



[Howdenxrv163193manual](#)

990 Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 OMB No 1545-0047
2011
 Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization: Sal Peterson Memorial Hospital
 Doing Business As: Peterson Regional Medical Center
 Number and street (or P.O. box if mail is not delivered to street address): 551 Hill Country Drive Room/suite:
 City or town, state or country, and ZIP + 4: Kerrville, TX 78028

D Employer identification number: 74-2557820
E Telephone number: (830) 258-7632
G Gross receipts \$ 97,458,864

F Name and address of principal officer:
Robert H Walther
551 Hill Country Dr
Kerrville, TX 78028

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number

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

J Website: N/A

K Form of organization: Corporation Trust Association Other

L Year of formation: 1950 **M** State of legal domicile: TX

2012 due soon!

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** **11**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **11**

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) **5** **1,130**

6 Total number of volunteers (estimate if necessary) **6** **237**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	483,455	1,358,267
9 Program service revenue (Part VIII, line 2g)	95,046,725	86,038,029
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,472,907	1,564,643
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	545,743	932,542
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,348,830	90,693,481
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	551,926	2,574,410
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,621,234	49,417,520
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) <u>282,942</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,379,312	51,225,300
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	98,552,472	103,217,230
19 Revenue less expenses Subtract line 18 from line 12	796,358	-12,523,749

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	200,016,200	200,261,636
21 Total liabilities (Part X, line 26)	80,863,328	94,318,007
22 Net assets or fund balances Subtract line 21 from line 20	119,152,872	105,943,629

Good news!
 Not so good!
 Also not good!

Bad news!
 Uh oh!

Part II Signature Block

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

Sign Here
 Signature of officer: ROBERT H WALTHER CFO
 Type or print name and title

Preparer's Use Only
 Preparer's signature: Amanda Hays Date: 2013-05-15
 Firm's name (or yours if self-employed), address, and ZIP + 4: BKO LLP
3800 Post Oak Blvd Ste 3200
HOUSTON, TX 77056
 Check if self-employed
 Preparer's taxpayer identification number (see instructions):
 EIN:
 Phone no: (713) 499-4600

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

Most groups file more quickly - 2013 reports appear by mid-2014

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