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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable	C Name of organization Sid Peterson Memorial Hospital		D Employer identification number 74-2557820
<input type="checkbox"/> Address change	Doing Business As PETERSON REGIONAL MEDICAL CENTER		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (830) 258-7632
<input type="checkbox"/> Terminated			
<input checked="" type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 Kerrville, TX 78028		
<input type="checkbox"/> Application pending			G Gross receipts \$ 128,289,881

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

J Website: ► N/A

K Form of organization Corporation Trust Association Other ► L Year of formation 1990 M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE HOSPITAL'S MISSION IS TO LEAD THE HILL COUNTRY'S MEDICAL COMMUNITY IN DELIVERING EXCEPTIONAL,
COMPASSIONATE, AND PATIENT-CENTERED HEALTH CARE

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)	4	5	6	7a	7b
4 Number of independent voting members of the governing body (Part VI, line 1b)					
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)					
6 Total number of volunteers (estimate if necessary)					
7a Total unrelated business revenue from Part VIII, column (C), line 12					
7b Net unrelated business taxable income from Form 990-T, line 34					

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
		9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
		1,358,267	1,564,643	932,542	988,725
		86,838,029	49,417,520	51,225,300	103,998,527
				103,217,230	9,087,251
					564,373
					90,693,481
					114,638,876

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year		Current Year	
		14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)	17 Total fundraising expenses (Part IX, column (D), line 25)
		0	49,417,520	0	272,681
					52,362,454
					103,217,230
					99,927,230
					-12,523,749
					14,711,646

Net Assets or Fund Balances	Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	
	200,261,636	94,318,007	105,943,629	204,804,982
				87,737,912
				117,067,070

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-10-15 Date
	JULIE A JOHNSON CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Amanda Maya	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► BKD LLP	Firm's EIN ►			
	Firm's address ► 2800 Post Oak Blvd Ste 3200 HOUSTON, TX 77056	Phone no (713) 499-4600			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

PETERSON REGIONAL MEDICAL CENTER PROVIDES EXCEPTIONAL, COMPASSIONATE, PATIENT-CENTERED HEALTHCARE

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 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 \$ 83,280,974 including grants of \$ 2,760,259) (Revenue \$ 98,237,804)

PETERSON REGIONAL MEDICAL CENTER IS A PRIVATE, NOT-FOR-PROFIT COMMUNITY HOSPITAL IN KERRVILLE, TEXAS. KERRVILLE IS LOCATED IN KERR COUNTY, APPROXIMATELY 60 MILES NORTHWEST OF SAN ANTONIO AND 80 MILES SOUTH WEST OF AUSTIN. PETERSON REGIONAL MEDICAL CENTER SERVES THE COMMUNITIES AND RESIDENTS IN THE FOLLOWING COUNTIES: KERR, BANDERA, GILLESPIE, KIMBLE, EDWARDS AND REAL. PETERSON REGIONAL MEDICAL CENTER ANCHORS A 35-ACRE CAMPUS INCLUDING A 124 BED ACUTE CARE HOSPITAL PROVIDING SERVICES INCLUDING 24/7 EMERGENCY DEPARTMENT, WOMEN'S SERVICES (INCLUDING MATERNAL/NEWBORN), ACUTE INPATIENT REHABILITATION, ORTHOPEDICS, GENERAL SURGERY, DIAGNOSTIC IMAGING, INTENSIVE CARE UNIT, AND LABORATORY. ON THE SAME CAMPUS IS AN AMBULATORY CARE CENTER PROVIDING OUTPATIENT REHAB SERVICES, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTIC IMAGING AND HYPERBARIC WOUND CARE. PETERSON HOSPICE SERVICE AND PETERSON HOME CARE SERVICES ARE ALSO MEMBERS OF THE PETERSON REGIONAL FAMILY OF SERVICES BUT LOCATED OFF-SITE.

4b (Code) (Expenses \$ 1,610,678 including grants of \$) (Revenue \$ 1,523,192)

PETERSON HOME CARE - PETERSON HOME CARE PROVIDES A COMPREHENSIVE TEAM OF HEALTHCARE PROFESSIONALS TO THE RESIDENTS OF THE HILL COUNTRY, SPECIFICALLY KERR, GILLESPIE AND BANDERA COUNTIES. PETERSON HOME CARE IS A NOT-FOR PROFIT ORGANIZATION PROVIDING A COMPREHENSIVE RANGE OF PROFESSIONAL SERVICES INCLUDING NURSING CARE, PHYSICAL & SPEECH THERAPY, OSTOMY AND WOUND CARE, IV ANTIBIOTICS, CHEMOTHERAPY, AIDE SERVICES AND MEDICATION MANAGEMENT. ALL SERVICES ARE COORDINATED THROUGH AN INTERDISCIPLINARY APPROACH TO PATIENT CARE AND ESTABLISHED UNDER A PLAN OF TREATMENT OF A PHYSICIAN. DIAGNOSTIC AND LABORATORY SERVICES, AS WELL AS MEDICAL AND SURGICAL SUPPLIES ARE ALSO PROVIDED IN CONJUNCTION WITH SKILLED CARE. HOME CARE HAD 718 ADMISSIONS DURING THE YEAR AND 13,834 VISITS.

4c (Code) (Expenses \$ 3,302,414 including grants of \$) (Revenue \$ 3,416,253)

PETERSON HOSPICE IS A DEPARTMENT OF PRMC AND IS LOCATED OFF CAMPUS. IT OPERATES AS ONE OF THE HOSPITAL'S MANY OUTREACHES FOR THE HILL COUNTRY COMMUNITIES IT SERVES. PETERSON HOSPICE IS THE ONLY NON-PROFIT HOSPICE IN THE HILL COUNTRY WITH A MISSION THAT NO ONE WILL BE DENIED HOSPICE CARE BECAUSE OF AN INABILITY TO PAY. IN ADDITION TO PROVIDING HOSPICE CARE, PETERSON HOSPICE ALSO PROVIDES THE FOLLOWING UNFUNDED COMMUNITY SERVICES: 1. NAVIGATING THE WATERS OF GRIEF ~ A SIX WEEK GRIEF SUPPORT GROUP FOR ADULTS. THIS PROGRAM IS FACILITATED TWICE A YEAR BY A GRIEF EXPERT WHO IS A LICENSED MEDICAL SOCIAL WORKER (MSW). NAVIGATING THE WATERS OF GRIEF WORKS CLOSELY WITH HILL COUNTRY CLERGY AND THE LOCAL COMMUNITIES TO SERVE HOSPICE FAMILIES AS WELL AS OTHERS FACING THE LOSS OF A LOVED ONE OR FRIEND. 2. BRIDGING THE GAP ~ A SIX WEEK GRIEF SUPPORT GROUP FOR CHILDREN AGES KINDER THROUGH 12TH GRADE. THIS PROGRAM GIVES THEM THE TOOLS THEY NEED TO WORK THROUGH THE GRIEVING PROCESS. THE PARENTS ATTEND AS WELL TO OPEN COMMUNICATION AND FEELINGS TO HELP THE CHILD DEAL WITH GRIEF AT THEIR AGE APPROPRIATE LEVEL. BTG WORKS WITH ALL HILL COUNTRY SCHOOLS AND THEIR COUNSELORS. THE LOCAL COMMUNITY SERVES AS FACILITATORS AND VOLUNTEERS FOR THIS EXCELLENT PROGRAM. 3. CAMP RAYS OF HOPE ~ IS A STATEWIDE PROGRAM WHICH IS A WEEKEND RETREAT FOR GRIEVING CHILDREN THAT INCORPORATES THE PARENTS AS WELL. THE CHILDREN LEARN NEW WAYS TO COPE WITH THEIR LOSS, AND TO MEET OTHERS WITH SIMILAR CIRCUMSTANCES TO REMEMBER SPECIAL TIMES, TO MAKE NEW FRIENDS, AND TO HAVE FUN. 4. FLORAL PROGRAM ~ IS A VOLUNTEER DRIVEN PROGRAM THAT DELIVERS FLOWERS TO OUR PATIENTS. THE LOCAL FLORISTS IN THE AREA DONATE THE FLOWERS AND VOLUNTEERS ARRANGE AND DELIVER THEM. VOLUNTEERS ALSO SUPPORT FAMILIES AND PATIENTS WITH THEIR VISITS. 5. PATHWAYS ~ THIS VOLUNTEER OUTREACH OFFERS HOME BASED SOCIAL AND EMOTIONAL SUPPORT TO CLIENTS WITH AN ILLNESS THAT HAS A LIMITED LIFE EXPECTANCY. BUT IS NOT YET HOSPICE APPROPRIATE. VOLUNTEERS HELP REDUCE THE ISOLATION AND VULNERABILITY THAT CLIENTS AND FAMILIES EXPERIENCE DURING A DIFFICULT TIME. EDUCATION IS AVAILABLE THROUGH PRMC RESOURCES REGARDING DISEASE PROCESSES, COPING STRATEGIES, ADVANCE DIRECTIVES, AND PRACTICAL AND SPIRITUAL ISSUES. THIS SUPPORT HELPS CLIENTS DEFINE THEIR QUALITY OF LIFE. 6. COMMUNITY SERVE PROGRAM ~ OFFERING OPPORTUNITIES FOR CITIZENS TO FULFILL COURT OBLIGATIONS IN A BENEFICIAL MANNER. 335 ADMISSIONS ACCOUNTED FOR 23,716 PATIENT DAYS.

(Code) (Expenses \$ 617,842 including grants of \$) (Revenue \$ 1,293,201)

Two lab off-site outreach locations

4d Other program services (Describe in Schedule O)

(Expenses \$ 617,842 including grants of \$) (Revenue \$ 1,293,201)

4e Total program service expenses ► 88,811,908

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

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 United States? If "Yes," complete Schedule F, Parts II and IV

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 United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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	<input checked="" type="checkbox"/>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	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)		28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		32	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		33	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	<input checked="" type="checkbox"/>	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<input checked="" type="checkbox"/>	35a	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35b	Yes	
b	If "Yes" to line 35a, 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	<input checked="" type="checkbox"/>	36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	37	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	<input checked="" type="checkbox"/>	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O				

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	65	
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	1,091	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No	
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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).	7a	No	
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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
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?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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	10	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b	9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		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 this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	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 Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

SID PETERSON MEMORIAL HOSPITAL 551 HILL COUNTRY DRIVE Kerrville, TX (830) 896-4200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	Office	Key employee	Highest compensated	Former			
(1) Stephen Huser DIRECTOR	5 0 0 0	X						0	0	0
(2) Sam Junkin CHAIRMAN	10 0 0 0	X		X						
(3) Louis Romero VICE CHAIRMAN	5 0 0 0	X		X						
(4) MIKE BAUMANN DIRECTOR	5 0 0 0	X								
(5) HAROLD WILSON DIRECTOR	5 0 0 0	X								
(6) GLORIA OLSON PHD VICE CHAIRMAN	7 0 0 0	X		X						
(7) MARK ARMSTRONG DIRECTOR	3 0 0 0	X								
(8) SARAH FONTENOT DIRECTOR	3 0 0 0	X								
(9) ROYCE ITSCHNER DIRECTOR	3 0 0 0	X								
(10) EILEEN TOLOZA DIRECTOR	5 0 0 0	X								
(11) Patrick Murray CEO	40 0 0 0			X				261,480		132,272
(12) Robert Walther CFO	40 0 0 0			X				162,531		33,131
(13) STEVE PAULTER COO	40 0 0 0			X				186,424		17,671
(14) KAELI DRESSLER CHIEF OF NURSING OFFICER	40 0 0 0			X				125,492		7,908
(15) RICHARD CRUTHIRDS CHIEF INFORMATION OFFICER	40 0 0 0			X				114,419		7,444
(16) JULIE JOHNSON CFO	40 0 0 0			X						
(17) Larry Nelson PHARMACIST SUPERVISOR	40 0 0 0				X			131,621		4,073

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

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 **16**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
SOUNDS PHYSICIANS , 1123 PACIFIC AVE TACOMA WA 98402	PHYSICIAN COVER	1,559,345
SODEXO , PO BOX 536922 ATLANTA GA 303536922	FOOD SERVICES	613,759
ANESTHESIA ASSOC , 420 WATER STREET KERRVILLE TX 78028	ANESTHESIA SERVICES	486,044
LAB CORP , PO BOX 12140 BURLINGTON NC 272162140	LABORATORY SERVICES	379,182
MEDITECH , PO BOX 74569 CHICAGO IL 60696	COMPUTER SOFTWARE	351,202
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	13	

Part VIII Statement of Revenue

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

			(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	689,443				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	299,282				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		988,725				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code					
			621110	103,998,527	103,998,527		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		103,998,527				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,827,648			1,827,648	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		9,050	1,247				
	b Less rental expenses	4,217	1,247				
	c Rental income or (loss)	4,833	0				
	d Net rental income or (loss)			4,833			4,833
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	20,863,794	41,250					
b Less cost or other basis and sales expenses	13,635,539	10,002					
c Gain or (loss)	7,228,255	31,248					
d Net gain or (loss)			7,259,603			7,259,603	
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		0				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities	a						
See Part IV, line 19							
b Less direct expenses	b		0				
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		0				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MANAGEMENT FEE REVENUE		900099	87,617		87,617		
b THRIFT SHOP REVENUE		453310	342,575	342,575			
c MISCELLANEOUS		900099	129,348	129,348			
d All other revenue							
e Total. Add lines 11a-11d		559,540					
12 Total revenue. See Instructions		114,638,876	104,470,450	87,617	9,092,084		

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)

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	2,714,631	2,714,631		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	45,628	45,628		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	893,770	786,772	106,800	198
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	35,457,644	31,212,798	4,079,196	165,650
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,564	126,377	16,532	655
9 Other employee benefits	5,642,442	4,966,952	649,748	25,742
10 Payroll taxes	2,667,097	2,399,725	255,481	11,891
11 Fees for services (non-employees)				
a Management	359,144	359,144		
b Legal	23,661		23,661	
c Accounting	164,609		164,609	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,604,217	6,585,698	1,996,223	22,296
12 Advertising and promotion	337,923	312,371	4,087	21,465
13 Office expenses	1,362,758	1,150,173	202,553	10,032
14 Information technology	49,916		49,916	
15 Royalties	0			
16 Occupancy	1,528,534	1,403,463	125,071	
17 Travel	169,948	169,948		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	143,973	93,365	50,602	6
20 Interest	3,637,020	3,637,020		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,148,192	6,110,005	2,038,187	
23 Insurance	71,852	53,889	17,963	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBT EXPENSE	5,091,548	5,091,548		
b MEDICAL SUPPLIES	15,554,082	15,539,961	14,121	
c EQUIPMENT REPAIR/MAINTENANCE	2,723,442	2,645,543	77,899	
d EMPLOYEE EXPENSES	2,185,426	2,185,426		
e All other expenses	2,206,209	1,221,471	969,992	14,746
25 Total functional expenses. Add lines 1 through 24e	99,927,230	88,811,908	10,842,641	272,681
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	238,408	1 165,289
	2 Savings and temporary cash investments	32,754,120	2 26,998,672
	3 Pledges and grants receivable, net	0	3 0
	4 Accounts receivable, net	11,146,609	4 14,813,507
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6 0
	7 Notes and loans receivable, net	0	7 0
	8 Inventories for sale or use	2,632,217	8 2,339,958
	9 Prepaid expenses and deferred charges	729,528	9 694,084
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 149,108,299	
	b Less accumulated depreciation	10b 66,314,692	84,672,279 10c 82,793,607
	11 Investments—publicly traded securities	63,506,147	11 73,554,867
	12 Investments—other securities See Part IV, line 11	0	12 0
	13 Investments—program-related See Part IV, line 11	0	13 0
	14 Intangible assets	0	14 0
	15 Other assets See Part IV, line 11	4,582,328	15 3,444,998
	16 Total assets. Add lines 1 through 15 (must equal line 34)	200,261,636	16 204,804,982
Liabilities	17 Accounts payable and accrued expenses	6,873,805	17 8,740,392
	18 Grants payable	1	18 -701
	19 Deferred revenue	0	19 0
	20 Tax-exempt bond liabilities	69,109,381	20 67,341,290
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21 0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22 0
	23 Secured mortgages and notes payable to unrelated third parties	1,660,000	23 1,745,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	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	16,674,820	25 9,911,931
	26 Total liabilities. Add lines 17 through 25	94,318,007	26 87,737,912
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	105,694,655	27 116,817,581
	28 Temporarily restricted net assets	248,974	28 249,489
	29 Permanently restricted net assets	0	29 0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	105,943,629	33 117,067,070
	34 Total liabilities and net assets/fund balances	200,261,636	34 204,804,982

Part XI Reconciliation of Net AssetsCheck 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	114,638,876
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,927,230
3	Revenue less expenses Subtract line 2 from line 1	3	14,711,646
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105,943,629
5	Net unrealized gains (losses) on investments	5	-3,588,725
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	520
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	117,067,070

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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? 3b 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	3a	No
	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service
Name of the organization
Sid Peterson Memorial Hospital**Employer identification number**

74-2557820

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

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

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

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

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

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

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

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

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

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

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

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

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

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f 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)

g 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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2012****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

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

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

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

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

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

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

Name of the organization
Sid Peterson Memorial Hospital

Employer identification number

74-2557820

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?		No		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c Media advertisements?		No		
d Mailings to members, legislators, or the public?		No		
e Publications, or published or broadcast statements?		No		
f Grants to other organizations for lobbying purposes?	Yes		7,311	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i Other activities?		No		
j Total Add lines 1c through 1i			7,311	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
GRANTS TO OTHER ORGANIZATION FOR LOBBYING PURPOSES	PART II-B, QUESTION 1F	AMOUNT REPORTED IN PART II-B, QUESTION 1F REPRESENTS PORTION OF DUES PAID TO TRADE ASSOCIATIONS THAT IS ATTRIBUTABLE TO LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2012****Open to Public
Inspection**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Sid Peterson Memorial Hospital

Employer identification number
74-2557820

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 can 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	81,151	81,306	80,263	77,800	76,860
b Contributions					
c Net investment earnings, gains, and losses	25,516	78	1,266	2,661	1,116
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	259	233	223	198	176
g End of year balance	106,408	81,151	81,306	80,263	77,800

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment 100 000 %

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

3a(i)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(ii) related organizations

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

4 Describe in Part XIII 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		3,668,549			3,668,549
b Buildings		88,704,477	24,517,736	64,186,741	
c Leasehold improvements		405,717	196,961	208,756	
d Equipment		56,329,556	41,599,995	14,729,561	
e Other					
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					82,793,607

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) must equal Form 990, Part X, col. (B) line 12)

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

Total. (Column (b) must 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)) must equal Form 222, Part X, col (B), line 15.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

1	(a) Description of liability	(b) Book value
Federal income taxes		
SELF-INSURANCE COSTS		1,261,44
EST AMOUNTS FROM THIRD PARTIES		8,650,48
Total (Column (b) must equal Form 990, Part X, col (B), line 25.)		8,911,88

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

1	Total revenue, gains, and other support per audited financial statements	1	105,933,649
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,588,725
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-5,087,466
e	Add lines 2a through 2d	2e	-8,676,191
3	Subtract line 2e from line 1	3	114,609,840
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 XIII)	4b	29,036
c	Add lines 4a and 4b	4c	29,036
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	114,638,876

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

1	Total expenses and losses per audited financial statements	1	94,810,728
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 XIII)	2d	-19,023
e	Add lines 2a through 2d	2e	-19,023
3	Subtract line 2e from line 1	3	94,829,751
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 XIII)	4b	5,097,479
c	Add lines 4a and 4b	4c	5,097,479
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	99,927,230

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	EARNINGS FROM THE ENDOWMENT FUND WILL BE USED FOR THE HOSPICE PROGRAM TO DATE EARNINGS HAVE NOT BEEN EXPENDED
RECONCILIATION OF REVENUE PER AUDITED F/S WITH REVENUE PER RETURN	SCH D, PART XI, LINE 2D	BAD DEBT EXPENSE OFFSETTING AUDIT REVENUE (5,087,466)
RECONCILIATION OF REVENUE PER AUDITED F/S WITH REVENUE PER RETURN	SCH D, PART XI, LINE 4B	LOSS ON DISPOSAL IN EXPENSES PER AUDIT 24,487 RENTAL EXPENSES NETTED WITH REVENUE IN RETURN 5,464 CLASSIFICATION DIFFERENCES 10,013 ----- 29,036
RECONCILIATION OF EXPENSES PER AUDITED F/S WITH EXPENSES PER RETURN	SCH D, PART XII, LINE 2D	LOSS ON DISPOSAL IN EXPENSES PER AUDIT (24,487) RENTAL EXPENSES NETTED WITH REVENUE IN RETURN 5,464 ----- (19,023)
RECONCILIATION OF EXPENSES PER AUDITED F/S WITH EXPENSES PER RETURN	SCH D, PART XII, LINE 4B	BAD DEBT EXPENSE OFFSETTING AUDIT REVENUE 5,087,466 CLASSIFICATION DIFFERENCES 10,013 ----- - 5,097,479

2012

Open to Public
InspectionSCHEDULE 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.Name of the organization
Sid Peterson Memorial Hospital

Employer identification number

74-2557820

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . .	1a	Yes
b If "Yes," was it a written policy?	1b	Yes
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input type="checkbox"/> Applied uniformly to all hospital facilities	Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a	Yes
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 174 %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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 financial assistance expenses exceed the budgeted amount?	5b	Yes
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes
b If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . .			5,272,410		5,272,410	5 560 %
b Medicaid (from Worksheet 3, column a)			3,621,516	7,401,694	-3,780,178	
c Costs of other means-tested government programs (from Worksheet 3, column b)			180,535	188,435	-7,900	
d Total Financial Assistance and Means-Tested Government Programs . . .			9,074,461	7,590,129	1,484,332	5 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . .			85,593		85,593	0 090 %
f Health professions education (from Worksheet 5) . . .			80,346		80,346	0 080 %
g Subsidized health services (from Worksheet 6) . . .						
h Research (from Worksheet 7) . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . .						
j Total Other Benefits . . .			165,939		165,939	0 170 %
k Total Add lines 7d and 7j . . .			9,240,400	7,590,129	1,650,271	5 730 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			3,669		3,669	
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			3,669		3,669	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	5,091,548
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,036,619
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		
Section B. Medicare		
5 Enter total revenue received from Medicare (including DSH and IME)	5	41,934,673
6 Enter Medicare allowable costs of care relating to payments on line 5	6	41,988,802
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-54,129
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other
Section C. Collection Practices		
9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)

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

1

Name, address, and primary website address

Other (Describe)

Facility reporting group

1	PETERSON REGIONAL MEDICAL CENTER 551 HILL COUNTRY DR KERRVILLE, TX 78028	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 or facility reporting groups listed in Part V, Section A)

PETERSON REGIONAL MEDICAL CENTER

Name of hospital facility or facility reporting group _____**For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)** _____

1

Yes **No****Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b	<input checked="" type="checkbox"/> Demographics of the community			
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	<input checked="" type="checkbox"/> How data was obtained			
e	<input checked="" type="checkbox"/> The health needs of the community			
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	<input type="checkbox"/> Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No	
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	<input checked="" type="checkbox"/> Hospital facility's website			
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility			
c	<input type="checkbox"/> Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	<input checked="" type="checkbox"/> Execution of the implementation strategy			
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans			
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community			
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	<input type="checkbox"/> Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No	
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____			

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care <u>174</u> %			
If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300</u> %			
If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a <input checked="" type="checkbox"/> Income level			
b <input type="checkbox"/> Asset level			
c <input type="checkbox"/> Medical indigency			
d <input type="checkbox"/> Insurance status			
e <input type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			

Billing and Collections

15 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?	15	Yes	
16 Check all of the following 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 <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 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?	17	No	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V Facility Information (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals 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)

Policy Relating to Emergency Medical Care

19 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?

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)

	Yes	No
19 Yes		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)

21		No

21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

22		No

Part V Facility Information (continued)**Section C. Other Health Care 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 health care facilities did the organization operate during the tax year?

6

Name and address	Type of Facility (describe)
1 PETERSON AMBULATORY CARE CENTER 260 CULLY DRIVE KERRVILLE, TX 78028	AMBULATORY SURGICAL CENTER
2 PETERSON HOME CARE 1420 WATER STREET KERRVILLE, TX 78028	HOME HEALTH SERVICES
3 PETERSON HOSPICE 1121 BROADWAY KERRVILLE, TX 78028	HOSPICE CARE
4 KERRVILLE OUTREACH LAB 320 WATER STREET KERRVILLE, TX 78028	LAB DRAW SITE
5 KMP OUTREACH LAB 1331 BANDERA HIGHWAY KERRVILLE, TX 78028	LAB DRAW SITE
6 PETERSON COMMUNITY CARE CLINIC 823 JUNCTION HWY KERRVILLE, TX 78028	HOSPITAL-BASED CLINIC
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, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
PART III, LINE 4		<p>Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a significant provision for uncollectible accounts on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts. The Medical Center's allowance for uncollectible accounts for self-pay patients decreased from 91 percent of self-pay accounts receivable at June 30, 2012, to 86 percent to self-pay accounts receivable at June 30, 2013. The Medical Center's write-offs increased approximately \$215,000 from approximately \$5,840,000 for the year ended June 30, 2012, to approximately \$6,055,000 for the year ended June 30, 2013. The decrease in the allowance for uncollectible accounts is the result of favorable shifts in the aging of accounts receivables and trends experienced in the collection of amounts from self-pay patients. The increase in the write-offs is primarily attributable to a policy change in the business office, which accelerated the timing of charging off an account against the provision for uncollectible accounts. Collection of amounts from self-pay patients. The increase in the write-offs is primarily attributable to a policy change in the business office, which accelerated the timing of charging off an account against the provision for uncollectible accounts.</p>
PART III, LINE 2		<p>AMOUNT REPORTED ON LINE 2 IS BASED ON BAD DEBTS PER THE AUDITED FINANCIAL STATEMENTS. PART III, LINE 3 AMOUNT REPORTED IN ITEM 3 IS THE ORGANIZATION'S ESTIMATE OF THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO CHARITY CARE PATIENTS ESTIMATED AT 40%.</p>

Identifier	ReturnReference	Explanation
PART III, LINE 8		THE MEDICAL CENTER USES MEDICARE COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS (ROOM AND BOARD) BASED ON MEDICARE OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES. THE ORGANIZATION HAD A MEDICARE SHORTFALL IN THE AMOUNT OF \$54,129 LESSENING THE BURDEN OF GOVERNMENT. IN ADDITION, THE STATE OF TEXAS TREATS MEDICARE SHORTFALL AS COMMUNITY BENEFIT FOR MEETING STATUTORY REQUIREMENTS FOR CHARITY CARE AND COMMUNITY BENEFIT.
PART III, LINE 9B		IF THE PATIENT QUALIFIES FOR CHARITY CARE PER WRITTEN HOSPITAL CRITERIA, THE QUALIFYING BALANCE IS WRITTEN OFF TO CHARITY CARE AND NO FURTHER COLLECTION EFFORTS ARE MADE.

Identifier	ReturnReference	Explanation
PART V, LINE 20D		THE ORGANIZATION GIVES SELF-PAY PATIENTS A HIGHER DISCOUNT THAN THE CONTRACTED INSURANCE PLANS
NEEDS ASSESSMENT		PETERSON REGIONAL MEDICAL CENTER (PRMC) ASSESSES COMMUNITY NEEDS THROUGH A COMBINATION OF OUTSIDE SOURCES LIKE FOCUS GROUPS TO DETERMINE COMMUNITY PERCEPTIONS ABOUT OUR SERVICES (EMERGENCY DEPARTMENT AND WOMEN'S HEALTH SERVICES MOST RECENTLY), THOMSON REUTERS, TEXAS DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND ORGANIZATIONS INCLUDING CHAMBER OF COMMERCE, ECONOMIC DEVELOPMENT COMMISSION AND TEXAS HOSPITAL ASSOCIATION ALONG WITH INFORMATION AND DATA GATHERED FROM THESE EXTERNAL SOURCES PRMC USES PRESSGANFY SURVEYS FOR PATIENTS, EMPLOYEES AND PHYSICIANS PRESENTLY PRMC OFFERS MOST OF THE SAME HIGH-TECH MEDICAL TREATMENTS AND PROCEDURES FOUND IN NEARBY URBAN AREAS ADDITIONALLY, THE 35-ACRE PRMC CAMPUS INCLUDES AN AMBULATORY CARE CENTER COMPLETE WITH OUTPATIENT SURGERY, IMAGING, LABORATORY, INFUSION SERVICES AND REHABILITATION SERVICES INCLUDING A LARGE INDOOR HEATED THERAPY POOL AS WELL AS A REGIONAL WOUND HEALING CENTER

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		<p>PATIENTS WHO HAVE OR WILL HAVE A PATIENT RESPONSIBILITY ARE APPROACHED BY PATIENT REGISTRATION STAFF TO MAKE FINANCIAL ARRANGEMENTS PRIOR TO OR AT THE TIME OF SERVICE ANY PATIENT WHO CANNOT MAKE APPROPRIATE FINANCIAL ARRANGEMENTS IS REFERRED TO MEDICAL THIRD PARTY RESOURCES (MTPR) (A GROUP CONTRACTED BY HOSPITAL TO ASSIST PATIENTS IN QUALIFYING FOR FINANCIAL ASSISTANCE) FOR POSSIBLE FINANCIAL ASSISTANCE FOR WHICH THEY MAY QUALIFY IF PATIENT DOES NOT QUALIFY FOR ASSISTANCE THROUGH MTPR, REGISTRATION STAFF OFFER AN INTERNAL FINANCIAL AID APPLICATION (CHARITY CARE) AND EXPLAIN THE PROCESS TPR CONTACTS ALL REFERRED UNINSURED PATIENTS, NOT SEEN AT THE TIME OF HOSPITAL PRE-REGISTRATION OR AT REGISTRATION, BY SENDING A LETTER, CONTACT BY PHONE, AND OR PERSONAL VISIT, INFORMING THEM OF FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS THAT MAY ASSIST WITH UNPAID MEDICAL BILLS THE PATIENT IS INSTRUCTED TO CALL OR COME BY THE OFFICE TO BE SCREENED FOR POSSIBLE ASSISTANCE IF PATIENT IS POTENTIALLY ELIGIBLE, MTPR WILL ASSIST WITH THE APPLICATION PROCESS AND GATHERING OF NECESSARY VERIFICATION IF NO ASSISTANCE IS AVAILABLE THROUGH THESE PROGRAMS, MTPR WILL OFFER A FINANCIAL AID APPLICATION (CHARITY CARE) FOR POSSIBLE ASSISTANCE WITH THE HOSPITAL BILL AT THE TIME OF BILLING FOR PATIENTS WITH SELF PAY BALANCES, BUSINESS OFFICE INCLUDE LETTERS WHICH STATE TO CALL IF FINANCIAL ASSISTANCE IS NEEDED WHEN PAYMENTS ARE NOT RECEIVED IN A TIMELY MANNER, A COURTESY CALL TO THE PATIENT IS ATTEMPTED TO MAKE PAYMENT ARRANGEMENTS IF THE PATIENT STATES THAT THEY DO NOT HAVE MEANS TO PAY THE BILL, AN OFFER IS AGAIN MADE TO CONTACT MTPR FOR FINANCIAL ASSISTANCE OR WE OFFER TO MAIL OUR FINANCIAL AID APPLICATION A POSTING IS DISPLAYED IN REGISTRATION AREAS THAT WE OFFER CHARITY CARE AND TO CONTACT THE BUSINESS OFFICE (PHONE NUMBER IS PROVIDED) FOR DETAILS</p>
COMMUNITY INFORMATION		<p>PRMC SERVES A REGION OF APPROXIMATELY 6 COUNTIES, MORE THAN 40,000 PEOPLE LIVE WITHIN PRMC'S PRIMARY SERVICE AREA AND APPROXIMATELY 80,000 PEOPLE RESIDE IN PRMC'S OVERALL SERVICE AREA REPRESENTED BY KERR, KENDALL, KIMBLE, BANDERA, EDWARDS, GILLESPIE AND REAL COUNTIES PRMC OPERATES WITHIN A COMPETITIVE HEALTHCARE MARKETPLACE LOCATED APPROXIMATELY 60 MILES NORTHWEST OF SAN ANTONIO, RESIDENTS OF THE TEXAS HILL COUNTRY HAVE RELATIVELY EASY ACCESS TO THE SOUTH TEXAS MEDICAL CENTER, A MEDICAL DISTRICT CONSISTING OF 45 MEDICALLY RELATED INSTITUTIONS- VARIOUS SEPARATE MEDICAL, DENTAL AND NURSING SCHOOLS, TWELVE HOSPITALS AND FIVE SPECIALTY INSTITUTIONS</p>

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH		<p>PRMC ACTIVELY PROMOTES HEALTHCARE AND WELLNESS EDUCATION WITHIN THE COMMUNITIES WE SERVE THROUGH LOW OR NO COST SCREENINGS, MONTHLY EDUCATIONAL SEMINARS ADDRESSING IMPORTANT AND TIMELY MEDICAL ISSUES, EVENTS AND PUBLICATIONS</p> <p>PRMC EMPLOYS A HEALTH AND WELLNESS COORDINATOR TO HELP ORGANIZE, SCHEDULE, AND EXECUTE THE COMMUNITY SEMINARS AND SCREENINGS WORKING WITH LOCAL BUSINESSES, CHURCHES, COMMUNITY GROUPS, AND SENIORS, PRMC BRINGS INFORMATION AND EDUCATION OUT INTO THE COMMUNITIES WE SERVE THROUGH PROGRAMS LIKE THE FOLLOWING</p> <p>ANNUAL COMMUNITY FLU CLINIC CELEBRATE YOUR PREGNANCY ADOPT-A-HIGHWAY COMMUNITY MEMORIAL SERVICE BARK FOR LIFE WALK FOR LIFE MONTHLY EDUCATIONAL PRESENTATIONS, MEMBERSHIPS & SUPPORT GROUPS 3RD SATURDAY AFFORDABLE LAB TESTING DIABETES SUPPORT GROUP COMMUNITY JOINT REPLACEMENT CLASS THE BABY PLACE FOR MOMS-TO-BE AND THEIR PARTNERS DEMENTIA SUPPORT GROUP CARING FOR A LOVED ONE SUPPORT & LEARNING CANCER SUPPORT GROUP OSTOMY SUPPORT GROUP STROKE SUPPORT GROUP MENTAL HEALTH SUPPORT GROUP PETERSON HOME CARE PLAZA ON THE RIVER BLOOD PRESSURE CHECKS LIFE AFTER LOSS BRIDGING THE GAP CHILDREN & PARENT GRIEF SUPPORT BLOOD DRIVES BOY SCOUT LEADERSHIP YMCA BOARD OF DIRECTORS PARTICIPATION SCHREINER UNIVERSITY NURSING PROGRAM MENTORSHIP ADVANCED DIRECTIVES/DNR COMMUNITY WORK SHOPS TIVY HIGH SCHOOL BOARD OF DIRECTORS PARTICIPATION SOUTH TEXAS BLOOD & TISSUE DRIVE COMMUNITY ART LENDING PROGRAM ROTARY CLUB OF KERRVILLE REMARKABLE WOMEN COMMUNITY HEALTH FAIR COMMANCHE TRACE MEDICAL LECTURE SERIES CAR SEAT SAFETY CLINIC THE MEN'S EVENT COMMUNITY HEALTH WORK SHOP MOTHER-DAUGHTER COMMUNITY BUTTERFLY TEA AMERICAN CANCER SOCIETY "RELAY FOR LIFE" EVENT COMMUNITY SKIN CANCER SCREENING TIVY / INGRAM HIGH SCHOOL SHADOW DAY CAREERS IN HEALTHCARE PRMC LADIES AUXILIARY PATIENT & FAMILY ADVISORY COUNCIL FIRST AID & CPR BREASTFEEDING CLASS CHILDBIRTH CLASS NEWBORN CARE & INFANT NUTRITION INFANT SAFETY & CPR JUNIOR AUXILIARY ELEMENTARY SCHOOL PRESENTATIONS THERAPY & REHAB WEEK CARING FOR YOUR KIDNEYS HALO OF LOVE FAMILIES IN LITERACY COMFORT & CONVERSATION</p>
PART V, LINE 16, 17, & 18		<p>NEITHER PETERSON REGIONAL MEDICAL CENTER, NOR THIRD PARTIES AUTHORIZED BY PRMC, TAKE ANY ACTIONS UPON NON-PAYMENT FROM A PATIENT BEFORE MAKING A REASONABLE EFFORT TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR THE FACILITY'S FINANCIAL ASSISTANCE POLICY</p>

Identifier	ReturnReference	Explanation
PERCENT OF TOTAL EXPENSE	PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE OF \$5,091,548 WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS SUBTRACTED FROM TOTAL EXPENSE FOR THE CALCULATION OF "PERCENT OF TOTAL EXPENSE" IN THIS COLUMN
PART V, LINE 3		THE HOSPITAL CONDUCTED LOCAL INTERVIEWS TO SEEK INPUT FROM LOCAL LEADERS AND RESIDENTS ABOUT VARIOUS ASPECTS OF THEIR LOCAL HEALTHCARE DELIVERY SYSTEM AND WHAT CHANGES THEY WOULD LIKE TO SEE OR IDENTIFY AS AN UNMET HEALTH NEED. INTERVIEW RESULTS WERE COMPILED AND INCLUDED WITH DATA COLLECTION, DEMOGRAPHIC COMPARISONS, AND HEALTH STATISTICS FOR SUBSEQUENT COMMUNITY SUMMIT EVENT TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT		TEXAS
COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY	PART V, LINE 6A	THE IMPLEMENTATION STRATEGY IS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IS POSTED ONLINE AT THE FOLLOWING WEBSITE ADDRESS https://www.petersonrmc.com/index.php/component/content/article/2-uncategorized/151-chna

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sid Peterson Memorial Hospital

Employer identification number

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government **(b) EIN** **(c) IRC Code section if applicable** **(d) Amount of cash grant** **(e) Amount of non-cash assistance** **(f) Method of valuation (book, FMV, appraisal, other)** **(g) Description of non-cash assistance** **(h) Purpose of grant or assistance**

(1) HEALTHCARE PARTNERSHIP OF GREATER SAN ANTONIO
551 Hill Country Drive
Kerrville, TX 78028
45-0599888
501(C)(3)
2,541,000
SUPPORT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATION ASSISTANCE	26	45,628			

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Identifier	Return Reference	Explanation
Procedures for Monitoring the use of grant funds to US	PART I, QUESTION 2	IN ORDER TO BE ELIGIBLE TO RECEIVE FUNDS FROM PETERSON REGIONAL MEDICAL CENTER'S SCHOOL OR WORK STUDY PROGRAMS, THE FOLLOWING CRITERIA MUST BE MET 1)A COPY OF THE STUDENT'S DEGREE PLAN FROM THE EDUCATIONAL INSTITUTION 2)A COPY OF THE BILL 3)THE REQUESTED COURSES FOR THE SEMESTER 4)A CURRENT COPY OF THE STUDENT'S FAFSA CONFIRMATION 5)E-MAIL/MOX FROM THE UNIT MANAGER ACKNOWLEDGING THE STUDENT IS ENROLLING 6)PERSONAL DATA FROM CURRENT TO THIS SEMESTER 7)COPY OF GRADES FROM ANY PREVIOUS PAID CLASSES 8)IF WORK STUDY, A COPY OF THE SIGNED PROMISSORY AGREEMENT 9)IF WORK STUDY, THE APPLICATION EVERY STUDENT IS REQUIRED TO COMPLETE AND PRESENT THIS INFORMATION FOR EVERY SEMESTER THEY REQUEST SCHOLARSHIP FUNDS THE REQUEST FOR FUNDS IS CONSIDERED ONLY AFTER ALL PAPERWORK IS TURNED IN AND PASSING GRADES FROM THE PREVIOUS SEMESTER FUNDS ARE PRESENTED

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2012**Open to Public Inspection**Name of the organization
Sid Peterson Memorial Hospital**Employer identification number**

74-2557820

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Patrick Murray CEO	(i) (ii) 261,480			125,210	7,062	393,752	
(2) Robert Walther CFO	(i) (ii) 162,531			26,117	7,014	195,662	
(3) STEVE PAULTER COO	(i) (ii) 186,424			11,649	6,022	204,095	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PERSONS PARTICIPATING IN, OR RECEIVING PAYMENT FROM, A RETIREMENT PLAN	PART I, QUESTION 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SERP PLAN AMOUNTS DEFERRED IN THE CURRENT YEAR WERE AS FOLLOWS PAT MURRAY \$120,000 BOB WALTHER 25,000 STEVE PAUTLER 10,000 Hospital started contributing to SERP program for the 3 individuals this year Individuals are not eligible to receive any funds until after 5 years of service or retire after 3 years of program implementation

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds**2012**

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

**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Sid Peterson Memorial HospitalEmployer identification number
74-2557820**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF KERRVILLE TX HEALTH FACILITIES DEV CORP	20-3591155	492436AA8	10-26-2005	81,675,000	FINANCE COST OF HEALTH FACILITIES		X		X		X

Part II Proceeds

							A	B	C	D		
							0	0	0	0		
1	Amount of bonds retired						0					
2	Amount of bonds legally defeased						0					
3	Total proceeds of issue						0					
4	Gross proceeds in reserve funds						81,675,000					
5	Capitalized interest from proceeds						5,694,385					
6	Proceeds in refunding escrows						0					
7	Issuance costs from proceeds						1,959,776					
8	Credit enhancement from proceeds						0					
9	Working capital expenditures from proceeds						0					
10	Capital expenditures from proceeds						74,020,839					
11	Other spent proceeds						0					
12	Other unspent proceeds						0					
13	Year of substantial completion						2008					
14	Were the bonds issued as part of a current refunding issue?						Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?							X				
16	Has the final allocation of proceeds been made?						X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?						X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?									
c Are there any research agreements that may result in private business use of bond-financed property?		X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			0 %			%			%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			%			%			%
6 Total of lines 4 and 5			%			%			%
7 Does the bond issue meet the private security or payment test?		X							
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%			%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
See Additional Data Table		

Software ID:
Software Version:
EIN: 74-2557820
Name: Sid Peterson Memorial Hospital

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
MOST RECENT ARBITRAGE CALCULATION	PART IV, LINE 2C	THE DATE OF THE ORGANIZATION'S MOST RECENT ARBITRAGE CALCULATION WAS FOR THE YEAR ENDED 6/ 30/2010

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
WRITTEN PROCEDURES TO MONITOR THE REQUIREMENTS OF SECTION 148	PART IV, LINE 7	THE ORGANIZATION IS IN THE PROCESS OF DRAFTING PROCEDURES TO MONITOR COMPLIANCE WITH THE A RBITRAGE, YIELD RESTRICTION, AND REBATE REQUIREMENTS OF SECTION 148

Schedule L

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sid Peterson Memorial Hospital

Employer identification number

74-2557820

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No		

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. _____ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Part III Grants or Assistance Benefitting Interested Persons.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HUSER CONSTRUCTION	OWNER IS DIRECTOR	3,119,043	MEDICAL BUILDING CONSTRUCTION		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2012**Open to Public
Inspection**Name of the organization
Sid Peterson Memorial Hospital**Employer identification number**

74-2557820

Identifier	Return Reference	Explanation
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, QUESTION 11B	
REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION	FORM 990, PART VI, QUESTION 15A	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS COMPOSED OF THREE DIRECTORS APPOINTED BY THE CHAIRMAN OF THE BOARD AND APPROVED BY THE BOARD THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE HISTORY OF COMPENSATION FOR THE CEO, COMPARES COMPENSATION FOR PETERSON REGIONAL MEDICAL CENTER WITH THAT OF OTHER NOT FOR PROFIT HOSPITALS OF SIMILAR SIZE AND SERVICE, ANALYZES LOCAL AND NATIONAL DATA REGARDING SUCH COMPENSATION, AND RECOMMENDS ACTION TO THE BOARD OF DIRECTORS AFTER EXTENSIVE EVALUATION OF THE WORK OF THE CEO, AND REVIEW OF THE DATA GATHERED BY THE COMMITTEE, THE BOARD DETERMINES COMPENSATION FOR THE YEAR
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12C	THE ORGANIZATION INTERNALLY REVIEWS TRANSACTIONS FOR POSSIBLE CONFLICT ON A ROUTINE BASIS THROUGHOUT THE YEAR ALL BOARD MEMBERS ARE COVERED UNDER THIS POLICY THE BOARD REVIEWS ALL POSSIBLE CONFLICTS THIS PAST YEAR ONE BOARD MEMBER WAS NOT ALLOWED TO ATTEND MEETINGS BECAUSE HIS CONSTRUCTION FIRM WAS BIDDING ON A HOSPITAL PROJECT HE WAS ALLOWED TO RESUME ATTENDING BOARD MEETINGS ONCE THE CONTRACTOR WAS DECIDED UPON
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, QUESTION 4D	HAVE TWO LAB OFF-SITE OUTREACH LOCATIONS THERE WERE 13,406 PATIENT VISITS FOR THE YEAR
OTHER CHANGES IN NET ASSETS OF FUND BALANCES	FORM 990, PART XI, LINE 9	CONTRIBUTIONS RECORDED TO NET ASSETS 520
AMENDED RETURN		THE ORGANIZATION IS AMENDING THE RETURN TO CORRECTLY REPORT THE NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BOARD AT YEAR END, TO REMOVE THE JOINT VENTURE FROM SCHEDULE H PART IV, AND TO REPORT ADDITIONAL TRANSACTIONS WITH CONTROLLED ENTITIES IN SCHEDULE R PART V

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sid Peterson Memorial Hospital

Employer identification number

74-2557820

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

(a) Name, address, and EIN (if applicable) 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r	Yes	
1s		No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PETERSON REGIONAL MEDICAL CENTER FOUNDATION	C	689,443	FMV
(2) PETERSON MEDICAL ASSOCIATES	L	87,617	FMV
(3) PETERSON MEDICAL ASSOCIATES	D	1,515,446	FMV

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

Software ID:**Software Version:****EIN:** 74-2557820**Name:** Sid Peterson Memorial Hospital**Part VII Supplemental Information**

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

Identifier**Return Reference****Explanation**

**Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center**

Auditor's Report and Consolidated Financial Statements

June 30, 2013 and 2012

**Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center**

June 30, 2013 and 2012

Contents

Independent Auditor's Report 1

Consolidated Financial Statements

Balance Sheets	3
Statements of Operations	4
Statements of Changes in Net Assets	5
Statements of Cash Flows	6
Notes to Financial Statements	7

Independent Auditor's Report

Board of Trustees
Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center
Kerrville, Texas

We have audited the accompanying consolidated financial statements of Sid Peterson Memorial Hospital d/b/a Peterson Regional Medical Center, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

Printed:

Board of Trustees
Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center
Page 2

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Sid Peterson Memorial Hospital d/b/a Peterson Regional Medical Center as of June 30, 2013 and 2012, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

BKD, LLP

Houston, Texas
November 27, 2013

**Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center**

Consolidated Balance Sheets

June 30, 2013 and 2012

Assets

	2013	2012
Current Assets		
Cash and cash equivalents	\$ 30,235,620	\$ 21,247,346
Short-term investments	13,084,195	4,630,560
Assets limited as to use	2,444,439	2,224,074
Patient accounts receivable, net of allowance, 2013 - \$2,967,000, 2012 - \$3,934,000	8,932,810	9,297,028
Contributions receivable	318,486	385,599
Estimated amounts due from third-party payers	1,406,623	-
Supplies	2,339,958	2,632,217
Receivable from property sale, current	1,000,000	1,000,000
Prepaid expenses and other	3,306,908	773,917
Total current assets	<u>63,069,039</u>	<u>42,190,741</u>
Assets Limited As To Use		
Held by trustee, under indenture agreement	7,732,389	7,607,268
Internally designated, self-insurance funds	1,348,247	1,659,673
Internally designated	<u>15,229,147</u>	<u>14,808,714</u>
Less amount required to meet current obligations	24,309,783	24,075,655
	<u>2,444,439</u>	<u>2,224,074</u>
	<u>21,865,344</u>	<u>21,851,581</u>
Total	<u>35,055,785</u>	<u>48,316,733</u>
Investments		
Property and Equipment, At Cost		
Land and land improvements	3,668,549	3,668,549
Buildings and leasehold improvements	85,492,126	85,259,334
Equipment	55,525,219	53,677,226
Construction in progress	<u>4,422,405</u>	<u>635,972</u>
Less accumulated depreciation	149,108,299	143,241,081
	<u>66,314,692</u>	<u>58,568,802</u>
	<u>82,793,607</u>	<u>84,672,279</u>
Other Assets		
Contributions receivable	237,313	476,524
Deferred financing costs	1,215,160	1,308,285
Receivable from property sale	934,328	1,890,546
Other	<u>278,213</u>	<u>311,842</u>
	<u>2,665,014</u>	<u>3,987,197</u>
Total assets	<u>\$ 205,448,789</u>	<u>\$ 201,018,531</u>

Liabilities and Net Assets

	2013	2012
Current Liabilities		
Current maturities of long-term debt	\$ 1,745,000	\$ 1,660,000
Accounts payable	1,361,303	1,448,594
Accrued expenses	7,058,927	5,142,223
Estimated amounts due to third-party payers	10,057,109	14,894,681
Estimated self-insured employee benefit costs	609,640	978,873
 Total current liabilities	 20,831,979	 24,124,371
 Estimated Self-insured Professional Liability Costs	 646,917	 794,094
 Deferred Compensation Obligation	 524,968	 332,742
 Long-term Debt	 67,341,290	 69,109,381
Total liabilities	 89,345,154	 94,360,588
 Net Assets		
Unrestricted	113,907,406	104,253,873
Temporarily restricted	1,976,229	2,184,070
Permanently restricted	220,000	220,000
 Total net assets	 116,103,635	 106,657,943
 Total liabilities and net assets	 \$ 205,448,789	 \$ 201,018,531

**Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center**
Consolidated Statements of Operations
Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted Revenues, Gains and Other Support		
Patient service revenue (net of contractual allowances and discounts)	\$ 103,607,782	\$ 102,725,039
Provision for uncollectible accounts	<u>5,087,466</u>	<u>7,058,604</u>
Net patient service revenue less provision for uncollectible accounts	98,520,316	95,666,435
Other	<u>2,381,756</u>	<u>931,738</u>
Total unrestricted revenues, gains and other support	<u>100,902,072</u>	<u>96,598,173</u>
Expenses and Losses		
Salaries and wages	38,358,098	38,982,131
Employee benefits	8,806,143	11,859,122
Purchased services and professional fees	12,218,484	11,036,424
Supplies and other	26,569,628	26,962,487
Insurance	216,830	33,957
Depreciation and amortization	8,152,746	9,080,584
Interest	3,637,020	3,762,726
(Gain) loss on sale of property and equipment	<u>(24,487)</u>	<u>48,884</u>
Total expenses and losses	<u>97,934,462</u>	<u>101,766,315</u>
Operating Income (Loss)	<u>2,967,610</u>	<u>(5,168,142)</u>
Other Income (Expense)		
Investment return	5,526,637	923,822
Impact of loss of sole community hospital status pertaining to prior years (Note 2)	-	(12,045,139)
Contributions	<u>353,710</u>	<u>37,763</u>
Total other income (expense)	<u>5,880,347</u>	<u>(11,083,554)</u>
Excess (Deficiency) of Revenues Over Expenses	<u>8,847,957</u>	<u>(16,251,696)</u>
Net assets released from restriction used for purchase of property and equipment	<u>805,576</u>	<u>1,605,863</u>
Increase (Decrease) in Unrestricted Net Assets	<u>\$ 9,653,533</u>	<u>\$ (14,645,833)</u>

**Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center**
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted Net Assets		
Excess (deficiency) of revenues over expenses	\$ 8,847,957	\$ (16,251,696)
Net assets released from restriction used for purchase of property and equipment	<u>805,576</u>	<u>1,605,863</u>
Increase (decrease) in unrestricted net assets	<u>9,653,533</u>	<u>(14,645,833)</u>
Temporarily Restricted Net Assets		
Contributions received	471,436	1,342,130
Investment return, change in unrealized gains and losses on other-than-trading securities	126,299	17,976
Net assets released from restriction	<u>(805,576)</u>	<u>(1,605,863)</u>
Decrease in temporarily restricted net assets	<u>(207,841)</u>	<u>(245,757)</u>
Change in Net Assets	9,445,692	(14,891,590)
Net Assets, Beginning of Year	<u>106,657,943</u>	<u>121,549,533</u>
Net Assets, End of Year	<u><u>\$ 116,103,635</u></u>	<u><u>\$ 106,657,943</u></u>

**Sid Peterson Memorial Hospital d/b/a
Peterson Regional Medical Center**
Consolidated Statements of Cash Flows
Years Ended June 30, 2013 and 2012

	2013	2012
Operating Activities		
Change in net assets	\$ 9,445,692	\$ (14,891,590)
Items not requiring (providing) operating cash flow		
Depreciation and amortization	8,152,746	9,080,584
Net (gains) losses on investments	(3,773,239)	703,218
(Gain) loss on sale of property and equipment	(24,487)	48,884
Provision for uncollectible accounts	5,087,466	7,058,604
Restricted contributions	(471,436)	(1,342,130)
Changes in		
Patient accounts receivable	(4,723,248)	(7,932,124)
Estimated amounts due from and to third-party payers	(6,244,195)	16,111,460
Accounts payable and accrued expenses	1,512,366	(148,398)
Deferred compensation obligation	192,226	163,541
Other current assets and liabilities	<u>(2,767,295)</u>	<u>(364,290)</u>
Net cash provided by operating activities	<u>6,386,596</u>	<u>8,487,759</u>
Investing Activities		
Purchases of investments	(12,757,840)	(13,097,745)
Sales of investments	21,104,264	6,656,024
Proceeds from receivable of property sale	1,000,000	1,000,000
Proceeds from sale of property and equipment	41,250	50,095
Purchase of property and equipment	<u>(5,903,756)</u>	<u>(4,200,439)</u>
Net cash provided by (used in) investing activities	<u>3,483,918</u>	<u>(9,592,065)</u>
Financing Activities		
Proceeds from restricted contributions	777,760	1,597,422
Payments on long-term debt	<u>(1,660,000)</u>	<u>(1,580,000)</u>
Net cash provided by (used in) financing activities	<u>(882,240)</u>	<u>17,422</u>
Increase (Decrease) in Cash and Cash Equivalents	8,988,274	(1,086,884)
Cash and Cash Equivalents, Beginning of Year	21,247,346	22,334,230
Cash and Cash Equivalents, End of Year	\$ 30,235,620	\$ 21,247,346
Supplemental Cash Flows Information		
Interest paid	\$ 3,671,559	\$ 3,753,504
Change in asset additions in accounts payable	317,047	48,324

**Sid Peterson Memorial Hospital d/b/a
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Notes to Consolidated Financial Statements
June 30, 2013 and 2012**

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Sid Peterson Memorial Hospital d/b/a Peterson Regional Medical Center (the Medical Center) is a not-for-profit acute care hospital located in Kerrville, Texas. The Medical Center was incorporated on February 13, 1989. The Medical Center is governed by a Board of Directors (the Board) of not less than three or more than 15 members elected at an annual meeting of the Board. The Medical Center earns revenues by providing inpatient, outpatient and emergency services to residents in and around Kerr County, Texas.

Peterson Regional Health Care Center Foundation (the Foundation) is a nonprofit fund raising foundation organized to raise funds for the benefit of the Medical Center, its sole member.

Peterson Medical Associates (PMA) is a physician group practice organization. PMA's sole member is the Medical Center.

Principles of Consolidation

The consolidated financial statements include the accounts of the Medical Center, the Foundation and PMA. All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

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

Cash and Cash Equivalents

The Medical Center considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents. At June 30, 2013 and 2012, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

At June 30, 2013 and 2012, the Medical Center's cash accounts exceeded federally insured limits by approximately \$12,935,000 and \$19,201,000, respectively.

**Sid Peterson Memorial Hospital d/b/a
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Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income, realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions.

Assets Limited As To Use

Assets limited as to use include (1) assets held by trustee under bond indenture agreement, (2) assets internally designated for self-insurance arrangements, (3) assets internally designated under the supplemental executive retirement plan agreements, and (4) assets internally designated for future capital improvements over which the Board retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities of the Medical Center are included in current assets.

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a significant provision for uncollectible accounts on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

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The Medical Center's allowance for uncollectible accounts for self-pay patients decreased from 91 percent of self-pay accounts receivable at June 30, 2012, to 86 percent of self-pay accounts receivable at June 30, 2013. The Medical Center's write-offs increased approximately \$215,000 from approximately \$5,840,000 for the year ended June 30, 2012, to approximately \$6,055,000 for the year ended June 30, 2013. The decrease in the allowance for uncollectible accounts is the result of favorable shifts in the aging of accounts receivables and trends experienced in the collection of amounts from self-pay patients. The increase in the write-offs is primarily attributable to a policy change in the business office, which accelerated the timing of charging off an account against the provision for uncollectible accounts.

Supplies

The Medical Center states supply inventories at the lower of cost, determined using the first-in, first-out method, or market.

Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated using the straight-line basis over the estimated useful life of each asset. Leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and leasehold improvements	5-40 years
Equipment	3-10 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets, unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

Long-lived Asset Impairment

The Medical Center evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended June 30, 2013 and 2012.

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Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the interest method.

Physician Guarantees

In an effort to recruit new physicians to its service area, the Medical Center has entered into various physician income guarantee agreements. Under these agreements, the Medical Center guarantees minimum monthly income, revenues, or collections or guarantees reimbursement of expenses up to maximum limits to physicians during a specified period of time (typically, 12 to 24 months, the guarantee period). In return for the guarantee payments, the physicians are required to practice in the community for a stated period of time (typically, two to three years, the retention period) or else return the guarantee payments to the Medical Center. As of June 30, 2013, all physician income guarantee agreements were in the retention period, therefore, there are no potential future payments that the Medical Center could be required to make under the existing physician guarantee agreements.

Temporarily and Permanently Restricted Net Assets

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

Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

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Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires (*i.e.*, when a time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions for other than capital purchases whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Professional Liability Claims

The Medical Center recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims. Professional liability claims are described more fully in Note 6.

Income Taxes

The Medical Center and the Foundation have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Medical Center and the Foundation are subject to federal income tax on any unrelated business taxable income.

PMA is organized as a not-for-profit taxable 501(a) physician management organization. PMA's taxable income and deferred tax items as of and for the years ended June 30, 2013 and 2012, were not material.

The Medical Center, the Foundation and PMA file tax returns in the U.S. Federal jurisdiction. With a few exceptions, the Medical Center, the Foundation and PMA are no longer subject to U.S. Federal examinations by tax authorities for years before 2009.

Excess (Deficiency) of Revenues Over Expenses

The consolidated statements of operations include excess (deficiency) of revenues over expenses. Changes in unrestricted net assets, which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which, by donor restriction, were to be used for the purpose of acquiring such assets).

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Self Insurance

The Medical Center has elected to self-insure certain costs related to employee health and accident benefit programs. Costs resulting from noninsured losses are charged to income when incurred. The Medical Center has purchased insurance that limits its exposure for individual claims to \$200,000.

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period ending date.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services (CMS). Payments under both programs are contingent on the Medical Center continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the administrative contractor. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Medical Center recognizes revenue under the grant accounting model using the cliff recognition approach. Under this approach, revenue is recognized once meaningful use status has been met for the full reporting period.

In 2012, the Medical Center completed the first-year requirements under the Medicaid program and recorded revenue of approximately \$293,000, which is included as a component of other operating revenue in the accompanying consolidated statements of operations. Under the adopted revenue recognition approach, revenue was not recognized during fiscal year 2013 for the second-year requirements, as not all of the criteria for payment were met during the fiscal year.

In 2013, the Medical Center completed the first-year requirements under the Medicare program and has recorded revenue of approximately \$1,612,000, which is included as a component of other operating revenue in the accompanying consolidated statements of operations.

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Reclassifications

Certain reclassifications have been made to the 2012 consolidated financial statements to conform to the 2013 consolidated financial statement presentation. The reclassifications had no effect on the change in net assets.

Note 2: Net Patient Service Revenue

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Medical Center records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the consolidated statements of operations as a component of net patient service revenue.

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. These payment arrangements include

Medicare. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The Medical Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare administrative contractor.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology for certain services and at prospectively determined rates for all other services. The Medical Center is reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicaid administrative contractor.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. Settlements under reimbursement agreements with Medicare and Medicaid programs are estimated and recorded in the period the related services are rendered and are adjusted in future periods as adjustments become known or as the service years are no longer subject to audit, review or investigation. Annual cost reports required under the Medicare and Medicaid programs are subject to routine audits, which may result in adjustments to the amounts

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ultimately determined to be due to the Medical Center under the reimbursement programs. These audits often require several years to reach their final determination of amounts earned under the programs. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Medical Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized for the years ended June 30, 2013 and 2012, is as follows:

	2013	2012
Medicare	\$ 40,014,169	\$ 41,871,459
Medicaid	11,091,271	9,277,474
Other third-party payers	44,903,800	42,763,768
Self-pay	<u>7,598,542</u>	<u>8,812,338</u>
	<u><u>\$ 103,607,782</u></u>	<u><u>\$ 102,725,039</u></u>

The Medical Center participates in CMS-approved private Medicaid Upper Payment Limit (UPL) programs. The Medical Center has affiliation agreements with third-party hospitals that provide free hospital and physician care to qualifying indigent residents of the counties in Texas in which the hospitals operate (Guadalupe and Kimble). The UPL payments are contingent on the county or hospital district making an Inter-Governmental Transfer (IGT) to the state Medicaid program.

During the federal fiscal year 2012, the state of Texas began implementing a Section 1115(a) Medicaid Waiver program, which substantially replaces the existing UPL program. Under this waiver, hospitals will be paid supplemental funds for uncompensated care costs and delivery system improvement projects (DSRIP). Payments will be based on approved uncompensated costs and DSRIP projects, and payments will be generated by IGT payments that will be funded by the Medical Center and affiliated entities, which will be made on their behalf by the affiliated entities. During 2013, substantially all supplemental payments relate to uncompensated care and transitional payments were established at an amount substantially equal to prior UPL payments.

The Medical Center recognized as a component of net patient service revenue approximately \$5,736,000 and \$3,604,000 under these programs for the years ended June 30, 2013 and 2012, respectively.

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During the year ended June 30, 2012, the Medical Center was notified by CMS that the Medical Center's status as a Sole Community Hospital (SCH) was being terminated. SCH status provides for a hospital a specific payment rate for inpatient services if that rate, in aggregate, results in total payments greater than the prospective payment that would be paid under Medicare's normal payment methodology and a 7 1 percent add on to the prospective payment for outpatient services. The SCH status termination is retrospective to all fiscal years for which the Medicare cost report has not been settled by CMS, which is fiscal years 2008 through 2011. The impact of the lost SCH status for these fiscal years was estimated to be approximately \$12,045,000. During 2013, the Medical Center settled the fiscal year 2010 cost report for approximately \$3,088,000. As of June 30, 2013, the remaining liability is approximately \$8,957,000, which is shown as estimated amounts due to third-party payers in the accompanying consolidated balance sheets.

The estimated loss has been reflected as a component of other expenses in the 2012 consolidated statements of operations. The estimated loss pertaining to 2012 was approximately \$2,666,000 and is reflected as a component of net patient service revenue in the accompanying consolidated statements of operations. The average annual benefit of SCH status in the three fiscal years prior to 2013 was approximately \$3,123,000.

Note 3: Concentration of Credit Risk

Accounts Receivable

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of net receivables from patients and third-party payers at June 30, 2013 and 2012, is as follows:

	2013	2012
Medicare	47%	54%
Medicaid	5%	5%
Other third-party payers	42%	37%
Patients	6%	4%
	100%	100%

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Note 4: Investments and Investment Return

Assets Limited As To Use

Assets limited as to use as of June 30, 2013 and 2012, include the following items

	2013	2012
Held by trustee under indenture agreement		
Cash and cash equivalents	\$ 2,470,079	\$ 2,381,826
Certificates of deposit	5,257,905	5,213,075
Accrued interest	4,405	12,367
	<hr/> <u>\$ 7,732,389</u>	<hr/> <u>\$ 7,607,268</u>
Internally designated for self-insurance arrangements		
Cash and cash equivalents	\$ 19,227	\$ 98,599
Certificates of deposit	-	50,314
U S Treasury and agency obligations	-	54,280
Mutual funds principally invested in corporate and government bonds	20,288	-
Corporate fixed income instruments	-	106,047
Domestic mutual funds	538,480	527,446
Foreign mutual funds	268,847	273,639
Domestic equity securities	455,395	494,278
Foreign equity securities	46,010	55,070
	<hr/> <u>\$ 1,348,247</u>	<hr/> <u>\$ 1,659,673</u>
Internally designated for capital acquisition and other		
Cash and cash equivalents	\$ 1,310,893	\$ 1,194,770
Certificates of deposit	1,543,144	1,607,845
U S Treasury and agency obligations	-	731,045
Mutual funds principally invested in corporate and government bonds	561,318	-
Corporate fixed income instruments	-	2,665,909
Real estate investment trusts	38,771	27,389
Domestic mutual funds	3,751,687	3,352,510
Foreign mutual funds	2,432,227	1,446,039
Domestic equity securities	5,078,987	3,097,228
Foreign equity securities	512,120	685,979
	<hr/> <u>\$ 15,229,147</u>	<hr/> <u>\$ 14,808,714</u>

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Other Investments

Other investments at June 30, 2013 and 2012, include

	2013	2012
Certificates of deposit	\$ 193,921	\$ 2,303,210
U S Treasury and agency obligations	-	1,709,294
Mutual funds principally invested in corporate and government bonds	24,997,060	-
Corporate and municipal fixed income instruments	-	10,859,359
Domestic mutual funds	3,185,599	14,577,447
Foreign mutual funds	2,826,200	8,048,775
Domestic equity securities	16,315,629	13,997,495
Foreign equity securities	621,571	1,174,113
Real estate investment trusts	-	277,600
	<hr/> 48,139,980	<hr/> 52,947,293
Less long-term investments	<hr/> 35,055,785	<hr/> 48,316,733
Short-term investments	<hr/> \$ 13,084,195	<hr/> \$ 4,630,560

Total investment return is comprised of the following

	2013	2012
Interest and dividend income	\$ 1,879,697	\$ 1,645,016
Net realized gains (losses)	7,228,355	(2,380)
Net unrealized losses	<hr/> (3,455,116)	<hr/> (700,838)
	<hr/> \$ 5,652,936	<hr/> \$ 941,798

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows

	2013	2012
Unrestricted net assets		
Other income - investment return	\$ 5,526,637	\$ 923,822
Temporarily restricted net assets, change in unrealized gains and losses on other-than-trading securities	<hr/> 126,299	<hr/> 17,976
	<hr/> \$ 5,652,936	<hr/> \$ 941,798

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Note 5: Contributions Receivable

Contributions receivable consisted of the following items at June 30, 2013 and 2012

	2013	2012
Due within one year	\$ 318,486	\$ 385,599
Due in one to five years	544,091	765,192
Due in more than five years	-	39,734
	<hr/> 862,577	<hr/> 1,190,525
Less		
Allowance for uncollectible contributions	152,130	168,461
Unamortized discount	<hr/> 154,648	<hr/> 159,941
	<hr/> 306,778	<hr/> 328,402
	<hr/> \$ 555,799	<hr/> \$ 862,123

Contributions receivable are for the construction of the new hospital and the Da Vinci surgical machine and have been discounted using an adjusted risk free rate at the time of the contribution

Note 6: Risk Management

Professional and General Liability

The Medical Center is self-insured for medical malpractice risks. Losses from asserted and unasserted claims identified under the Medical Center's incident reporting system are accrued based on estimates that incorporate the Medical Center's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors. It is reasonably possible that the Medical Center's estimate of losses will change by a material amount in the near term.

The Medical Center has engaged professional actuarial consultants to assist in computing its accrual for malpractice exposure. Amounts accrued by the Medical Center as of June 30, 2013 and 2012, were approximately \$647,000 and \$794,000, respectively, which are shown as estimated self-insured professional liability costs in the accompanying consolidated balance sheets. Estimated losses have been discounted assuming a 2 percent rate of return for each of the years ended June 30, 2013 and 2012.

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Employee Health and Workers' Compensation

The Medical Center is also self-insured for employee health care and workers' compensation claims. The Medical Center has purchased excess insurance coverage, which limits their annual individual exposure to \$200,000. A reserve has been established for unpaid claims and claims incurred, but not received, and are shown as estimated self-insured employee benefit costs in the accompanying consolidated balance sheets. Amounts accrued by the Medical Center for employee health and workers' compensation claims were approximately \$610,000 and \$979,000 for the years ended June 30, 2013 and 2012, respectively.

Note 7: Long-term Debt

	2013	2012
Revenue bonds payable (A)	\$ 68,785,000	\$ 70,445,000
Bond premium	<u>301,290</u>	<u>324,381</u>
	<u>\$ 69,086,290</u>	<u>\$ 70,769,381</u>

(A) Series 2005 City of Kerrville, Texas, Health Facilities Development Corporation Hospital Revenue Bonds (Sid Peterson Memorial Hospital Project) in the original amount of \$81,675,000, plus a net original issue premium of \$485,917 dated October 1, 2005, bearing interest at rates ranging from 4.00 percent to 5.45 percent. The bond indenture requires the Medical Center to make annual principal and sinking fund payments each August 15 beginning in 2009 through 2035, with interest due each August 15 and February 15.

The bond issue includes \$35,070,000 of term bonds due August 15, 2035, which the Medical Center may call at par on any August 15 or February 15. Additionally, the Medical Center may call any other remaining bonds at par on or after August 15, 2016.

The City of Kerrville, Texas, Health Facilities Development Corporation (the Corporation) issued the bonds on behalf of the Medical Center. The bonds are secured by a pledge of the Medical Center's revenues, the reserve funds established with the bond trustee pursuant to the loan agreement and bond indenture, and a mortgage lien on substantially all land and buildings of the Medical Center. The bonds have not been guaranteed by the Corporation.

The indenture and loan agreements require that certain funds be established with a trustee. Accordingly, these funds are included as assets limited as to use held by a trustee in the consolidated financial statements. The agreements also require the Medical Center to comply with certain restrictive covenants including minimum insurance coverage, a liquidity covenant that requires a minimum of 60 days of cash and unrestricted investments on hand, maintaining a debt service coverage ratio of at least 1.15 and restrictions on the incurrence of additional debt and disposition of assets.

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For the year ended June 30, 2012, the Medical Center was not in compliance with a covenant requiring a minimum debt service coverage ratio. The noncompliance is not considered an event of default if a management consultant is retained to make recommended changes in rates, fees and charges or expenses. During 2013, the Medical Center received recommendations from a management consultant.

Aggregate annual maturities of long-term debt at June 30, 2013, are:

2014	\$ 1,745,000
2015	1,835,000
2016	1,930,000
2017	2,030,000
2018	2,135,000
Thereafter	<hr/> 59,110,000
	<hr/> \$ 68,785,000

Note 8: Line of Credit

At June 30, 2013 and 2012, the Medical Center had a \$3,000,000 line of credit with a local financial institution, which expires on February 1, 2015. No amounts were drawn on the line of credit during the years ended June 30, 2013 and 2012.

Note 9: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for health care services. During the years ended June 30, 2013 and 2012, net assets released from donor restrictions by incurring qualifying expenses or by the passage of time were approximately \$806,000 and \$1,606,000, respectively.

Permanently restricted net assets as of June 30, 2013 and 2012, were \$220,000, which are investments to be held to perpetuity with the income to be used for operations.

Note 10: Charity Care

In support of its mission, the Medical Center voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue. In addition, the Medical Center provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts, which are less than established charges for the services provided to the recipients and many times the payments are less than the cost of rendering the services provided.

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The costs of charity care provided under the Medical Center's charity care policy were approximately \$5,034,000 and \$7,042,000 for the years ended June 30, 2013 and 2012, respectively. The cost of providing charity care is estimated by applying the ratio of cost to gross charges to gross uncompensated charges.

Note 11: Functional Expenses

The Medical Center provides health care services primarily to residents within its geographic area. Expenses related to providing these services are shown below.

	2013	2012
Health care services	\$ 90,521,267	\$ 94,063,066
General and administrative	<u>7,413,195</u>	<u>7,703,249</u>
	<u><u>\$ 97,934,462</u></u>	<u><u>\$ 101,766,315</u></u>

Note 12: Pension Plan

The Medical Center has a defined contribution pension plan covering substantially all employees. The Board of Trustees annually determines the amount, if any, of the Medical Center's contributions to the pension plan. Pension expense was approximately \$157,000 and \$1,287,000 for the years ended June 30, 2013 and 2012, respectively.

Effective July 1, 2010, the Medical Center implemented a supplemental executive retirement plan (SERP) covering certain members of management. The Medical Center's funding policy is to contribute the minimum annual contribution that is required by applicable regulations, plus such amounts as the Medical Center may determine to be appropriate from time to time. The Medical Center contributed approximately \$155,000 and \$333,000 for the years ended June 30, 2013 and 2012, respectively.

Note 13: Disclosures About Fair Value of Financial Instruments

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value.

Level 1 Quoted prices in active markets for identical assets or liabilities

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Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2013 and 2012

	Fair Value Measurement Using					
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	(Level 1)	(Level 2)	(Level 3)
Fair Value						
June 30, 2013						
Mutual funds principally invested in corporate and government bonds	\$ 25,578,666	\$ 25,578,666	\$ -	\$ -	\$ -	\$ -
Domestic mutual funds	7,475,766	7,475,766	-	-	-	-
Foreign mutual funds	5,527,274	5,527,274	-	-	-	-
Domestic equity securities	21,850,011	21,850,011	-	-	-	-
Foreign equity securities	1,179,701	1,179,701	-	-	-	-
Real estate investment trusts	38,771	38,771	-	-	-	-
June 30, 2012						
U S Treasury and agency obligations	2,494,619	2,412,755	81,864	-	-	-
Corporate and municipal fixed income instruments	13,631,315	8,716,679	4,914,636	-	-	-
Domestic mutual funds	18,457,403	18,457,403	-	-	-	-
Foreign mutual funds	9,768,453	9,768,453	-	-	-	-
Domestic equity securities	17,589,001	17,589,001	-	-	-	-
Foreign equity securities	1,915,162	1,915,162	-	-	-	-
Real estate investment trusts	304,989	304,989	-	-	-	-

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Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended June 30, 2013.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include U.S. treasury and agency obligations, domestic and foreign mutual funds and equity securities, mutual funds principally invested in corporate and government bonds, and real estate investment trusts. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include U.S. Treasury and agency obligations and corporate and municipal fixed income securities. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Medical Center did not hold any Level 3 securities at June 30, 2013 and 2012.

Quoted market prices were used to determine the fair value of Level 1 items listed previously. For Level 2 investments, inputs include maturity and coupon rates and/or closing prices of similar securities from comparable industry financial data.

Fair Value of Financial Instruments

The following table presents estimated fair values of the Medical Center's financial instruments and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2013 and 2012.

	Fair Value Measurements Using				
	Carrying Amount	Quoted Prices			
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
June 30, 2013					
Financial assets					
Cash and cash equivalents	\$ 30,235,620	\$ 30,235,620	\$ -	\$ -	-
Assets limited as to use and other investments	72,449,763	72,449,763	-	-	-
Contributions receivable	555,799	555,799	-	-	-
Financial liabilities					
Long-term debt	69,086,290	-	71,702,625	-	-

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	Fair Value Measurements Using			
	Quoted Prices			
	in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
June 30, 2012				
Financial assets				
Cash and cash equivalents	\$ 21,247,346	\$ 21,247,346	\$ -	\$ -
Assets limited as to use and other investments	77,022,948	72,026,448	4,996,500	-
Contributions receivable	862,123	862,123	-	-
Financial liabilities				
Long-term debt	70,769,381	-	75,491,021	-

The following methods were used to estimate the fair value of all other financial instruments recognized in the accompanying consolidated balance sheets at amounts other than fair value

Cash and Cash Equivalents

The carrying amount approximates fair value

Certificates of Deposit

Amortized cost approximates fair value

Contributions Receivable

Fair value is estimated by discounting the cash flows of the future payments expected to be received using rates of return on assets with similar cash flows

Long-term Debt

Fair value is estimated based on the borrowing rates currently available to the Medical Center for debt with similar terms and maturities

Note 14: Related-party Transactions

The Medical Center is party to an indigent care affiliation agreement with the City of Seguin and Guadalupe County, Texas d/b/a Guadalupe Regional Medical Center and during the year ended June 30, 2012, with Kimble County Hospital District to collaborate with the Healthcare

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Partnership of Greater San Antonio (the Service Organization), a nonprofit corporation, to access Medicaid supplemental payments through the State of Texas. The Medical Center's Chief Executive Officer and Chief Financial Officer serve on the Board of the Service Organization. The Medical Center contributed approximately \$2,758,000 and \$2,541,000 to the Service Organization during the years ended June 30, 2013 and 2012, respectively. These contributions, which were used to fund indigent care in west Texas, are reflected as a component of supplies and other expense in the consolidated statements of operations.

Note 15: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 2.

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Notes 1 and 6.

Litigation

In the normal course of business, the Medical Center is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Medical Center's self-insurance programs (discussed elsewhere in these notes) or by commercial insurance (e.g., allegations regarding employment practices or performance of contracts). The Medical Center evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Self-insured Employee Health Care and Workers' Compensation

Estimates related to the accrual for self-insured employee health claims and workers' compensation claims are discussed in Note 6.

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Investments

The Medical Center invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

Note 16: Patient Protection and Affordable Care Act

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The state of Texas has currently indicated it will not expand the Medicaid program, which may result in revenues from newly covered individuals not offsetting the Medical Center's reduced revenue from other Medicare/Medicaid programs.

The PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Medical Center's net patient service revenue. In addition, it is possible the Medical Center will experience payment delays and other operational challenges during PPACA's implementation.

Note 17: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were issued.