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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011

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

C Name of organization: GOOD SAMARITAN HOSPITAL ASSOCIATION
 Doing Business As: HEART OF AMERICA MEDICAL CENTER
 Number and street (or P O box if mail is not delivered to street address): 800 SOUTH MAIN AVENUE
 Room/suite:
 City or town, state or country, and ZIP + 4: RUGBY, ND 583682118

D Employer identification number: 45-0226419
E Telephone number: (701) 776-5261
G Gross receipts \$ 20,702,590

F Name and address of principal officer: JEFFREY LINGERFELT, 800 SOUTH MAIN AVENUE, RUGBY, ND 583682118
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: WWW.HAMC.COM

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1905
M State of legal domicile: ND

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE QUALITY MEDICAL CARE BASED ON THE NEEDS AND DEMOGRAPHICS OF NORTH CENTRAL NORTH DAKOTA		
	2 Check this box <input type="checkbox"/> 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	7
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	437
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	82,055
b Net unrelated business taxable income from Form 990-T, line 34	7b	-19,554	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	170,946	193,313
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,652,183	20,108,909
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,700	123,650
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,498	186,950
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,041,327	20,612,822
	14 Benefits paid to or for members (Part IX, column (A), line 4)	692	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,465,811	13,082,558
	b Total fundraising expenses (Part IX, column (D), line 25) ▶56,394		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0	0
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,786,544	6,861,377
19 Revenue less expenses Subtract line 18 from line 12	18,253,047	19,943,935	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,828,201	14,941,348
	22 Net assets or fund balances Subtract line 21 from line 20	3,832,549	4,946,917
		8,995,652	9,994,431

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: *****
 Date: 2012-03-13
 JEFFREY LINGERFELT CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: RICHARD RUVELSON
 Preparer's signature: RICHARD RUVELSON
 Date: 2012-03-13
 Check if self-employed
 PTIN:
 Firm's name: WIPFLI LLP
 Firm's EIN:
 Firm's address: 7601 FRANCE AVENUE SOUTH SUITE 400
 MINNEAPOLIS, MN 55435
 Phone no: (952) 548-3400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
TO DELIVER COMPASSIONATE CARE BY ADVANCING THE PHYSICAL AND SPIRITUAL WELL-BEING OF THE COMMUNITIES WE SERVE THROUGH SMART MEDICINE AND EXCEPTIONAL SERVICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 16,667,984 including grants of \$) (Revenue \$ 20,058,456)
GOOD SAMARITAN HOSPITAL ASSOCIATION IS A NONPROFIT HEALTH CARE ORGANIZATION, OWNED BY OVER THIRTY AREA CHURCHES REPRESENTING ALL OF THE LOCAL DENOMINATIONS OF THE CHRISTIAN FAITH THE AREA CHURCHES AT AN ANNUAL MEETING EVERY FALL ELECT A BOARD OF TRUSTEES THIS BOARD IS THE LEGAL GOVERNING BODY THAT IS RESPONSIBLE FOR THE ASSOCIATION OUR MISSION IS, "TO DELIVER COMPASSIONATE CARE BY ADVANCING THE PHYSICAL AND SPIRITUAL WELL-BEING OF THE COMMUNITIES WE SERVE THROUGH SMART MEDICINE AND EXCEPTIONAL SERVICE " GOOD SAMARITAN HOSPITAL ASSOCIATION'S (GSHA) PRIMARY FOCUS IS HEALTHCARE WITHIN AND AROUND THE COMMUNITY OF RUGBY, ND GSHA HAS 25 LICENSED ACUTE/SWING BEDS AS A CRITICAL ACCESS HOSPITAL, 4 RURAL HEALTH CLINICS ALONG WITH A SURGICAL CLINIC, 80 MEDICARE SKILLED NURSING HOME BEDS, 68 BASIC CARE BEDS, AND 37 ASSISTED LIVING APARTMENTS WE ALSO SERVICE THE COMMUNITY THROUGH A HOSPITAL BASED HOSPICE GSHA PROVIDES NUMEROUS COMMUNITY AND SOCIAL PROGRAMS INCLUDING BUT NOT LIMITED TO THE FOLLOWING CHARITY CARE \$222,406 GROSS CHARGES FORGONE DURING THE YEAR ENDED 3/31/2011, SMOKING CESSATION SESSIONS, CANCER EDUCATION PROGRAM, LIFELINE, PUBLIC HEALTHCARE EDUCATIONAL AND INFORMATIONAL NOTICES, FREE TESTING AND INFORMATION DURING HEALTH SHOWS AND COMMUNITY EVENTS, AMBULANCE VOLUNTEERS, PROVIDES EMT COURSES FOR AMBULANCES, EDUCATIONAL OUTREACH FOR SCHOOL SYSTEM, PROVIDES SENIOR CITIZEN MEALS AT MINIMAL FEE, FREE BLOOD PRESSURE CHECKS, COMMUNITY EDUCATION, PHYSICAL THERAPY, PROVIDES MEETING ROOM FOR VARIOUS ORGANIZATIONS AND CHURCHES, CPR TRAINING, WELLNESS PROGRAMS, SPONSOR LPN/RN SCHOOL PROGRAM THROUGH CONSORTIUM OF FACILITIES AND COLLEGES

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 \$ 16,667,984

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and other IRS filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
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 make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input type="checkbox"/> BONNIE KUEHNEMUND 800 S MAIN AVENUE RUGBY, ND 583682118 (701) 776-5261

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WES BLACK CHAIRMAN	1 80	X		X			0	0	0	
(2) JON NELSON VICE CHAIRMAN	1 30	X		X			0	0	0	
(3) MARK SCHAAN TRUSTEE	1 10	X					0	0	0	
(4) STACIE SCHMITT TRUSTEE	1 10	X					0	0	0	
(5) RUSTY GEBHARDT TRUSTEE	1 10	X					0	0	0	
(6) ARLYSS BERGRUD TRUSTEE	1 10	X					0	0	0	
(7) DR BRIAN SELLAND TRUSTEE	1 10	X					0	0	0	
(8) RICHARD ANDERSON TRUSTEE	1 10	X					0	0	0	
(9) JOHN MCCLINTOCK JR TRUSTEE	1 10	X					0	0	0	
(10) TOM MOLLER JR TRUSTEE	1 10	X					0	0	0	
(11) BRETT MCATEE TRUSTEE	1 00	X					0	0	0	
(12) JEFFREY LINGERFELT CEO/SECRETARY	40 00			X			154,680	0	24,027	
(13) BONNIE KUEHNEMUND COMPTROLLER/TREASURER	40 00			X			80,921	0	14,978	
(14) WALLACE KURIHARA SURGEON	40 00				X		200,747	0	2,834	
(15) SUSANNE LEVENE SURGEON	40 00				X		100,259	0	3,958	
(16) ERIK CHRISTENSON PHARMACIST	40 00				X		101,038	0	11,964	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							637,645	0	57,761	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAKOTA TRAVEL NURSE INC 3015 MEMORIAL HWY MANDAN, ND 58554	CONTRACT NURSING SERVICES	416,946
DIVERSIFIED MEDICAL RESOURCE 1104 WALNUT ST E DEVILS LAKE, ND 58301	ER PHYSICIAN SERVICES	352,133
DMS IMAGING PO BOX 86 MINNEAPOLIS, MN 554862208	NUCLEAR IMAGING SERVICES	213,814
TERESA BLOCK 1509 6TH AVE SE RUGBY, ND 58368	CRNA PROFESSIONAL SERVICES	158,539
CHOICE MEDICAL CARE PC PO BOX 577 CAVALIER, ND 58220	ER PROFESSIONAL SERVICES	121,994

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d			14,224		
	e Government grants (contributions) 1e			47,218		
	f All other contributions, gifts, grants, and similar amounts not included above 1f			131,871		
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		193,313			
Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code 621610	19,098,836	19,098,836		
	b ALS SERVICES	621610	328,572	328,572		
	c PT/OT SERVICES	621610	290,879	290,879		
	d PHARMACY SERVICES	900099	83,285	83,285		
	e GOLDEN HEART AMBULANCE	621910	77,439		77,439	
	f All other program service revenue		229,898	229,845	53	
	g Total. Add lines 2a-2f		20,108,909			
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		150,204		150,204
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real	50,793			
		(ii) Personal				
		b Less rental expenses	38,620			
		c Rental income or (loss)	12,173			
d Net rental income or (loss)			12,173		4,563	7,610
7a Gross amount from sales of assets other than inventory		(i) Securities				125
		(ii) Other				125
		b Less cost or other basis and sales expenses	26,679			
		c Gain or (loss)	-26,679			125
d Net gain or (loss)		-26,554			-26,554	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b	40,338				
	c Net income or (loss) from sales of inventory	24,469				
		15,869			15,869	
11a CAFETERIA SERVICES	Business Code	900099	131,869		131,869	
	b MISCELLANEOUS REVENUE	900099	27,039	27,039		
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d		158,908			
12 Total revenue. See Instructions		20,612,822	20,058,456	82,055	278,998	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	266,898		266,898	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,766,990	9,274,702	1,445,233	47,055
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	176,235	148,389	27,072	774
9	Other employee benefits	1,045,673	882,775	158,372	4,526
10	Payroll taxes	826,762	699,672	123,559	3,531
a	Fees for services (non-employees)				
	Management				
b	Legal	137,386		137,386	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,332,774	1,243,214	89,560	
12	Advertising and promotion	45,544		45,544	
13	Office expenses	1,831,081	1,458,429	372,580	72
14	Information technology	4,564		4,564	
15	Royalties				
16	Occupancy	611,086	553,144	57,942	
17	Travel	231,121	137,560	93,125	436
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	67,996	57,178	10,818	
21	Payments to affiliates	35,667	30,184	5,483	
22	Depreciation, depletion, and amortization	758,833	638,895	119,938	
23	Insurance	177,784		177,784	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER EXPENSES	1,367,139	1,323,469	43,670	
b	BAD DEBT EXPENSE	260,402	220,373	40,029	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	19,943,935	16,667,984	3,219,557	56,394
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	166,819
	2 Savings and temporary cash investments	688,575	2	134,054
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,333,927	4	3,778,398
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) Schedule L		6	
	7 Notes and loans receivable, net	422,414	7	463,614
	8 Inventories for sale or use	161,348	8	179,393
	9 Prepaid expenses and deferred charges	66,170	9	82,808
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	21,498,191		
	b Less accumulated depreciation	17,340,793	10c	4,157,398
	11 Investments—publicly traded securities	4,269,421	11	3,866,224
	12 Investments—other securities. See Part IV, line 11	641,807	12	1,880,807
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	231,833
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,828,201	16	14,941,348	
Liabilities	17 Accounts payable and accrued expenses	1,587,671	17	2,460,947
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	558,771	20	306,891
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	30,162
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	999,539	23	1,194,665
	24 Unsecured notes and loans payable to unrelated third parties	686,568	24	954,252
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,832,549	26	4,946,917
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,675,845	27	9,623,131
	28 Temporarily restricted net assets	319,807	28	371,300
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,995,652	33	9,994,431	
34 Total liabilities and net assets/fund balances	12,828,201	34	14,941,348	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,612,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,943,935
3	Revenue less expenses Subtract line 2 from line 1	3	668,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,995,652
5	Other changes in net assets or fund balances (explain in Schedule O)	5	329,892
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,994,431

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number

45-0226419

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

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

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

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

Name of the organization GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number

45-0226419

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. The table is currently empty.

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

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		2,516
j Total lines 1c through 1i			2,516
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	GOOD SAMARITAN HOSPITAL ASSOCIATION IS A MEMBER OF VARIOUS ORGANIZATIONS THAT LOBBY A PORTION OF THE DUES PAID TO THE VARIOUS ORGANIZATION IS FOR LOBBYING COSTS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number 45-0226419

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, 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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- 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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance (92,810), 1d Additions during the year (52,811), 1e Distributions during the year (64,730), 1f Ending balance (80,891)

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a-1g (Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance)

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,612,822
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,943,935
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	668,887
4	Net unrealized gains (losses) on investments	4	290,999
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	38,893
9	Total adjustments (net) Add lines 4 - 8	9	329,892
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	998,779

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

1	Total revenue, gains, and other support per audited financial statements	1	20,909,517
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	290,999
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	63,089
e	Add lines 2a through 2d	2e	354,088
3	Subtract line 2e from line 1	3	20,555,429
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	57,393
c	Add lines 4a and 4b	4c	57,393
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	20,612,822

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

1	Total expenses and losses per audited financial statements	1	19,962,231
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	38,620
e	Add lines 2a through 2d	2e	38,620
3	Subtract line 2e from line 1	3	19,923,611
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	20,324
c	Add lines 4a and 4b	4c	20,324
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	19,943,935

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	THE ASSOCIATION HAS AN AUXILIARY THAT IT OPERATES THE ASSOCIATION DOES NOT REPORT THE AUXILIARY'S NET ASSETS ON ITS FINANCIAL STATEMENTS
	PART IV, LINE 2B	THE ASSOCIATION HOLDS FUNDS UNDER AN AGENCY RELATIONSHIP FOR THE RESIDENTS OF THE HOSPITAL'S LONG-TERM CARE FACILITY, SWING-BED UNITS, AND BASIC CARE FACILITY, AS WELL AS DAMAGE DEPOSITS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, ASC TOPIC 740-10, INCOME TAXES, REQUIRES AN ORGANIZATION TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS THE ORGANIZATION'S FEDERAL RETURNS FOR TAX YEARS 2007 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		INCREASE IN INVESTMENT IN NET ASSETS OF FOUNDATION 51,493 CHANGE IN AUXILIARY NET ASSETS -12,600
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 38,620 COST OF AUXILIARY GOODS SOLD 24,469
PART XII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY REVENUE 57,393
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 38,620
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY EXPENSES 20,324

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number

45-0226419

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3 Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? 3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? 4 Did the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c 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? 6a Does the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public? 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

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

Part II Community Building Activities during the tax year, and describe in Part VI how its 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			380		380	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			640		640	0 %
8 Workforce development						
9 Other						
10 Total			1,020		1,020	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense (at cost)	2		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	4,186,502
6 Enter Medicare allowable costs of care relating to payments on line 5	6	5,110,875
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-924,373
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	Yes
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(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, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	HEART OF AMERICA MEDICAL CENTER 800 S MAIN AVE RUGBY, ND 583682118	X	X			X		X		

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (Describe)
1 HEART OF AMERICA NURSING FACILITY 800 S MAIN AVE RUGBY, ND 58368	SKILLED LONG TERM CARE FACILITY
2 HEART OF AMERICA NURSING FACILITY 800 S MAIN AVE RUGBY, ND 58368	SKILLED LONG TERM CARE FACILITY
3 HEART OF AMERICA NURSING FACILITY 800 S MAIN AVE RUGBY, ND 58368	SKILLED LONG TERM CARE FACILITY
4 HEART OF AMERICA NURSING FACILITY 800 S MAIN AVE RUGBY, ND 58368	SKILLED LONG TERM CARE FACILITY
5 HEART OF AMERICA NURSING FACILITY 800 S MAIN AVE RUGBY, ND 58368	SKILLED LONG TERM CARE FACILITY
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C THROUGH 03/31/2011 WE DID NOT PROVIDE DISCOUNTED CARE IF A PERSON QUALIFIED FOR THE CHARITY CARE PROGRAM, THE CARE IS COMPLETELY FREE THE DISCOUNT IS EITHER 100% OR 0% THROUGH 3/31/2011 THERE WAS NO SLIDING FEE SCALE WHICH PROVIDED FOR A DISCOUNTED CARE PERCENTAGE BETWEEN 0 AND 100% EFFECTIVE 04/01/2011 WE WENT TO A SLIDING FEE SCHEDULE

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE COSTING METHOD USE IS THE COST TO CHARGES RATIO

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES INCLUDES CARDIAC REHAB, OCCUPATIONAL THERAPY, AND SPEECH THERAPY

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 260402

Identifier	ReturnReference	Explanation
		PART II THERE ARE SOME COMMUNITY BUILDING ACTIVITIES DURING THE YEAR ENDING MARCH 2011, HOWEVER SOME ACTIVITIES ARE TOO CUMBERSOME TO GATHER INFORMATION NEEDED TO SUMMARIZE ON THE TABLE WE ONLY SHOW WHAT IS EASILY OBTAINABLE

Identifier	ReturnReference	Explanation
	PART II	IN-KIND CONTRIBUTIONS WERE ESTIMATED COSTS OF OUR FACILITIES AND EQUIPMENT USED BY COMMUNITY GROUPS THROUGHOUT THE YEAR COSTS ARE ESTIMATED USING SQUARE FOOTAGE AND COSTING FROM THE MEDICARE COST REPORT AS A GENERAL BASIS

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 4 HEART OF AMERICA MEDICAL CENTER SUBMITS CLAIMS TO ANY INSURANCE OR THIRD PARTY PAYORS FIRST PRIOR TO BILLING SELF PAY CURRENTLY WE USE A VALUATION ALLOWANCE CALCULATION OF 35% OF SELF PAY ACCOUNT 0-90 DAYS OLD AND 85% OF SELF PAY ACCOUNTS OVER 90 DAYS OLD AS AN ESTIMATE OF OUR BAD DEBT EXPENSE WITHIN OUR ACCOUNTS RECEIVABLES AS ACCOUNTS ARE DETERMINED TO ACTUALLY BE BAD DEBTS, THEY ARE REFERRED TO A COLLECTION AGENCY AND WRITTEN OFF AS BAD DEBT ELIGIBILITY FOR OUR CHARITY CARE PROGRAM IS DETERMINED BASED ON EACH INDIVIDUAL'S FINANCIAL CAPABILITY PATIENTS ARE ELIGIBLE FOR CHARITY CARE BASED ON THEIR INCOME USING 200% OF OTHER PUBLISHED FEDERAL POVERTY GUIDELINES MEDICAL INDIGENCE, SUCH AS HOMELESS, NO INCOME, OR QUALIFYING FOR OTHER AID (MEDICAID, WIC, FOOD STAMPS, ETC) ARE CONSIDERED PRESUMPTIVE CHARITY CARE IN ESTIMATING THE AMOUNT OF OUR BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR CHARITY CARE POLICY, WE TOOK 2010 US CENSUS BUREAU POPULATION & POVERTY LEVEL STATISTICS FOR THE AREA IN WHICH WE SERVE---PRIMARILY A FIVE COUNTY AREA FROM THOSE STATISTICS WE DETERMINED APPROXIMATELY 22 8% OF OUR MARKET POPULATION ARE AT THE POVERTY LEVEL BASED ON THE FPG EVEN THOUGH OUR CHARITY CARE GUIDELINES ARE BASED ON 200% OF THE FPG, WE CHOSE TO BE CONSERVATIVE AND USED THE ESTIMATED 22 8% AT THE POVERTY LEVEL AND APPLIED IT TO OUR BAD DEBT EXPENSE OUR BAD DEBT CONSISTS OF THOSE UNABLE TO PAY, BUT ALSO THOSE WHO JUST ARE UNWILLING TO PAY</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE REVENUE AND ALLOWABLE COSTS WERE OBTAINED FROM THE MEDICARE COST REPORT FOR THE FISCAL YEAR ENDING MARCH 2011 MEDICARE SHORTFALL IS THE RESULT OF THE HEALTHCARE SERVICES PROVIDED TO OUR PATIENTS WHICH ARE BEING REIMBURSED BY MEDICARE ON A FEE FOR SERVICE REIMBURSEMENT SUCH AS LABS, PROFESSIONAL SERVICES, AND SOME THERAPIES, OR TO OUR MEDICARE SKILLED LTC RESIDENTS THE SHORTFALL IS ALL RELATED TO PATIENTS OR RESIDENTS WHO ARE COVERED BY MEDICARE AND THEREFORE ARE ELDERLY WHICH IS CONSIDERED TO BE A CHARITABLE CLASS WE PROVIDE THE SERVICE TO PROMOTE QUALITY HEALTHCARE TO OUR ELDERLY WHO WOULD HAVE TROUBLE GOING ELSEWHERE TO RECEIVE THE SERVICES, EVEN THOUGH THERE IS A SHORTFALL IN THE MEDICARE OVERALL PAYMENT WE BELIEVE 100% OF THE SHORTFALL IS A COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B OUR ACCOUNTS ARE WORKED EFFECTIVELY AND THOROUGHLY WITH SELF PAY STATEMENTS PRINTED MONTHLY ONCE INSURANCES HAVE MET THEIR OBLIGATIONS THE GOAL IS TO OBTAIN PAYMENT IN FULL, ESTABLISH ACCEPTABLE PAYMENT ARRANGEMENTS, LOOK AT OTHER APPROPRIATE AGENCIES OR LOW INCOME PROGRAMS, OR OFFER THE CHARITY CARE PROGRAM IF NEEDED IN THE COLLECTION PROCESS, THE BILL GUARANTOR IS REMINDED THEY MAY QUALIFY FOR OUR CHARITY CARE PROGRAM AND ARE GIVEN INFORMATION ON HOW TO APPLY OUR CHARITY PROGRAM IS INCOME BASED, AND USES 200% OF THE FEDERAL POVERTY GUIDELINES IF THEY QUALIFY THE BILL IS WRITTEN OFF 100% TO CHARITY CARE REFERRAL TO A COLLECTION AGENCY AND WRITE OFF OF BAD DEBT HAPPENS ONCE IT IS DETERMINED THAT THE PATIENT IS UNCOOPERATIVE WITH NON-PAYMENT, SKIP ACCOUNTS, OR IS UNWILLING TO APPLY FOR THE CHARITY CARE PROGRAM AND THERE IS NO OTHER VALID REASON TO HOLD THE ACCOUNT FURTHER

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 HEART OF AMERICA MEDICAL CENTER SERVES A SMALLER COMMUNITY WHERE PROVIDERS KNOW THEIR PATIENTS AND THE GSHA BOARD OF DIRECTORS LIVE IN AND ARE MEMBER OF THE LOCAL AND SURROUNDING COMMUNITIES FOR THE YEAR ENDING MARCH 2011 NEEDS WERE ASSESSED THROUGH INFORMAL MEANS FROM DISCUSSIONS WITH PHYSICIANS, BOARD OF DIRECTORS, ADMINISTRATION, EMPLOYEES, AND BY COMMUNITY MEMBERS VOICING CONCERNS A MORE FORMALIZED COMMUNITY ASSESSMENT WAS STARTED AT THE END OF THE YEAR TO BE FINALIZED IN MAY, 2011 THIS WILL FURTHER ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES WE SERVE

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 OUR CHARITY CARE POLICY AND APPLICATION IS PROVIDED TO ALL ADMITS TO OUR HOSPITAL UPON ADMISSIONS THIS INCLUDES ASSISTANCE CONTACT INFORMATION AT THE ADMISSION AREA THERE ARE BROCHURES ON CHARITY CARE PROGRAM AND PROMPT PAYMENT DISCOUNT WHICH ADDRESS OUR CHARITY CAR PROGRAM ALSO IN PROCESSING THE SELF PAY BILLS, THE PATIENT IS ENCOURAGED TO COMPLETE OUR CHARITY CARE APPLICATION IF APPLICABLE TO ASSIST IN TAKING CARE OF THEIR BILL OUR SOCIAL SERVICE DEPARTMENT IS ALSO VERY INVOLVED WITH ASSISTING OUR PATIENTS AND RESIDENTS WITH GOVERNMENTAL BENEFITS PRIMARILY NORTH DAKOTA MEDICAID WE ARE ALSO UPDATING OUR WEBSITE TO INCLUDE INFORMATION ON OUR CHARITY CARE PROGRAM INCLUDING CONTACT INFORMATION AS WELL AS THE APPLICATION

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 4 HEART OF AMERICA MEDICAL CENTER (HAMC) IS A RURAL CRITICAL ACCESS HOSPITAL LOCATED IN NORTH CENTRAL NORTH DAKOTA WITH THE CLOSEST TERTIARY FACILITY 65 MILES AWAY TO THE WEST THE CLOSEST SMALLER HOSPITAL IS 43 MILES AWAY HAMC BASICALLY SERVES IN WHOLE OR IN PART THE COUNTIES OF PIERCE, BENSON, MCHENRY, ROLETTE, AND BOTTINEAU COUNTIES OUR PRIMARY SERVICE AREA IS ABOUT A 45 MILES RADIUS WITH A TARGET POPULATION OF APPROXIMATELY 16,000 PEOPLE PIERCE COUNTY ALONE HAD A POPULATION OF 4357 IN 2010 ACCORDING TO THE US CENSUS BUREAU WITH 94% WHITE PERSONS AND 24% AGE 65 OR OLDER RUGBY HAS A POPULATION OF 2876 BASED ON 2010 CENSUS DATA OF OUR HOSPITAL INPATIENTS, APPROXIMATELY 72% ARE MEDICARE AND 6% MEDICAID WITHIN OUR MARKET AREA APPROXIMATELY 22.8% OF THE POPULATION IS BELOW THE FEDERAL POVERTY GUIDELINES</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 6 GOOD SAMARITAN HOSPITAL ASSOCIATION (GSHA) IS OWNED BY 32 MEMBER CHURCHES LOCATED THROUGHOUT OUR SERVICE AREA THE GSHA BOARD OF DIRECTORS IS VOTED IN BY THE MEMBER CHURCHES AND THEY ARE COMMUNITY MEMBERS WHO RESIDE IN OUR PRIMARY SERVICE AREA -- BOTH RUGBY AND THE SURROUNDING SATELLITE COMMUNITIES THEY ARE NOT EMPLOYEES OR CONTRACTORS OF GSHA, BUT SERVE IN VARIOUS OCCUPATIONS AND INVOLVED IN VARIOUS COMMUNITY ACTIVITIES GSHA EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS AND MID-LEVELS IN THE COMMUNITY AND IS CONTINUOUSLY STRIVING TO BRING IN MORE PROVIDERS IN ORDER TO MAINTAIN PROVIDERS OF PROVIDE THE CARE NEEDED BY OUR PATIENTS AND PROMOTE HEALTH WITHIN OUR COMMUNITIES WHEN SURPLUS FUNDS ARE AVAILABLE THEY ARE USED TO PURCHASE AND UPGRADE EQUIPMENT, AND INVESTED BACK INTO THE FACILITY AND SERVICES WE PROVIDE TO MAINTAIN HIGH QUALITY PATIENT CARE WE CONTINUALLY STRIVE TO MEET THE HEALTHCARE NEEDS WITHIN OUR COMMUNITY AND THE SURROUNDING AREA EFFECTIVE AUGUST 1, 2010 THE FAMILY PRACTICE CLINIC IN RUGBY MERGED WITH GSHA IN ORDER TO BETTER MEET THE HEALTHCARE NEEDS OF OUR COMMUNITIES THIS MERGER HAS STRENGTHENED OUR ABILITIES TO SERVE THE COMMUNITIES BY PROVIDING US WITH A BETTER PHYSICIAN / MID-LEVEL RECRUITMENT PLATFORM AND HIGHER CONTINUITY OF CARE IN STRIVING TO MEET THE NEEDS OF THE COMMUNITIES WE PROVIDE SERVICES INCLUDING ASSISTED LIVING, BASIC CARE, SKILLED NURSING, MEDICAL & SURGICAL HOSPITAL, RURAL HEALTH CLINICS, SURGICAL CLINIC, AND NUMEROUS OTHER OUTPATIENT SERVICES AND THERAPIES WE HAVE LOST MONEY ON SOME OF THESE SERVICES SUCH AS CARDIAC REHAB, OUR CLINICS, AND OUR HOSPICE PROGRAM BUT CONTINUE TO MAINTAIN THESE SERVICES BECAUSE OF THE NEEDS WITHIN THE COMMUNITIES IF WE DID NOT PROVIDE SERVICES SUCH AS THESE, THE SERVICES WOULD BE UNAVAILABLE IN THE COMMUNITY PATIENTS WOULD HAVE TO GO OUT OF TOWN TO GET THE SERVICES WHICH IS NOT ALWAYS POSSIBLE, SO SOME WOULD NOT HAVE ACCESS TO THESE SERVICES IF WE DID NOT PROVIDE THEM CURRENTLY WE ARE NOT INVOLVED MUCH IN COMMUNITY BUILDING ACTIVITIES BEING A SMALL CAH FACILITY WITH LIMITED RESOURCES, OUR FOCUS IS MORE ON HEALTH RELATED PROGRAMS AND SERVICES NEEDED WITHIN OUR COMMUNITY IN WHICH FI WE DID NOT PROVIDE THE SERVICE, IT WOULD NOT BE AVAILABLE WITHIN THE COMMUNITY GSHA IS NOT PART OF ANY AFFILIATED HEALTHCARE SYSTEM, HOWEVER, AS A CAH WE DO HAVE RURAL HEALTH NETWORK AGREEMENTS WITH BOTH TRINITY MEDICAL CENTER IN MINOT AND MEDCENTER ONE IN BISMARCK IN ORDER TO HELP AND PROMOTE THE AVAILABILITY OF A RANGE OF HIGH-QUALITY CARE THEY ENHANCE THE CONTINUITY OF HEALTHCARE DELIVERY AMONG ALL LEVELS OF CARE NEEDED BY OUR PATIENTS BY IDENTIFYING AND FORMING A PROCESS TO FACILITATE PATIENT REFERRAL AND TRANSFER BETWEEN FACILITIES AND ALSO ENHANCE THE COMMUNICATIONS BETWEEN US GSHA IS ALSO PART OF A CONSORTIUM OF SMALLER CAH FACILITIES TO SHARE COMPUTER HARDWARE THIS HAS ALLOWED US TO EXPAND OUR COMPUTER CAPABILITIES AT A LOWER COST WHICH PROVIDES THE OPPORTUNITY TO BETTER SERVE OUR PATIENTS AND MEET THEIR HEALTHCARE NEEDS</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 N/A - NOT PART OF AN AFFILIATED HEALTHCARE SYSTEM

Identifier	ReturnReference	Explanation
	PART VI, LINE 7	NONE FILED

Schedule H (Form 990) 2010

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number

45-0226419

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" 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)		
<input type="checkbox"/> First-class or charter travel	<input checked="" 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)									
<p>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 the expenses described above? If "No," complete Part III to explain.</p>		No								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY LINGERFELT	(i)	146,473	5,000	3,207	15,000	9,027	178,707	0
	(ii)	0	0	0	0	0	0	0
(2) WALLACE KURIHARA	(i)	200,385	0	362	0	2,834	203,581	0
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	JEFFREY LINGERFELT'S APARTMENT RENT WAS PAID AS PART OF HIS MOVING PACKAGE. THE AMOUNT PAID WAS INCLUDED AS TAXABLE COMPENSATION ON HIS W2.
	PART I, LINE 1B	THE BENEFIT WAS SHORT TERM UNTIL OTHER HOUSING COULD BE LOCATED.
	PART I, LINE 4B	\$15,000 WAS CONTRIBUTED TO A 457(B) PLAN FOR THE CEO, JEFF LINGERFELT.

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number

45-0226419

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF RUGBY ND	45-6002152		06-09-2005	1,800,000	CAPITAL EXPENDITURES - PURCHASE RADIOLOGY EQUIPMENT AND COMPUTER EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	251,880			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	1,800,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	10,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	1,790,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		
15	Were the bonds issued as part of an advance refunding issue?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number: 45-0226419

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

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIE BAUSTAD	FAMILY MEMBER OF BOARD MEMBER RICHARD ANDERSON	93,782	EMPLOYMENT		No
(2) NANCY SCHNEIBEL	FAMILY MEMBER OF BOARD MEMBER STACIE SCHMITT	44,814	EMPLOYMENT		No
(3) JODI SCHAAN	FAMILY MEMBER OF BOARD MEMBER MARK SCHAAN	50,653	EMPLOYMENT		No
(4) LINDA KORNER	FAMILY MEMBER OF BONNIE KUEHNEMUND, COMPTROLLER	40,599	EMPLOYMENT		No
(5) SARAH CHRISTENSON	FAMILY MEMBER OF HIGHLY COMPENSATED EMPLOYEE ERIK CHRISTENSON	39,378	EMPLOYMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number

45-0226419

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	JOHNSON CLINIC, PC IN RUGBY, ND CHANGED OWNERSHIP TO GOOD SAMARITAN HOSPITAL ASSOCIATION WITH THIS GOOD SAMARITAN HOSPITAL ASSOCIATION PROGRAM SERVICES NO INCLUDE FOUR PROVIDER BASED RURAL HEALTH CLINICS LOCATED IN RUGBY, DUNSEITH, MADDOCK, AND TOWNER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MARK SCHAAN, GSHA DIRECTOR IS BROTHER TO PAUL SCHAAN, GOOD SAMARITAN HEALTH SERVICE FOUNDATION DIRECTOR

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		GSHA IS OWNED BY THE LOCAL CHURCHES WHOSE DELEGATES VOTE AT THE ANNUAL MEETING ON ELECTION OF THE GSHA BOARD MEMBERS AND OTHER PERTINENT BUSINESS AS PRESENTED AT THE ANNUAL MEETING THERE ARE NO MEMBERSHIP FEES ANY LOCAL CHURCH WISHING TO BE A MEMBER OF GSHA CAN DO SO THRU VOTE AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		EACH MEMBER CHURCH HAS UP TO TWO VOTING DELEGATES AT OUR ANNUAL MEETING WHERE THE BOARD OF DIRECTORS ARE ELECTED TO SERVE ON THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AT THE ANNUAL MEETING THE VOTING DELEGATES FROM THE CHURCHES WILL VOTE ON CHANGES TO BY-LAWS OR ARTICLES OF INCORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE CEO AND CFO REVIEW THE 990 FIRST AND IT IS THEN SENT ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR REVIEW AT FOLLOWING BOARD MEETING IT IS DISCUSSED AND APPROVED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	REVIEWED ANNUALLY AT BOARD MEETING WHEN CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS IT IS MONITORED DURING YEAR - SUCH AS ABSTAINING FROM VOTING ON AN ISSUE BY BOARD MEMBER IF A CONFLICT OF INTEREST IN THE MATTER CEO RECEIVES AND REVIEWS THE RESPONSES REGARDING THE ANNUAL DISCLOSURE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPARATIVE DATA IS REVIEWED AND INCORPORATED INTO THE REVIEW PROCESS SUCH AS LOOKING AT STATE WAGE SURVEY DATA FOR CEO, EACH BOARD MEMBER COMPLETES THEIR OWN EVALUATION FORM THE HUMAN RESOURCE COMMITTEE REVIEWS THE RESPONSES AND MAKES A RECOMMENDATION TO THE FULL BOARD FULL BOARD DECIDES ON ANY CHANGES TO THE CEO COMPENSATION REVIEW IS DONE ANNUALLY AT TIME OF ANNIVERSARY DATE OF CONTRACT BOARD TYPICALLY DOES NOT APPROVE WAGES FOR OTHER POSITIONS CEO APPROVES THE CFO WAGES COMPARATIVE DATA IS USED THROUGHOUT THE FACILITY AND INCORPORATED INTO THE ANNUAL REVIEW OF EMPLOYEE WAGES DONE BY THE DEPARTMENT HEAD OR SUPERVISOR WAGES ARE COMPARED TO THE NDHA ANNUAL SALARY SURVEY REPORT AT THE TIME OF THEIR ANNUAL REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 290,999 INCREASE IN INVESTMENT IN NET ASSETS OF FOUNDATION 51,493 CHANGE IN AUXILIARY NET ASSETS -12,600 TOTAL TO FORM 990, PART XI, LINE 5 329,892

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	FISCAL AND PHYSICAL COMMITTEE, A SUBCOMMITTEE OF THE FULL BOARD, REVIEWS FINANCIALS IN MORE DETAIL WITH FINAL REVIEW BEING DONE BY FULL BOARD. SELECTION OF INDEPENDENT ACCOUNTANT IS DETERMINED BY FULL BOARD UPON RECOMMENDATION OF THE F&P COMMITTEE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GOOD SAMARITAN HEALTH SERVICES FOUNDATION 800 SOUTH MAIN AVE RUGBY, ND 58368 36-3513553	FUNDRAISING FOR GOOD SAMARITAN HOSPITAL ASSOCIATION	ND	501(C)(3)	LINE 7	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN HEALTH SERVICE FOUNDATION	Q	54,493	ACTUAL
(2) GOOD SAMARITAN HEALTH SERVICE FOUNDATION	C	14,224	ACTUAL
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Good Samaritan Hospital Association and Affiliate

Rugby, North Dakota

Consolidated Financial Statements and Additional Information

Years Ended March 31, 2011 and 2010

Good Samaritan Hospital Association and Affiliate

Consolidated Financial Statements and Additional Information
Years Ended March 31, 2011 and 2010

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Independent Auditor's Report

Board of Directors
Good Samaritan Hospital Association and Affiliate
Rugby, North Dakota

We have audited the accompanying consolidated balance sheet of Good Samaritan Hospital Association and Affiliate (the "Organization") as of March 31, 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The consolidated financial statements of Good Samaritan Hospital Association and Affiliate as of March 31, 2010, were audited by other auditors, whose report dated October 7, 2010, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Good Samaritan Hospital Association and Affiliate as of March 31, 2011, and the results of their operations, changes in their net assets, and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States.

Wipfli LLP

Wipfli LLP

September 2, 2011
Minneapolis, Minnesota

Good Samaritan Hospital Association and Affiliate

Consolidated Balance Sheets

March 31, 2011 and 2010

<i>Assets</i>	2011	2010
Current assets		
Cash and cash equivalents	\$ 649,410	\$ 448,054
Short-term investments	391,096	320,223
Assets limited as to use	46,885	42,540
Patient and resident accounts receivable - Net	3,524,480	2,023,692
Other accounts receivable	135,109	254,876
Due from third-party reimbursement programs	-	322,000
Supplies	179,393	161,348
Prepaid expenses and other	82,808	66,170
Total current assets	5,009,181	3,638,903
Assets limited as to use - Net of amounts required for current liabilities	3,359,383	3,260,705
Property and equipment - Net	4,157,398	4,244,539
Other assets		
Long-term investments	2,000,689	1,422,369
Surplus notes receivable	354,182	354,182
Student loans receivable	109,432	68,232
Intangible assets - Net	231,833	-
Resident trust funds	29,119	31,640
Total other assets	2,725,255	1,876,423
TOTAL ASSETS	\$ 15,251,217	\$ 13,020,570

<i>Liabilities and Net Assets</i>	2011	2010
Current liabilities		
Notes payable	\$ 665,000	\$ 450,000
Current maturities of long-term debt	267,416	281,967
Accounts payable - Trade	513,073	311,872
Accounts payable - Construction	278,263	-
Accrued liabilities		
Salaries and wages	555,992	436,531
Paid time off	736,608	629,924
Payroll taxes and other	135,156	120,133
Interest	2,420	3,664
Due to third-party reimbursement programs	125,000	-
Total current liabilities	3,278,928	2,234,091
Long-term liabilities		
Charitable gift annuities	3,529	3,529
Resident trust funds	30,162	32,612
Long-term debt - Less current maturities	734,409	1,002,911
Total long-term liabilities	768,100	1,039,052
Total liabilities	4,047,028	3,273,143
Net assets		
Unrestricted	10,686,710	9,281,441
Temporarily restricted	371,300	319,807
Permanently restricted	146,179	146,179
Total net assets	11,204,189	9,747,427
TOTAL LIABILITIES AND NET ASSETS	\$ 15,251,217	\$ 13,020,570

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Operations Years Ended March 31, 2011 and 2010

	2011	2010
Revenue		
Net patient and resident service revenue	\$ 19,098,836	\$ 16,241,275
Other operating income	1,239,002	1,426,769
Total revenue	20,337,838	17,668,044
Expenses		
Professional care of patients and residents	11,362,577	10,040,470
Administration and general	4,612,494	4,053,765
Property and household	1,717,466	1,573,728
Dietary	1,132,246	1,062,606
Interest	46,566	56,438
Depreciation and amortization	815,908	1,069,221
Provision for bad debts	260,402	383,561
Total expenses	19,947,659	18,239,789
Income (loss) from operations	390,179	(571,745)
Other income		
Investment income	486,206	922,309
Gain on disposal of property and equipment	125	2,007
Contributions	494,459	188,426
Total other income	980,790	1,112,742
Excess of revenue over expenses	1,370,969	540,997
Other changes in unrestricted net assets		
Contributions for long-lived assets	34,300	83,683
Net assets released from restrictions	-	22,076
Increase in unrestricted net assets	\$ 1,405,269	\$ 646,756

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Changes in Net Assets

Years Ended March 31, 2011 and 2010

	2011	2010
Unrestricted net assets		
Excess of revenue over expenses	\$ 1,370,969	\$ 540,997
Contributions for long-lived assets	34,300	83,683
Net assets released from restrictions	-	22,076
Increase in unrestricted net assets	1,405,269	646,756
Temporarily restricted net assets		
Contributions	12,828	14,921
Investment income	38,665	82,579
Net assets released from restrictions	-	(22,076)
Increase in temporarily restricted net assets	51,493	75,424
Permanently restricted net assets - Contributions	-	210
Increase in net assets	1,456,762	722,390
Net assets at beginning	9,747,427	9,025,037
Net assets at end	\$ 11,204,189	\$ 9,747,427

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Cash Flows

Years Ended March 31, 2011 and 2010

	2011	2010
Increase (decrease) in cash and cash equivalents		
Cash flows from operating activities		
Increase in net assets	\$ 1,456,762	\$ 722,390
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	815,908	1,069,221
Provision for bad debts	260,402	383,561
Net change in unrealized gains on investments	(355,512)	(771,306)
Gain on disposal of property and equipment	(125)	(2,007)
Contributions for long-lived assets	(34,300)	(83,683)
Contributions and investment income restricted by donors	(51,493)	(97,500)
Changes in operating assets and liabilities		
Patient and resident accounts receivable	(1,761,190)	(110,202)
Other accounts receivable	119,767	4,999
Due from third-party reimbursement programs	322,000	(249,000)
Supplies	(18,045)	17,966
Prepaid expenses and other	(16,638)	(15,377)
Resident trust funds	2,521	-
Accounts payable - Trade	201,201	(114,241)
Accrued liabilities	239,924	41,956
Due to third-party reimbursement programs	125,000	-
Resident trust funds	(2,450)	-
Total adjustments	(153,030)	74,387
Net cash provided by operating activities	1,303,732	796,777

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Cash Flows (Continued)

Years Ended March 31, 2011 and 2010

	2011	2010
Increase (decrease) in cash and cash equivalents (continued)		
Cash flows from investing activities		
Purchase of property and equipment	\$ (414,837)	\$ (238,682)
Proceeds from sale of property and equipment	125	4,731
Purchases of assets limited as to use	(103,023)	(289,338)
Proceeds from (purchases of) short-term investments	(70,873)	49,393
Purchases of long-term investments	(222,808)	(229,906)
Payments received on surplus note receivable	-	60,000
Payments received on student loans receivable	12,800	36,025
Student loans granted	(54,000)	(17,250)
Decrease in annuities payable	-	(1,528)
Purchases of intangible assets	(267,500)	-
Net cash used in investing activities	(1,120,116)	(626,555)
Cash flows from financing activities		
Proceeds from notes payable	1,030,000	75,000
Repayments of notes payable	(815,000)	-
Principal payments on long-term debt	(283,053)	(421,555)
Contributions for long-lived assets	34,300	83,683
Contributions and investments restricted by donors	51,493	97,500
Net cash provided by (used in) financing activities	17,740	(165,372)
Net increase in cash and cash equivalents	201,356	4,850
Cash and cash equivalents at beginning	448,054	443,204
Cash and cash equivalents at end	\$ 649,410	\$ 448,054
Supplemental cash flow information		
Cash paid during the year for		
Interest	\$ 57,682	\$ 57,958
Noncash investing activities		
Property and equipment additions included in accounts payable	\$ 278,263	\$ -
Property and equipment additions from special assessments	\$ -	\$ 182,808

See accompanying notes to consolidated financial statements

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies

The Entity

Good Samaritan Hospital Association (the "Association") consists of Heart of America Medical Center (the "Hospital") and Haaland Estates located in Rugby, North Dakota. The Association is the sole member of Good Samaritan Health Services Foundation (the "Foundation"). The Association and Foundation are organized as North Dakota nonprofit corporations. The Hospital operates a 25-bed acute-care hospital and an 80-bed long-term-care skilled nursing facility. Effective October 1, 2010, the Hospital acquired and began operating rural health clinics located in the cities of Rugby, Dunseith, Maddock, and Towner, North Dakota.

Haaland Estates operates a 68-bed basic care nursing facility and a 37-unit assisted living complex.

The Foundation is organized to raise funds to support the mission of the Association.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Association and the Foundation (collectively "the Organization"). All material intercompany accounts and transactions have been eliminated in consolidation.

Financial Statement Presentation

The Organization follows accounting standards contained in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). The ASC is the single source of authoritative accounting principles generally accepted in the United States (GAAP) to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Use of Estimates in Preparation of Consolidated Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

Cash and Cash Equivalents

The Organization considers all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding amounts whose use is limited and short-term investments.

Short-Term Investments

Nonnegotiable certificates of deposit, whose use is not limited, with original maturities greater than three months and remaining maturities less than one year, are classified as short-term investments and are carried at cost plus accrued interest in the accompanying consolidated balance sheets.

Patient and Resident Accounts Receivable and Credit Policy

Patient and resident accounts receivable are uncollateralized patient obligations that are stated at the amount management expects to collect from outstanding balances. These obligations are primarily from local residents, most of whom are insured under third-party payer agreements. The Organization bills third-party payers on the patients' or residents' behalf, or if a patient or resident is uninsured, the patient or resident is billed directly. Once claims are settled with the primary payer, any secondary insurance is billed, and patients or residents are billed for copay and deductible amounts that are the patients' or resident's responsibility. Payments on patient and resident accounts receivable are applied to the specific claim identified on the remittance advice or statement.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Patient and Resident Accounts Receivable and Credit Policy (Continued)

The Organization has a policy to charge interest on past-due accounts where the patient or resident has not entered into a payment plan or has not made required payments under such payment plan

The carrying amounts of patient and resident accounts receivable are reduced by allowances that reflect management's best estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient and resident accounts receivable. In addition, management provides for probable uncollectible amounts, primarily from uninsured patients and amounts patients are personally responsible for, through a charge to operations and a credit to a valuation allowance based on its assessment of historical collection and the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient and resident accounts receivable.

Patient and resident accounts receivable are recorded in the accompanying consolidated balance sheets net of contractual adjustments and allowance for doubtful accounts.

Assets Limited as to Use

Assets limited as to use include assets set aside under terms of a bond indenture agreement and assets set aside by the Board of Directors for future capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Organization have been classified as current assets.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying consolidated balance sheets

Investment income (including unrealized and realized gains and losses on investments, interest, and dividends) is reported as other income and is included in the excess of revenue over expenses (operating indicator) unless the income or loss is restricted by donor or law. Realized gains or losses are determined by specific identification.

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Assets or liabilities measured and reported at fair value are classified and disclosed in one of the three following categories:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Fair Value Measurements (Continued)

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Property, Equipment, and Depreciation

Property and equipment acquisitions are recorded at cost or, if donated, at fair value at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the estimated useful life of the equipment. Such amortization is included with depreciation expense in the accompanying consolidated financial statements. Estimated useful lives range from 5 to 20 years for land improvements, 5 to 20 years for major movable equipment and equipment under capital lease obligations, and from 5 to 40 years for buildings and fixed equipment.

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

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

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Asset Impairment

The Organization reviews its property, equipment, and intangible assets periodically to determine potential impairment. If an impairment exists, an impairment loss is recognized. No asset impairments were recognized in 2011 and 2010.

Asset Retirement Obligations

ASC Topic 410, *Accounting for Conditional Asset Retirement Obligations*, clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. The Organization has considered ASC Topic 410, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties. The Organization believes there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Organization may settle the obligation is unknown and cannot be estimated. As a result, the Organization cannot reasonably estimate the liability related to these asset retirement activities as of March 31, 2011 and 2010.

Resident Trust Funds

The Association holds funds under an agency relationship for the residents of the Hospital's long-term care facility, swing-bed units, and basic care facility, and also holds damage deposits for the residents of Haaland Manor. Resident trust funds are recorded as an asset and liability on the accompanying consolidated balance sheets.

Intangible Assets

Intangible assets, which include assets acquired with the purchase of the rural health clinics in 2011, are amortized on the straight-line basis over the expected useful lives.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Charitable Gift Annuities

The charitable deduction portion of each gift annuity is recognized as a donation in the year received. The noncharitable deduction portion is shown as a payable and is reduced by the tax-free portion of the periodic annuity payments to the annuitant until the annuity obligation is fulfilled.

Net Assets

Unrestricted net assets consist of investments and otherwise unrestricted amounts that are available for use in carrying out the mission of the Organization and include those expendable resources that have been designated for special use by the Organization's Board of Directors. Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity.

Net Patient and Resident Service Revenue

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

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization maintains records to identify the amount of charges foregone for services and supplies furnished under the charity care policy. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Contributions

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

Excess of Revenue Over Expenses

The accompanying consolidated statements of operations include the classification excess of revenue over expenses, which is considered the operating indicator. Changes in unrestricted net assets, which are excluded from the operating indicator, include unrealized gains and losses on investments other than trading securities, permanent transfer of assets to and from affiliates for other than goods and services, and contributions of long-lived assets including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets.

Advertising Costs

Advertising costs are expensed as incurred.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Income Taxes

The Hospital, Foundation, and Haaland Estates are tax-exempt corporations as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and are exempt from federal and state income taxes on related income pursuant to Section 501(a) of the Code

In order to account for any uncertain tax positions, ASC Topic 740-10, *Income Taxes*, requires an organization to assess whether it is more likely than not that a tax position will be sustained upon examination of the technical merits of the position, assuming the taxing authority has full knowledge of all information. If the tax position does not meet the more-likely-than-not recognition threshold, the benefit of the tax position is not recognized in the financial statements. Management does not believe the Organization has any material uncertain tax positions or unrecognized tax benefits.

The Organization's federal returns for tax years 2007 and beyond remain subject to examination by the Internal Revenue Service.

Subsequent Events

Subsequent events have been evaluated through September 2, 2011, which is the date the consolidated financial statements were available to be issued.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 2 Reimbursement Arrangements With Third-Party Payers

Hospital

The Association has agreements with third-party payers that provide for reimbursement at amounts that vary from its established rates. A summary of the basis of reimbursement with major third-party payers follows:

Medicare and Medicaid - The Hospital is designated a critical access hospital. As such, all inpatient and outpatient hospital services rendered to Medicare and Medical Assistance beneficiaries are paid based on a cost-reimbursement methodology, with the exception of certain types of laboratory, mammography, and therapy services, which are reimbursed on prospectively determined fee schedules.

Blue Cross - Inpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge. Outpatient services are reimbursed at outpatient fee screen amounts or at established charges less a prospectively determined discount. The prospectively determined discount is not subject to retroactive adjustments.

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

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 2 Reimbursement Arrangements With Third-Party Payers (Continued)

Skilled Nursing Facility and Basic Care Facility

Medicare - Reimbursement for Part A residents under the Medicare program in the Association's skilled nursing facility is based on a prospectively based case-mix system

Medicaid and Private Pay - The Association is reimbursed for services provided to residents of the skilled nursing and basic care facilities at established billing rates that are determined on a cost-regulated basis subject to certain limitations as prescribed by North Dakota Department of Human Services regulations. These rates are subject to retroactive adjustment by field audit. The Association's skilled nursing facility and basic care facility cost reports have been examined by the North Dakota Department of Human Services through June 30, 2010.

By North Dakota statute, a skilled nursing facility may not charge its private-pay residents in multiple-occupancy rooms per diem rates in excess of the approved Medicaid rates for similar services.

Clinics

Certain physician and professional services rendered to Medicare and Medicaid beneficiaries qualify for reimbursement as Medicare-approved rural health clinic services. Qualifying services are reimbursed based on a cost-reimbursement methodology. Under federal law, a rural health clinic is also entitled to receive a wraparound payment for the difference between cost and the amount paid by Medicaid managed-care health plans.

Accounting for Contractual Arrangements

The Hospital is reimbursed for cost-reimbursable items at tentative rates, with final settlements determined after audit of the related annual cost reports by the respective Medicare and Medicaid fiscal intermediary. Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying consolidated financial statements. The Hospital's Medicare cost reports have been examined by the Medicare fiscal intermediary through March 31, 2010. The Hospital's Medicaid cost reports have been examined by the Medicaid fiscal intermediary through March 31, 2008.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 2 Reimbursement Arrangements With Third-Party Payers (Continued)

Laws and Regulation

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and billing regulations. Government activity with respect to investigations and allegations concerning possible violations of such regulations by health care providers has increased. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayment for patient services previously billed. Management believes that the Organization is in compliance with applicable government laws and regulations. Although no significant regulatory inquiries have been made of the Organization, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

The Centers for Medicare & Medicaid Services (CMS) has implemented a new project using recovery audit contractors (RACs) as part of its further efforts to ensure accurate payments under the Medicare program. The project uses RACs to search for potentially inaccurate Medicare payments that might have been made to health care providers and not detected through existing CMS program-integrity efforts. Once a RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The organization may either accept or appeal the RAC's findings. The Hospital's policy is to adjust revenue for decreases in reimbursement from the RAC reviews when these amounts are estimatable and to adjust revenue for increases in reimbursement from the RAC reviews when the increase in reimbursement is agreed upon. A RAC review of the Hospital's Medicare claims is anticipated, however, the outcome of such a review is unknown, and any financial impact cannot be reasonably estimated at March 31, 2011.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 3 Patient and Resident Accounts Receivable

Patient and resident accounts receivable consisted of the following at March 31

	2011	2010
Gross patient and resident accounts receivable	\$ 5,516,461	\$ 3,164,302
Less		
Contractual adjustments	1,653,981	823,610
Allowance for doubtful accounts	338,000	317,000
<u>Patient accounts receivable - Net</u>	<u>\$ 3,524,480</u>	<u>\$ 2,023,692</u>

Note 4 Short-term Investments

Short-term investments consisted of nonnegotiable certificates of deposit totaling \$391,096 and \$320,223 at March 31, 2011 and 2010, respectively

Note 5 Investments and Assets Limited as to Use

Investments

Investments consisted of the following at March 31

	2011	2010
Money market mutual funds	\$ 132,571	\$ 77,301
Certificates of deposit - Nonnegotiable	791,269	498,716
Mutual funds	1,076,849	846,352
<u>Total investments</u>	<u>\$ 2,000,689</u>	<u>\$ 1,422,369</u>

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 5 Investments and Assets Limited as to Use (Continued)

Assets Limited as to Use

Assets limited as to use, stated at fair value, consisted of the following at March 31

	2011	2010
Under bond indenture agreements		
Cash	\$ 46,885	\$ 42,540
Board-designated for capital improvements		
Cash	5,510	6,757
Money market mutual funds	162,618	574,691
Certificates of deposit - Nonnegotiable	444,790	115,812
Mutual funds	1,826,054	1,678,000
Government obligations	290,212	379,450
Corporate equities	525,761	453,383
Corporate bonds	104,438	52,612
Total Board-designated for capital improvements	3,359,383	3,260,705
Total assets limited as to use	3,406,268	3,303,245
Less - Amount required for current liabilities	46,885	42,540
Assets limited as to use - Net of current portion	\$ 3,359,383	\$ 3,260,705

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 5 Investments and Assets Limited as to Use (Continued)

Investment Income

Investment income, primarily interest income, realized gains and losses, and unrealized gains and losses on cash equivalents, investments, and assets limited as to use consisted of the following at March 31

	2011	2010
Interest, dividends, and realized gains and losses	\$ 130,694	\$ 151,003
Unrealized gains on investments	355,512	771,306
Total investment income	\$ 486,206	\$ 922,309

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Because of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 6 Fair Value Measurements

Information regarding the fair value of assets measured at fair value on a recurring basis as of March 31, 2011, follows

	Assets Measured at Fair Value	Recurring Fair Value Measurements Using		
		Level 1	Level 2	Level 3
Assets				
Money market mutual funds	\$ 295,189	\$ -	\$ 295,189	\$ -
Mutual funds	2,902,903	2,902,903	-	-
Government obligations	290,212	-	290,212	-
Corporate equities	525,761	525,761	-	-
Corporate bonds	104,438	-	104,438	-
Total assets	\$ 4,118,503	\$ 3,428,664	\$ 689,839	\$ -

Information regarding the fair value of assets measured at fair value on a recurring basis as of March 31, 2010, follows

	Assets Measured at Fair Value	Recurring Fair Value Measurements Using		
		Level 1	Level 2	Level 3
Assets				
Money market mutual funds	\$ 651,992	\$ -	\$ 651,992	\$ -
Mutual funds	2,524,352	2,524,352	-	-
Government obligations	379,450	-	379,450	-
Corporate equities	453,383	453,383	-	-
Corporate bonds	52,612	-	52,612	-
Totals	\$ 4,061,789	\$ 2,977,735	\$ 1,084,054	\$ -

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 6 Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value

Mutual funds and corporate equities - The carrying value of mutual funds and corporate equities is based on quoted market prices

Government obligations and corporate bonds - The fair value of fixed-income securities is estimated using a variety of techniques including quoted market prices of similar items, broker/dealer quotes, or models using market interest rates or yield curves

Money market mutual funds - The fair value of money market mutual funds is established by using \$1 as the net asset value

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

The carrying values of other current assets and current liabilities are reasonable estimates of their fair value due to the short-term nature of those financial instruments

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 7 Property, Equipment, and Depreciation

Property and equipment consisted of the following at March 31

	2011	2010
Land	\$ 137,447	\$ 137,447
Land improvements	731,083	724,032
Buildings	9,036,892	8,828,607
Fixed equipment	4,325,101	4,321,349
Major movable equipment	6,937,944	6,726,357
Total property and equipment	21,168,467	20,737,792
Less - Accumulated depreciation	17,340,793	16,571,108
Net depreciated value	3,827,674	4,166,684
Construction in progress	329,724	77,855
Property and equipment - Net	\$ 4,157,398	\$ 4,244,539

Construction in progress at March 31, 2011, consisted of costs associated primarily with mammography and other equipment that had not yet been placed into service

Note 8 Surplus Notes Receivable

The Organization has advanced funds under the terms of note agreements to Heart of America Health Plan (HAHP). The note agreements bear interest at 2%, but accrues only upon the approval of the North Dakota State Insurance Commissioner. Principal and interest payments on the note agreements are made when approved by the North Dakota State Insurance Commissioner based on the annual financial performance of HAHP. Payments of principal totaling \$0 and \$60,000 during the years ended March 31, 2011 and 2010, respectively, were approved by the North Dakota State Insurance Commissioner and paid to the Association. Total surplus notes receivable was \$354,182 at March 31, 2011 and 2010.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 9 Student Loans Receivable

The Organization has advanced funds to professional staff for educational purposes. Under terms of the agreements, students commit to working for the Organization for a certain period of time after graduation. If a student fulfills the time commitment, the note is forgiven as of that period. If a student terminates employment prior to completion of the time commitment, the note must be repaid in full. Total student loans receivable as of March 31, 2011 and 2010, were \$109,432 and \$68,232, respectively.

Note 10 Lines of Credit

At March 31, 2011 and 2010, the Organization had a line of credit of \$500,000 with a bank, bearing interest at 3.75%. The line of credit is unsecured and matures on June 2, 2012. Outstanding borrowings were \$200,000 and \$450,000 at March 31, 2011 and 2010, respectively.

At March 31, 2011, the Organization also had a line of credit of \$1,000,000 with a bank, bearing interest at 75% over the prime rate or 4.25% at March 31, 2011. The line of credit is secured by accounts of the Organization and matures October 15, 2011. Outstanding borrowings were \$465,000 at March 31, 2011.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 11 Long-Term Debt

Long-term debt consisted of the following at March 31

	2011	2010
2 0% mortgage note payable, due in varying annual installments to February 2034 and secured by property	\$ 529,665	\$ 547,704
4 8% Health Care Facilities Revenue Note - Series 2005A, due in monthly installments of \$15,500, including interest to April 2013 and secured by equipment	191,891	364,268
4 6% Health Care Facilities Revenue Note - Series 2005B, due in monthly installments of \$13,100 including interest The revenue note was repaid in 2011	-	39,503
3 27% Health Care Facilities Revenue Bonds - Series 1998A, due in varying annual installments to April 2013 and secured by a mortgage on substantially all real property	115,000	155,000
4 0% special assessments, due in annual installments of \$13,406 including interest to October 2025	165,269	176,568
6 5% capital lease obligation due in monthly installments of \$1,841 and secured by leased equipment The capital lease obligation was repaid in 2011	-	1,835
Total long-term debt	1,001,825	1,284,878
Less - Current maturities	267,416	281,967
Long-term portion	\$ 734,409	\$ 1,002,911

The bond indentures require the establishment of certain funds to be held in deposit, and they are unavailable for general corporate purposes. Required funds have been established and are shown as assets limited as to use in the accompanying consolidated financial statements.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 11 Long-Term Debt (Continued)

The bond indentures provide for various restrictive covenants including maintenance of various financial ratios and limitations on additional borrowing

Scheduled principal payments on long-term debt at March 31, 2011, including current maturities, are summarized as follows

2012	\$	267,416
2013		100,411
2014		31,799
2015		32,210
2016		32,604
Thereafter		537,385
Total long-term debt	\$	1,001,825

Note 12 Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purpose at March 31

	2011	2010
Hospice program	\$ 371,300	\$ 319,807

In 2011 and 2010, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$0 and \$22,076, respectively. These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 13 Permanently Restricted Net Assets

The Organization's permanently restricted net assets consist of funds established by donors to benefit the operations of the Association. Net assets associated with the endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Donor-Restricted Endowments

The Board of Directors of the Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA), as adopted by the State of North Dakota, as requiring the Organization to preserve the fair value of the donor's original gift, as of the date of the gift, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of the donor's gifts to the permanent endowment, (b) the original value of a donor's subsequent gifts to the permanent restricted endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Organization, and (7) the Organization's investment policies.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 13 Permanently Restricted Net Assets (Continued)

Investment Return Objectives, Risk Parameters, and Strategies

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to preserve the fair value of the endowment assets. Under the Organization's investment policy, as approved by the Board of Directors, the endowment assets are invested in a manner that protects principal, grows the aggregate portfolio value in excess of the rate of inflation and achieves an effective annual rate of return that is equal to or greater than the designated benchmarks for the various types of investment vehicles, and ensures that any risk assumed is commensurate with the given investment vehicle and the Organization's objectives.

To achieve its investment goals, the Organization targets an asset allocation that will achieve a balanced return of current income and long-term growth of principal while exercising risk control. The Organization's asset allocations include a blend of equity and debt securities and cash equivalents.

Spending Policy

The Organization has a policy of appropriating for operating expenses the investment earnings from its endowment assets that are held in perpetuity. The Organization's spending policy is such that the corpus of the endowment will be maintained in perpetuity.

Funds With Shortfalls

From time to time, the fair value of assets associated with the individual donor-restricted endowment funds may fall below the historical dollar value of the fund. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. It is the Organization's policy to fund any deficiencies, accordingly, there were no such deficiencies at March 31, 2011 and 2010.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 13 Permanently Restricted Net Assets (Continued)

Changes in endowment net assets were as follows

	Temporarily Restricted	Permanently Restricted
Endowment net assets at March 31, 2009	\$ -	\$ 145,969
Contributions	-	210
Investment income		
Interest, dividends, and realized gains	27,067	-
Appropriated for operations	(27,067)	-
<u>Endowment net assets at March 31, 2010</u>	<u>-</u>	<u>146,179</u>
Investment income		
Interest, dividends, and realized gains	992	-
Unrealized gains	18,553	-
Appropriated for operations	(19,545)	-
<u>Endowment net assets at March 31, 2011</u>	<u>\$ -</u>	<u>\$ 146,179</u>

Note 14 Net Patient and Resident Service Revenue

Net patient and resident service revenue consisted of the following for the years ended March 31

	2011	2010
Gross patient and resident service revenue	\$ 26,067,028	\$ 21,972,022
Less - Contractual adjustments	6,968,192	5,730,747
<u>Net patient and resident service revenue</u>	<u>\$ 19,098,836</u>	<u>\$ 16,241,275</u>

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 14 Net Patient and Resident Service Revenue (Continued)

Medicare revenue as a percent of gross patient and resident service revenue totaled 40.9% and 39.7% in 2011 and 2010, respectively. Medicaid revenue as a percent of gross patient and resident service revenue totaled 21.3% and 24.6% in 2011 and 2010, respectively.

Note 15 Charity Care

The Organization provides health care services and other financial support through various programs that are designed, among other matters, to enhance the health of the community, including the health of low-income patients. Consistent with the mission of the Organization, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources or who are underinsured.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care without charge or at a reduced rate, as determined by qualifying criteria defined in the Organization's charity care policy and from applications completed by patients and their families.

Benefits for the community also include health screenings, community education through seminars and classes, and other health-related services.

The amount of charges foregone for services and supplies furnished under the Organization's charity care policy aggregated \$222,406 and \$215,848 for the years ended March 31, 2011 and 2010, respectively.

Note 16 Retirement Plan

The Organization has a defined contribution retirement plan covering substantially all employees. The Organization makes discretionary contributions totaling 2% of the employee's compensation for all eligible employees. The Organization's retirement plan expense totaled \$181,149 and \$148,308 in 2011 and 2010, respectively.

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 17 Professional Liability Insurance

The Organization's professional liability insurance for claim losses of less than \$1,000,000 per claim and \$5,000,000 per year covers professional liability claims reported during a policy year ("claims made" coverage). The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending through January 1, 2012.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Organization. Although there exists the possibility of claims arising from services provided to patients through March 31, 2011, which have not yet been asserted, the Organization is unable to determine the ultimate cost, if any, of such possible claims, and accordingly, no provisions have been made for them.

Note 18 Functional Expenses

The Organization provides general health care services to residents within its geographic location. Expenses related to providing these services consisted of the following for the years ended March 31:

	2011	2010
Health care services	\$ 18,595,106	\$ 17,003,038
General and administrative	1,352,553	1,236,751
Total expenses	\$ 19,947,659	\$ 18,239,789

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 19 Concentration of Credit Risk

Financial instruments that potentially subject the Organization to possible credit risk consist principally of patient accounts receivable, cash deposits in excess of insured limits, and investments

Patient and residents accounts receivable consist of amounts due from patients and residents, their insurers, or governmental agencies (primarily Medicare and Medicaid) for health care provided to patients and residents. The majority of the Organization's patients and residents are from Rugby, North Dakota, and the surrounding area.

The mix of receivables from patients, residents, and third-party payers was as follows at March 31

	2011	2010
Medicare	42 %	42 %
Medicaid	20 %	22 %
Blue Cross	17 %	11 %
Other third-party payers	10 %	18 %
Self-pay	11 %	7 %
Totals	100 %	100 %

The Organization maintains depository relationships with area financial institutions that are Federal Depository Insurance Corporation (FDIC) insured institutions. On November 9, 2010, the FDIC issued a final rule implementing Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act, which provides for unlimited insurance coverage of non interest-bearing transaction accounts through December 31, 2012. In addition, the Organization maintains cash in interest-bearing accounts at these institutions, which are insured by the FDIC up to \$250,000. At March 31, 2011, the Organization exceeded the insured limits by approximately \$1,465,000.

Note 20 Reclassifications

Certain reclassifications have been made to the 2010 consolidated financial statements to conform to the 2011 classifications.

Additional Information



Independent Auditor's Report
on Additional Information

Board of Directors
Good Samaritan Hospital Association and Affiliate
Rugby, North Dakota

Our report on our audit of the basic consolidated financial statements of Good Samaritan Hospital Association and Affiliate for the year ended March 31, 2011, appears on page 1. That audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The additional information appearing on pages 36 through 43 is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements and, in our opinion, is fairly presented in all material respects in relation to the basic consolidated financial statements taken as a whole.

A handwritten signature in cursive script that reads "Wipfli LLP".

Wipfli LLP

September 2, 2011
Minneapolis, Minnesota

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets

March 31, 2011

<i>Assets</i>	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Total	Total		
Current assets							
Cash and cash equivalents	\$ 7,771	\$ 262,099	\$ 269,870	\$ 379,540	\$ 649,410	\$ -	\$ 649,410
Short-term investments	-	391,096	391,096	-	391,096	-	391,096
Assets limited as to use	46,885	-	46,885	-	46,885	-	46,885
Patient and resident accounts receivable - Net	3,473,504	50,976	3,524,480	-	3,524,480	-	3,524,480
Other receivables	131,559	2,425	133,984	1,125	135,109	-	135,109
Due from third-party reimbursement programs	-	-	-	-	-	-	-
Due from related party	79,739	40,195	119,934	-	119,934	(119,934)	-
Supplies	161,940	17,453	179,393	-	179,393	-	179,393
Prepaid expenses	71,375	11,433	82,808	-	82,808	-	82,808
Total current assets	3,972,773	775,677	4,748,450	380,665	5,129,115	(119,934)	5,009,181
Assets limited as to use - Net of amount required for current liabilities	-	4,148,366	4,148,366	-	4,148,366	(788,983)	3,359,383
Property and equipment - Net	3,145,371	1,012,027	4,157,398	-	4,157,398	-	4,157,398
Other assets							
Long-term investments	-	791,268	791,268	1,209,421	2,000,689	-	2,000,689
Surplus notes receivable	354,182	-	354,182	-	354,182	-	354,182
Student loans receivable	109,432	-	109,432	-	109,432	-	109,432
Trust funds	-	-	-	3,412,803	3,412,803	(3,412,803)	-
Intangible assets - Net	231,833	-	231,833	-	231,833	-	231,833
Resident trust funds	10,143	18,976	29,119	-	29,119	-	29,119
Interest in net assets of the Foundation	371,300	-	371,300	-	371,300	(371,300)	-
Total other assets	1,076,890	810,244	1,887,134	4,622,224	6,509,358	(3,784,103)	2,725,255
TOTAL ASSETS	\$ 8,195,034	\$ 6,746,314	\$ 14,941,348	\$ 5,002,889	\$ 19,944,237	\$ (4,693,020)	\$ 15,251,217

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets (Continued)

March 31, 2011

<i>Liabilities and Net Assets</i>	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Total	Total		
Current liabilities							
Note payable	\$ 665,000	\$ -	\$ 665,000	\$ -	\$ 665,000	\$ -	\$ 665,000
Current maturities of long-term debt	259,356	8,060	267,416	-	267,416	-	267,416
Accounts payable - Trade	491,282	16,292	507,574	5,499	513,073	-	513,073
Accounts payable - Construction	278,263	-	278,263	-	278,263	-	278,263
Accrued liabilities							
Salaries and wages	538,104	17,888	555,992	-	555,992	-	555,992
Paid time off	656,240	80,368	736,608	-	736,608	-	736,608
Payroll taxes and other	133,291	1,865	135,156	-	135,156	-	135,156
Interest	2,420	-	2,420	-	2,420	-	2,420
Due to related party	-	119,934	119,934	-	119,934	(119,934)	-
Due to third-party reimbursement programs	125,000	-	125,000	-	125,000	-	125,000
Total current liabilities	3,148,956	244,407	3,393,363	5,499	3,398,862	(119,934)	3,278,928
Long-term liabilities							
Charitable gift annuities	-	-	-	3,529	3,529	-	3,529
Resident trust funds	10,143	20,019	30,162	-	30,162	-	30,162
Trust obligations	-	-	-	3,412,803	3,412,803	(3,412,803)	-
Long-term debt - Less current maturities	1,426,666	96,726	1,523,392	-	1,523,392	(788,983)	734,409
Total long-term liabilities	1,436,809	116,745	1,553,554	3,416,332	4,969,886	(4,201,786)	768,100
Net assets							
Unrestricted	3,237,969	6,385,162	9,623,131	1,063,579	10,686,710	-	10,686,710
Temporarily restricted	371,300	-	371,300	371,300	742,600	(371,300)	371,300
Permanently restricted	-	-	-	146,179	146,179	-	146,179
Total net assets	3,609,269	6,385,162	9,994,431	1,581,058	11,575,489	(371,300)	11,204,189
TOTAL LIABILITIES AND NET ASSETS	\$ 8,195,034	\$ 6,746,314	\$ 14,941,348	\$ 5,002,889	\$ 19,944,237	\$ (4,693,020)	\$ 15,251,217

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets (Continued)

March 31, 2010

<i>Assets</i>	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Total	Total		
Current assets							
Cash and cash equivalents	\$ 20,963	\$ 273,209	\$ 294,172	\$ 153,882	\$ 448,054	\$ -	\$ 448,054
Short-term investments	-	320,223	320,223	-	320,223	-	320,223
Assets limited as to use	42,540	-	42,540	-	42,540	-	42,540
Patient and resident receivables - Net	1,990,877	32,815	2,023,692	-	2,023,692	-	2,023,692
Other receivables	250,287	3,089	253,376	1,500	254,876	-	254,876
Due from third-party reimbursement programs	322,000	-	322,000	-	322,000	-	322,000
Due from related party	44,642	12,217	56,859	-	56,859	(56,859)	-
Supplies	141,324	20,024	161,348	-	161,348	-	161,348
Prepaid expenses	42,977	23,193	66,170	-	66,170	-	66,170
Total current assets	2,855,610	684,770	3,540,380	155,382	3,695,762	(56,859)	3,638,903
Assets limited as to use - Net of amounts required for current liabilities	-	3,770,705	3,770,705	-	3,770,705	(510,000)	3,260,705
Property and equipment - Net	3,067,778	1,176,761	4,244,539	-	4,244,539	-	4,244,539
Other assets							
Long-term investments	-	498,716	498,716	923,653	1,422,369	-	1,422,369
Surplus notes receivable	354,182	-	354,182	-	354,182	-	354,182
Student loans receivable	68,232	-	68,232	-	68,232	-	68,232
Trust funds	-	-	-	3,065,725	3,065,725	(3,065,725)	-
Intangible assets - Net	-	-	-	-	-	-	-
Resident trust funds	14,187	17,453	31,640	-	31,640	-	31,640
Interest in net assets of the Foundation	319,807	-	319,807	-	319,807	(319,807)	-
Total other assets	756,408	516,169	1,272,577	3,989,378	5,261,955	(3,385,532)	1,876,423
TOTAL ASSETS	\$ 6,679,796	\$ 6,148,405	\$ 12,828,201	\$ 4,144,760	\$ 16,972,961	\$ (3,952,391)	\$ 13,020,570

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets (Continued)

March 31, 2010

<i>Liabilities and Net Assets</i>	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Foundation	Total		
Current liabilities							
Note payable	\$ 450,000	\$ -	\$ 450,000	\$ -	\$ 450,000	\$ -	\$ 450,000
Current maturities of long-term debt	273,910	8,057	281,967	-	281,967	-	281,967
Accounts payable - Trade	285,863	22,085	307,948	3,924	311,872	-	311,872
Accounts payable - Construction	-	-	-	-	-	-	-
Accrued liabilities							
Salaries and wages	396,769	39,762	436,531	-	436,531	-	436,531
Paid time off	551,125	78,799	629,924	-	629,924	-	629,924
Payroll taxes and other	110,593	9,540	120,133	-	120,133	-	120,133
Interest	3,664	-	3,664	-	3,664	-	3,664
Due to related party	-	56,859	56,859	-	56,859	(56,859)	-
Due to third-party reimbursement programs	-	-	-	-	-	-	-
Total current liabilities	2,071,924	215,102	2,287,026	3,924	2,290,950	(56,859)	2,234,091
Long-term liabilities							
Charitable gift annuities	-	-	-	3,529	3,529	-	3,529
Resident trust funds	14,187	18,425	32,612	-	32,612	-	32,612
Trust obligations	-	-	-	3,065,725	3,065,725	(3,065,725)	-
Long-term debt - Less current maturities	1,404,238	108,673	1,512,911	-	1,512,911	(510,000)	1,002,911
Total long-term liabilities	1,418,425	127,098	1,545,523	3,069,254	4,614,777	(3,575,725)	1,039,052
Net assets							
Unrestricted	2,869,640	5,806,205	8,675,845	605,596	9,281,441	-	9,281,441
Temporarily restricted	319,807	-	319,807	319,807	639,614	(319,807)	319,807
Permanently restricted	-	-	-	146,179	146,179	-	146,179
Total net assets	3,189,447	5,806,205	8,995,652	1,071,582	10,067,234	(319,807)	9,747,427
TOTAL LIABILITIES AND NET ASSETS	\$ 6,679,796	\$ 6,148,405	\$ 12,828,201	\$ 4,144,760	\$ 16,972,961	\$ (3,952,391)	\$ 13,020,570

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Operations

March 31, 2011

	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Total	Total		
Change in unrestricted net assets:							
Revenue							
Net patient and resident service revenue	\$ 17,251,148	\$ 1,847,688	\$ 19,098,836	\$ -	\$ 19,098,836	\$ -	\$ 19,098,836
Other operating	1,183,582	66,858	1,250,440	-	1,250,440	(11,438)	1,239,002
Total revenue	18,434,730	1,914,546	20,349,276	-	20,349,276	(11,438)	20,337,838
Expenses							
Professional care of patients and residents	10,887,817	474,760	11,362,577	-	11,362,577	-	11,362,577
Administrative and general	4,166,294	436,961	4,603,255	20,677	4,623,932	(11,438)	4,612,494
Property and household	1,374,313	343,153	1,717,466	-	1,717,466	-	1,717,466
Dietary	812,708	319,538	1,132,246	-	1,132,246	-	1,132,246
Interest	68,120	2,257	70,377	-	70,377	(23,811)	46,566
Depreciation and amortization	650,175	165,733	815,908	-	815,908	-	815,908
Provision for bad debts	260,402	-	260,402	-	260,402	-	260,402
Total expenses	18,219,829	1,742,402	19,962,231	20,677	19,982,908	(35,249)	19,947,659
Income (loss) from operations	214,901	172,144	387,045	(20,677)	366,368	23,811	390,179
Other income							
Investment income	15,883	397,879	413,762	96,255	510,017	(23,811)	486,206
Gain on disposal of property and equipment	-	125	125	-	125	-	125
Contributions	89,917	7,913	97,830	396,629	494,459	-	494,459
Total other income	105,800	405,917	511,717	492,884	1,004,601	(23,811)	980,790
Excess of revenue over expenses	320,701	578,061	898,762	472,207	1,370,969	-	1,370,969
Contributions for long-lived assets	34,300	-	34,300	-	34,300	-	34,300
Net assets released from restrictions	-	-	-	-	-	-	-
Transfers from (to) affiliate	13,328	896	14,224	(14,224)	-	-	-
Increase in unrestricted net assets	\$ 368,329	\$ 578,957	\$ 947,286	\$ 457,983	\$ 1,405,269	\$ -	\$ 1,405,269

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Operations (Continued)

March 31, 2010

	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Total	Total		
Change in unrestricted net assets:							
Revenue							
Net patient and resident service revenue	\$ 14,688,366	\$ 1,552,909	\$ 16,241,275	\$ -	\$ 16,241,275	\$ -	\$ 16,241,275
Other operating	1,370,828	70,175	1,441,003	53	1,441,056	(14,287)	1,426,769
Total revenue	16,059,194	1,623,084	17,682,278	53	17,682,331	(14,287)	17,668,044
Expenses							
Professional care of patients and residents	9,627,976	412,494	10,040,470	-	10,040,470	-	10,040,470
General and administrative	3,635,566	422,496	4,058,062	9,990	4,068,052	(14,287)	4,053,765
Property and household	1,212,551	361,177	1,573,728	-	1,573,728	-	1,573,728
Dietary	760,470	302,136	1,062,606	-	1,062,606	-	1,062,606
Interest	76,395	417	76,812	-	76,812	(20,374)	56,438
Depreciation and amortization	896,044	173,177	1,069,221	-	1,069,221	-	1,069,221
Provision for bad debts	383,561	-	383,561	-	383,561	-	383,561
Total expenses	16,592,563	1,671,897	18,264,460	9,990	18,274,450	(34,661)	18,239,789
Income (loss) from operations	(533,369)	(48,813)	(582,182)	(9,937)	(592,119)	20,374	(571,745)
Other income							
Investment income	20,888	754,762	775,650	167,033	942,683	(20,374)	922,309
Gain on disposal of property and equipment	2,007	-	2,007	-	2,007	-	2,007
Contributions	61,456	-	61,456	126,970	188,426	-	188,426
Total other income	84,351	754,762	839,113	294,003	1,133,116	(20,374)	1,112,742
Excess of revenue over expenses	(449,018)	705,949	256,931	284,066	540,997	-	540,997
Contributions for long-lived assets	83,683	-	83,683	-	83,683	-	83,683
Net assets released from restrictions	-	-	-	22,076	22,076	-	22,076
Transfers from (to) affiliate	29,562	855	30,417	(30,417)	-	-	-
Increase in unrestricted net assets	\$ (335,773)	\$ 706,804	\$ 371,031	\$ 275,725	\$ 646,756	\$ -	\$ 646,756

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Changes in Net Assets

March 31, 2011

	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Total	Total		
Unrestricted net assets							
Excess of revenue over expenses	\$ 320,701	\$ 578,061	\$ 898,762	\$ 472,207	\$ 1,370,969	\$ -	\$ 1,370,969
Contributions for long-lived assets	34,300	-	34,300	-	34,300	-	34,300
Transfers from (to) affiliate	13,328	896	14,224	(14,224)	-	-	-
Increase in unrestricted net assets	368,329	578,957	947,286	457,983	1,405,269	-	1,405,269
Temporarily restricted net assets							
Contributions	-	-	-	12,828	12,828	-	12,828
Investment income	-	-	-	38,665	38,665	-	38,665
Increase in interest in net assets of foundation	51,493	-	51,493	-	51,493	(51,493)	-
Increase in temporarily restricted net assets	51,493	-	51,493	51,493	102,986	(51,493)	51,493
Increase in net assets	419,822	578,957	998,779	509,476	1,508,255	(51,493)	1,456,762
Net assets at beginning	3,189,447	5,806,205	8,995,652	1,071,582	10,067,234	(319,807)	9,747,427
Net assets at end	\$ 3,609,269	\$ 6,385,162	\$ 9,994,431	\$ 1,581,058	\$ 11,575,489	\$ (371,300)	\$ 11,204,189

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Changes in Net Assets

March 31, 2010

	Good Samaritan Hospital Association			Good Samaritan Health Services Foundation		Eliminations	Consolidated
	Hospital Division	Haaland Estates	Total	Total	Total		
Unrestricted net assets							
Excess of revenue over expenses	\$ (449,018)	\$ 705,949	\$ 256,931	\$ 284,066	\$ 540,997	\$ -	\$ 540,997
Contributions for long-lived assets	83,683	-	83,683	-	83,683	-	83,683
Net assets released from restrictions	-	-	-	22,076	22,076	-	22,076
Transfers from (to) affiliate	29,562	855	30,417	(30,417)	-	-	-
Increase in unrestricted net assets	(335,773)	706,804	371,031	275,725	646,756	-	646,756
Temporarily restricted net assets							
Contributions	-	-	-	14,921	14,921	-	14,921
Investment income	-	-	-	82,579	82,579	-	82,579
Net assets released from restrictions	-	-	-	(22,076)	(22,076)	-	(22,076)
Increase in interest in net assets of foundation	75,424	-	75,424	-	75,424	(75,424)	-
Increase in temporarily restricted net assets	75,424	-	75,424	75,424	150,848	(75,424)	75,424
Permanently restricted net assets -							
Contributions	-	-	-	210	210	-	210
Increase in net assets	(260,349)	706,804	446,455	351,359	797,814	(75,424)	722,390
Net assets at beginning	3,449,796	5,099,401	8,549,197	720,223	9,269,420	(244,383)	9,025,037
Net assets at end	\$ 3,189,447	\$ 5,806,205	\$ 8,995,652	\$ 1,071,582	\$ 10,067,234	\$ (319,807)	\$ 9,747,427