12) TAMARA MILLER CEO	40 00			X				136,446	0	15,470
(13) ROBERT SUMMERER SURGEON	40 00					X		387,177	0	19,444
(14) DARREL SIMON CRNA	40 00					X		186,435	0	12,215
(15) DARWIN EGEBERG PHARMACIST	40 00					X		110,552	0	5,648

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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								820,610	0	52,777

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 ▶ 4

			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
INTERLAKES MEDICAL CENTER 903 N WASHINGTON AVE MADISON, SD 57042	ER CALL COVERAGE	311,145
UNIVERSAL HOSPTIAL SERVICES 7505 S LOUISE AVE SIOUX FALLS, SD 57108	BIO-MED CONTRACT	307,895
HOUSE OF BRICK TECHNOLOGIES 9300 UNDERWOOD AVE OMAHA, NE 68114	COMPUTER HARDWARE SUPPORT & DISASTER REC	112,466
NORTHLAND FAMILY PRACTICE 220 NE 9TH ST MADISON, SD 57042	ER CALL COVERAGE & CONTRACTED PHYSICIANS	111,735

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 ▶ 4

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				
	e	Government grants (contributions)	1e	34,045			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	127,132			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		161,177			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	900099	13,792,937	13,792,937		
	b	MEALS	624210	86,567			86,567
	c	MCMC REVENUE	621110	79,212	79,212		
	d	MISCELLANEOUS	900099	28,148			28,148
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		13,986,864			
	3	Investment income (including dividends, interest and other similar amounts)		48,549			48,549
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	4,425				
	b	Less rental expenses	0				
	c	Rental income or (loss)	4,425				
	d	Net rental income or (loss)		4,425	4,425		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		250			
	b	Less cost or other basis and sales expenses		0			
	c	Gain or (loss)		250			
	d	Net gain or (loss)		250			250
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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		14,201,265	13,876,574	0	163,514

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				
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	171,766		171,766	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,493,624	5,042,626	450,998	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	265,975	244,501	21,474	
9	Other employee benefits	793,824	708,976	84,848	
10	Payroll taxes	467,316	417,716	49,600	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,612		2,612	
c	Accounting	49,093		49,093	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	749,386	485,147	264,239	
12	Advertising and promotion	117,334		117,334	
13	Office expenses	514,027	403,543	110,484	
14	Information technology				
15	Royalties . .				
16	Occupancy	115,882	115,882		
17	Travel	37,136	36,064	1,072	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,659	28,637	12,022	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	607,386	607,386		
23	Insurance	152,438		152,438	
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	2,173,136	2,173,136		
b	BAD DEBTS	734,304	734,304		
c	MAINTENANCE AND REPAIRS	290,665	290,665		
d	DUES AND SUBSCRIPTIONS	23,546		23,546	
e					
f	All other expenses	75,230	40,979	34,251	
25	**Total functional expenses.** Add lines 1 through 24f	12,875,339	11,329,562	1,545,777	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	
	2	Savings and temporary cash investments		4,780,679	2	6,126,796
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,690,834	4	1,961,772
	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		140,055	7	142,082
	8	Inventories for sale or use		352,691	8	343,487
	9	Prepaid expenses and deferred charges		111,971	9	239,290
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 11,401,645			
	b	Less accumulated depreciation	10b 7,910,055	3,621,386	10c	3,491,590
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		124,562	15	93,471
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,822,178	16	12,398,488
Liabilities	17	Accounts payable and accrued expenses		950,000	17	816,288
	18	Grants payable			18	
	19	Deferred revenue			19	415,187
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			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			25	
	26	**Total liabilities.** Add lines 17 through 25		950,000	26	1,231,475
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		9,792,928	27	11,091,402
	28	Temporarily restricted net assets		79,250	28	75,611
	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		9,872,178	33	11,167,013
	34	Total liabilities and net assets/fund balances		10,822,178	34	12,398,488

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	14,201,265
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,875,339
3	Revenue less expenses Subtract line 2 from line 1	3	1,325,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	9,872,178
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-31,091
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	11,167,013

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		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ 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
MADISON COMMUNITY HOSPITAL

Employer identification number
46-0228038

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

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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
MADISON COMMUNITY HOSPITAL

Employer identification number
46-0228038

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				
b Buildings		4,663,527	2,839,120	1,824,407
c Leasehold improvements				
d Equipment		6,289,508	4,900,127	1,389,381
e Other		448,610	170,808	277,802
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,491,590

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	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL AND CENTER BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE HOSPITAL AND CLINIC WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED

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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
MADISON COMMUNITY HOSPITAL

Employer identification number
46-0228038

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 **130.000000000000 %**	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 _____ %	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		No
6b	If "Yes," did the organization make it available to the public?	6b		
	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)			49,000		49,000	0 380 %
b Medicaid (from Worksheet 3, column a)			567,316	534,788	32,528	0 250 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			616,316	534,788	81,528	0 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			13,532		13,532	0 110 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,204,694	834,399	370,295	2 880 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits			1,218,226	834,399	383,827	2 990 %
k **Total.** Add lines 7d and 7j			1,834,542	1,369,187	465,355	3 620 %

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	734,304		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	88,851		
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	5,159,371		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	5,108,289		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	51,082		
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		No

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					
2					
3					
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	MADISON COMMUNITY HOSPITAL 917 N WASHINGTON AVENUE MADISON,SD 57042	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)

MADISON COMMUNITY HOSPITAL

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 130 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 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**		No
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**		No
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**	Yes	
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**	Yes	
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? _____

	Name and address	Type of Facility (Describe)
1		
2		
3		
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 7 LINE 7A WAS DETERMINED BY MULTIPLYING THE RATIO OF COST TO GROSS CHARGES BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CHARITY CARE LINE 7B AND LINE 7G WERE DETERMINED USING THE MEDICARE COST REPORT LINE 7E WAS DETERMINED USING THE GENERAL LEDGER

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSE OF $734,304 WAS SUBTRACTED FROM TOTAL OPERATING EXPENSE

Identifier	ReturnReference	Explanation
		PART III, LINE 4 A) BAD DEBT RECOVERIES AND DISCOUNTS APPLIED DURING THE COLLECTION PROCESS ARE POSTED IN A SEPARATE ACCOUNT ON THE GENERAL LEDGER THIS ACCOUNT IS COMBINED WITH THE BAD DEBT EXPENSE ACCOUNT TO RESULT IN A NET BAD DEBT EXPENSE AMOUNT ON THE AUDITED FINANCIAL STATEMENT THE BAD DEBT ALLOWANCE AND EXPENSE TAKES CONTRACTUAL ALLOWANCES INTO ACCOUNT B) THE HOSPITAL APPLIED THE 2012 POVERTY LEVEL PERCENTAGE FOR ITS AREA TO THE TOTAL AMOUNT SENT TO COLLECTIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2012 TO DETERMINE AN ESTIMATE OF ELIGIBLE CHARITY CARE REPORTED AS BAD DEBT C) FOOTNOTE FROM FINANCIAL STATEMENT THE CARRYING AMOUNT OF PATIENT RECEIVABLES IS REDUCED BY A VALUATION ALLOWANCE THAT REFLECTS MANAGEMENT'S BEST ESTIMATE OF AMOUNTS THAT WILL NOT BE COLLECTED FROM PATIENTS AND THIRD-PARTY PAYORS MANAGEMENT REVIEWS PATIENT RECEIVABLES BY PAYOR CLASS AND APPLIES PERCENTAGES TO DETERMINE ESTIMATED AMOUNTS THAT WILL NOT BE COLLECTED FROM THIRD PARTIES UNDER CONTRACTUAL AGREEMENTS AND AMOUNTS THAT WILL NOT BE COLLECTED FROM PATIENTS DUE TO BAD DEBTS MANAGEMENT CONSIDERS HISTORICAL WRITE OFF AND RECOVERY INFORMATION IN DETERMINING THE ESTIMATED BAD DEBT PROVISION MANAGEMENT ALSO REVIEWS ACCOUNTS TO DETERMINE IF CLASSIFICATION AS CHARITY CARE IS APPROPRIATE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE ALLOWABLE COST OF CARE WAS CALCULATED FROM THE MEDICARE COST REPORT FOR THE FISCAL YEAR ENDING 6/30/2012

Identifier	ReturnReference	Explanation
MADISON COMMUNITY HOSPITAL		PART V, SECTION B, LINE 13G DISCHARGE PLANNING PERSONNEL IN THE BUSINESS OFFICE COUNSEL PATIENTS UPON ADMISSION AND THROUGH THE DISCHARGE PLANNING PROCESS ON MEDICAID, COUNTY WELFARE PROGRAMS, CHARITY CARE, ETC FINANCIAL ASSISTANCE PROGRAMS ARE DETAILED EITHER IN PERSON OR THROUGH A BROCHURE THAT EXPLAINS THE HOSPITAL'S FINANCIAL ASSISTANCE AND PAYMENT REQUIREMENTS COVERED VS NON-COVERED CHARGES ARE DISCUSSED WITH THE PATIENT A PATIENT ASSESSMENT, INCLUDING A DISCUSSION ON FINANCIAL RESPONSIBILITIES, CONCERNS, AND GOVERNMENT PROGRAMS, IS COMPLETED ON EACH INPATIENT BY DISCHARGE PLANNING

Identifier	ReturnReference	Explanation
MADISON COMMUNITY HOSPITAL		PART V, SECTION B, LINE 19D ALL PATIENTS ARE CHARGED GROSS CHARGES INITIALLY AS OF YEAR END, A POLICY HAD NOT BEEN APPROVED BY MANAGEMENT TO DETERMINE THE AMOUNTS GENERALLY BILLED DISCOUNT UNDER THE PROSPECTIVE OR LOOK-BACK METHOD THE HOSPITAL IS IN THE PROCESS OF UPDATING POLICIES AND PROCEDURES TO MEET THE PROVISIONS OF THE NEW 501(R) THEY WILL BE USING THE PROPOSED REGULATIONS AS A GUIDELINE FOR MAKING CHANGES TO CURRENT POLICIES

Identifier	ReturnReference	Explanation
MADISON COMMUNITY HOSPITAL		PART V, SECTION B, LINE 20 THE HOSPITAL IS IN THE PROCESS OF UPDATING POLICIES AND PROCEDURES TO MEET THE PROVISIONS OF THE NEW 501(R) THEY WILL BE USING THE PROPOSED REGULATIONS AS A GUIDELINE FOR MAKING CHANGES TO CURRENT POLICIES

Identifier	ReturnReference	Explanation
MADISON COMMUNITY HOSPITAL		PART V, SECTION B, LINE 21 THE HOSPITAL IS IN THE PROCESS OF UPDATING POLICIES AND PROCEDURES TO MEET THE PROVISIONS OF THE NEW 501(R) THEY WILL BE USING THE PROPOSED REGULATIONS AS A GUIDELINE FOR MAKING CHANGES TO CURRENT POLICIES

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 A DEMOGRAPHIC AND SERVICE LINE ANALYSIS WAS COMPLETED TO DETERMINE COMMUNITY HEALTHCARE NEEDS IN ADDITION, A PREVIOUSLY COMPLETED COMMUNITY HEALTHCARE NEEDS ASSESSMENT FOR OUR COUNTY IS REFERRED TO FREQUENTLY FOR INFORMATION THE HOSPITAL HAS CONTRACTED WITH FIRST DISTRICT TO COMPLETE AN UPDATED COMMUNITY NEEDS ASSESSMENT THIS IS CURRENTLY IN PROGRESS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 DISCHARGE PLANNING PERSONNEL IN THE BUSINESS OFFICE COUNSEL PATIENTS UPON ADMISSION AND THROUGH THE DISCHARGE PLANNING PROCESS ON MEDICAID, COUNTY WELFARE PROGRAMS, CHARITY CARE, ETC FINANCIAL ASSISTANCE PROGRAMS ARE DETAILED EITHER IN PERSON OR THROUGH A BROCHURE THAT EXPLAINS THE HOSPITAL'S FINANCIAL ASSISTANCE AND PAYMENT REQUIREMENTS COVERED VS NON-COVERED CHARGES ARE DISCUSSED WITH THE PATIENT A PATIENT ASSESSMENT, INCLUDING A DISCUSSION ON FINANCIAL RESPONSIBILITIES, CONCERNS, AND GOVERNMENT PROGRAMS, IS COMPLETED ON EACH INPATIENT BY DISCHARGE PLANNING

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 MADISON COMMUNITY HOSPITAL IS THE ONLY HOSPITAL IN THE SERVICE AREA EIGHT PHYSICIANS AND THREE PHYSICIAN EXTENDERS PRACTICE IN THE COMMUNITY THE SERVICE AREA FOR MCH INCLUDES 14 ZIP CODE COMMUNITIES THAT ARE WITHIN A 21-MILE RADIUS OF THE HOSPITAL IT INCLUDES ALL OF LAKE COUNTY AND PORTIONS OF BROOKINGS, KINGSBURY, MINER, MOODY, MCCOOK AND MINNEHAHA COUNTIES TOTAL SERVICE AREA POPULATION WAS CALCULATED AT 19,625 IN 2010 ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2012 $45,094

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 THE GOVERNING BODY OF MADISON COMMUNITY HOSPITAL IS COMPRISED OF COMMUNITY MEMBERS, NONE OF WHOM ARE EMPLOYEES OR CONTRACTORS OF THE HOSPITAL MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY SURPLUS FUNDS ARE USED TO IMPROVE PATIENT CARE AND FACILITIES THE HOSPITAL OPERATES AN EMERGENCY ROOM WHICH IS AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY THE HOSPITAL PARTICIPATES IN EDUCATION AND TRAINING OF HEALTHCARE PROFESSIONALS THROUGH RESIDENCIES AND INTERNSHIPS FOR NURSING STUDENTS, THERAPY STUDENTS, PHYSICIANS AND PHYSICIAN'S ASSISTANTS THE HOSPITAL PARTICIPATES IN SEVERAL GOVERNMENT SPONSORED HEALTH PROGRAMS, INCLUDING BUT NOT LIMITED TO MEDICARE, MEDICAID, VA, TRI-CARE, AND ALL-WOMEN-COUNT THE HOSPITAL OFFERS VOLUNTEER OPPORTUNITIES TO MEMBERS OF THE 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
MADISON COMMUNITY HOSPITAL

Employer identification number
46-0228038

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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ 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**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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) TAMARA MILLER	(i)	136,142	0	304	7,558	8,843	152,847	0
	(ii)	0	0	0	0	0	0	0
(2) ROBERT SUMMERER	(i)	386,873	0	304	12,532	7,843	407,552	0
	(ii)	0	0	0	0	0	0	0
(3) DARREL SIMON	(i)	186,297	0	138	9,669	3,312	199,416	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 5	ROBERT SUMMERER, DR , IS PAID BASED ON PRODUCTION

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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
MADISON COMMUNITY HOSPITAL

Employer identification number
46-0228038

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL HAVE THE BOARD PRESIDENT AS ITS CHAIRMAN AND FOUR APPOINTED MEMBERS THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE FACILITY DURING THE INTERIM BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED ANY ACTION TAKEN SHALL NOT CONFLICT WITH THE POLICIES AND EXPRESSED WISHES OF THE BOARD OF DIRECTORS AND THAT IT SHALL REFER ALL MATTERS OF MAJOR IMPORTANCE TO THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE ADMINISTRATOR AND CHIEF FINANCIAL OFFICER REVIEW THE 990 IN DETAIL AFTER THEIR REVIEW, THE 990 IS PROVIDED TO EACH BOARD MEMBER THE ADMINISTRATOR PRESENTS THE 990 TO THE BOARD OF DIRECTORS AT THE MEETING HELD PRIOR TO ITS FILING IF SO REQUESTED BY ANY BOARD MEMBER WHETHER PRESENTED IN A BOARD MEETING OR NOT, THE 990 IS NOT FILED UNTIL EACH BOARD MEMBER HAS BEEN GIVEN A COPY OF IT AND GIVEN AMPLE TIME TO REVIEW IT
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND OFFICERS ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY THE BOARD WILL REVIEW ACTUAL CONFLICTS AND MAKE DETERMINATIONS WHETHER A CONFLICT EXISTS THE RESTRICTIONS ARE IMPOSED ON A CASE BY CASE BASIS BASED ON THE BOARD'S DETERMINATION
	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S COMPENSATION AND BENEFITS ARE REVIEWED ON AN ANNUAL BASIS IN EXECUTIVE SESSION AT THE BOARD OF TRUSTEE MEETING THE BOARD OF TRUSTEES APPROVES THE SALARY AND BENEFITS COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC OTHER THAN AS INCLUDED ON THE WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	LOSS FROM WHOLLY OWNED SUBSIDIARY -31,091 TOTAL TO FORM 990, PART XI, LINE 5 -31,091

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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
MADISON COMMUNITY HOSPITAL

Employer identification number
46-0228038

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	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) MADISON COMMUNITY MEDICAL CENTER 917 N WASHINGTON AVENUE MADISON, SD 57045 46-0398320	OFFICE RENTAL	SD	N/A	C	117,514	254,355	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		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
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		No
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		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
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) MADISON COMMUNITY MEDICAL CENTER	P	79,212	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	

Consolidated Financial Statements
June 30, 2012 and 2011

Madison Community Hospital

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report

The Board of Trustees
Madison Community Hospital
Madison, South Dakota

We have audited the accompanying consolidated balance sheets of Madison Community Hospital as of June 30, 2012 and 2011, 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 Hospital'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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we do not express such an opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Madison Community Hospital as of June 30, 2012 and 2011, and the consolidated results of its operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Eide Bailly LLP

Sioux Falls, South Dakota
October 2, 2012

200 E 10th St , Ste 500 | P O Box 5125 | Sioux Falls, SD 57117-5125 | T 605 339 1999 | F 605 339 1306 | EOE

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	2012	2011
Assets		
Current Assets		
Cash and cash equivalents	$ 4,532,481	$ 2,996,348
Receivables		
Patient, net of estimated uncollectibles of $1,510,000 in 2012 and $1,258,000 in 2011	1,844,144	1,530,688
Other	73,014	75,251
Supplies	343,487	352,691
Prepaid expenses	239,290	111,971
Total current assets	7,032,416	5,066,949
Assets Limited as to Use		
By board for capital improvements and debt redemption	1,541,427	1,740,576
By donors for specific purposes	75,611	79,250
Total assets limited as to use	1,617,038	1,819,826
Property and Equipment	3,723,222	3,869,217
Other Assets		
Noncurrent receivables	44,614	84,895
Total Assets	$ 12,417,290	$ 10,840,887

See Notes to Consolidated Financial Statements

Liabilities and Net Assets	2012	2011
Current Liabilities		
Accounts payable		
Trade	$ 232,160	$ 178,914
Estimated third-party payor settlements	98,000	161,000
Accrued expenses		
Salaries and wages	91,211	253,510
Vacation	383,546	337,180
Payroll taxes and other	17,506	25,531
Property taxes	12,667	12,574
Deferred revenues	415,187	-
Total current liabilities	1,250,277	968,709
Net Assets		
Unrestricted	11,091,402	9,792,928
Temporarily restricted	75,611	79,250
Total net assets	11,167,013	9,872,178
Total liabilities and net assets	$ 12,417,290	$ 10,840,887

Madison Community Hospital
Consolidated Statements of Operations
Years Ended June 30, 2012 and 2011

	2012	2011
Unrestricted Revenue, Gains and Other Support		
Net patient service revenue	$ 13,792,937	$ 12,339,996
Gains and other support	270,699	284,995
Total revenue, gains and other support	14,063,636	12,624,991
Expenses		
Salaries and wages	6,108,707	5,603,475
Employee benefits	1,083,800	1,062,260
Supplies and other expenses	4,394,335	4,417,582
Depreciation	623,586	614,157
Provision for bad debts	734,304	608,048
Total expenses	12,944,732	12,305,522
Operating Income	1,118,904	319,469
Other Income		
Investment income	48,549	57,449
Unrestricted contributions	20,405	23,590
Gain on disposal of equipment	250	5,000
Total other income	69,204	86,039
Revenues in Excess of Expenses	1,188,108	405,508
Contributions Restricted for Purchases of Equipment	87,530	50,690
Net Assets Released from Restrictions for Capital	22,836	196
Increase in Unrestricted Net Assets	$ 1,298,474	$ 456,394

Madison Community Hospital
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2012 and 2011

	2012	2011
Unrestricted Net Assets		
Revenues in excess of expenses	$ 1,188,108	$ 405,508
Contributions restricted for purchases of equipment	87,530	50,690
Net assets released from restrictions for capital	22,836	196
Increase in unrestricted net assets	1,298,474	456,394
Temporarily Restricted Net Assets		
Contributions for specific purposes	19,197	18,813
Net assets released from restrictions for capital	(22,836)	(196)
(Decrease) increase in temporarily restricted net assets	(3,639)	18,617
Increase in Net Assets	1,294,835	475,011
Net Assets, Beginning of Year	9,872,178	9,397,167
Net Assets, End of Year	$ 11,167,013	$ 9,872,178

Madison Community Hospital
Consolidated Statements of Cash Flows
Years Ended June 30, 2012 and 2011

	2012	2011
Operating Activities		
Change in net assets	$ 1,294,835	$ 475,011
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation	623,586	614,157
Contributions restricted by donors	(106,727)	(69,503)
Gain on disposal of equipment	(250)	(5,000)
Changes in assets and liabilities		
Receivables	(270,938)	177,546
Supplies	9,204	(43,684)
Prepaid expenses	(127,319)	2,048
Accounts payable	(9,754)	120,917
Accrued expenses	(123,865)	25,761
Deferred revenue	415,187	-
Net Cash from Operating Activities	1,703,959	1,297,253
Investing Activities		
Purchase of property and equipment	(477,591)	(537,309)
Proceeds from disposal of equipment	250	5,000
Purchase of investments and assets limited as to use	(290)	(17,446)
Sales and maturities of investments and assets limited as to use	203,078	100,000
Net Cash used for Investing Activities	(274,553)	(449,755)
Financing Activities		
Contributions restricted by donors	106,727	69,503
Net Increase in Cash and Cash Equivalents	1,536,133	917,001
Cash and Cash Equivalents, Beginning of Year	2,996,348	2,079,347
Cash and Cash Equivalents, End of Year	$ 4,532,481	$ 2,996,348

Note 1 - Organization and Significant Accounting Policies

Consolidation

The consolidated financial statements as of and for the years ended June 30, 2012 and 2011, include the accounts of the following entities

Madison Community Hospital
Madison Community Medical Center, Inc

Significant intercompany accounts and transactions have been eliminated in the consolidation

Organization

Madison Community Hospital (Hospital) is a 25-bed acute care hospital located in Madison, South Dakota Madison Community Medical Center, Inc (Center) is a for-profit corporation wholly owned by the Hospital The Center rents office space to various physicians and organizations These financial statements include the consolidated operations of the Hospital and the Center

Use of Estimates

The preparation of 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 disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less, excluding assets limited as to use

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim The Hospital does not charge interest on unpaid patient receivables

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

Supplies

Supplies are valued at lower of cost (first in, first out) or market

Investments and Investment Income

The fair value of certificates of deposit that are not publicly traded are recorded at cost plus accrued interest Investment income or loss (including realized gains and losses on investments and interest) is included in other income unless the income or loss is restricted by donor or law Unrealized gains and losses on investments are excluded from revenues in excess of expenses, unless the investments are trading securities

Assets Limited as to Use

Assets limited as to use include assets which are restricted by donors as well as assets set aside by the Board of Trustees for future capital improvements and debt redemption, over which the Board retains control and may at its discretion subsequently use for other purposes

Property and Equipment

Property and equipment acquisitions in excess of $5,000 are capitalized and recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method The estimated useful lives of property and equipment are as follows

Land improvements	2-20 years
Buildings	3-40 years
Equipment	3-25 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or acquired long-lived assets are placed in service

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital 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 Hospital in perpetuity At June 30, 2012 and 2011, the Hospital did not have any permanently restricted net assets

Revenues in Excess of Expenses

Revenues in excess of expenses excludes unrealized gains and losses on investments other than trading securities, transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates Payment arrangements include prospectively determined rates, reimbursed costs, and discounted charges 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 Hospital provides health care services to patients who meet certain criteria under its charity care policy without charge or at amounts less that established rates Since the Hospital does not pursue collection of these amounts, they are not reported as patient service revenue The estimated cost of providing these services was approximately $49,000 and $36,000 for the years ended June 30, 2012 and 2011, calculated by multiplying the ratio of cost to gross charges for the Hospital by the gross uncompensated charges associated with providing charity care to its patients

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift 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 statement 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 consolidated statement of operations

Advertising Costs

The Hospital expenses advertising costs as incurred

Income Taxes

The Hospital is a South Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) The Hospital is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS The Hospital is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose The Center is organized as a South Dakota taxable corporation and is required to file a tax return (Form 1120) on an annual basis

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

Subsequent Events

The Hospital has evaluated subsequent events through October 2, 2012, the date which the consolidated financial statements were available to be issued

Note 2 - Patient Service Revenue

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

Medicare – The Hospital is licensed as a Critical Access Hospital (CAH) The Hospital is reimbursed for most inpatient and outpatient services at cost with final settlement determined after submission of annual cost reports by the Hospital and are subject to audits thereof by the Medicare intermediary The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2010

Medicaid - Inpatient services rendered to Medicaid 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 Outpatient services related to Medicaid beneficiaries are paid based on discounts from established charges The Hospital is reimbursed at a tentative rate with final settlement determined by the program based on the Hospitals final Medicaid cost report The Hospital's Medicaid cost reports have been audited through June 30, 2007

Blue Cross – Services rendered to Blue Cross subscribers are paid under a prospective cost reimbursed methodology

Clinics – The Hospital is reimbursed for most services provided in its clinics under the respective payer`s fee schedules

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

Revenue from the Medicare and Medicaid programs accounted for approximately 51% and 6% of the Hospital`s net patient service revenue for the year ended June 30, 2012 and 48% and 6% for the year ended June 30, 2011 Laws and regulations governing the Medicare, Medicaid, and other 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

A summary of patient service revenue and contractual adjustments is as follows

	2012	2011
Total patient service revenue	$ 19,518,733	$ 16,935,071
Contractual adjustments		
Medicare	(3,746,417)	(2,972,039)
Medicaid	(691,095)	(547,940)
Blue Cross and other	(1,288,284)	(1,075,096)
Total contractual adjustments	(5,725,796)	(4,595,075)
Net patient service revenue	$ 13,792,937	$ 12,339,996

Note 3 - Investments and Investment Income

Assets Limited as to use

	2012	2011
By board for capital improvements and debt redemption		
Cash and certificates of deposit	$ 1,541,427	$ 1,740,576
By donors for specific purposes		
Cash and certificates of deposit	$ 75,611	$ 79,250

Investment Income

Investment income and gains and losses on assets limited as to use and cash equivalents consist of the following for the years ended June 30, 2012 and 2011

	2012	2011
Interest income	$ 48,549	$ 57,449

Note 4 - Property and Equipment

A summary of property and equipment at June 30, 2012 and 2011, is as follows

	2012		2011	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and improvements	$ 319,827	$ 179,355	$ 319,827	$ 170,321
Buildings	5,149,198	3,118,654	5,149,198	2,962,377
Equipment	6,428,106	5,032,202	6,106,817	4,573,927
Construction in progress	156,302	-	-	-
	$ 12,053,433	$ 8,330,211	$ 11,575,842	$ 7,706,625
Net property and equipment		$ 3,723,222		$ 3,869,217

Construction in progress at June 30, 2012 consists of expenditures related to a potential building project There are no commitments related to the project as of June 30, 2012

Note 5 - Leases

The Hospital leases certain equipment under non-cancelable long-term lease agreements Total lease expense for the years ended June 30, 2012 and 2011, for all operating leases was $202,611 and $197,992

Minimum future lease payments for the operating leases are as follows

Years Ending June 30,	
2013	$ 145,753
2014	106,053
2015	106,053
2016	53,027
	$ 410,886

Note 6 - Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purpose at June 30, 2012 and 2011

	2012	2011
Various healthcare related programs, services, and equipment	$ 75,611	$ 79,250

In 2012 and 2011, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of $22,836 and $196, respectively These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements

Note 7 - Pension Plan

The Hospital has a defined contribution pension plan under which employees may become participants upon reaching age 22 and completion of one year of service Employer contributions of 5% of annual compensation are deposited with the plan trustee who invests the plan assets Total pension plan expense for the years ended June 30, 2012 and 2011, was $273,533 and $247,867, respectively

Note 8 - Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are insured under third-party payor agreements The mix of receivables from third-party payors and patients at June 30, 2012 and 2011, are as follows

	2012	2011
Private Pay	39%	43%
Medicare	33%	26%
Commercial insurance	20%	17%
Blue Cross	6%	11%
Medicaid	2%	3%
	100%	100%

The Hospital's cash balances are maintained in various bank deposit accounts At various times throughout the years ended June 30, 2012 and 2011, the Hospital`s balance in these deposit accounts exceeded federally insured limits

Note 9 - Functional Expenses

The Hospital provides health care services to residents within its geographic location Expenses related to providing these services by functional class for the years ended June 30, 2012 and 2011, are as follows

	2012	2011
Patient health care services	$ 11,398,955	$ 10,404,938
General and administrative	1,545,777	1,900,584
	$ 12,944,732	$ 12,305,522

Note 10 - Contingency

Malpractice Insurance

The Hospital has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of one million per claim and an annual aggregate limit of three million Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured

The health care industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to governmental review and interpretation, as well as regulatory actions unknown and unasserted at this time Federal government activity has increased, with respect to, investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously, billed and collected revenues from patient services Management believes that the Hospital is in substantial compliance with current laws and regulations

Note 11 - Income Taxes

Madison Community Medical Center, Inc is a wholly-owned subsidiary of Madison Community Hospital and is organized as a for-profit corporation under the laws of the state of South Dakota

Net deferred tax assets consist of the following components as of June 30, 2012 and 2011

	2012	2011
Deferred tax assets		
Operating loss carryforwards	$ 19,566	$ 16,097
Valuation allowance	(19,566)	(16,097)
Net deferred tax asset	$ -	$ -

Realization of deferred tax assets is dependent upon sufficient future taxable income during the period that deductible temporary differences and carryforwards are expected to be available to reduce taxable income Due to operating losses of the Center in prior years, the level of income for the year ended June 30, 2012, and future budged operating results, a valuation allowance has been recorded to the deferred tax assets

Operating loss carryforwards for tax purposes as of June 30, 2012, have the following expiration dates

Expiration Date	
2021	$ 28,247
2022	19,413
2023	7,654
2024	14,036
2028	4,153
2029	12,312
2030	21,500
2031	23,127
Total operating loss carryforwards	$ 130,442

Supplementary Information
June 30, 2012 and 2011

Madison Community Hospital

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report on Supplementary Information

The Board of Trustees
Madison Community Hospital
Madison, South Dakota

We have audited the consolidated financial statements of Madison Community Hospital and as of and for the years ended June 30, 2012 and 2011 and our report thereon dated October 2, 2012, which expressed an unqualified opinion on those financial statements appears on page 1 Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The consolidating information on pages 16 to 19 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and is not a required part of the consolidated financial statements The supplemental information on pages 20 to 24 is also presented for the purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The consolidating and supplemental information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the supplemental information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Eide Bailly LLP

Sioux Falls, South Dakota
October 2, 2012

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Madison Community Hospital
Consolidating Balance Sheets
Year Ended June 30, 2012

Assets	Madison	Madison	Eliminations	Consolidated
Current Assets				
Cash and cash equivalents	$ 4,509,758	$ 22,723	$ -	$ 4,532,481
Receivables				
Patient, net of estimated uncollectibles	1,844,144	-	-	1,844,144
Due from Madison Community Medical Center, Inc	142,082	-	(142,082)	-
Other	73,014	-	-	73,014
Supplies	343,487	-	-	343,487
Prepaid expenses	239,290	-	-	239,290
Total current assets	7,151,775	22,723	(142,082)	7,032,416
Assets Limited as to Use				
By board for capital improvements and debt redemption	1,541,427	-	-	1,541,427
By donors for specific purposes	75,611	-	-	75,611
Total assets limited as to use	1,617,038	-	-	1,617,038
Property and Equipment	3,491,590	231,632	-	3,723,222
Other Assets				
Noncurrent receivables	44,614	-		44,614
Investment in Madison Community Medical Center, Inc	93,471	-	(93,471)	-
	$ 12,398,488	$ 254,355	$ (235,553)	$ 12,417,290
Liabilities and Net Assets				
Current Liabilities				
Accounts payable				
Trade	$ 226,025	$ 6,135	$ -	$ 232,160
Estimated third-party payor settlements	98,000	-	-	98,000
Accrued expenses				
Salaries and wages	91,211	-	-	91,211
Vacation	383,546	-	-	383,546
Payroll taxes and other	17,506	-	-	17,506
Property taxes	-	12,667	-	12,667
Deferred revenues	415,187	-	-	415,187
Due to Madison Community Hospital	-	142,082	(142,082)	-
Total current liabilities	1,231,475	160,884	(142,082)	1,250,277
Net Assets				
Unrestricted	11,091,402	93,471	(93,471)	11,091,402
Temporarily restricted	75,611	-	-	75,611
Total net assets	11,167,013	93,471	(93,471)	11,167,013
	$ 12,398,488	$ 254,355	$ (235,553)	$ 12,417,290

Madison Community Hospital
Consolidating Balance Sheets
Year Ended June 30, 2011

Assets	Madison	Madison	Eliminations	Consolidated
Current Assets				
Cash and cash equivalents	$ 2,960,853	$ 35,495	$ -	$ 2,996,348
Receivables				
Patient, net of estimated uncollectibles	1,530,688	-	-	1,530,688
Due from Madison Community Medical Center, Inc	140,055	-	(140,055)	-
Other	75,251	-	-	75,251
Supplies	352,691	-	-	352,691
Prepaid expenses	111,971	-	-	111,971
Total current assets	5,171,509	35,495	(140,055)	5,066,949
Assets Limited as to Use				
By board for capital improvements and debt redemption	1,740,576	-	-	1,740,576
By donors for specific purposes	79,250	-	-	79,250
Total assets limited as to use	1,819,826	-	-	1,819,826
Property and Equipment	3,621,386	247,831	-	3,869,217
Other Assets				
Noncurrent receivables	84,895	-		84,895
Investment in Madison Community Medical Center, Inc	124,562	-	(124,562)	-
	$ 10,822,178	$ 283,326	$ (264,617)	$ 10,840,887
Liabilities and Net Assets				
Current Liabilities				
Accounts payable				
Trade	$ 172,779	$ 6,135	$ -	$ 178,914
Estimated third-party payor settlements	161,000	-	-	161,000
Accrued expenses				
Salaries and wages	253,510	-	-	253,510
Vacation	337,180	-	-	337,180
Payroll taxes and other	25,531	-	-	25,531
Property taxes	-	12,574	-	12,574
Due to Madison Community Hospital	-	140,055	(140,055)	-
Total current liabilities	950,000	158,764	(140,055)	968,709
Net Assets				
Unrestricted	9,792,928	124,562	(124,562)	9,792,928
Temporarily restricted	79,250	-	-	79,250
Total net assets	9,872,178	124,562	(124,562)	9,872,178
	$ 10,822,178	$ 283,326	$ (264,617)	$ 10,840,887

Madison Community Hospital
Consolidating Statements of Operations
Year Ended June 30, 2012

	Madison	Madison	Eliminations	Consolidated
Unrestricted Revenue, Gains and Other Support				
Net patient service revenue	$ 13,792,937	$ -	$ -	$ 13,792,937
Gains and other support	232,397	117,514	(79,212)	270,699
Total revenue, gains and other support	14,025,334	117,514	(79,212)	14,063,636
Expenses				
Salaries and wages	6,108,707	-	-	6,108,707
Employee benefits	1,083,800	-	-	1,083,800
Supplies and other expenses	4,341,142	132,405	(79,212)	4,394,335
Depreciation	607,386	16,200	-	623,586
Provision for bad debts	734,304	-	-	734,304
Total expenses	12,875,339	148,605	(79,212)	12,944,732
Operating Income	1,149,995	(31,091)	-	1,118,904
Other Income				
Investment income	48,549	-	-	48,549
Unrestricted contributions	20,405	-	-	20,405
Loss from wholly owned subsidiary	(31,091)	-	31,091	-
Gain on disposal of equipment	250	-	-	250
Total other income	38,113	-	31,091	69,204
Revenues in Excess of Expenses	1,188,108	(31,091)	31,091	1,188,108
Contributions Restricted for Purchases of Equipment	87,530	-	-	87,530
Net Assets Released from Restrictions for Capital	22,836	-	-	22,836
Increase in Unrestricted Net Assets	$ 1,298,474	$ (31,091)	$ 31,091	$ 1,298,474

Madison Community Hospital
Consolidating Statements of Operations
Year Ended June 30, 2011

	Madison	Madison	Eliminations	Consolidated
Unrestricted Revenue, Gains and Other Support				
Net patient service revenue	$ 12,339,996	$ -	$ -	$ 12,339,996
Gains and other support	245,451	117,292	(77,748)	284,995
Total revenue, gains and other support	12,585,447	117,292	(77,748)	12,624,991
Expenses				
Salaries and wages	5,603,475	-	-	5,603,475
Employee benefits	1,062,260	-	-	1,062,260
Supplies and other expenses	4,371,858	123,472	(77,748)	4,417,582
Depreciation	597,957	16,200	-	614,157
Provision for bad debts	608,048	-	-	608,048
Total expenses	12,243,598	139,672	(77,748)	12,305,522
Operating Income	341,849	(22,380)	-	319,469
Other Income				
Investment income	57,449	-	-	57,449
Unrestricted contributions	23,590	-	-	23,590
Loss from wholly owned subsidiary	(22,380)	-	22,380	-
Gain on disposal of equipment	5,000	-	-	5,000
Total other income	63,659	-	22,380	86,039
Revenues in Excess of Expenses	405,508	(22,380)	22,380	405,508
Contributions Restricted for Purchases of Equipment	50,690	-	-	50,690
Net Assets Released from Restrictions for Capital	196	-	-	196
Increase in Unrestricted Net Assets	$ 456,394	$ (22,380)	$ 22,380	$ 456,394

Madison Community Hospital
Schedules of Net Patient Service Revenue
Years Ended June 30, 2012 and 2011

	2012	2011
Patient Service Revenue		
Routine services	$ 1,546,092	$ 1,412,355
Coronary care	25,771	23,090
Observation beds	1,056,482	1,006,071
Nursery	61,350	50,006
Operating room	1,252,690	771,797
Delivery and labor room	68,748	60,459
Anesthesiology	387,607	268,977
Radiology	4,039,049	3,643,517
Laboratory	1,851,043	1,795,694
Inhalation therapy	642,045	530,707
Cardiac rehab	67,100	62,035
Ambulance	403,995	395,630
Physical therapy	894,573	775,598
Speech therapy	142,255	89,640
Electrocardiology	326,732	291,836
Occupational therapy	510,077	396,774
Central supply	1,551,733	1,247,993
Pharmacy	2,476,906	2,301,408
Emergency room	718,275	589,015
Summerer Clinic	946,298	898,743
Northland Family Practice	289,139	-
Diabetes education	23,398	25,110
Hospice	77,078	81,168
Home health	240,669	271,492
Charity care	(80,372)	(54,044)
Total Patient Service Revenue	19,518,733	16,935,071
Contractual Adjustments		
Medicare	3,746,417	2,972,039
Medicaid	691,095	547,940
Blue Cross and other	1,288,284	1,075,096
Total contractual adjustments	5,725,796	4,595,075
Net Patient Service Revenue	$ 13,792,937	$ 12,339,996

Madison Community Hospital
Schedules of Gains and Other Support
Years Ended June 30, 2012 and 2011

	2012	2011
Gains and Other Support		
Clinic	$ 117,514	$ 117,292
Meals	86,567	86,897
Rehab	8,528	7,769
Rent	4,425	5,900
Sales of medical records	1,899	1,931
Grants	34,045	41,755
Other	17,721	23,451
Total gains and other support	$ 270,699	$ 284,995

	2012	2011
Routine Services		
Salaries and wages	$ 1,374,392	$ 1,370,396
Supplies and other expenses	63,458	27,653
	1,437,850	1,398,049
Coronary Care		
Salaries and wages	7,944	9,255
Nursing Administration		
Salaries and wages	114,204	16,674
Nursery		
Salaries and wages	29,721	25,611
Operating Room		
Salaries and wages	153,641	154,497
Delivery and Labor Room		
Salaries and wages	15,859	14,996
Anesthesiology		
Salaries and wages	258,214	246,795
Supplies and other expenses	275	1,123
	258,489	247,918
Radiology		
Salaries and wages	399,248	356,975
Supplies and other expenses	167,671	166,734
	566,919	523,709
Laboratory		
Salaries and wages	285,580	266,914
Supplies and other expenses	410,061	450,901
	695,641	717,815
Nuclear Medicine & Ultrasounds		
Salaries and wages	179,068	165,101
Supplies and other expenses	252,498	267,711
	431,566	432,812
Ambulance		
Salaries and wages	173,606	167,932
Supplies and other expenses	18,121	16,451
	191,727	184,383

	2012	2011
Physical Therapy		
Salaries and wages	$ 309,266	$ 287,465
Supplies and other expenses	10,114	12,562
	319,380	300,027
Speech Therapy		
Salaries and wages	76,719	59,181
Supplies and other expenses	7,458	6,291
	84,177	65,472
Occupational Therapy		
Salaries and wages	126,036	119,804
Supplies and other expenses	8,255	10,329
	134,291	130,133
Central Supply		
Salaries and wages	91,976	87,530
Supplies and other expenses	294,955	299,808
	386,931	387,338
Pharmacy		
Salaries and wages	198,260	194,362
Supplies and other expenses	1,003,574	889,574
	1,201,834	1,083,936
Emergency Room		
Salaries and wages	84,802	89,701
Supplies and other expenses	422,767	451,582
	507,569	541,283
Summerer Clinic		
Salaries and wages	445,253	444,966
Supplies and other expenses	13,693	12,983
	458,946	457,949
Northland Family Practice		
Salaries and wages	130,008	-
Supplies and other expenses	27,591	-
	157,599	-
Hospice		
Salaries and wages	56,131	59,999
Supplies and other expenses	4,467	3,649
	60,598	63,648

	2012	2011
Home Health		
Salaries and wages	$ 146,665	$ 153,036
Supplies and other expenses	20,586	22,469
	167,251	175,505
Dietary		
Salaries and wages	301,610	287,239
Supplies and other expenses	112,663	93,182
	414,273	380,421
Plant Operations		
Salaries and wages	206,775	183,245
Supplies and other expenses	217,385	229,772
	424,160	413,017
Medical Records		
Salaries and wages	159,839	153,131
Supplies and other expenses	8,374	8,466
	168,213	161,597
Housekeeping		
Salaries and wages	93,329	88,923
Supplies and other expenses	315	144
	93,644	89,067
Laundry and Linen		
Salaries and wages	42,198	41,724
Supplies and other expenses	56,767	57,913
	98,965	99,637
Administrative Services		
Salaries and wages	648,363	558,023
Supplies and other expenses	1,220,094	1,342,561
	1,868,457	1,900,584
Clinic		
Supplies and other expenses	53,192	45,723
Unassigned Expenses		
Employee benefits	1,083,801	1,062,260
Depreciation	623,586	614,157
Provision for bad debts	734,304	608,049
	2,441,691	2,284,466
Total expenses	$ 12,944,732	$ 12,305,522

Additional Data

Software ID:
Software Version:
EIN: 46-0228038
Name: MADISON COMMUNITY HOSPITAL

Form 990, Special Condition Description:

Special Condition Description