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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

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

Doing Business As

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NORTH PLATTE, NE 69103

D Employer identification number
47-0662290

E Telephone number
(308) 696-8000

G Gross receipts $ 158,353,930

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW GPHEALTH ORG

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

L Year of formation 1971

M State of legal domicile NE

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,084
6	Total number of volunteers (estimate if necessary)	**6**	140
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	67,242
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	217,152	283,048
9	Program service revenue (Part VIII, line 2g)	145,304,353	154,990,065
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,154,345	2,398,989
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,529,146	648,458
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,896,306	158,320,560
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	544,715	94,965
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	69,908,585	74,846,405
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	67,280,162	70,222,348
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	137,733,462	145,163,718
19	Revenue less expenses Subtract line 18 from line 12	6,162,844	13,156,842

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	278,483,459	295,761,550
21	Total liabilities (Part X, line 26)	128,007,114	128,744,384
22	Net assets or fund balances Subtract line 21 from line 20	150,476,345	167,017,166

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

****** 2014-11-07
Signature of officer Date

KRYSTAL CLAYMORE CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARBARA J FAJEN				P00400874

Firm's name ▶ SEIM JOHNSON LLP — Firm's EIN ▶ 47-6097913

Firm's address ▶ 18081 BURT STREET SUITE 200 OMAHA, NE 680224722 — Phone no (402) 330-2660

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 139,248,060 including grants of $ 94,965) (Revenue $ 155,540,955)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 139,248,060

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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*	**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 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	207		
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	1,084		
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" to line 3b, 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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	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**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

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

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

Check if Schedule O contains a response or note to any line 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	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID PEDERSON CHAIR	1 00 2 00	X		X				0	0	0
(2) KYLE GIFFORD VICE CHAIR	1 00 2 00	X		X				0	0	0
(3) MISTY ROBERTSON SECRETARY/TREASURER	1 00 2 00	X		X				0	0	0
(4) CHRIS JOHNG MD CHIEF OF STAFF	1 00 2 00	X		X				42,975	0	0
(5) BYRON BARKSDALE DIRECTOR	1 00 1 00	X						0	0	0
(6) KATHY BOURQUE DIRECTOR	1 00 1 00	X						0	0	0
(7) JEFF BRITTAN MD DIRECTOR	1 00 1 00	X						0	0	0
(8) DIANN KOLKMAN DIRECTOR	1 00 2 00	X						0	0	0
(9) BEN LASHLEY DDS DIRECTOR	1 00 2 00	X						0	0	0
(10) DWIGHT LIVINGSTON DIRECTOR	1 00 1 00	X						0	0	0
(11) MARK OETTINGER DIRECTOR (10/10/13 - PRESENT)	1 00 0 00	X						0	0	0
(12) DUDLEY OLTMANS DIRECTOR	1 00 1 00	X						0	0	0
(13) JOHN PATTERSON DIRECTOR	1 00 2 00	X						0	0	0
(14) RORIC PAULMAN DIRECTOR (1/1/13 - 10/09/13)	1 00 1 00	X						0	0	0
(15) CHRIS SEIP MD DIRECTOR	1 00 1 00	X						0	0	0
(16) LINDA TUCKER DIRECTOR	1 00 1 00	X						0	0	0
(17) GREGORY NIELSEN CEO	38 00 2 00			X				427,920	0	38,908

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

(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	Officer	Key employee	Highest compensated employee	Former			
(18) KRYSTAL CLAYMORE CFO	38 00 2 00			X				216,226	0	35,715
(19) MEL MCNEA COO	40 00 0 00			X				214,021	0	37,631
(20) MARK CLARK CIO (1/1/13 - 10/18/13)	40 00 0 00			X				149,892	0	24,498
(21) BRANDON KELLIHER CIO (10/19/13 - 12/31/13)	40 00 0 00			X				123,380	0	14,712
(22) IRFAN A VAZIRI PHYSICIAN (GPRMC)	40 00 0 00					X		1,031,218	0	38,523
(23) ARSHAD ALI PHYSICIAN (GPRMC)	40 00 0 00					X		887,228	0	21,370
(24) SATYANARAYANA NELLURI PHYSICIAN (GPRMC)	40 00 0 00					X		847,488	0	38,989
(25) MICHAEL GALLENTINE PHYSICIAN (NPNPG)	40 00 0 00					X		676,787	0	35,958
(26) AHMED AWAIS PHYSICIAN (GPRMC)	40 00 0 00					X		610,539	0	19,056
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								5,227,674	0	305,360

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 ▶ 76

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SNELL SERVICES INC 2345 10TH STREET GERING NE 69341	ELECTRICAL CONTRACTOR	10,995,693
SAMPSON CONSTRUCTION 440 REGENCY PARKWAY DRIVE OMAHA NE 68114	CONSTRUCTION	10,704,475
HDR ARCHITECTURE INC 8404 INDIAN HILLS DRIVE OMAHA NE 68114	ARCHITECTURE	1,583,666
WISCONSIN PHYSICIAN SERVICE PO BOX 8310 OMAHA NE 681080310	COST REPORT SERVICES	1,474,695
R VISION MEDICAL STAFFING 2711 BURNAP CHICO CA 95973	NURSE STAFFING	879,169

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 ▶ 25

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	52,746			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	230,302			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		283,048			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	624100	113,179,001	113,179,001		
	b	MEDICARE/MEDICAID PAYMENTS	624100	39,602,603	39,602,603		
	c	EHR INCENTIVE PAYMENTS	624100	1,718,820	1,718,820		
	d	OTHER OPERATING REVENUE	624100	249,351	249,351		
	e	MANAGEMENT FEES	624100	9,480	9,480		
	f	All other program service revenue		230,810	230,810		
	g	**Total.** Add lines 2a–2f		154,990,065			
	3	Investment income (including dividends, interest, and other similar amounts)		2,355,475			2,355,475
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	30,326				
	b	Less rental expenses	0				
	c	Rental income or (loss)	30,326				
	d	Net rental income or (loss)		30,326			30,326
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	76,884				
	b	Less cost or other basis and sales expenses	33,370				
	c	Gain or (loss)	43,514				
	d	Net gain or (loss)		43,514			43,514
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	NORTH PLATTE SURGICAL CENTER	621400	552,080	552,080		
	b	MEDICAL TRANSCRIPTION	519100	50,768		50,768	
	c	HOUSEKEEPING	812900	15,570		15,570	
	d	All other revenue		-286	-1,190	904	
	e	**Total.** Add lines 11a–11d		618,132			
	12	**Total revenue.** See Instructions		158,320,560	155,540,955	67,242	2,429,315

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 or note to any line 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	94,965	94,965		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,325,878	42,975	1,282,903	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	96,488	96,488		
7 Other salaries and wages	58,213,957	57,167,450	1,046,507	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,864,641	1,831,507	33,134	
9 Other employee benefits	9,649,048	9,405,237	243,811	
10 Payroll taxes	3,696,393	3,554,028	142,365	
11 Fees for services (non-employees)				
a Management	314,720	76,303	238,417	
b Legal	341,127		341,127	
c Accounting	48,439		48,439	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	186,472		186,472	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,825,801	17,385,097	1,440,704	
12 Advertising and promotion	262,231		262,231	
13 Office expenses	4,272,232	4,040,799	231,433	
14 Information technology	3,302,787	3,294,239	8,548	
15 Royalties . .				
16 Occupancy	2,760,536	2,741,784	18,752	
17 Travel	427,742	381,091	46,651	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	31,433	31,433		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,115,952	10,066,473	49,479	
23 Insurance	485,826	350,558	135,268	
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 MEDICAL SUPPLIES	22,593,324	22,593,324		
b BAD DEBTS	5,451,996	5,451,996		
c EDUCATION & TRAINING	363,263	356,733	6,530	
d DUES & SUBSCRIPTIONS	197,266	197,266		
e All other expenses	241,201	88,314	152,887	
25 **Total functional expenses.** Add lines 1 through 24e	145,163,718	139,248,060	5,915,658	0
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 Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		-133,567	1	3,101
	2	Savings and temporary cash investments		36,657,642	2	62,554,084
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		17,731,451	4	18,137,429
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	32,372
	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			6	
	7	Notes and loans receivable, net		710,882	7	576,304
	8	Inventories for sale or use		3,954,596	8	4,196,536
	9	Prepaid expenses and deferred charges		2,907,366	9	3,419,209
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 179,352,743			
	b	Less accumulated depreciation	10b 107,603,796	45,625,194	10c	71,748,947
	11	Investments—publicly traded securities		157,608,032	11	120,296,134
	12	Investments—other securities See Part IV, line 11		3,202,552	12	2,744,180
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,219,311	15	12,053,254
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		278,483,459	16	295,761,550
Liabilities	17	Accounts payable and accrued expenses		14,280,721	17	16,814,074
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		109,466,819	20	108,902,546
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		4,259,574	25	3,027,764
	26	**Total liabilities.** Add lines 17 through 25		128,007,114	26	128,744,384
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		149,744,216	27	166,285,037
	28	Temporarily restricted net assets		732,129	28	732,129
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		150,476,345	33	167,017,166
	34	Total liabilities and net assets/fund balances		278,483,459	34	295,761,550

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	158,320,560
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,163,718
3	Revenue less expenses Subtract line 2 from line 1	3	13,156,842
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	150,476,345
5	Net unrealized gains (losses) on investments	5	3,393,888
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-639,073
9	Other changes in net assets or fund balances (explain in Schedule O)	9	629,164
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	167,017,166

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated
e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		9,637
j	Total Add lines 1c through 1i			9,637
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE $9,637 REPRESENTS THE PORTION OF THE DUES PAID TO THE NEBRASKA HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION THAT ARE USED FOR LOBBYING BY THOSE ORGANIZATIONS

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part 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	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		213,971		213,971
b Buildings		44,192,651	27,818,037	16,374,614
c Leasehold improvements		1,020,939	735,772	285,167
d Equipment		97,218,430	76,885,985	20,332,445
e Other		36,706,752	2,164,002	34,542,750
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				71,748,947

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ESTIMATED THIRD PARTY SETTLEMENTS	679,699
DEFERRED COMPENSATION	2,335,113
LEASES PAYABLE	12,952
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,027,764

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	GREAT PLAINS REGIONAL MEDICAL CENTER (THE MEDICAL CENTER) AND REGENCY RETIREMENT RESIDENCE (REGENCY) ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE GREAT PLAINS MEDICAL ARTS BUILDING, INC (GPMAI) IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE NORTH PLATTE NEBRASKA PHYSICIANS GROUP, LLC (NPNPG) IS A LIMITED LIABILITY COMPANY WHOLLY OWNED BY THE MEDICAL CENTER THE MEDICAL CENTER, REGENCY AND GPMAI HAVE RECEIVED A DETERMINATION LETTER THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE THE INTERNAL REVENUE SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN TAX-EXEMPT STATUS IN GENERAL, SUCH STANDARDS REQUIRE THE MEDICAL CENTER, REGENCY AND GPMAI TO MEET A COMMUNITY BENEFIT STANDARD AND COMPLY WITH VARIOUS LAWS AND REGULATIONS GREAT PLAINS HOMECARE EQUIPMENT, INC (GPHEI) IS A FOR-PROFIT CORPORATION THAT RECOGNIZED FEDERAL AND STATE INCOME TAX EXPENSE OF APPROXIMATELY $0 AND $49,300 IN 2013 AND 2012, RESPECTIVELY THE INCOME TAX EXPENSE IS INCLUDED AS AN OTHER EXPENSE OF THE CONSOLIDATED STATEMENTS OF OPERATIONS THE ORGANIZATION ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC 740, INCOME TAXES THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED AT DECEMBER 31, 2013, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS ACCRUED WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS ENDED PRIOR TO DECEMBER 31, 2010

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

Part I 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 ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit 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)			2,355,068	81,258	2,273,810	1 630 %
b Medicaid (from Worksheet 3, column a)			9,014,289	4,399,894	4,614,395	3 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			11,369,357	4,481,152	6,888,205	4 930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,516,851	31,400	1,485,451	1 060 %
f Health professions education (from Worksheet 5)			86,507	0	86,507	0 060 %
g Subsidized health services (from Worksheet 6)			670,048	665,987	4,061	0 %
h Research (from Worksheet 7)			182,486	9,261	173,225	0 120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			197,085	0	197,085	0 140 %
j **Total.** Other Benefits			2,652,977	706,648	1,946,329	1 380 %
k **Total.** Add lines 7d and 7j			14,022,334	5,187,800	8,834,534	6 310 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 5,451,996		
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 0		
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	39,043,762
6	Enter Medicare allowable costs of care relating to payments on line 5	6	50,757,205
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-11,713,443
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (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 3 PHYSICIAN HOSPITAL CONTRACTING ORGANIZATION	NEGOTIATES HEALTHCARE CONTRACTS FOR PHYSICIANS AND THE HOSPITAL	50 000 %	0 %	50 000 %
2 4 NORTH PLATTE SURGERY CENTER	PROVIDES OUTPATIENT SURGERY SERVICES	50 000 %	0 %	50 000 %
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, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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)

Name of hospital facility or facility reporting group GREAT PLAINS REGIONAL MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility 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	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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	☑ Hospital facility's website (list url) WWW GPHEALTH ORG			
b	☐ Other website (list url)			
c	☐ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
a	☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☑ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
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 ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☑ 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 ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ 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 individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☑ Other similar actions (describe in Section C)			
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 individual'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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 1J THE GREAT PLAINS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED FROM APRIL TO DECEMBER 2013 THE ANALYSIS INCLUDED CAREFUL REVIEW OF THE MOST CURRENT HEALTH DATA AVAILABLE, APPLICABLE DEMOGRAPHIC REVIEW AND INPUT FROM KEY COMMUNITY REPRESENTATIVES ASSESSMENT RESULTS LED TO THE IDENTIFICATION OF FIVE PRIORITY AREAS 1 PRIMARY CARE SERVICES AND PROVIDERS, INCLUDING NURSING STAFF 2 PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC CONDITIONS AND UNHEALTHY LIFESTYLES 3 ADDITIONAL SPECIALTY CARE 4 TEEN PREGNANCY, INCREASED EDUCATION OF THE IMPORTANCE OF PRENATAL CARE AND INCREASED AWARENESS OF AVAILABLE HEALTH CARE RESOURCES IN THE COMMUNITY 5 AFFORDABLE PRIMARY CARE SERVICES FOR LOW-INCOME AND UNINSURED POPULATIONS
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 3 DURING THE RESEARCH AND COLLABORATION PHASE OF CHNA DEVELOPMENT, GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) DISTRIBUTED THREE SURVEYS BETWEEN JUNE 2012 AND JULY 2012, A COMMUNITY SURVEY, AN EMPLOYEE SURVEY AND A PHYSICIAN SURVEY THE PURPOSE OF THE SURVEY WAS TO OBTAIN INFORMATION ABOUT NEEDED HEALTHCARE SERVICES, ACCESSABILITY OF PHYSICIANS (COMMUNITY ONLY) AND HOSPITAL IMPROVEMENTS IN ADDITION TO SURVEYS, GPRMC CONDUCTED TEN INTERVIEWS WITH PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH DURING THESE INTERVIEWS, THE HEALTH NEEDS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS AND ISSUES RELATED TO SPECIFIC POPULATIONS WERE DISCUSSED
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 6I 1 GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) RECRUITED AND WILL CONTINUE TO ACTIVELY RECRUIT PRIMARY CARE, SUB-SPECIALISTS AND MID-LEVEL PROVIDERS GPRMC WILL CONTINUE TO EDUCATE AND DEVELOP FUTURE NURSES IN THE REGION 2 GPRMC WILL CONTINUE TO OFFER FREE OR LOW-COST SCREENINGS GPRMC WILL ALSO CONTINUE PROMOTING HEALTH AND WELL-BEING IN THE COMMUNITY THROUGH SUPPORT, EDUCATION AND DONATIONS 3 GPRMC HAS RECRUITED NEW SPECIALITY CARE PROVIDERS AND WILL CONTINUE TO DO SO GPRMC ALSO HAS SEVERAL OUTREACH CLINICS IN THE AREA 4 GPRMC OFFERS A PREPARED CHILD BIRTH CLASS AND A BREASTFEEDING CLASS GPRMC COORDINATES A JUNIOR AMBASSADOR VOLUNTEER PROGRAM WHICH INCLUDES VOLUNTEERING ON THE LABOR AND DELIVERY FLOOR OF THE HOSPITAL GPRMC PROVIDES HANDOUTS TO SCHOOLS AND DONATIONS TO POST-PROM PARTIES 5 GPRMC OFFERS THE MEDICATION ASSISTANCE PROGRAM AND OFFERS A GENEROUS FINANCIAL ASSISTANCE PROGRAM
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 12I THE CHARGES ARE BASED ON A COMBINATION OF FACTORS THE COMBINATION INCLUDES THE USE OF MEDICARE FEE SCHEDULES AND INFORMATION SUPPLIED BY THE NHA FOR PEER GROUP HOSPITALS THE ITEMS MARKED ON LINE 12 REFER TO CALCULATING DISCOUNTS
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 14G THE WRITTEN FINANCIAL ASSISTANCE POLICY IS ON THE GPRMC WEBSITE, AS WELL AS PRINTED ON THE BACK SIDE OF EACH PAGE OF THE PATIENT BILLING STATEMENT POSTERS REGARDING AVAILABILITY OF FINANCIAL ASSISTANCE ARE POSTED AT PATIENT POINTS OF ENTRY THROUGHOUT THE HOSPITAL FACILITY
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 16E OTHER PERMITTED COLLECTION ACTIONS UPON PATIENT ELIGIBILITY VERIFICATION INCLUDE SENDING BALANCE DUE STATEMENTS, ACCOUNT LETTERS AND TELEPHONE CALLS ON HIGH DOLLAR ACCOUNTS
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 18E GPRMC WORKS WITH PATIENTS THROUGH PHONE AND IN-PERSON INTERVIEWS TO DETERMINE THE PATIENT'S FINANCIAL SITUATION AND TO DETERMINE IF THE INDIVIDUAL QUALIFIES FOR ASSISTANCE, SUCH AS MEDICAID
GREAT PLAINS REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 20D GPRMC ALSO USES THE FEDERAL POVERTY GUIDELINES WHEN DETERMINING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS

Part V Facility Information *(continued)*

Section D. 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? 1

	Name and address	Type of Facility (describe)
1	NORTH PLATTE SURGERY CENTER 621 WEST FRANCIS STREET NORTH PLATTE,NE 69101	OUTPATIENT SURGERIES
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 3C	GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) MAY MAKE A DETERMINATION OF ELIGIBILTY AT ANY STAGE OF THE PROCESS, INCLUDING PAST ASSIGNMENT TO AN OUTSIDE COLLECTION AGENCY EACH PATIENT REQUESTING FINANCIAL ASSISTANCE WILL BE ASKED TO COMPLETE A FINANCIAL QUESTIONNAIRE AND PROVIDE COPIES OF DOCUMENTATION INCLUDING THE MOST RECENT FEDERAL INCOME TAX FORM, COPIES OF RECENT PAY STUBS, BANK STATEMENTS AND OTHER APPROPRIATE INDICATORS OF INCOME A REFERRAL FOR FINANCIAL ASSITANCE MAY BE RECOMMENDED BY THE PATIENT, FAMILY MEMBER, PHYSICIAN OR HOSPITAL DEPARTMENTS AND PROVIDED BASED ON INFORMATION FROM OTHER SOURCES FULL FINANCIAL ASSISTANCE WILL GENERALLY BE PROVIDED WHEN GROSS HOUSEHOLD INCOME IS EQUAL TO OR LESS THAN 150% OF THE FEDERAL POVERTY GUIDELINES A SLIDING FEE SCALE DISCOUNT WILL BE APPLIED FOR HOUSEHOLD INCOME UP TO 250% OF THE FEDERAL POVERTY GUIDELINES THE INCOME LEVELS WILL BE UPDATED ANNUALLY BASED UPON THE MOST CURRENT FEDERAL POVERTY GUIDELINES
PART I, LINE 6A	GPRMC'S COMMUNITY BENEFIT REPORT IS PREPARED BY THE STAFF OF GPRMC

Form and Line Reference	Explanation
PART I, LINE 7	GPRMC UTILIZED AN OVERALL COST TO CHARGE RATIO (TOTAL EXPENSES - BAD DEBT) / GROSS PATIENT SERVICE REVENUE = PERCENTAGE OF COST TO CHARGE
PART I, LINE 7G	THERE ARE NO SUBSIDIZED HEALTH SERVICES REPORTED ON LINE 7G

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 5,451,996
PART II, COMMUNITY BUILDING ACTIVITIES	THERE ARE NO ACTIVITIES REPORTED IN PART II HOWEVER, GPRMC HAS MANY ACTIVITES TO PROMOTE HEALTH IN THE COMMUNITIES SERVED BY GPRMC THESE ACTIVITIES INCLUDE RECRUITMENT OF PHYSICIANS TO MEET NEED, SPONSOR OF HEALTH FAIR, SPORTS CLINICS, SUPPORT GROUPS, PHYSICIANS SERVING ON COMMUNITY BOARDS, EDUCATION PROGRAMS AND MEDICATION ASSISTANCE THE DONATED SERVICES AND FUNDS HELP FURTHER THE MISSION AND GOALS OF COMMUNITY ORGANIZATIONS WHICH, IN TURN, HELP IMPROVE OVERALL HEALTH STATUS AND QUALITY OF LIFE OF THE COMMUNITIES SERVED

Form and Line Reference	Explanation
PART III, LINE 2	IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE ORGANIZATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR 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 ORGANIZATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND ESTIMATES A PERCENTAGE OF THOSE ACCOUNTS THAT WILL TRANSITION TO SELF-PAY PATIENTS BASED ON HISTORICAL ANALYSIS THE ESTIMATED PERCENTAGE OF THOSE TRANSITION ACCOUNTS ARE ADDED TO 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 ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE 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 DOUBTFUL ACCOUNTS
PART III, LINE 3	THE ORGANIZATION PROVIDES CHARITY CARE TO PATIENTS WHO ARE FINANCIALLY UNABLE TO PAY FOR THE HEALTH CARE SERVICES THEY RECEIVE PATIENTS WHO QUALIFY FOR CHARITY CARE ARE GIVEN A PERCENTAGE DISCOUNT FROM ESTABLISHED CHARGES BASED ON A SLIDING SCALE USING POVERTY GUIDELINES IT IS THE POLICY OF THE ORGANIZATION NOT TO PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ACCORDINGLY, THE ORGANIZATION DOES NOT REPORT THESE AMOUNTS IN NET OPERATING REVENUE OR IN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE ORGANIZATION DETERMINES THE COSTS ASSOCIATED WITH PROVIDING CHARITY CARE BY AGGREGATING THE DIRECT AND INDIRECT COSTS, INCLUDING SALARIES, BENEFITS, SUPPLIES, AND OTHER OPERATING EXPENSES, BASED ON THE OVERALL COST TO CHARGE RATIO FOR THE MEDICAL CENTER AND NORTH PLATTE NEBRASKA PHYSICIANS GROUP, LLC

Form and Line Reference	Explanation
PART III, LINE 4	THE COSTING METHODOLOGY USED IN DETERMINING THE BAD DEBT EXPENSES INCLUDES CALCULATING ON A MONTHLY BASIS THE TOTAL ESTIMATE AMOUNTS BASED ON HISTORICAL WRITE OFFS THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT CONTAIN A SPECIFIC FOOTNOTE DESCRIBING BAD DEBT HOWEVER, THE FOLLOWING IS THE TEXT OF THE FOOTNOTES TITLED "PATIENT ACCOUNTS RECEIVABLE, NET," "NET PATIENT SERVICE REVENUE," AND "CHARITY CARE" PATIENT ACCOUNTS RECEIVABLE, NET THE ORGANIZATION REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYORS, PATIENTS AND OTHERS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE ORGANIZATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR 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 ORGANIZATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND ESTIMATES A PERCENTAGE OF THOSE ACCOUNTS THAT WILL TRANSITION TO SELF-PAY PATIENTS BASED ON HISTORICAL ANALYSIS THE ESTIMATED PERCENTAGE OF THOSE TRANSITION ACCOUNTS ARE ADDED TO 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 ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE 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 DOUBTFUL ACCOUNTS IN 2013, THE ORGANIZATION ADOPTED A NEW POLICY RELATIVE TO SELF-PAY DISCOUNTS, WHEREBY CHARGES AND SUBSEQUENT BILLINGS WERE REDUCED TO APPROXIMATE REIMBURSEMENT LEVELS RECEIVED FROM GOVERNMENTAL THIRD-PARTY PAYORS PAYMENT FOR SERVICES IS EXPECTED WITHIN THIRTY DAYS OF RECEIPT OF THE BILLING ACCOUNTS CONSIDERED PAST DUE ARE SENT TO COLLECTION AGENCIES WHEN INTERNAL COLLECTION EFFORTS HAVE BEEN UNSUCCESSFUL ANY AMOUNTS DEEMED UNCOLLECTIBLE ARE WRITTEN OFF ON A MONTHLY BASIS THE ORGANIZATION DOES NOT CHARGE INTEREST ON OUTSTANDING BALANCES OWED NET PATIENT SERVICE REVENUE NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED CHARITY CARE THE ORGANIZATION PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES BECAUSE THE ORGANIZATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE ORGANIZATION IS DEDICATED TO PROVIDING COMPREHENSIVE HEALTH CARE SERVICES TO ALL SEGMENTS OF SOCIETY, INCLUDING THE AGED AND OTHERWISE ECONOMICALLY DISADVANTAGED IN ADDITION, THE ORGANIZATION PROVIDES A VARIETY OF COMMUNITY HEALTH SERVICES AT OR BELOW COST
PART III, LINE 8	THE MEDICARE SHORTFALL IS BASED ON THE INFORMATION FROM THE COST REPORT THESE COSTS ARE MEDICARE REIMBURSABLE COSTS, NOT ALL COSTS THESE COSTS SHOULD BE TREATED AS COMMUNITY BENEFITS TO THE EXTENT THAT THEY DO NOT COVER OUR COSTS, AND WE DO NOT USE ANY NEGOTIATION TOOL WITH MEDICARE FOR OUR RATES THE RATES THAT WE ARE PAID ARE MANDATED HENCE, THIS DOES NOT GIVE US THE ABILITY AS A PROVIDER TO COVER THE MEDICARE COSTS AS A FACILITY WE ARE WORKING TOWARD COSTS SAVINGS

Form and Line Reference	Explanation
PART III, LINE 9B	IF THE COLLECTION AGENCY LEARNS INFORMATION THAT INDICATES THAT THE PATIENT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE GPRMC CHARITY CARE POLICY, THEN THE COLLECTION AGENCY SHALL PROMPTLY NOTIFY THE PATIENT FINANCIAL SERVICES DIRECTOR AND CEASE ANY FURTHER COLLECITON ACTIVITY UNTIL GPRMC DETERMINES THE PATIENT ELIGIBILITY
PART VI, LINE 2	GPRMC USES STRATEGIC PLANNING PROCESS, MARKET STUDIES, OPEN FORUMS WITH PHYSICIANS, COMMUNITY FOCUS GROUPS, CUSTOMER SERVICE SURVEYS AND COMMUNITY SURVEYS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES GPRMC SERVES PATIENT CARE AND SUPPORT SERVICES PROVIDED BY GPRMC ARE BASED ON GPRMC'S MISSION, VISION, VALUES AND STANDARDS OF BEHAVIOR PATIENT CARE AND ANCILLARY SERVICES ARE ORGANIZED IN RESPONSE TO PATIENT NEEDS AS IDENTIFIED THROUGH THE STRATEGIC PLANNING PROCESS THE GPRMC STRATEGIC PLAN FOCUSES ON ACHIEVING A CONTINUUM OF CARE TO MEET THE NEEDS OF THE COMMUNITY SERVED THE STRATEGIC PLANNING PROCESS IS COMPLETED APPROXIMATELY EVERY THREE TO FIVE YEARS

Form and Line Reference	Explanation
PART VI, LINE 3	FOR PATIENTS THAT GPRMC DETERMINES ARE FINANCIALLY INDIGENT, THE PATIENT/GUARANTOR WILL BE NOTIFIED AND ASSISTED BY THE GPRMC PATIENT FINANCIAL SERVICES IN APPLYING FOR FINANCIAL ASSISTANCE IF NO SOURCE OF FINANCIAL ASSISTANCE IS AVAILABLE, THE ACCOUNT WILL BE REVIEWED FOR A CHARITY ALLOWANCE ACCORDING THE HOSPITAL'S CHARITY POLICY (ADMINISTRATIVE POLICY 8210-0008) CASE MANAGERS ARE AVAILABLE AT GPRMC TO ASSIST PATIENTS AND THEIR FAMILIES WITH THE FINANCIAL AND SOCIAL STRESS THAT ACCOMPANY ILLNESS AND HOSPITALIZATION CASE MANAGERS HAVE A WORKING KNOWLEDGE OF SOCIAL WORK THEORIES AND ARE ABLE TO ASSIST PATIENTS WITH CONTACTING COMMUNITY AGENCIES THAT CAN ASSIST THEM IN RECOVERY AND FINANCIAL NEEDS AN OUTSIDE AGENCY IS USED TO PROVIDE ASSISTANCE TO PATIENTS IN DETERMINING THEIR ELIGIBILITY FOR MEDICAID ONE-ON-ONE FINANCIAL COUNSELING IS AVAILABLE TO EVERY PATIENT, UPON REQUEST
PART VI, LINE 4	GREAT PLAINS REGIONAL MEDICAL CENTER IS THE ONLY HOSPITAL IN LINCOLN COUNTY AND IS A REGIONAL REFERRAL HOSPITAL FOR NINETEEN OTHER COUNTIES IN NEBRASKA GPRMC SERVES A MARKET OF OVER 123,026 RESIDENTS OVER NINETY-THREE PERCENT OF GPRMC'S INPATIENT ADMISSIONS COME FROM WITHIN THIS MARKET SEVENTY-TWO PERCENT OF THE PATIENTS COME FROM LINCOLN COUNTY THE PRIMARY SERVICE AREA IS DEFINED AS LINCOLN COUNTY THE SECONDARY SERVICE AREA INCLUDES THE FOLLOWING NINETEEN COUNTIES ARTHUR, FRONTIER, HOOKER, PERKINS, CHASE, GRANT, GOSPER, KEITH, RED WILLOW, FURNAS, DUNDY, CHERRY, CUSTER, HAYES, LOGAN, THOMAS, DAWSON, HITCHCOCK, AND MCPHERSON THE TOTAL POPULATION OF THE SECONDARY SERVICE AREA IS ABOUT 86,000 THE POPULATION IN THE SERVICE AREA IS EXPECTED TO CONTINUE THE SHIFT TOWARDS AN AGING POPULATION THAT WOULD INCREASE SERVICE UTILIZATION HOSPITALS IN THE SECONDARY SERVICE AREA ARE CHASE COUNTY COMMUNITY HOSPITAL (CHASE COUNTY), CHERRY COUNTY HOSPITAL (CHERRY COUNTY), CALLAWAY DISTRICT HOSPITAL (CUSTER COUNTY), JENNIE M MELHAM MEMORIAL HOSPITAL (CUSTER COUNTY), COZAD COMMUNITY HOSPITAL (DAWSON COUNTY), GOTHENBURG MEMORIAL HOSPITAL (DAWSON COUNTY), TRI COUNTY HOSPITAL (DAWSON COUNTY), DUNDY COUNTY HOSPITAL (DUNDY COUNTY), TRI VALLEY HEALTH SYSTEM (FURNAS COUNTY), OGALLALA COMMUNITY HOSPITAL (KEITH COUNTY), PERKINS COUNTY HEALTH SERVICES (PERKINS COUNTY), AND COMMUNITY HOSPITAL (RED WILLOW COUNTY) MARKET OVERVIEWPRIMARY SERVICE AREA- CONSISTS OF LINCOLN COUNTY- ACCOUNTS FOR NEARLY 74 1% GPRMC'S INPATIENT CASES- THE 2013 POPULATION IS 35,658 SECONDARY SERVICE AREA- CONSISTS OF NINETEEN COUNTIES EXTENDING NORTH TO SOUTH DAKOTA, SOUTH TO KANSAS AND WEST TO COLORADO - ACCOUNTS FOR 25 9% OF GPRMC'S INPATIENT CASES - POPULATION 86,462 IN 2012 - LARGEST EMPLOYER IS UNION PACIFIC WITH 2,300 EMPLOYEES AT THE END OF 2013

Form and Line Reference	Explanation
PART VI, LINE 5	GPRMC HAS MANY ACTIVITIES TO PROMOTE HEALTH IN THE COMMUNITIES SERVED BY GPRMC THESE ACTIVITIES INCLUDE RECRUITMENT OF PHYSICIANS TO MEET NEED, SPONSOR OF HEALTH FAIR, SPORTS CLINICS, SUPPORT GROUPS, PHYSICIANS SERVING ON COMMUNITY BOARDS, EDUCATION PROGRAMS AND MEDICATION ASSISTANCE THE DONATED SERVICES AND FUNDS HELP FURTHER THE MISSION AND GOALS OF COMMUNITY ORGANIZATIONS WHICH, IN TURN, HELP IMPROVE OVERALL HEALTH STATUS AND QUALITY OF LIFE OF THE COMMUNITIES SERVED
PART VI, LINE 6	GREAT PLAINS REGIONAL MEDICAL CENTER ASSISTS IN IDENTIFYING AND RECRUITING TOP PHYSICIANS IN NEEDED SPECIALTIES GPRMC PROVIDES EDUCATION TO THE COMMUNITY ON VARIOUS HEALTH PROGRAMS FOR EMPLOYEES, EMPLOYERS AND THE COMMUNITY GPRMC SERVES MANY MEMBERS OF THE STAFF HOLD SPEAKING ENGAGEMENTS TO PROVIDE MEDICAL INFORMATION TO THE COMMUNITY THE MEDICATION ASSISTANCE PROGRAM ASSISTS PATIENTS TO FIND OTHER MEANS TO AFFORD THEIR PRESCRIPTIONS THE MEDICAL CENTER OPERATES ACUTE AND PSYCHIATRIC CARE BEDS, A HOME HEALTH AGENCY, AND PROVIDES VARIOUS OUTPATIENT AND EMERGENCY MEDICAL TREATMENT SERVICES THE AFFILIATES LEASE AND SELL HOME MEDICAL EQUIPMENT TO THE PUBLIC, RENT OFFICE SPACE TO PHYSICIAN PRACTICES, RENT INDEPENDENT LIVING APARTMENTS TO THE ELDERLY AND PROVIDE PHYSICIAN PROFESSIONAL MEDICAL SERVICES AND OTHER PROGRAMS TO PATIENTS

Form and Line Reference	Explanation
PART VI, LINE 7	GPRMC DOES NOT FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEBRASKA

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) NEBRASKALAND DAYS INC PO BOX 706 NORTH PLATTE,NE 69103	47-0521025	501(C)(4)	17,955				SPONSOR OF 2013 EVENTS
(2) PLATTE RIVER FITNESS SERIES 1300 MCDONALD ROAD NORTH PLATTE,NE 69101	47-6006297	GOVERNMENTAL	5,000				SPONSOR OF 2013 EVENTS
(3) COMMUNITY HOSPITAL HEALTH FOUNDATION PO BOX 1328 MCCOOK,NE 69001	47-0693261	501(C)(3)	5,610				SUPPORT OF CANCER CONCERT
(4) CATTLEMANS BALL OF NEBRASKA INC PO BOX 2108 KEARNEY,NE 68848	91-1812186	501(C)(3)	25,000				SPONSOR OF 2013 EVENT
(5) BRIDGE OF HOPE CHILD AVOCACY CENTER 410 W 5TH STREET NORTH PLATTE,NE 69101	20-1996528	501(C)(3)	5,000				SUPPORT OF 2013 CHILD AVOCACY PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GREAT PLAINS REGIONAL MEDICAL CENTER PROVIDES SPONSORSHIP DOLLARS TO CHARITABLE EVENTS IN THE LOCAL AREA THE ORGANIZATION GIVES TO CHARITABLE ORGANIZATIONS IN THE AREA WHICH BENEFIT THE LOCAL COMMUNITY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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)GREGORY NIELSEN CEO	(i)	400,433	27,325	162	10,200	28,708	466,828	0
	(ii)	0	0	0	0	0	0	0
(2)KRYSTAL CLAYMORE CFO	(i)	215,946	100	180	8,876	26,839	251,941	0
	(ii)	0	0	0	0	0	0	0
(3)MEL MCNEA COO	(i)	213,022	225	774	8,842	28,789	251,652	0
	(ii)	0	0	0	0	0	0	0
(4)MARK CLARK CIO (1/1/13 - 10/18/13)	(i)	144,430	0	5,462	3,672	20,826	174,390	0
	(ii)	0	0	0	0	0	0	0
(5)IRFAN A VAZIRI PHYSICIAN (GPRMC)	(i)	846,724	184,224	270	10,200	28,323	1,069,741	0
	(ii)	0	0	0	0	0	0	0
(6)ARSHAD ALI PHYSICIAN (GPRMC)	(i)	809,054	52,125	26,049	10,200	11,170	908,598	0
	(ii)	0	0	0	0	0	0	0
(7)SATYANARAYANA NELLURI PHYSICIAN (GPRMC)	(i)	779,868	50,100	17,520	10,200	28,789	886,477	0
	(ii)	0	0	0	0	0	0	0
(8)MICHAEL GALLENTINE PHYSICIAN (NPNPG)	(i)	495,231	181,376	180	10,200	25,758	712,745	0
	(ii)	0	0	0	0	0	0	0
(9)AHMED AWAIS PHYSICIAN (GPRMC)	(i)	383,710	218,098	8,731	10,200	8,856	629,595	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 47-0662290

Name: NORTH PLATTE NE HOSPITAL CORP DBA
GREAT PLAINS REGIONAL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GREGORY NIELSEN CEO	(I) (II)	400,433 0	27,325 0	162 0	10,200 0	28,708 0	466,828 0	0 0
KRYSTAL CLAYMORE CFO	(I) (II)	215,946 0	100 0	180 0	8,876 0	26,839 0	251,941 0	0 0
MEL MCNEA COO	(I) (II)	213,022 0	225 0	774 0	8,842 0	28,789 0	251,652 0	0 0
MARK CLARK CIO (1/1/13 - 10/18/13)	(I) (II)	144,430 0	0 0	5,462 0	3,672 0	20,826 0	174,390 0	0 0
IRFAN A VAZIRI PHYSICIAN (GPRMC)	(I) (II)	846,724 0	184,224 0	270 0	10,200 0	28,323 0	1,069,741 0	0 0
ARSHAD ALI PHYSICIAN (GPRMC)	(I) (II)	809,054 0	52,125 0	26,049 0	10,200 0	11,170 0	908,598 0	0 0
SATYANARAYANA NELLURI PHYSICIAN (GPRMC)	(I) (II)	779,868 0	50,100 0	17,520 0	10,200 0	28,789 0	886,477 0	0 0
MICHAEL GALLENTINE PHYSICIAN (NPNPG)	(I) (II)	495,231 0	181,376 0	180 0	10,200 0	25,758 0	712,745 0	0 0
AHMED AWAIS PHYSICIAN (GPRMC)	(I) (II)	383,710 0	218,098 0	8,731 0	10,200 0	8,856 0	629,595 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY NO 1 OF LINCOLN COUNTY NEBRASKA	97-1837633	533282BQ1	11-15-2012	109,560,864	CONSTRUCT/UPDATE FACILITIES AND REFUND PRIOR REVENUE BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	109,811,253			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	1,088,051			
7	Issuance costs from proceeds	1,189,899			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	29,992,985			
11	Other spent proceeds	8,302,077			
12	Other unspent proceeds	69,238,241			
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	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?								
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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the 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								
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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART II, LINE 3	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

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

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

1	(a) Name of disqualified person	(b) 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 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) ARSHAD ALI MD	EMPLOYEE	SIGNING BONUS/FORGIVENESS FOR SERVICE		X	75,000	12,500		No	Yes		Yes	
(2) SATYANARAYANA NELLURI MD	EMPLOYEE	SIGNING BONUS/FORGIVENESS FOR SERVICE		X	50,000	14,744		No	Yes		Yes	
(3) AHMED AWAIS MD	EMPLOYEE	SIGNING BONUS/FORGIVENESS FOR SERVICE		X	25,000	5,128		No	Yes		Yes	
Total		▶ $				32,372						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID PEDERSEN	MR PEDERSEN, A DIRECTOR, IS 49% OWNER OF PERIPETY, LLC D/B/A PRO PRINTING	148,575	PRINTING SERVICES		No
(2) BEN LASHLEY DDS	WIFE OF DR LASHLEY, A DIRECTOR, IS THE DIRECTOR OF GPRMC FOUNDATION	96,488	ELIZABETH LASHLEY, DIRECTOR OF GREAT PLAINS HEALTH CARE FOUNDATION, IS COMPENSATED BY GREAT PLAINS REGIONAL MEDICAL CENTER		No
(3) BYRON L BARKSDALE	MR BARKSDALE, A DIRECTOR, IS PART OWNER OF PATHOLOGY SERVICES, PC	350,038	PATHOLOGY SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE FORM 990 ARE DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW THI S IS DONE VIA THE BOARD PORTAL WHICH IS AVAILABLE TO ALL BOARD MEMBERS FOLLOW UP IS DISCU SSED AT THE NEXT MEETING FOLLOWING THE FILING OF THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C	GPRMC PROVIDES A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH OFFICER AND DIRECTOR THE CONF LICT OF INTEREST QUESTIONNAIRE IS COMPLETED AND RETURNED ANNUALLY ANY QUESTIONABLE SITUAT ION IS DISCLOSED ON THE QUESTIONNAIRE FURTHERMORE, ANY POTENTIAL CONFLICTS ARISING DURING THE YEAR ARE TO BE REPORTED TO ADMINISTRATION THE CONFLICTS REVIEW COMMITTEE REVIEWS ANY TRANSACTIONS THAT MAY BE CONSIDERED TO HAVE A CONFLICT OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	THE GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) BOARD OF DIRECTORS STRIVE TO COMPENSATE O FFICERS AND KEY EMPLOYEES AT LEVELS THAT ARE COMPETITIVE IN THE MARKETPLACE, COST EFFECTIV E AND, AS MUCH AS POSSIBLE, INTERNALLY EQUITABLE THE EXECUTIVE COMMITTEE FOR THE BOARD OF DIRECTORS MEETS NO LESS THAN ANNUALLY TO REVIEW COMPENSATION PACKAGES FOR GPRMC'S PRESIDE NT, OFFICERS, AND KEY EMPLOYEES COMPENSATION DATA IS GATHERED BY AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT BY SURVEYING COMPARABLE POSITIONS AT PEER INSTITUTIONS, ENSURING THAT COMPENSATION PACKAGES ARE MEETING FAIR MARKET VALUE A COMPLETE ANALYSIS OF DATA IS R EQUESTED FROM THE CONSULTANT AT LEAST EVERY FOUR YEARS THE INDEPENDENT EXECUTIVE COMPENSA TION CONSULTANT IS ULTIMATELY ACCOUNTABLE TO THE EXECUTIVE COMMITTEE AND THE BOARD THE EX ECUTIVE COMMITTEE ANNUALLY RECOMMENDS TO THE BOARD THE SELECTION/RETENTION OF THE INDEPEND ENT EXECUTIVE COMPENSATION CONSULTANT, REVIEWS COMPENSATION RECOMMENDATIONS, AND DETERMINE S THOSE OFFICERS AND KEY EMPLOYEES FOR WHOM WRITTEN EMPLOYMENT CONTRACTS WILL BE REQUIRED THE BOARD OF DIRECTORS HAS THE AUTHORITY TO ANNUALLY AUTHORIZE MANAGEMENT TO PROCEED WITH IMPLEMENTATION OF PROPOSED COMPENSATION OF OFFICERS AND KEY EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	GREAT PLAINS REGIONAL MEDICAL CENTER DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AND FIN ANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE CHIEF FINANCIAL OFF ICER, GOVERNING DOCUMENTS WILL BE MADE AVAILABLE TO THE PUBLIC FOR REVIEW AT THE HOSPITAL' S ADMINSTRATIVE OFFICE
FORM 990, PART IX, LINE 11G	OTHER FEES PROGRAM SERVICE EXPENSES 620,319 MANAGEMENT AND GENERAL EXPENSES 192,689 FUN DRAISING EXPENSES 0 TOTAL EXPENSES 813,008 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 4,92 6,715 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,926,715 SERVICE CONTRACTS PROGRAM SERVICE EXPENSES 7,042,026 MANAGEMENT AND GENERAL EXPENSES 4 37,738 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,479,764 CONTRACT LABOR PROGRAM SERVICE EXPENSES 4,070,835 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPEN SES 4,070,835 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 725,202 MANAGEMENT AND GENERAL EXPENSES 810,277 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,535,479
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN GREAT PLAINS HEALTH CARE FOUNDATION 629,164
FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS OF GREAT PLAINS REGIONAL MEDICAL CENTER ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNT ANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
47-0662290

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

(a) Name, address, and EIN (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
(1) NORTH PLATTE NE PHYSICIAN CORP 600 EAST FRANCIS STREET SUITE 9 NORTH PLATTE, NE 69101 26-1608464	PHYSICIAN AND MID LEVEL SERVICES FOR VARIOUS CLINIC AND HOSPITAL PHYSICIANS	NE	11,705,749	3,798,986	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NORTH PLATTE SURGERY CENTER LLC 621 W FRANCIS STE 270 NORTH PLATTE, NE 69101 80-0016588	AMBULATORY SURGERY CENTER	NE	GREAT PLAINS REGIONAL MEDICAL CENTER	RELATED	775,388	1,661,169		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) GREAT PLAINS HOME MEDICAL EQUIPMENT PO BOX 1596 NORTH PLATTE, NE 69101 47-0786518	SELLING OF HOME MEDICAL EQUIPMENT	NE	GREAT PLAINS REGIONAL MEDICAL CENTER	C	1,522,533	1,273,939	100 000 %	Yes	

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREAT PLAINS HOMECARE EQUIPMENT INC	L	690,392	FMV

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

North Platte, Nebraska Hospital Corporation and Affiliates

North Platte, Nebraska

Consolidated Financial Statements
and Supplementary Information
December 31, 2013 and 2012

Together with Independent Auditor's Report

North Platte, Nebraska Hospital Corporation and Affiliates

Table of Contents

SEIM JOHNSON

Independent Auditor's Report

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

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of North Platte, Nebraska Hospital Corporation and Affiliates (the Organization) which comprise the consolidated balance sheets as of December 31, 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 consolidated 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 of 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

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 the Organization as of December 31, 2013 and 2012, and the results of its operations, 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

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The consolidating information in Exhibits 1 - 3 is presented for purposes of additional analysis rather than to present the financial position, the results of operations, changes in net assets and cash flows of the individual organizations and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Sperry Johnson, LLP

Omaha, Nebraska,
March 14, 2014

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Balance Sheets
December 31, 2013 and 2012

		2013	2012
ASSETS			
Current assets			
Cash and cash equivalents	$	23,896,685	24,554,134
Short-term investments		28,789,609	13,910,639
Assets limited as to use - required for current liabilities		1,833,547	811,807
Receivables -			
Patients, net of estimated uncollectibles of $4,108,974 in 2013 and $4,954,947 in 2012		18,341,320	18,076,598
Other		1,895,129	1,318,740
Inventories		4,398,679	4,152,808
Prepaid expenses		1,511,593	1,427,448
Total current assets		80,666,562	64,252,174
Investments		8,140,755	10,430,628
Assets limited as to use, net of current portion		121,925,457	146,365,597
Property and equipment, net		74,870,913	48,461,214
Other assets			
Deferred bond issue costs, net		1,134,318	1,173,602
Deferred compensation assets		2,335,113	1,946,925
Recruitment and relocation advances, net		787,013	318,720
Investment in affiliates		1,643,129	1,417,781
Interest in Foundation		3,884,672	3,255,508
Land held for future expansion and investment		744,276	744,276
Total other assets		10,528,521	8,856,812
Total assets	$	296,132,208	278,366,425
LIABILITIES AND NET ASSETS			
Current liabilities			
Current maturities of long-term debt	$	12,952	11,914
Accounts payable -			
Trade		3,855,737	4,056,390
Construction		4,349,960	3,073,414
Other		751,997	450,000
Accrued salaries, vacation and vested benefits payable		6,894,986	6,171,971
Accrued interest payable		776,408	534,755
Estimated third-party payor settlements		679,699	2,287,783
Total current liabilities		17,321,739	16,586,227
Long-term debt, net of current maturities		108,902,546	109,479,771
Deferred compensation liability		2,335,113	1,946,925
Total liabilities		128,559,398	128,012,923
Net assets			
Unrestricted		166,840,681	149,621,373
Temporarily restricted		732,129	732,129
Total net assets		167,572,810	150,353,502
Total liabilities and net assets	$	296,132,208	278,366,425

See notes to consolidated financial statements

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Statements of Operations
For the Years Ended December 31, 2013 and 2012

		2013	2012
UNRESTRICTED REVENUE			
Net patient service revenue	$	154,261,274	146,319,353
Provision for bad debts		(5,476,919)	(3,129,307)
Net patient service revenue less provision for bad debts		148,784,355	143,190,046
Other operating revenue		3,316,569	1,577,484
Total revenue		152,100,924	144,767,530
EXPENSES			
Salaries and wages		60,025,353	57,804,777
Employee benefits		15,607,349	13,862,208
Professional fees - physicians		4,926,608	2,728,290
Professional fees - other		13,207,315	11,658,365
Supplies		25,932,415	25,599,706
Utilities		1,657,623	1,554,157
Repairs and maintenance		5,845,113	5,437,088
Leases and rentals		1,312,727	1,333,408
Insurance		497,856	533,138
Interest		3,711	616,440
Other		2,986,229	3,449,041
Depreciation and amortization		9,894,312	10,628,825
Total expenses		141,896,611	135,205,443
OPERATING INCOME		10,204,313	9,562,087
NONOPERATING GAINS, NET		2,763,512	1,987,172
EXCESS REVENUE OVER EXPENSES		12,967,825	11,549,259
CHANGE IN UNREALIZED GAINS ON OTHER THAN TRADING SECURITIES		3,393,888	937,744
GIFTS, GRANTS AND BEQUESTS		228,431	52,125
CHANGE IN INTEREST IN FOUNDATION		629,164	254,539
INCREASE IN UNRESTRICTED NET ASSETS	$	17,219,308	12,793,667

See notes to consolidated financial statements

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Statements of Changes in Net Assets
For the Years Ended December 31, 2013 and 2012

		2013	2012
UNRESTRICTED NET ASSETS			
Operating income	$	10,204,313	9,562,087
Nonoperating gains, net		2,763,512	1,987,172
Change in unrealized gains on other than trading securities		3,393,888	937,744
Gifts, grants and bequests		228,431	52,125
Change in interest in Foundation		629,164	254,539
INCREASE IN NET ASSETS		17,219,308	12,793,667
NET ASSETS, beginning of year		150,353,502	137,559,835
NET ASSETS, end of year	$	167,572,810	150,353,502

See notes to consolidated financial statements

North Platte, Nebraska Hospital Corporation and Affiliates

Consolidated Statements of Cash Flows
For the Years Ended December 31, 2013 and 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 17,219,308	12,793,667
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in interest in Foundation	(629,164)	(254,539)
Depreciation and amortization	9,894,312	10,628,825
Loss on extinguishment of debt	--	539,244
Change in unrealized gains on other than trading securities	(3,393,888)	(937,744)
Amortization of recruitment, relocation and income guarantee advances	216,704	369,340
Gain on disposal of assets	(43,514)	(20,569)
Gain on investment in affiliates	(550,890)	(340,557)
Gifts, grants and bequests	(228,431)	(52,125)
(Increase) decrease in current assets -		
Patient accounts receivable, net	(264,722)	2,310,135
Other receivables	(576,389)	41,808
Inventories	(245,871)	(184,268)
Prepaid expenses	(84,145)	150,959
Increase (decrease) in current liabilities -		
Accounts payable - trade	(200,653)	1,065,208
Accounts payable - other	301,997	450,000
Accrued salaries, vacation and vested benefits payable	723,015	314,281
Accrued interest payable	241,653	450,934
Estimated third-party payor settlements	(1,608,084)	(107,554)
Net cash provided by operating activities	20,771,238	27,217,045
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment, net	(35,508,940)	(12,659,872)
Withdrawals from (deposits to) investments, net	(12,589,097)	1,008,568
Withdrawals from (deposits to) assets limited as to use, net	26,812,288	(93,911,020)
Recruitment and relocation advances, net	(684,997)	(230,038)
Distributions from investments in affiliates	325,542	307,411
Net cash used in investing activities	(21,645,204)	(105,484,951)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from issuance of long-term debt, net of premium	--	109,560,864
Principal payments on long-term debt	(11,914)	(15,108,461)
Bond issuance costs paid	--	(1,178,512)
Gifts, grants and bequests	228,431	52,125
Net cash provided by financing activities	216,517	93,326,016
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(657,449)	15,058,110
CASH AND CASH EQUIVALENTS - Beginning of year	24,554,134	9,496,024
CASH AND CASH EQUIVALENTS - End of year	$ 23,896,685	24,554,134
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Cash paid for interest	4,480,999	700,261
Interest cost capitalized	4,718,941	534,755
Capital lease obligations incurred for new equipment	--	27,133
Bond premium amortization capitalized	(564,273)	(94,045)

See notes to consolidated financial statements

(1) Organization and Summary of Significant Accounting Policies

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

A Organization

The consolidated financial statements include the accounts of the following entities

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

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

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

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

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

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

B Industry Environment

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

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

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

C *Management*

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

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

D *Use of Estimates*

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

E *Cash and Cash Equivalents*

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

F *Patient Accounts Receivable, Net*

The Organization reports patient accounts receivable for services rendered at net realizable amounts from third-party payors, patients and others Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor 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 Organization analyzes contractually due amounts and estimates a percentage of those accounts that will transition to self-pay patients based on historical analysis The estimated percentage of those transition accounts are added to 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 Organization records a significant provision for bad debts in the period of service 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 doubtful accounts

In 2013, the Organization adopted a new policy relative to self-pay discounts, whereby charges and subsequent billings were reduced to approximate reimbursement levels received from governmental third-party payors

Payment for services is expected within thirty days of receipt of the billing Accounts considered past due are sent to collection agencies when internal collection efforts have been unsuccessful Any amounts deemed uncollectible are written off on a monthly basis The Organization does not charge interest on outstanding balances owed

The Organization also maintains a charity care policy as described in Note 1(Q)

G *Inventories*

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

H *Investments*

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

I *Assets Limited as to Use*

Assets limited as to use include the following

By Trustee Under Indenture Agreement –These assets are maintained according to the terms of the 2012 Hospital Authority No 1 of Lincoln County, Nebraska Loan Agreements Amounts required to meet current liabilities of the Medical Center have been reclassified on the consolidated balance sheets as of December 31, 2013 and 2012

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

J *Property and Equipment*

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

The Medical Center capitalized interest costs incurred on funds used for construction costs for the Patient Tower Project (Project) The capitalized interest is recorded as part of the asset to which it relates and will be amortized over the asset's estimated useful life Interest costs capitalized, net of bond premium amortization, were $4,154,668 and $440,710 in 2013 and 2012, respectively

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

K *Deferred Bond Issue Costs*

Deferred bond issue costs are amortized on a straight-line basis over the period of their respective bond issue Amortization expense of $39,284 and $52,518 in 2013 and 2012, respectively, is included in the accompanying consolidated statements of operations

L *Recruitment and Relocation Advances*

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

M *Investment in Affiliates*

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

N *Temporarily and Permanently Restricted Net Assets*

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Medical Center in perpetuity At December 31, 2013 and 2012, the Organization had no permanently restricted net assets

O *Net Patient Service Revenue*

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined

P *Rental Income*

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

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

Q *Charity Care*

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue Management's disclosure of charity care costs are described in Note 3

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

R *Donor-Restricted Gifts*

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

S *Group Health Insurance Costs*

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

T *Income Taxes*

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

GPHME is a for-profit corporation that recognized federal and state income tax expense of approximately $0 and $49,300 in 2013 and 2012, respectively The income tax expense is included as an other expense of the consolidated statements of operations

The Organization accounts for uncertainties in accounting for income tax assets and liabilities using guidance included in FASB ASC 740, *Income Taxes* The Organization recognizes the effect of income tax positions only if those positions are more likely than not of being sustained At December 31, 2013, the Organization had no uncertain tax positions accrued With few exceptions, the Organization is no longer subject to income tax examinations for years ended prior to December 31, 2010

U *Fair Value of Financial Instruments*

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

V *Excess of Revenue over Expenses*

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

W *Subsequent Events*

The Organization considered events occurring through March 14, 2014 for recognition or disclosure in the consolidated financial statements as subsequent events That date is the date the consolidated financial statements were available to be issued

(2) Net Patient Service Revenue

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered See summary of payment arrangements below For uninsured patients that do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided On the basis of historical experience, a significant portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Organization records a significant provision for bad debts related to uninsured patients in the period the services are provided Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized during the year from these major payor sources, is as follows

		December 31, 2013					
		Medicare	Medicaid	BCBS	Other Payers	Self Pay	Total
Gross patient charges	$	155 535 077	28,839 106	55 605 363	63 693 879	22 970 580	326 644 005
Less contractual allowances and discounts		115 168 139	19,888 554	7 281 728	11 968 160	18 076 150	172 382 731
Net patient service revenue	$	40 366 938	8,950 552	48 323 635	51 725 719	4 894 430	154 261 274

		December 31, 2012					
		Medicare	Medicaid	BCBS	Other Payers	Self Pay	Total
Gross patient charges	$	127 042 932	25,971 157	55 699 986	65 588 031	20 048 069	294 350 175
Less contractual allowances and discounts		91 656 731	19,101 205	7 790 376	11 418 263	18 064 247	148 030 822
Net patient service revenue	$	35 386 201	6,869 952	47 909 610	54 169 768	1 983 822	146 319 353

A summary of the payment arrangements with major third-party payors are as follows

Medicare. Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Inpatient nonacute services are paid based on a prospectively determined rate per day Outpatient services are paid based on ambulatory payment classifications or fee schedule amounts Homecare services are paid at prospectively determined rates per episode of care Physician clinic services provided to Medicare beneficiaries are paid on fee schedule amounts The Medical Center is reimbursed for some items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare Administrative Contractor The Medical Center's Medicare cost reports have been audited by the Medicare Administrative Contractor through December 31, 2010

The "Budget Control Act of 2011" requires, among other things, mandatory across-the-board reductions in Federal spending, also known as sequestration The "American Taxpayer Relief Act of 2012" postponed sequestration for two months As required by law, President Obama issued a sequestration order on March 1, 2013 In general, Medicare claims with dates of service or dates of discharge on or after April 1, 2013, will incur a two percent reduction in Medicare payment

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

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

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

	2013	2012
Gross patient charges		
Inpatient routine services	$ 23,924,078	22,064,124
Inpatient ancillary services	86,229,465	73,454,862
Outpatient and physician clinic services	215,133,031	198,861,346
Home medical equipment and other	1,957,431	1,969,843
	326,644,005	294,350,175
Less deductions from gross patient charges		
Medicare	115,168,139	91,656,731
Medicaid	19,888,554	19,101,205
Blue Cross/Blue Shield	7,281,728	7,790,376
Other third-party adjustments	11,968,160	11,418,263
Self-pay discounts	12,755,459	10,822,741
Charity care	5,320,691	7,241,506
	172,382,731	148,030,822
Net Patient Service Revenue	$ 154,261,274	146,319,353

The Organization reports net patient service revenue at estimated net realizable amounts from patients, third-party payers, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations Net patient service revenue increased $813,000 and $2,275,000 in 2013 and 2012, respectively, due to the removal of allowances previously estimated that are no longer necessary as a result of information obtained from final settlements and years that are no longer subject to audits, reviews, and investigations

Revenue from the Medicare and Medicaid programs accounted for approximately 26% and 6%, respectively, of the Organization's net patient revenue for the year ended December 31, 2013, and 24% and 5%, respectively, for the Organization's net patient revenue for the year ended December 31, 2012 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

(3) Charity Care

The Organization provides charity care to patients who are financially unable to pay for the health care services they receive Patients who qualify for charity care are given a percentage discount from established charges based on a sliding scale using poverty guidelines It is the policy of the Organization not to pursue collection of amounts determined to qualify as charity care Accordingly, the Organization does not report these amounts in net operating revenue or in the allowance for doubtful accounts The Organization determines the costs associated with providing charity care by aggregating the direct and indirect costs, including salaries, benefits, supplies, and other operating expenses, based on the overall cost to charge ratio for the Medical Center and NPNPG The costs of caring for charity care patients for the years ended December 31, 2013 and 2012 were approximately $2,276,000 and $3,135,000, respectively

(4) Fair Value

Fair Value Hierarchy

The Organization applies FASB ASC 820 for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements) The three levels of the fair value hierarchy are as follows

Level 1 inputs are quoted market prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date

Level 2 inputs are other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly through either corroboration or observable market data

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

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

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

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

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

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

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

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

For the fiscal years ended December 31, 2013 and 2012, the application of valuation techniques applied to similar assets and liabilities has been consistent

The following tables present the financial instruments that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at December 31, 2013 and 2012

	December 31, 2013			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 11,390,524	--	--	11,390,524
Certificates of deposit	--	46,999,967	--	46,999,967
U S treasury obligations	70,739,930	--	--	70,739,930
U S government agency obligations	--	4,688,787	--	4,688,787
Municipal bonds	--	1,378,192	--	1,378,192
Corporate bonds and notes	--	2,588,736	--	2,588,736
Mutual funds	673,705	--	--	673,705
Corporate stocks				
Domestic	19,834,469	--	--	19,834,469
International	2,036,850	--	--	2,036,850
Accrued interest	358,208	--	--	358,208
	$ 105,033,686	55,655,682	--	160,689,368

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 107,466,691	--	--	107,466,691
Certificates of deposit	--	36,076,454	--	36,076,454
U S treasury obligations	3,610,595	--	--	3,610,595
U S government agency obligations	--	3,071,619	--	3,071,619
Municipal bonds	--	842,002	--	842,002
Corporate bonds and notes	--	2,758,676	--	2,758,676
Mutual funds	533,512	--	--	533,512
Corporate stocks				
Domestic	16,026,035	--	--	16,026,035
International	1,080,816	--	--	1,080,816
Accrued interest	52,271	--	--	52,271
	$ 128,769,920	42,748,751	--	171,518,671

(5) Assets Limited as to Use

In connection with the issuance of the Hospital Revenue Bonds, Series 2012 and related trust indenture agreement, the Medical Center is required to maintain the following

Bond Fund – This fund is established for the periodic deposit of funds for payment of principal and interest

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

Project Fund – This fund is established for the payment of costs of the Project

Expense Fund –This fund was established to maintain funds from the initial deposit of bond proceeds for payment of costs of issuance for the bonds Any funds remaining in the Expense Fund after May 15, 2013 were transferred to the Project Fund and the Expense Fund was closed

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

Assets limited as to use, are presented in the consolidated financial statements at fair value The composition of assets limited as to use, at December 31, 2013 and 2012, is as follows

	2013	2012
Assets limited as to use –		
Board designated for capital improvements	$ 54,520,763	54,220,306
Held by Trustee under bond indenture agreements	69,238,241	92,957,098
	123,759,004	147,177,404
Less amount required for current obligations	1,833,547	811,807
Assets limited as to use, net of current portion	$ 121,925,457	146,365,597

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

Investment return for the years ended December 31, 2013 and 2012 is summarized as follows

	2013	2012
Interest and dividends	$ 1,325,641	1,464,140
Investment management fees	(186,472)	(171,149)
Realized gains, net	1,029,939	872,299
Change in unrealized gains	3,393,888	937,744
Total investment return	$ 5,562,996	3,103,034
Included in nonoperating gains, net	$ 2,169,108	2,165,290
Reported separately as a change in unrestricted net assets	3,393,888	937,744
Total investment return	$ 5,562,996	3,103,034

(6) Other Receivables

The composition of other receivables at December 31, 2013 and 2012 is summarized as follows

	2013	2012
Employee loans and advances	$ 623,094	727,819
Employee group health plan reinsurance receivable	278,554	--
Credit card and other rebate receivables	176,353	21,143
Professional liability policy receivable	751,997	450,000
Gifts, grants and bequests	--	82,555
Other	65,131	37,223
	$ 1,895,129	1,318,740

(7) Property and Equipment

Property and equipment as of December 31, 2013 and 2012 is summarized as follows

	2013	2012
Land and improvements	$ 4,722,287	4,304,389
Buildings and fixed equipment	64,504,921	64,219,810
Equipment and furnishings	85,107,036	78,503,616
Construction in progress	33,323,984	8,683,587
	187,658,228	155,711,402
Less - Accumulated depreciation	112,787,315	107,250,188
	$ 74,870,913	48,461,214

Depreciation expense of $9,855,028 and $10,576,307 in 2013 and 2012, respectively, is included in the accompanying consolidated statements of operations

Groundbreaking on a major building project of a patient tower (Project) began in 2013, and is expected to be substantially complete by December 31, 2015 The Project consists of the development, planning, design and construction of a new 5-story, approximately 220,000 square foot replacement patient tower at the Medical Center to be constructed with the proceeds of the Series 2012 Bonds (Note 10) The Project is expected to include 116 private patient rooms, related equipment, an addition to house information technology facilities, a new central utility plant, parking, a new lobby, new kitchen and cafeteria, conference center, new sleep lab, and an updated cardiac and pulmonary rehabilitation area The Project also includes demolition and renovation of some non-clinical areas of existing space

The estimated total cost of the Project is approximately $98 5 million The following details costs included in construction in progress

	2013	2012
Project costs –		
Interest cost capitalized	$ 5,253,696	534,755
Bond premium amortization capitalized	(658,318)	(94,045)
Interest income capitalized	(237,678)	(29,298)
Construction and other costs	27,182,904	7,168,941
Subtotal	31,540,604	7,580,353
GPMAI medical office building construction	506,690	--
Other	1,276,690	1,103,234
	$ 33,323,984	8,683,587

(8) Recruitment and Relocation

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

The following illustrates amounts advanced under these agreements and applicable amortization expense (included in other expenses in the accompanying consolidated statements of operations) for 2013 and 2012

	2013	2012
Recruitment and relocation advances -		
Beginning of year	$ 318,720	458,022
Advances	883,345	230,038
Amounts repaid	(198,348)	--
Amortization	(216,704)	(369,340)
End of Year	$ 787,013	318,720

(9) Investments in Affiliates

The Medical Center owns a 50% investment in the stock of Great Plains PHO, Inc (PHO) The PHO, a taxable corporation, coordinates physician and Medical Center participation in managed care products The Medical Center owns a 50% interest in the North Platte Surgery Center, LLC (NPSC), which operates a freestanding ambulatory surgery center that began providing services in 2003 All investments are recorded by the equity method of accounting

The Medical Center's investment in affiliates at December 31, 2013 and 2012 is as follows

	2013	2012
Great Plains PHO, Inc	$ 43,229	45,081
North Platte Surgery Center, LLC	1,599,900	1,372,700
	$ 1,643,129	1,417,781

(10) Long-Term Debt

A summary of the long-term debt at December 31, 2013 and 2012 follows

	2013	2012
3 50% - 5 00% Hospital Revenue Bonds, Series 2012, serial bonds due November 2025 and term bonds due through November 2042, payable in varying annual installments on November 15, interest payable semi-annually (including unamortized premium of $6,062,546)	$ 108,902,546	109,466,819
Capital lease obligation, secured by leased asset	12,952	24,866
	108,915,498	109,491,685
Less current maturities	12,952	11,914
Total long-term debt	$ 108,902,546	109,479,771

On November 1, 2012, $102,840,000 of Hospital Revenue Bonds, Series 2012, (Series 2012 Bonds) were issued by Hospital Authority No 1 of Lincoln County (Issuer), Nebraska pursuant to the Indenture, the Loan Agreement, the 2012 Note and Mortgage between the Issuer and First National Bank of Omaha, Omaha, Nebraska (Trustee) The Series 2012 Bonds were issued at a premium of $6,720,864 This premium is being amortized using the effective interest method over the life of the bonds At December 31, 2013 and 2012, $564,273 and $94,045 of the premium was amortized and included as a reduction in capitalized interest costs for the year then ended

A portion of the proceeds of the Series 2012 Bonds, along with funds from the Organization were used to redeem or refund the remaining outstanding principal amount of the Series 2002 Bonds The majority of the proceeds of the Series 2012 Bonds were used to fund the Organization's patient tower project (Note 7)

The 2012 bonds are collateralized equally and ratably by a first mortgage lien on the facilities and a security interest in the Medical Center's accounts, inventory and equipment

Under the terms of the 2012 revenue bond indentures, the Medical Center is required to maintain certain deposits with a trustee Such deposits are included with assets limited as to use The revenue bond indentures also place limits on the incurrence of additional borrowings and requires that the Medical Center satisfy certain measures of financial performance as long as the bonds are outstanding

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

	Long-Term Debt	Capital Lease Obligations
2014	$ --	13,552
2015	1,945,000	--
2016	2,025,000	--
2017	2,105,000	--
2018	2,185,000	--
Thereafter	94,580,000	--
	102,840,000	13,552
Add unamortized premium	6,062,546	
Less amount representing interest under capital lease obligations	--	600
	$ 108,902,546	12,952

(11) Temporarily Restricted Net Assets

Temporarily restricted net assets at December 31, 2013, are restricted primarily for a future building and service expansion project, hospital improvements, and support for various programs These funds are currently held by the Great Plains Health Care Foundation and are available upon request of the Medical Center These funds are comprised of cash and cash equivalents and investments held by other foundations

(12) Commitments

The Medical Center and GPHEI lease facility space and equipment for operations under various noncancelable operating lease agreements which expire between March 2014 and April 2023, and require varying minimum annual lease payments

The total future minimum lease commitments at December 31, 2013 are as follows

2014	$ 859,528
2015	676,777
2016	642,552
2017	502,547
2018	386,285
Thereafter	1,447,179

Total operating lease expense included in the consolidated statements of operations for the years ended December 31, 2013 and 2012, was approximately $1,313,000 and $1,333,000, respectively

(13) Other Operating Revenue

Other operating revenue for the years ended December 31, 2013 and 2012 consisted of the following

	2013	2012
EHR incentive	$ 1,718,820	--
Grant revenue	54,617	123,000
Lifeline	31,921	73,580
Rental income	658,287	537,267
Cafeteria	218,008	201,089
Medical record fees	49,749	43,815
Purchase discounts	55,604	47,158
Other operating revenue	529,563	551,575
	$ 3,316,569	1,577,484

Meaningful Use of Certified Electronic Health Record Technology Incentive Payments

The Health Information Technology for Economic and Clinical Health Act contains specific financial incentive payments beginning in 2011 to certain hospitals and professionals that implement and achieve meaningful use of certified electronic health record (EHR) technology in ways that demonstrate improved quality and effectiveness of care Specific criteria is set by the Center for Medicare and Medicaid Services (CMS) Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period An initial Medicaid incentive payment is available to providers that adopt, implement, or upgrade certified EHR technology However, in order to receive additional Medicaid incentive payments in subsequent years, providers must demonstrate continued meaningful use of EHR technology

The Medical Center accounts for meaningful use incentive payments under the grant accounting model, cliff recognition Medicare EHR incentive payments are recognized as revenue when eligible providers demonstrate meaningful use of certified EHR technology and data is available to estimate the incentive payments for each period (a 365 day period after the initial 90 day attestation period) Medicaid EHR incentive payments are recognized as revenue when an eligible provider demonstrates meaningful use of certified EHR technology for each period The Medical Center recognized $1,718,820 of Medicare meaningful use grant revenue in other operating revenue in its consolidated statement of operations for the year ended December 31, 2013

(14) Nonoperating Gains (losses), Net

Nonoperating gains (losses), net are comprised of the following

	2013	2012
Investment income	$ 2,169,108	2,165,290
Loss on extinguishment of debt	--	(539,244)
Gain on disposal of assets	43,514	20,569
Gain on investment in affiliates	550,890	340,557
	$ 2,763,512	1,987,172

(15) Professional Liability Insurance

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

Accounting principles generally accepted in the United States of America require a healthcare provider to recognize the ultimate costs of malpractice claims or similar contingent liabilities, which include costs associated with litigating or settling claims, when the incidents that give rise to the claims occur The Medical Center does evaluate all incidents and claims along with prior claims experienced to determine if a liability is to be recognized For the years ending December 31, 2013 and 2012, management determined a liability of $751,997 and $450,000 should be recognized for asserted or unasserted claims In accordance with FASB ASU No 2010-24, *Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries,* management has included this liability in other accounts payable on the consolidated balance sheet with a corresponding receivable for insurance recoveries which is included with other receivables (Note 6)

(16) 457(b) Deferred Compensation Plan

The Medical Center has established a deferred compensation plan for a select group of management or highly compensated employees in accordance with Internal Revenue Code 457(b) The plan permits eligible employees to defer a portion of their salaries until future years The deferred compensation is not available to the employees until retirement, separation from employment, death, unforeseeable emergency or attaining age 70½ The employer is the beneficial owner of all assets the employee places in the plan The employee is fully vested in all amounts credited to his or her account

(17) 401(k) Retirement Plan

The Medical Center sponsors a 401(k) Retirement Plan for its employees The plan covers all employees who have six months of service, are age 21 or older, and have elected to participate in the plan The plan is funded through contributions by both employees and the Medical Center The employee contribution may be up to 100% of their pre-tax qualified compensation and is fully vested Employees may direct the contributions among 24 different funds as determined by the Plan Matching contributions up to 4% are made by the Medical Center A participant is fully vested in the Medical Center's contribution after six years of credited service Pension expense was $1,904,197 and $1,732,465 for the years ended December 31, 2013 and 2012, respectively

(18) Concentrations of Credit Risk

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

	2013	2012
Medicare	34%	32%
Medicaid	10	20
Blue Cross/Blue Shield	13	13
Other third-party payers	29	23
Private pay	14	12
	100%	100%

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

(19) Related Party Transactions

Great Plains Health Care Foundation (Foundation) was established exclusively for the purpose of supporting programs and services of the Medical Center and other organizations that provide or support health related programs Because the Medical Center does not have the authority to appoint a majority of the Board Members of the Foundation, the consolidated financial statements do not include the accounts of this organization All funds raised, except funds required for the operations of the Foundation, are to be distributed, or held for the purpose of supporting the programs and services of the Medical Center, or as required to comply with the purposes specified by donors Total net assets of the Foundation as of December 31, 2013 and 2012 were approximately $9,625,388 and $7,814,097, respectively

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

(20) Functional Expenses

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

	2013	2012
Program services	$ 141,768,010	135,074,632
Fundraising	128,601	130,811
	$ 141,896,611	135,205,443

North Platte, Nebraska Hospital Corporation and Affiliates

Exhibit 1

Consolidating Balance Sheet
December 31, 2013

		Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
ASSETS								
Current assets								
Cash and cash equivalents	$	21,920,880	1,143,931	531,812	56,813	243,249	--	23,896,685
Short-term investments		28,789,431	178	--	--	--	--	28,789,609
Assets limited as to use - required for current liabilities		1,833,547	--	--	--	--	--	1,833,547
Receivables -								
Patients, net of estimated uncollectibles		16,573,911	--	203,891	--	1,563,518	--	18,341,320
Affiliates		4,560,935	--	--	--	--	(4,560,935)	--
Other		1,568,035	--	13,919	--	313,175	--	1,895,129
Inventories		4,196,536	--	202,143	--	--	--	4,398,679
Prepaid expenses		1,327,580	1,214	6,624	5,877	170,298	--	1,511,593
Total current assets		80,770,855	1,145,323	958,389	62,690	2,290,240	(4,560,935)	80,666,562
Investments		8,140,755	--	--	--	--	--	8,140,755
Assets limited as to use, net of current portion		121,925,457	--	--	--	--	--	121,925,457
Property and equipment, net		71,203,319	1,326,489	315,550	1,479,927	545,628	--	74,870,913
Other assets -								
Deferred bond issue costs, net		1,134,318	--	--	--	--	--	1,134,318
Deferred compensation assets		1,371,995	--	--	--	963,118	--	2,335,113
Recruitment and relocation advances, net		787,013	--	--	--	--	--	787,013
Investment in affiliates		4,136,550	--	--	--	--	(2,493,421)	1,643,129
Interest in Foundation		3,884,672	--	--	--	--	--	3,884,672
Land held for future expansion and investment		--	744,276	--	--	--	--	744,276
Total other assets		11,314,548	744,276	--	--	963,118	(2,493,421)	10,528,521
Total assets	$	293,354,934	3,216,088	1,273,939	1,542,617	3,798,986	(7,054,356)	296,132,208

Consolidating Balance Sheet (Continued)
December 31, 2013

	Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
LIABILITIES AND NET ASSETS							
Current liabilities							
Current maturities of long-term debt	$ --	--	--	--	12,952	--	12,952
Accounts payable -							
Trade	3,258,320	112,150	95,255	52,918	337,094	--	3,855,737
Construction	4,349,960	--	--	--	--	--	4,349,960
Affiliates	--	2,013,584	61,194	2,037,578	448,579	(4,560,935)	--
Other	751,997	--	--	--	--	--	751,997
Accrued salaries, vacation and vested benefits payable	6,246,843	--	--	3,270	644,873	--	6,894,986
Accrued interest payable	776,408	--	--	--	--	--	776,408
Estimated third-party payor settlements	679,699	--	--	--	--	--	679,699
Total current liabilities	16,063,227	2,125,734	156,449	2,093,766	1,443,498	(4,560,935)	17,321,739
Long-term debt, net of current maturities	108,902,546	--	--	--	--	--	108,902,546
Deferred compensation liability	1,371,995	--	--	--	963,118	--	2,335,113
Total liabilities	126,337,768	2,125,734	156,449	2,093,766	2,406,616	(4,560,935)	128,559,398
Commitments							
Net assets (deficit)							
Common stock and paid-in-capital	--	--	475,000	--	28,682,641	(29,157,641)	--
Unrestricted	166,285,037	1,090,354	642,490	(551,149)	(27,290,271)	26,664,220	166,840,681
Temporarily restricted	732,129	--	--	--	--	--	732,129
Total net assets (deficit)	167,017,166	1,090,354	1,117,490	(551,149)	1,392,370	(2,493,421)	167,572,810
Total liabilities and net assets	$ 293,354,934	3,216,088	1,273,939	1,542,617	3,798,986	(7,054,356)	296,132,208

North Platte, Nebraska Hospital Corporation and Affiliates

Exhibit 2

Consolidating Statement of Operations
For the Year Ended December 31, 2013

	Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
UNRESTRICTED REVENUE							
Net patient service revenue	$ 141,548,934	--	1,479,669	--	11,232,671	--	154,261,274
Provision for bad debts	(4,921,100)	--	(24,923)	--	(530,896)	--	(5,476,919)
Net patient service revenue less provision for bad debts	136,627,834	--	1,454,746	--	10,701,775	--	148,784,355
Other operating revenue	3,287,577	502,141	55,104	398,678	464,600	(1,391,531)	3,316,569
Total revenue	139,915,411	502,141	1,509,850	398,678	11,166,375	(1,391,531)	152,100,924
EXPENSES							
Salaries and wages	49,339,536	--	471,424	98,892	7,740,979	2,374,522	60,025,353
Employee benefits	13,584,190	--	195,568	20,398	1,402,182	405,011	15,607,349
Professional fees - physicians	2,215,665	--	--	--	6,017,046	(3,306,103)	4,926,608
Professional fees - other	11,985,437	116,501	70,271	66,904	1,515,869	(547,667)	13,207,315
Supplies	25,076,306	2,078	43,370	42,427	784,674	(16,440)	25,932,415
Utilities	1,476,675	86,669	12,402	32,797	49,080	--	1,657,623
Repairs and maintenance	5,623,884	23,667	55,266	46,233	96,071	(8)	5,845,113
Leases and rentals	1,022,246	--	68,824	48,367	474,137	(300,847)	1,312,727
Insurance	414,066	3,367	3,680	4,982	71,761	--	497,856
Interest	2,261	--	--	11,562	1,450	(11,562)	3,711
Other	2,098,901	77,323	617,443	41,464	151,098	--	2,986,229
Depreciation and amortization	9,542,974	86,549	4,008	63,572	197,209	--	9,894,312
Total expenses	122,382,141	396,154	1,542,256	477,598	18,501,556	(1,403,094)	141,896,611
OPERATING INCOME (LOSS)	17,533,270	105,987	(32,406)	(78,920)	(7,335,181)	11,563	10,204,313
NONOPERATING GAINS (LOSSES), NET	(4,604,859)	12,278	(12,240)	68	8,478	7,359,787	2,763,512
EXCESS REVENUE OVER (UNDER) EXPENSES	12,928,411	118,265	(44,646)	(78,852)	(7,326,703)	7,371,350	12,967,825
CHANGE IN UNREALIZED GAINS ON OTHER THAN TRADING SECURITIES	3,393,888	--	--	--	--	--	3,393,888
GIFTS, GRANTS AND BEQUESTS	228,431	--	--	--	--	--	228,431
CHANGE IN INTEREST IN FOUNDATION	629,164	--	--	--	--	--	629,164
EQUITY TRANSFER FROM AFFILIATE	--	--	--	--	8,080,000	(8,080,000)	--
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 17,179,894	118,265	(44,646)	(78,852)	753,297	(708,650)	17,219,308

North Platte, Nebraska Hospital Corporation and Affiliates

Exhibit 3

Consolidating Statement of Changes in Net Assets
For the Year Ended December 31, 2013

	Great Plains Regional Medical Center	Great Plains Medical Arts Building, Inc	Great Plains Homecare Equipment, Inc	Regency Retirement Residence	North Platte Physician Group	Eliminations	Consolidated
UNRESTRICTED NET ASSETS							
Operating income (loss)	$ 17,533,270	105,987	(32,406)	(78,920)	(7,335,181)	11,563	10,204,313
Nonoperating gains (losses), net	(4,604,859)	12,278	(12,240)	68	8,478	7,359,787	2,763,512
Change in unrealized gains on other than trading securities	3,393,888	--	--	--	--	--	3,393,888
Gifts, grants and bequests	228,431	--	--	--	--	--	228,431
Change in interest in Foundation	629,164	--	--	--	--	--	629,164
Equity transfer from affiliate	--	--	--	--	8,080,000	(8,080,000)	--
Increase (decrease) in unrestricted net assets	17,179,894	118,265	(44,646)	(78,852)	753,297	(708,650)	17,219,308
NET ASSETS (DEFICIT), beginning of year	149,837,272	972,089	1,162,136	(472,297)	639,073	(1,784,771)	150,353,502
NET ASSETS (DEFICIT), end of year	$ 167,017,166	1,090,354	1,117,490	(551,149)	1,392,370	(2,493,421)	167,572,810