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2015

Open to Public Inspection

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
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization  
PLATTE COMMUNITY MEMORIAL HOSPITAL INCDoing business as  
PLATTE HEALTH CENTER AVERANumber and street (or P O box if mail is not delivered to street address) Room/suite  
601 E 7TH STREETCity or town, state or province, country, and ZIP or foreign postal code  
PLATTE, SD 57369D Employer identification number  
46-0239781E Telephone number  
(605) 337-3364

G Gross receipts \$ 13,601,355

F Name and address of principal officer  
MARK BURKET  
601 E 7TH STREET  
PLATTE, SD 57369H(a) Is this a group return for  
subordinates?  Yes  NoH(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.PHCAVERA.ORG](http://WWW.PHCAVERA.ORG)K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1947

M State of legal domicile SD

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
PROVIDE INPATIENT AND OUTPATIENT HEALTHCARE SERVICES2 Check this box ►  If the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	4	5	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	218	
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6	50	
6 Total number of volunteers (estimate if necessary)	7a	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0	
b Net unrelated business taxable income from Form 990-T, line 34			

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
		12,906,517	13,358,918	80,214	56,147
9 Program service revenue (Part VIII, line 2g)		51,479	55,095		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,089,804	13,597,986		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				7,838,906	8,067,710
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				0	0

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year		Current Year	
		51,594	127,826	17,078	6,632
14 Benefits paid to or for members (Part IX, column (A), line 4)		12,906,517	13,358,918	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,214	56,147	7,838,906	8,067,710
16a Professional fundraising fees (Part IX, column (A), line 11e)		51,479	55,095	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		13,089,804	13,597,986		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,526,585	4,614,424		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		12,382,569	12,688,766		
19 Revenue less expenses Subtract line 18 from line 12		707,235	909,220		

Net Assets or Fund Balances	Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	16,480,459	21 Total liabilities (Part X, line 26)	9,658,714
22 Net assets or fund balances Subtract line 21 from line 20		6,821,745		7,723,686

## 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	*****	2017-05-01
	Signature of officer	Date

Paid Preparer Use Only	Preparer's signature LAURIE HANSON	Date 2017-05-01	Check <input type="checkbox"/> if self-employed	PTIN P00851848
	Firm's name ► EIDE BAILLY LLP		Firm's EIN ► 45-0250958	
	Firm's address ► 200 EAST 10TH ST PO BOX 5125 SIOUX FALLS, SD 571175125		Phone no (605) 339-1999	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

### **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

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

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?

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 \$ 11,313,780 including grants of \$ 6,632 ) (Revenue \$ 13,358,918 )

PROVISION OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES IN PLATTE, SD, AND THE SURROUNDING AREA. TOTAL PATIENT DAYS WERE 416, TOTAL NURSING HOME DAYS WERE 16,108. CLINIC VISITS TOTALLED 9,567. TO FULFILL ITS MISSION OF COMMUNITY SERVICE, THE HEALTH CENTER PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AMOUNTS LESS THAN ITS ESTABLISHED RATES. THIS AMOUNT EXCLUDES EXPENSES ASSOCIATED WITH A NUMBER OF ADDITIONAL COMMUNITY SERVICES PROVIDED BY THE HEALTH CENTER. PHC ATTESTED TO THE PROGRAM YEAR 2015 OF MEANINGFUL USE. THIS ATTESTATION TO CMS STATES PHC WILL MEET AND COMPLY WITH THE REQUIREMENTS FOR MEANINGFUL USE. WITH THIS, PHC HAS ENHANCED PATIENT CARE BY IMPLEMENTING AN ELECTRONIC HEALTH RECORD SYSTEM AS WELL AS THE MANY PATIENT SAFETY MEASURES THAT COMES WITH IT.

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

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$

) (Revenue \$ )

**4e Total program service expenses ► 11,313,780**

**Part IV Checklist of Required Schedules**

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 **Section 501(c)(3) organizations.**  
Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  . . . . .

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

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  . . . . .

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

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  . . . . .

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  . . . . .

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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  . . . . .

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .

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

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

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

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

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>	Yes	
<b>10</b>	Yes	
<b>11a</b>	Yes	
<b>11b</b>	Yes	
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>		No
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>	Yes	
<b>20b</b>	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 "Yes," complete Schedule L, Part II . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	27	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . . . .	<b>2a</b>	218	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> 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)? . . . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<b>5a</b>	No	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5b</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5c</b>		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>6a</b>	No	
<b>6a</b> 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? . . . . .	<b>6b</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>7a</b>	No	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7b</b>		
<b>a</b> 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? . . . . .	<b>7c</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7d</b>	1	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7e</b>	No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7f</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7g</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7h</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>8</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>9a</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**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**

**1a** Enter the number of voting members of the governing body at the end of the tax year  
**1a** 8

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** 8

**2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . **2** No

**3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . **3** Yes

**4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . **4** No

**5** Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5** No

**6** 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** No

**9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . **9** No

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

**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** Yes

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12b** Yes

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12c** 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 . . . . . **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** No

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **16b**

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**►VICKI JENSEN 601 E 7TH STREET PLATTE, SD 57369 (605) 337-3364**



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

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	839,455	0	94,318

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 ► 3

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	No
<b>4</b>	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	<b>4</b>	Yes
<b>5</b>	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	<b>5</b>	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
AVERA QUEEN OF PEACE  525 N FOSTER MITCHELL, SD 57301	MANAGEMENT, CONSULTING AND IT FEES	885,221
AVERA HEALTH  3900 WAVERA DRIVE SIOUX FALLS, SD 57105	CONTRACT SERVICES, ELECTRONIC MED FEES	266,037
AVERA MCKENNAN  800 E21ST SIOUX FALLS, SD 57105	PURCHASED SERVICES MRI, NUCLEAR MED	106,806

**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 ► 3

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,327				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	76,499				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	50,000				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		50,000				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►		127,826				
<b>Program Service Revenue</b>			Business Code				
			322110	8,693,862	8,693,862		
			323110	2,828,336	2,828,336		
			621498	1,431,342	1,431,342		
			900099	387,807	387,807		
			900099	17,571	17,571		
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►		13,358,918				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►		16,955			16,955	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ►						
	<b>5</b> Royalties . . . . . ►						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		54,435					
	<b>b</b> Less rental expenses	0					
	<b>c</b> Rental income or (loss)	54,435					
	<b>d</b> Net rental income or (loss) . . . . . ►		54,435				54,435
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			39,192				
	<b>b</b> Less cost or other basis and sales expenses		0				
	<b>c</b> Gain or (loss)		39,192				
	<b>d</b> Net gain or (loss) . . . . . ►		39,192				39,192
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,327</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>a</b>	4,029						
<b>b</b> Less direct expenses . . . . .	<b>b</b>	3,369					
<b>c</b> Net income or (loss) from fundraising events . . . . . ►		660				660	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ►							
<b>10a</b> Gross sales of inventory, less returns and allowances .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ►							
<b>Miscellaneous Revenue</b>	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►							
<b>12</b> <b>Total revenue.</b> See Instructions . . . . . ►		13,597,986	13,358,918	0	111,242		

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	6,632	6,632		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	92,520		92,520	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	6,303,705	6,034,367	269,338	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	123,388	118,882	4,506	
<b>9</b> Other employee benefits . . . . .	1,142,499	1,092,158	50,341	
<b>10</b> Payroll taxes . . . . .	405,598	383,540	22,058	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	378,938		378,938	
<b>b</b> Legal . . . . .	282		282	
<b>c</b> Accounting . . . . .	71,963		71,963	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	226,414	210,824	15,590	
<b>12</b> Advertising and promotion . . . . .	37,398	10,243	27,155	
<b>13</b> Office expenses . . . . .	374,502	342,474	32,028	
<b>14</b> Information technology . . . . .	320,763	36,295	284,468	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	370,557	348,761	21,796	
<b>17</b> Travel . . . . .	55,147	50,618	4,529	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	38,745	35,961	2,784	
<b>20</b> Interest . . . . .	366,430	366,430		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	864,117	864,117		
<b>23</b> Insurance . . . . .	78,057	67,657	10,400	
<b>24</b> 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 )				
<b>a</b> SUPPLIES	1,018,786	1,018,786		
<b>b</b> EQUIPMENT AND REPAIRS	229,503	227,900	1,603	
<b>c</b> DUES AND SUBSCRIPTIONS	55,994	26,188	29,806	
<b>d</b> BAD DEBT	22,748	22,748		
<b>e</b> All other expenses	104,080	49,199	54,881	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,688,766	11,313,780	1,374,986	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> 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 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	<b>2</b>	1,520,951
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	<b>4</b>	2,133,617
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	<b>5</b>	
	<b>6</b> 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 . . . . .	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>8</b>	186,099
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>9</b>	106,865
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b>	16,017,750
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	8,959,267
		<b>10c</b>	7,789,115
	<b>11</b> Investments—publicly traded securities . . . . .	<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	<b>12</b>	5,495,105
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	<b>15</b>	73,000
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>16</b>	16,574,120
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>17</b>	942,620
	<b>18</b> Grants payable . . . . .	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	<b>21</b>	
	<b>22</b> 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 . . . . .	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>23</b>	7,907,814
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>24</b>	
	<b>25</b> 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 . . . . .	<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>26</b>	8,850,434
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	<b>27</b>	5,440,700
	<b>28</b> Temporarily restricted net assets . . . . .	<b>28</b>	463,422
	<b>29</b> Permanently restricted net assets . . . . .	<b>29</b>	1,819,564
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	<b>33</b>	7,723,686
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>34</b>	16,574,120

**Part XI Reconciliation 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	13,597,986
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	12,688,766
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	909,220
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	6,821,745
5	Net unrealized gains (losses) on investments . . . . .	5	30,577
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-37,856
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,723,686

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII  

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?

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

2b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

3a If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3b If "Yes," to line 2a or 2b, did the organization undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

2015

Open to Public  
Inspection**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

PLATTE COMMUNITY MEMORIAL HOSPITAL INC

**Employer identification number**

46-0239781

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

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))  
 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization  
 f Enter the number of supported organizations . . . . .  
 g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) A amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI )						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

	Yes	No
<b>1</b>		
<b>2</b>		

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?

If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

<b>3a</b>		
<b>3b</b>		
<b>3c</b>		

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use

**4a** Was any supported organization not organized in the United States ("foreign supported organization")?

If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below

<b>4a</b>		
<b>4b</b>		

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?

If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?

If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

<b>4c</b>		
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**5a** Did the organization add, substitute, or remove any supported organizations during the tax year?

If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)

<b>5a</b>		
<b>5b</b>		
<b>5c</b>		

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

<b>6</b>		
<b>7</b>		

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)

<b>7</b>		
<b>8</b>		

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)

<b>8</b>		
<b>9a</b>		

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

<b>9a</b>		
<b>9b</b>		

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

<b>9b</b>		
<b>9c</b>		

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

<b>9c</b>		
<b>10a</b>		

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

<b>10b</b>		
<b>11a</b>		

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

<b>11a</b>		
<b>11b</b>		

**b** A family member of a person described in (a) above?

<b>11b</b>		
<b>11c</b>		

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? *If "Yes," describe in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)*

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)*

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard*

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

**2 Activities Test Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*

	Yes	No
2b		

**3 Parent of Supported Organizations Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

	Yes	No
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

**1** Net short-term capital gain  
**2** Recoveries of prior-year distributions  
**3** Other gross income (see instructions)  
**4** Add lines 1 through 3  
**5** Depreciation and depletion  
**6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
**7** Other expenses (see instructions)  
**8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

**1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
**a** Average monthly value of securities  
**b** Average monthly cash balances  
**c** Fair market value of other non-exempt-use assets  
**d** **Total** (add lines 1a, 1b, and 1c)  
**e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
**2** Acquisition indebtedness applicable to non-exempt use assets  
**3** Subtract line 2 from line 1d  
**4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
**5** Net value of non-exempt-use assets (subtract line 4 from line 3)  
**6** Multiply line 5 by .035  
**7** Recoveries of prior-year distributions  
**8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

**1** Adjusted net income for prior year (from Section A, line 8, Column A)  
**2** Enter 85% of line 1  
**3** Minimum asset amount for prior year (from Section B, line 8, Column A)  
**4** Enter greater of line 2 or line 3  
**5** Income tax imposed in prior year  
**6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
**7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2015 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

2015

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

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue Service**Name of the organization**

PLATTE COMMUNITY MEMORIAL HOSPITAL INC

**Employer identification number**

46-0239781

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

**(a) Donor advised funds      (b) Funds and other accounts****1** Total number at end of year


**2** Aggregate value of contributions to (during year)**3** Aggregate value of 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" on 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)  
 Protection of natural habitat  
 Preservation of open space

Preservation of an historically important land area  
 Preservation of a certified historic structure

**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

<b>Held at the End of the Year</b>	
<b>2a</b>	
<b>2b</b>	
<b>2c</b>	
<b>2d</b>	

**a** Total number of conservation easements**b** Total acreage restricted by conservation easements**c** Number of conservation easements on a certified historic structure included in (a)**d** Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register**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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)** Revenue included on 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** Revenue included on 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)

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

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

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

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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

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

		<b>Amount</b>
<b>1c</b>		2,598
<b>1d</b>		26,501
<b>1e</b>		25,418
<b>1f</b>		3,681

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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.

	<b>(a) Current year</b>	<b>(b) Prior year</b>	<b>b (c) Two years back</b>	<b>(d) Three years back</b>	<b>(e) Four years back</b>
<b>1a</b> Beginning of year balance . . . . .	2,211,336	2,209,820	1,990,303	1,754,823	1,613,404
<b>b</b> Contributions . . . . .		1,516	219,517	235,480	141,419
<b>c</b> Net investment earnings, gains, and losses . . . . .	-50,235				
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,161,101	2,211,336	2,209,820	1,990,303	1,754,823

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

a Board designated or quasi-endowment ► 0 %

b Permanent endowment ► 84.200 %

c Temporarily restricted endowment ► 15.800 %

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

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

(i) unrelated organizations . . . . .

Yes  No

(ii) related organizations . . . . .

Yes  No

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

Yes  No

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.

	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>Accumulated (c) depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		192,952		192,952
<b>b</b> Buildings . . . . .		11,922,788	6,056,396	5,866,392
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	3,518,477	2,598,628		919,849
<b>e</b> Other . . . . .		383,533	304,243	79,290

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ► 7,058,483

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) Other		
(A) ASSETS LIMITED AS TO USE - AVERA POOLED INVESTMENT	2,869,841	C
(B) INTEREST IN AVERA HEALTH FOUNDATION	2,625,264	C

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	13,615,191
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	30,577
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	-13,372
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	17,205
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,597,986
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	13,597,986

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	12,666,018
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,666,018
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	22,748
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	22,748
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	12,688,766

**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 IV, LINE 1B	THE NURSING HOME RESIDENTS ARE ALLOWED TO HAVE A MAXIMUM OF \$50 IN THE RESIDENT TRUST ACCOUNT. THE MONEY CAN BE USED FOR ANY PERSONAL ITEMS THEY DESIRE SNACKS, LUNCH, HAIRCUTS, ETC. THE RESIDENTS ARE NOT CHARGED ANY FEES FOR UTILIZING THE ACCOUNT. THE ACCOUNT IS RECONCILED MONTHLY BY THE BUSINESS OFFICE STAFF. A SEPARATE ACCOUNT WAS SETUP FOR ONE NURSING HOME RESIDENT PER THE DEPARTMENT OF SOCIAL SERVICES. THE RESIDENT NEEDED TO HAVE AN INCOME TRUST ACCOUNT SET UP UNTIL THE RESIDENT WAS MEDICAID ELIGIBLE. THE FACILITY WORKED WITH THE RESIDENT'S PERSONAL REPRESENTATIVE TO SET UP THE ACCOUNT. THE RESIDENT'S RETIREMENT AND SOCIAL SECURITY CHECK IS DEPOSITED INTO THE ACCOUNT MONTHLY, AND THEN A CHECK IS WRITTEN AND APPLIED TOWARD THE RESIDENT'S BILL AT THE NURSING HOME. THE RESIDENT IS NOT CHARGED ANY FEES ON THE ACCOUNT. THE ACCOUNT IS RECONCILED MONTHLY BY THE BUSINESS OFFICE STAFF.

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
PART X, LINE 2	THE HEALTH CENTER IS ORGANIZED AS A SOUTH DAKOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) THE HEALTH CENTER IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS IN ADDITION, THE HEALTH CENTER IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE THE ORGANIZATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS THE HEALTH CENTER BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE HEALTH CENTER WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED
PART XI, LINE 2D - OTHER ADJUSTMENTS	BAD DEBT EXPENSE INCLUDED IN REVENUE ON F/S -22,748 NET ASSETS RELEASED FROM RESTRICTIONS INCLUDED IN REVENUE ON F/S 9,376
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSES INCLUDED IN REVENUE ON F/S 22,748

**SCHEDULE H  
(Form 990)****Hospitals**

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****Open to Public  
Inspection****Name of the organization**

PLATTE COMMUNITY MEMORIAL HOSPITAL INC

**Employer identification number**

46-0239781

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	<b>Yes</b>	<b>No</b>
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities	<input type="checkbox"/> Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	<b>3a</b> Yes	
<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	<b>3b</b> Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> 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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)	1	72	28,000		28,000	0 220 %
<b>b</b> Medicaid (from Worksheet 3, column a)	1	202	244,271	229,905	14,366	0 110 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs	2	274	272,271	229,905	42,366	0 330 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			15,713	13,025	2,688	0 020 %
<b>f</b> Health professions education (from Worksheet 5)			35,200	32,500	2,700	0 020 %
<b>g</b> Subsidized health services (from Worksheet 6)			6,578,545	4,643,113	1,935,432	15 250 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			5,725		5,725	0 050 %
<b>j</b> Total. Other Benefits			6,635,183	4,688,638	1,946,545	15 340 %
<b>k</b> Total. Add lines 7d and 7j	2	274	6,907,454	4,918,543	1,988,911	15 670 %

**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						
<b>10 Total</b>						

**Part III. Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .

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 . . . . .

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 . . . . .

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

	Yes	No
1		No
2		22,748
3		11,374

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .

6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .

7 Subtract line 6 from line 5 This is the surplus (or shortfall) . . . . .

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? . . . . .

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

9a	Yes
9b	Yes

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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)

PLATTE HEALTH CENTER AVERA

**Name of hospital facility or letter of facility reporting group****Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

1

	<b>Yes</b>	<b>No</b>
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15	5	Yes
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE PART V SECTION C		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE PART V SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12b	

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**

## PLATTE HEALTH CENTER AVERA

**Name of hospital facility or letter of facility reporting group**

		Yes	No
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients? . . . . .	14 Yes	
15	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW AVERA ORG/APP/FILES/PUBLIC/55374/PLATTE-FINANCIAL-ASSISTANCE PDF</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW AVERA ORG/APP/FILES/PUBLIC/55375/PLATTE-FINANCIAL-ASSISTANCE-APP</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW AVERA ORG/APP/FILES/PUBLIC/55375/PLATTE-FINANCIAL-ASSISTANCE-APP</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

		Yes	
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	17 Yes	
18	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(ies)
- b  Selling an individual's debt to another party
- c  Actions that require a legal or judicial process
- d  Other similar actions (describe in Section C)
- e  None of these actions or other similar actions were permitted

**Part V Facility Information (continued)****PLATTE HEALTH CENTER AVERA****Name of hospital facility or letter of facility reporting group**

	<b>Yes</b>	<b>No</b>
<b>19</b>		No

**19** Did the hospital facility or other authorized 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? . . . . .  
 If "Yes," check all actions in which the hospital facility or a third party engaged

- a  Reporting to credit agency(ies)
- b  Selling an individual's debt to another party
- c  Actions that require a legal or judicial process
- d  Other similar actions (describe in Section C)

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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)
- f  None of these efforts were made

**Policy Relating to Emergency Medical Care**

**21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  
 If "No," indicate why

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d  Other (describe in Section C)

<b>21</b>	Yes	
-----------	-----	--

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**22** 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 Section C)

**23** 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? . . . . .  
 If "Yes," explain in Section C

**24** 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? . . . . .  
 If "Yes," explain in Section C

<b>23</b>	No	
<b>24</b>	No	

**Part V Facility Information (continued)****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

**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? **4**

Name and address	Type of Facility (describe)
1 1 - PLATTE HEALTH CENTER AVERA 601 E 7TH STREET PLATTE, SD 57360	SKILLED NURSING
2 2 - PLATTE MEDICAL CLINIC 612 E 8TH STREET PLATTE, SD 57369	MEDICAL CLINIC
3 3 - GEDDES MEDICAL CLINIC PO BOX 167 GEDDES, SD 57342	MEDICAL CLINIC
4 4 - WHITE LAKE MEDICAL CLINIC 306 S JOHNSTON ST WHITE LAKE, SD 57383	MEDICAL CLINIC
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	IN ADDITION TO FPG, PLATTE HEALTH CENTER AVERA (PHC) UTILIZES FACTORS AS MARKED IN PART V, LINE 13

Form and Line Reference	Explanation
PART I, LINE 6A	PHC IS INCLUDED IN THE COMMUNITY BENEFIT REPORT THAT IS SUBMITTED TO AVERA HEALTH BY AVERA QUEEN OF PEACE. IT IS AVAILABLE THROUGH THE WEBSITE AND REQUESTED MAILING, AND IS FILED WITH THE CATHOLIC HEALTH ASSOCIATION. THE COMMUNITY BENEFIT REPORT CAN BE FOUND AT <a href="http://WWW.AVERAANNUALREPORTS.ORG">HTTP://WWW.AVERAANNUALREPORTS.ORG</a>

Form and Line Reference	Explanation
PART I, LINE 7	CHARITY CARE EXPENSE WAS CONVERTED TO COST ON LINE 7A BASED ON AN OVERALL COST-TO-CHARGE RATIO ADDRESSING ALL PATIENT SEGMENTS LINES 7B, 7E, 7F, AND 7I WERE OBTAINED UTILIZING THE ACTUAL GENERAL LEDGER SYSTEM LINE 7G WAS DETERMINED USING THE MEDICARE COST REPORT

Form and Line Reference	Explanation
PART I, LINE 7 COL(F)	BAD DEBT EXPENSE OF \$22,748 WAS SUBTRACTED FROM TOTAL OPERATING EXPENSE.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	N/A

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT IS BASED ON CHARGES

## Form and Line Reference

PART III, LINE 3

## Explanation

THE AMOUNT ON LINE 3 IS 50 PERCENT OF BAD DEBT EXPENSE THIS NUMBER IS BASED ON A DETAILED REVIEW OF THE CURRENT YEAR ACCOUNTS THAT WERE TRANSFERRED TO ACCOUNTS MANAGEMENT, INC UPON REVIEWING EACH HOUSEHOLD ACCOUNT THAT IS AT AMI, IT WAS FOUND THAT ABOUT 50 PERCENT OF THE OUTSTANDING BALANCES MAY HAVE BEEN ELIGIBLE UNDER THE FACILITY'S CHARITY CARE POLICY SINCE WE ARE IN A SMALL COMMUNITY, WE WERE ABLE TO IDENTIFY WHICH ACCOUNTS MAY HAVE QUALIFIED FOR CHARITY CARE BECAUSE OF LOW INCOME OR SOME KNOWN HARDSHIP TO THE HOUSEHOLD ALSO FOR THIS REVIEW PROCESS, FAMILIES THAT HAVE ACCOUNTS AT AMI BUT HAVE RECENTLY APPLIED FOR CHARITY CARE WERE ALSO TAKEN INTO CONSIDERATION, AS THEY MOST LIKELY WOULD HAVE QUALIFIED ON THE PREVIOUS ACCOUNTS HAD THEY FILLED OUT THE APPLICATION

Form and Line Reference	Explanation
PART III, LINE 4	THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE IS ON PAGE 7 OF THE ATTACHED AUDIT REPORT

Form and Line Reference	Explanation
PART III, LINE 8	THE ENTIRE AMOUNT OF THE SHORTFALL ON LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFIT. THE SHORTFALL IS A DIRECT RESULT OF SEQUESTRATION ENACTMENTS PUT IN PLACE BY THE FEDERAL GOVERNMENT. MEDICARE ALLOWABLE COST OF CARE WAS CALCULATED FROM THE MEDICARE COST REPORT FOR THE FISCAL YEAR ENDING 6/30/2016

Form and Line Reference	Explanation
PART III, LINE 9B	IF A PATIENT QUALIFIES FOR THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME, UNINSURED, OR UNDER-INSURED PATIENTS AND IS COOPERATING WITH THE ORGANIZATION WITH REGARD TO EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE ORGANIZATION OR ITS AGENT SHALL NOT SEND, NOR INTIMIDATE THAT IT WILL SEND, THE UNPAID BILL TO ANY OUTSIDE COLLECTION AGENCY AT SUCH TIME AS THE ORGANIZATION SENDS THE UNCOLLECTED ACCOUNT TO AN OUTSIDE COLLECTION AGENCY, THE AMOUNT REFERRED TO THE AGENCY SHALL REFLECT THE REDUCED-PAYMENT LEVEL FOR WHICH THE PATIENT WAS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME UNINSURED PATIENTS PHC DOES NOT REPORT ANY DATA TO ANY OF THE CREDIT AGENCIES, HOWEVER, THE COLLECTION AGENCIES PHC UTILIZES MAY REPORT TO THE CREDIT AGENCIES A DETERMINATION THAT A PATIENT IS PRESUMED ELIGIBLE FOR CHARITY CARE IS MADE WHEN ADEQUATE INFORMATION IS PROVIDED BY THE PATIENT OR THROUGH OTHER SOURCES WHICH ALLOW PHCA TO DETERMINE THAT THE PATIENT QUALIFIES FOR CHARITY CARE

Form and Line Reference	Explanation
PART VI, LINE 2	PLATTE HEALTH CENTER AVERA CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS TO EVALUATE THE HEALTH OF THE COMMUNITY, IDENTIFY HIGH PRIORITY HEALTH NEEDS, AND DEVELOP STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY. IN JANUARY 2016, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS AGAIN CONDUCTED BY PLATTE HEALTH CENTER AVERA FOR THE APPROXIMATELY 5,000 PEOPLE RESIDING IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE ORGANIZATION SERVES ITS HOST CITY, PLATTE, SD AND ITS PARTNERED CITIES OF GEDDES AND WHITE LAKE, SD, THE TOP 1/3 OF CHARLES MIX COUNTY AND THE BORDERING COUNTIES OF AURORA, BRULE, AND DOUGLAS COUNTIES IN SD. PLATTE HEALTH CENTER AVERA BEGAN THE PROCESS BY INITIALLY PARTICIPATING IN A PLANNING SESSION CONDUCTED BY COMMUNITY HEALTH NEEDS ASSESSMENT RESOURCES FROM AVERA HEALTH AND AVERA QUEEN OF PEACE. FROM THAT PLANNING SESSION, THE ORGANIZATION ESTABLISHED A CHNA COMMITTEE THAT INCLUDED THE FACILITY CHIEF EXECUTIVE OFFICER, CHIEF FINANCE OFFICER, AND DIRECTOR OF PATIENT CARE SERVICES. PLATTE HEALTH CENTER AVERA THEN PROCEEDED TO GATHER THE MOST RECENT STATISTICS ABOUT PUBLIC HEALTH FROM COUNTY, STATE, AND NATIONAL SOURCES. DATA WAS COLLECTED FROM THE US DEPT OF HUMAN SERVICES, US CENTERS FOR DISEASE CONTROL, BUREAU OF LABOR STATISTICS, US CENSUS BUREAU, SD EPIDEMIOLOGY PROFILE, SD MEDICAID AND MEDICALLY UNINSURED. IN ADDITION, THE COUNTY HEALTH RANKINGS WEBSITE WAS UTILIZED AS IT PROVIDES A WEALTH OF INFORMATION ON NEARLY EVERY COUNTY IN THE NATION. PUBLISHED BY THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE AND THE ROBERT WOOD JOHNSON FOUNDATION, THIS RESOURCE HELPS COUNTIES AND OTHER ORGANIZATIONS LIKE PLATTE HEALTH CENTER AVERA UNDERSTAND THE MANY VARIABLES THAT INFLUENCE HEALTH. IN ADDITION, SOUTH DAKOTA DEPARTMENT OF HEALTH STATISTICS WERE REVIEWED REGARDING THE HEALTH STATUS AND LEADING HEALTH INDICATORS FOR CHARLES MIX COUNTY. THE 'FOCUS ON SOUTH DAKOTA, A PICTURE OF HEALTH' DOCUMENT WAS ALSO UTILIZED. THIS STUDY WAS SUPPORTED FROM THE LEONA M AND HARRY B HELMSLEY CHARITABLE TRUST RURAL HEALTHCARE PROGRAM AND WAS CONDUCTED TO UNDERSTAND THE CURRENT PICTURE OF HEALTH WITHIN THE STATE OF SOUTH DAKOTA. INFORMATION WAS ALSO OBTAINED FROM THE ORGANIZATION'S EMERGENCY DEPARTMENT AND INPATIENT UNIT. IN ADDITION TO THE SECONDARY DATA COLLECTION, THE HOSPITAL ALSO COLLECTED QUALITATIVE OR PRIMARY REVIEW DATA THROUGH THE USE OF A COMMUNITY WIDE SURVEY AS WELL AS FOCUS GROUPS AND KEY INFORMANT INTERVIEWS. CHNA COMMITTEE MEMBERS REVIEWED AND TABULATED THE CHECKLIST DATA, FOCUS GROUP REPORTS, AND COMMUNITY HEALTH INDICATORS TO RANK THE HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PROCESS. COMMON THEMES WERE IDENTIFIED AND CONSIDERED FROM ACROSS ALL INFORMATION SET. OBESITY/PHYSICAL INACTIVITY, ALCOHOL USE, MENTAL HEALTH NEEDS, ACCESS TO CARE, AFFORDABLE HOUSING/DAYCARE, PREVENTATIVE/SCREENING ACTIVITIES AND CHRONIC DISEASE MANAGEMENT.

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THE PATIENT ASSISTANCE POLICY IS POSTED ON OUR FACILITY'S WEBSITE AT WWW PHCAVERA.ORG. SIGNAGE IS ALSO POSTED THROUGHOUT OUR FACILITY THAT EXPLAINS WHAT PATIENTS SHOULD DO IF THEY HAVE CONCERNs ABOUT PAYING THEIR BILL UPON OUTPATIENT SERVICES REGISTRATION AND/OR ADMISSION, THE BUSINESS OFFICE STAFF WORKS TO EDUCATE ALL SELF-PAY PATIENTS ON OUR PATIENT ASSISTANCE POLICY. SELF PAY PATIENTS WHO MAY BE ELIGIBLE FOR MEDICAID OR OTHER STATE/FEDERAL BENEFITS ARE INFORMED OF A THIRD PARTY VENDOR WHOM THE FACILITY HAS ENLISTED TO ASSIST PATIENTS IN EXPLORING BENEFITS THAT MAY BE AVAILABLE. THE THIRD PARTY VENDOR IS A PUBLIC INTEREST LAW FIRM THAT PROVIDES FREE LEGAL SERVICES TO THOSE WHO QUALIFY. A REPRESENTATIVE FROM THAT VENDOR WILL CONTACT PATIENTS TO DETERMINE WHETHER IT IS APPROPRIATE FOR THEM TO ASSIST IN AN APPLICATION FOR BENEFITS. WHEN THE GROUP ACCEPTS A CASE, THEY FOLLOW IT UNTIL APPLICATIONS HAVE BEEN APPROVED OR DENIED. ALL OF THIS IS DONE AT NO CHARGE TO THE PATIENT. THE PLAIN LANGUAGE DOCUMENT AND THE PATIENT ASSISTANCE FORM ARE SENT OUT WITH THE INITIAL SELF-PAY BILL TO ALL SELF-PAY PATIENTS WITHIN 7-10 DAYS OF THE DATE OF SERVICE. SELF-PAY BALANCES THAT GO UNPAID FOR 60 DAYS WILL RECEIVE A SERIES OF TWO LETTERS WITH THEIR MONTHLY STATEMENT. THE LETTERS EXPLAIN THE FACILITY'S COLLECTION PROCESS, AND INCLUDE THE PLAIN LANGUAGE DOCUMENT, THE PATIENT ASSISTANCE FORM, AND POLICY FOR THE GUARANTOR TO COMPLETE THE FORM. IT IS REQUIRED TO BE COMPLETED AND RETURNED IN A TIMELY MANNER. UPON RECEIPT OF THE PATIENT ASSISTANCE FORM, THE CEO/CFO WILL DETERMINE THE AMOUNT OF THE DISCOUNT THE PATIENT QUALIFIES FOR PER POLICY. A FOLLOW-UP LETTER IS MAILED TO THE PATIENT EXPLAINING THE AMOUNT OF DISCOUNT AND PAYMENT PLAN FOR THE REMAINING BALANCE. FAILURE TO RETURN THE COMPLETED PATIENT ASSISTANCE FORM, OR CONTACTING THE FACILITY FOR PAYMENT ARRANGEMENTS WILL RESULT IN THE PATIENT ACCOUNT GOING TO THE FACILITY'S COLLECTION AGENCY PROVIDED AT LEAST 120 DAYS HAVE PASSED SINCE THE FIRST POST DISCHARGE BILLING STATEMENT WAS SENT TO THE PATIENT. IF THE PATIENT RETURNS THE COMPLETED ASSISTANCE FORM WITHIN 240 DAYS FROM THE FIRST POST DISCHARGE BILLING STATEMENT, PHCA WILL HALT COLLECTION ACTIVITY UNTIL A DETERMINATION OF FINANCIAL ASSISTANCE ELIGIBILITY CAN BE MADE. IF PHCA APPROVES THE PATIENT FOR FINANCIAL ASSISTANCE, COLLECTION ACTIONS WILL CEASE.</p>

Form and Line Reference	Explanation
PART VI, LINE 4	PHC IS A CRITICAL ACCESS HOSPITAL IN PLATTE, SD PLATTE IS A RURAL COMMUNITY WITH ALMOST 1,400 RESIDENTS LOCATED IN SOUTH CENTRAL SOUTH DAKOTA THE FACILITY SERVES AN AREA OF ABOUT 5,000 PEOPLE IN CHARLES MIX, DOUGLAS, GREGORY, AURORA, AND BRULE COUNTIES THE FACILITY HAS THREE DIFFERENT HUTTERITE COLONIES IN ITS SERVICE AREA THE DOMINANT INDUSTRIES INCLUDE SMALL FAMILY BUSINESSES AND FAMILY FARMS THE AREA IS VERY WELL KNOWN FOR RECREATIONAL HUNTING AND FISHING, WHICH BOOSTS THE POPULATION BY ABOUT 20 PERCENT THROUGHOUT MAY-OCTOBER THE MAJORITY OF PEOPLE SERVED BY PHC ARE LIVING IN NORTHERN CHARLES MIX COUNTY THE COUNTY IS AN ESTIMATED 1150 SQUARE MILES AND HAS A POPULATION OF 9,209 CONSISTENTLY 80 PERCENT OF PLATTE HEALTH CENTER AVERA'S HOSPITAL DISCHARGES COME FROM CHARLES MIX COUNTY, AND 70 PERCENT OF ALL SERVICES CHARLES MIX COUNTY IS COMPRISED OF ABOUT 65 PERCENT CAUCASIAN PEOPLE, 32 PERCENT NATIVE AMERICAN, AND 3 PERCENT OTHER PHC PREDOMINANTLY SERVES A CAUCASIAN POPULATION ACCORDING TO THE US CENSUS BUREAU, THE ANNUAL MEDIAN HOUSEHOLD INCOME FOR CHARLES MIX COUNTY IN 2015 IS \$43,109, HOWEVER, 23 PERCENT OF THE POPULATION LIVES BELOW THE POVERTY LEVEL (\$24,250/YEAR FOR A FAMILY OF FOUR) THERE ARE AN ESTIMATED 2,352 (OR 25%) PEOPLE ELIGIBLE FOR MEDICAL SERVICES, 710 ADULTS AND 1,642 CHILDREN YET 12 PERCENT OF THE POPULATION REMAINS UNINSURED THE LOCAL PLATTE-GEDDES SCHOOL SYSTEM HAS APPROXIMATELY 31% OF THE STUDENTS ON FREE/REDUCED MEAL PLANS

Form and Line Reference	Explanation
PART VI, LINE 5	<p>OUR BOARD CONSISTS OF 9 MEMBERS WHO REPRESENT ALL OF OUR SERVICE AREAS, INCLUDING PLATTE, GEDDES, ACADEMY, AND HARRISON, SD THE BOARD WORKS TO SET ASIDE FUNDS EACH YEAR TO THE AVE RA POOLED INVESTMENTS, WHICH ARE INTENDED TO ACCUMULATE TO SUPPORT EQUIPMENT UPGRADES AND FUTURE BUILDING PROJECTS MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE AREA IN TOTAL WITH AVERA ESERVICES, THE FACILITY HAS ABOUT 95 CREDENTIAL PHYSICIANS THIS NUMBER INCLUDES THE THREE FULL-TIME EMPLOYED FAMILY PRACTICE PHYSICIANS, AND A HOST OF SPECIALTY PHYSICIANS VIA ESERVICES PHC IS THE ONLY HOSPITAL IN THE PLATTE COMMUNITY THE NEXT CLOSEST CRITICAL ACCESS HOSPITAL IS 35 MILES TO THE EAST, AND THE CLOSEST REGIONAL HOSPITAL IS 66 MILES NORTHEAST PHC WORKS VERY HARD TO PROVIDE QUALITY HEALTHCARE IN A RURAL SETTING PHC PROVIDES INNOVATIVE TECHNOLOGY APPLICATIONS LEVERAGED BY HIGHLY TRAINED STAFF WITH ECARE SERVICES, WHICH INCLUDE EMERGENCY, EICU, EPHARMACY, ECONSULT AND ULTRA SOUND THROUGH A GROWING TELECOMMUNICATIONS NETWORK, WE OFFER VIDEO TELECONFERENCING FOR EDUCATIONAL AND MEDICAL SERVICES WE EXTEND OUR MISSION IN THE REGION THROUGH MOBILE OUTREACH PROGRAMS, AND PROVIDE LOCAL HEALTH CARE SPECIALISTS VISITS RIGHT HERE IN PLATTE SAVING OUR PATIENTS TIME AND TRAVEL EXPENSES THE FACILITY IS CERTIFIED AS A TRAUMA RECEIVING FACILITY WITH FULLY INTEGRATED EMERGENCY AND STROKE SERVICES IN BOTH EMERGENCY ROOM (ER) BAYS EMERGENCY ROOM SERVICES ARE A SUBSIDIZED SERVICE FOR THE ORGANIZATION THIS SERVICE IS NOT ONLY PROVIDED TO COMPLY WITH REGULATORY REQUIREMENTS, BUT HAS ALSO BEEN IDENTIFIED AS A CRITICAL SERVICE FOR THE COMMUNITY AND ORGANIZATION AS IT ENSURES ACCESS TO EMERGENCY SERVICES FOR OUR CUSTOMERS PLATTE HEALTH CENTER IS A FARM (FRONTIER AND RURAL MEDICINE) SITE THE FARM PROGRAM IS THE UNIVERSITY OF SOUTH DAKOTA SANFORD SCHOOL OF MEDICINE'S RURAL TRACK MEDICAL STUDENT PROGRAM THIS IS A UNIQUE OPPORTUNITY FOR A SELECT GROUP OF MEDICAL STUDENTS TO OBTAIN NINE MONTHS OF THEIR CLINICAL TRAINING IN RURAL COMMUNITIES THE PROGRAM EDUCATES MEDICAL STUDENTS ON THE NEED FOR PHYSICIANS IN RURAL FAMILY MEDICINE, AND THE FACILITY BUILDS ON RELATIONSHIPS THAT COULD RESULT IN THE RECRUITMENT OF FUTURE PHYSICIANS THIS IS A COMPETITIVE PROGRAM IN WHICH BOTH THE HOSPITAL AND MEDICAL STUDENT MUST APPLY FOR THROUGH A COMPETITIVE PROCESS IN 2015, PLATTE HEALTH CENTER ACHIEVED THE FOLLOWING NATIONAL AWARDS THAT ONLY EXEMPLIFY THE FACILITY'S COMMITMENT TO STAFF, PATIENTS, AND COMMUNITY NRHA AWARD PHC WAS AWARDED THE 2016 TOP 20 BEST PRACTICES IN PATIENT SATISFACTION AWARD AWARD WAS PRESENTED ON SEPT 23RD IN KANSAS CITY U.S. NEWS &amp; WORLD REPORT HAS AGAIN RECOGNIZED PLATTE CARE CENTER AS BEST NURSING HOMES FOR 2016-17 PLATTE CARE CENTER WAS AGAIN RECOGNIZED BY THE CENTERS FOR MEDICARE AND MEDICAID (CMS) AS A 5 STAR FACILITY BASED ON REPORTED QUALITY MEASURES TOP PERFORMER BY THE NATIONAL ORGANIZATION OF STATE OFFICE OF RURAL HEALTH (NOSORH) AND IVANTAGE HEALTH ANALYTICS SOUTH DAKOTA RURAL HOSPITALS DELIVER TOP PERFORMANCE THIRTY SOUTH DAKOTA RURAL HOSPITALS (SOME IN MORE THAN ONE CATEGORY) ARE BEING RECOGNIZED AS TOP PERFORMERS BY THE NATIONAL ORGANIZATION OF STATE OFFICE OF RURAL HEALTH (NOSORH) AND IVANTAGE HEALTH ANALYTICS NOSORH AND IVANTAGE DETERMINED THE RANKINGS USING THE HOSPITAL STRENGTH INDEX, A COMPREHENSIVE ASSESSMENT OF RURAL HOSPITAL PERFORMANCE CONSIDERING QUALITY, OUTCOMES, PATIENT SATISFACTION, AND FINANCIAL STRENGTH THE RANKING LOOKED AT ALL ACUTE CARE HOSPITALS IN THE NATION PLATTE HEALTH CENTER RECEIVED THE FOLLOWING RECOGNITIONS EXCELLENCE IN OUTCOMES AND EXCELLENCE IN PATIENT SATISFACTION PLATTE HEALTH CENTER - AVERA IS A HEALING MINISTRY FOR THE SICK, THE ELDERLY, AND THE OPPRESSED, AND PROVIDES HEALTHCARE SERVICES TO ALL PERSONS IN NEED, WITHOUT REGARD TO AGE, RACE, SEX, CREDIT, NATIONAL ORIGIN, OR ABILITY TO PAY IN CONJUNCTION WITH THE FACILITY'S COMMUNITY HEALTH NEEDS ASSESSMENT, THE FACILITY MAKES OTHER CONTRIBUTIONS TO THE COMMUNITY IT SERVES THE PLATTE HEALTH CENTER ENCOURAGES VOLUNTEERING AT ALL LEVELS OF THE FACILITY ON MANY OCCASIONS, FACILITY EMPLOYEES DONATE TIME AND MONEY TO SOME VERY WORTHY CAUSES SOME OF THE VOLUNTEER PROJECTS COMPLETED IN THE COMMUNITY THIS YEAR WERE AS FOLLOWS THE ACTIVITIES DEPARTMENT AGREED TO SPEARHEAD THE PROJECT TO SEND HOLIDAY CARE PACKAGES TO MEMBERS OF THE NATIONAL GUARD UNIT #155 OUT OF WAGNER, SD THAT WAS RECENTLY DEPLOYED TO KUWAIT EMPLOYEES ORGANIZING A FUNDRAISER FOR TWO STAFF MEMBERS AND THEIR FAMILIES THE EMPLOYEES HAD EXTRAORDINARY HEALTH ISSUES AND LIMITED RESOURCES A COMMUNITY-WIDE BAKE SALE AND A RUMMAGE SALE WERE HELD AND RAISED OVER \$3,700 PLATTE HEALTH CENTER STAFF RUNS THE PUBLIC MOVIE THEATER THE SECOND SATURDAY OF EVERY MONTH STAFF DONATED AN ESTIMATED 500 POUNDS OF FOOD TO THE LOCAL HELPING HANDS FOOD PANTRY THE MEDICAL CLINICS HOSTED TWO COMMUNITY BAKE SALES THE PROCEEDS FROM THESE EVENTS WENT TOWARD THE EXPENSE OF LI</p>

Form and Line Reference	Explanation
PART VI, LINE 5	CENSES FOR TWO PHYSICIANS WHO ARE FULFILLING A MEDICAL MISSION IN NORTH AFRICA EDUCATION COORDINATORS VOLUNTEER TO PROVIDE A WEEKLY EXERCISE PROGRAM AT THE LOCAL SENIOR CITIZEN CENTER, AS WELL AS HOST HEALTHY EATING/COOKING CLASSES EACH YEAR STAFF PROVIDES ITEMS FOR THE SHOEBOXES FOR GUATEMALA CAMPAIGN THE FACILITY'S LAB DEPARTMENT PROVIDES EDUCATION SESSION WITH THE LOCAL HIGH SCHOOL THE PURPOSE IS TO PARTNER WITH THE SCHOOL/STUDENTS TO EXPOSE THEM TO FUTURE CAREER OPPORTUNITIES STUDENTS ARE ALSO ALLOWED TO JOB SHADOW IN AREAS OF INTEREST

Form and Line Reference	Explanation
PART VI, LINE 6	THE HOSPITAL IS A MANAGED FACILITY OF AVERA QUEEN OF PEACE AVERA QUEEN OF PEACE AND THE HOSPITAL WORK COOPERATIVELY TO ENHANCE HEALTHCARE THROUGHOUT THE COMMUNITY SERVED BY THE HOSPITAL AS A MANAGED FACILITY, THE HOSPITAL IS ABLE TO PARTICIPATE IN AVERA E-CARE SERVICES THESE SERVICES INCLUDE AVERA E-ICU, E-EMERGENCY, E-PHARMACY AND E-CONSULT THESE SERVICES ALLOW RURAL PATIENTS TO BE CARED FOR AT THEIR LOCAL HOSPITALS, PROVIDE RURAL HOSPITALS ACCESS TO IMMEDIATE SPECIALTY CARE AND SUPPORT, AND HELP REDUCE HEALTH CARE COSTS AND TRAVEL THE HOSPITAL ALSO HAS ACCESS TO "BACK OFFICE" SUPPORT SERVICES, SUCH AS LEGAL CONSULTATION, QUALITY BENCHMARKING, CODING, COMPUTER SERVICES, CONTRACT NEGOTIATIONS, ADMINISTRATIVE CONSULTATION, GROUP PURCHASING, HUMAN RESOURCE ASSISTANCE AND MANY OTHER SERVICES AVERA HEALTH IS ABLE TO PROVIDE THESE SERVICES TO THE HOSPITAL AT A COST BELOW THAT WHICH THE HOSPITAL COULD OTHERWISE ACHIEVE IN TURN, LOCAL CAREGIVERS ARE ABLE TO DEVOTE MORE RESOURCES TO PATIENT AND RESIDENT CARE AVERA QUEEN OF PEACE AND THE HOSPITAL DEDICATE RESOURCES TO ENDEAVORS THAT MAKE A POSITIVE DIFFERENCE TO IMPROVE THE HEALTH OF THE COMMUNITIES THEY SERVE THESE ACTIVITIES INCLUDE LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, ECONOMIC DEVELOPMENT, PHYSICAL IMPROVEMENTS IN THE COMMUNITY, CONTRIBUTIONS TO NONPROFIT COMMUNITY ORGANIZATIONS, NONPROFIT EVENT SPONSORSHIPS, DONATED MEDICAL SUPPLIES, COMMUNITY HEALTH EDUCATION AND SUPPORT GROUPS, HEALTH SCREENINGS, FLU-SHOT CLINICS, AND VARIOUS OTHER ACTIVITIES

Schedule H (Form 990) 2015

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-0239781

**Name:** PLATTE COMMUNITY MEMORIAL HOSPITAL INC

### Form 990 Schedule H, Part V Section A. Hospital Facilities

#### 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

Facility reporting group	Other (Describe)	Hospital Facilities							
		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-other	ER-24 hours
1	PLATTE HEALTH CENTER AVERA 601 E 7TH STREET PLATTE, SD 57369 WWW PHCAVERA.ORG 10557	X	X		X	X		X	

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
PLATTE COMMUNITY MEMORIAL HOSPITAL INC

Employer identification number

46-0239781

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

**4** During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a Yes

**a** The organization?

5b No

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6a Yes

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

6b No

**a** The organization?

7 No

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

8 No

**7** For persons listed on 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

9 No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEROME W BENTZ PHYSICIAN FAMILY MEDICINE	(i) 300,003	14,919	4,651	0	23,163	342,736	0
	(ii) 0	0	0	0	0	0	0
2 REGG HAGGE PHYS-FAMILY MED UNTIL 06/30/2015	(i) 148,727	26,834	0	5,333	11,363	192,257	0
	(ii) 0	0	0	0	0	0	0
3 ROBERT HUBLEY PHYSICIAN FAMILY MEDICINE	(i) 262,492	2,569	11,041	7,950	22,101	306,153	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.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 5	BOTH DR HAGGE AND DR BENTZ RECEIVED INCENTIVE PAY FOR EXCEEDING PRODUCTIVITY STANDARDS AS OUTLINED IN THEIR RESPECTIVE EMPLOYMENT CONTRACTS
PART I, LINE 6	ALL PLATTE HEALTH CENTER-AVERA EMPLOYEES RECEIVED A ONE-PERCENT BONUS IN SEPTEMBER 2015 AS A RESULT OF MEETING THREE FACILITY GOALS FOR FY2015. THE GOALS WERE AS FOLLOWS: PATIENT SATISFACTION SCORES AT THE 90 PERCENTILE, A TWO PERCENT NET OPERATING MARGIN, AND SUCCESSFUL MEANINGFUL USE ATTESTATION.

2015

Open to Public  
InspectionSCHEDULE M  
(Form 990)

## Noncash Contributions

Department of the  
Treasury  
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)Name of the organization  
PLATTE COMMUNITY MEMORIAL HOSPITAL INC

Employer identification number

46-0239781

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	X	1	50,000	FMV
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that  
it must hold for at least three years from the date of the initial contribution, and which is not required to be used  
for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

	Yes
31	Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? . . . . .

	Yes
32a	No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II

## Part II

## Implementation Information.

de the information required by Part I, lines 30b, 32b, and 33, and whether the organization is re-

complete this part for any additional information.

Please complete this part for any additional information.

**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 990-EZ 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](http://www.irs.gov/form990).

**2015****Open to Public  
Inspection**

Name of the organization  
PLATTE COMMUNITY MEMORIAL HOSPITAL INC

**Employer identification number**  
46-0239781

Return Reference	Explanation
FORM 990, PART III, LINE 2	PLATTE HEALTH CENTER OPENED A RURAL HEALTH CLINIC IN THE COMMUNITY OF WHITE LAKE. THE WHITE LAKE MEDICAL CLINIC OPENED IN JULY 2015 AND IS THE ONLY CLINIC IN THE COMMUNITY

Return Reference	Explanation
FORM 990, PART III, LINE 3	AS OF JULY 1, 2016, PLATTE HEALTH CENTER NO LONGER HAD A C-SECTION QUALIFIED PHYSICIAN ON STAFF THE FACILITY WAS ABLE TO RECRUIT A PHYSICIAN WHO SPECIALIZES IN OB/WOMEN'S HEALTH BUT IS NOT C-SECTION QUALIFIED GIVEN THAT IS A STANDARD OF CARE FOR OB, ONLY SCHEDULED DELIVERIES CAN TAKE PLACE AT PHC SCHEDULED DELIVERIES ALLOW THE PROPER TIME TO GET THE NECESSARY STAFF ONSITE FOR MOTHER AND INFANTS MOST DELIVERIES ARE NOT ABLE TO BE SCHEDULED, RESULTING IN JUST A FEW BIRTHS A YEAR AT THE FACILITY THE FACILITY'S OUTPATIENT SURGICAL VOLUMES INCREASED TO THE EXTENT THAT SURGEONS COME ONSITE MORE FREQUENTLY THE SURGEONS NOW COME TO PLATTE ON A WEEKLY BASIS AND SURGICAL VOLUMES INCREASED BY ABOUT 25 PERCENT FROM PRIOR YEAR

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	AVERA QUEEN OF PEACE PROVIDES MANAGEMENT SERVICES TO THE HEALTH CENTER. MARK BURKET, CEO, IS COMPENSATED BY AVERA QUEEN OF PEACE HOSPITAL, 525 NORTH FOSTER, MITCHELL, SD 57301. HIS TOTAL COMPENSATION IS \$178,466, TOTAL PENSION AND OTHER BENEFITS ARE \$23,424 FOR FISCAL YEAR ENDED 06/30/2016. MR. BURKET PRESIDES OVER THE DAY-TO-DAY OPERATIONS OF THE HEALTH CENTER.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	IF AND WHEN THE EXECUTIVE COMMITTEE MEETS, IT DOES NOT PREPARE MINUTES FOR THE MEETINGS INSTEAD, IT REPORTS TO THE BOARD AND DISCUSSION OF EXECUTIVE COMMITTEE MEETINGS IS INCLUDED IN THE BOARD MEETING MINUTES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CEO AND CFO REVIEW THE FORM 990. AFTER THAT REVIEW, A COPY OF THE COMPLETED FORM 990 IS GIVEN TO ALL BOARD MEMBERS FOR THEIR FEEDBACK. THE CFO FILES THE TAX RETURN WITH THE IRS. AFTER VERIFYING WITH THE BOARD THAT IT IS OKAY TO PROCEED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD IS REQUIRED ANNUALLY TO SIGN-OFF ON THE CONFLICT OF INTEREST POLICY PER POLICY, BOARD MEMBERS ARE EXPECTED TO DISCLOSE CONFLICTS AS THEY ARISE THE FULL BOARD REVIEWS THE POTENTIAL CONFLICTS OF INTEREST AND DETERMINES WHETHER A CONFLICT EXISTS IF A CONFLICT EXISTS, THE AFFECTED PERSON IS REQUIRED TO ABSTAIN FROM VOTING ON THE ITEM THAT GIVES RISE TO THE CONFLICT ALL EMPLOYEES ARE REQUIRED TO FOLLOW THE CONFLICT OF INTEREST POLICY ADMINISTRATION REVIEWS AND RESOLVES ANY CONFLICTS AS THEY ARISE IN MATTERS OF PATIENT CARE, ADMINISTRATION WOULD CONVENE AN ETHICS COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PACKAGE FOR THE CEO IS DETERMINED BY THE MANAGEMENT COMPANY, AVERA QUEEN OF PEACE. THE BOARD OF DIRECTORS OF PLATTE HEALTH CENTER REVIEWS AND DETERMINES WHETHER THE MANAGEMENT AGREEMENT IS ACCEPTABLE IN TERMS AND CONDITIONS. THE COMPENSATION PACKAGE FOR THE CFO IS BASED ON A REVIEW OF THE SDAHO ANNUAL COMPENSATION SURVEY AND APPROVED BY THE CEO. THE SDAHO SURVEY IS BASED ON MARKET BY FACILITY SIZE AND LOCATION. ANNUAL MERIT INCREASES (NOT TO EXCEED 2.5 PERCENT) ARE GIVEN BASED ON A PERFORMANCE REVIEW ON THE CFO'S ANNIVERSARY DATE OF EMPLOYMENT.

Return Reference

Explanation

FORM 990, PART VI, SECTION C, LINE 19

THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION -16,789 CHANGE IN INTEREST IN PERMANANT NET ASSETS OF FOUNDATION 19,027 NET ASSETS RELEASED FROM RESTRICTIONS FOUNDATION -40,094