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Form **990**

Department of the Treasury

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)

201

2010

OMB No 1545-0047

Open to Public Inspection

The engage and the control of the co

nternal	Revenue	Service Service	ate reporting	requirements	Inspection		
A Fo	r the	, , , , , , , , , , , , , , , , , , , ,		D Franksian	identification number		
_		pplicable C Name of organization LUTHERAN CHARITY ASSOCIATION					
_	dress ch	Doing Business As		45-0231	181		
_	me cha	3/11/25/10/11/10/05/11/12		E Telephone	number		
Inıt —	ial retu	Number and street (or P O box if mail is not delivered to street address) 419 FIFTH STREET NE	Room/suite	(701) 252-1050			
Ter	mınate	d 419 11 111 STREET NE		C Cross resear	sto d 20 620 F46		
- Am	ended	return City or town, state or country, and ZIP + 4 JAMESTOWN, ND 584013360		G Gross receip	ots \$ 28,628,546		
App	olication	n pending					
		F Name and address of principal officer	H(a) Is this a	– group return for affil	ıates [?]		
		ALAN O'NEIL 419 FIFTH STREET NE	U/h) Are elle	affiliates included	? Fyes F No		
		JAMESTOWN,ND 584013360			t (see instructions)		
- To	v ovor	npt status		exemption n			
J W	ebsite	e: ► WWW JAMESTO WNHO SPITAL COM					
K For	n of or	ganization 🔽 Corporation 🧵 Trust 🦳 Association 🦳 Other 🕨	L Year of for	mation 1927	M State of legal domicile ND		
Pa	rt I	Summary					
		Briefly describe the organization's mission or most significant activities					
φ	:	TO COMPASSIONATELY REVOLUTIONIZE HEALTHCARE IN THE HEARTLA	ND				
<u> </u>							
₩	:						
Governance	2	Check this box দ if the organization discontinued its operations or disposed o	f more than 25	5% of its net a	assets		
. 5	3	Number of voting members of the governing body (Part VI, line 1a)		3	10		
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10		
	5	Total number of individuals employed in calendar year 2010 (Part V , line 2a) $$.		5	358		
	6	Total number of volunteers (estimate if necessary)		6	112		
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0		
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0		
			Prior	Year	Current Year		
a)	8	Contributions and grants (Part VIII, line 1h)	268,792	1,488,870			
Revenue	9	Program service revenue (Part VIII, line 2g)	26,067,323	26,333,441			
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		579,952	474,773		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		136,601	331,462		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	1	27,052,668	28,628,546		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0		
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-	15,087,385	15,714,644		
Expenses	16a	10) Professional fundraising fees (Part IX, column (A), line 11e)		15,087,385	15,714,644		
<u>Φ</u>	b				0		
Δ	17	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		10,379,634	10,885,898		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		25,467,019	26,600,542		
	19	Revenue less expenses Subtract line 18 from line 12		1,585,649	2,028,004		
<u>8</u> %			Beginning	of Current	· · · · · · · · · · · · · · · · · · ·		
Net Assets or Fund Balances				ear	End of Year		
348	20	Total assets (Part X, line 16)		49,713,952	73,203,276		
38	21	Total liabilities (Part X, line 26)		25,725,131	46,902,922		
	22	Net assets or fund balances Subtract line 21 from line 20		23,988,821	26,300,354		
	rt II	Signature Block					
anow	ledge :	lties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete. Declaration of preparer (other than office					
anow	ledge.						
		*****	20-	12-04-24			
Sign		Signature of officer	Dat				
Here		ALAN O'NEIL CHIEF FINANCIAL OFFICER					
		Type or print name and title					
			ile	Check if self-	PTIN		
Paid		preparer's name RICHARD RUVELSON RICHARD RUVELSON 2C	12-04-24	employed 🕨 🦵			
Prepa	arer				Firm's EIN		
-	Only	Firm's address 7601 FRANCE AVENUE SOUTH SUITE 400			Phone no 🕨 (952) 548-		

MINNEAPOLIS, MN 55435

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

		of Program Service A			Page 4
1	Briefly describe the o	organization's mission	e to any question in this Part III WN AND THE SURROUNDING ARE		F
<u> </u>	VIDE HEALTH CARE	SERVICES TO JAMESTO	WI AND THE SORROUNDING ARE		
2	the prior Form 990 or		rogram services during the year wh	ich were not listed on	es 🗸 No
3	Did the organization of services?	ease conducting, or make	significant changes in how it condu		es 🔽 No
4	Describe the exempt Section 501(c)(3) an	purpose achievements for d 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are r venue, if any, for each program serv	equired to report the amount o	
4a	HEALTH AND HOSPICE H MEDICAL CENTER IS LOO PROVIDE SPACE FOR A S MEDICAL CARE ACCESSI PROVIDE THE FOLLOWIN INTENSIVE CARE UNITS TESTS FOR ACCURATE D OUR CARDIAC REHABILI * EMERGENCY CARE ON HEART ATTACKS * HOME SERVICES * HOSPICE P FULL RANGE OF HOSPICE PLANS TO OPTIMIZE HEA SERVICES TO HELP PATH GROUPS OUR FACILITY GROUPS TO HELP OUR P AND CREDENTIALED DOO AND HEARING SERVICES SURGERY CENTER OUR PROCEDURES INCLUDIN SCHEDULE OF CLASSES HELP THE PEOPLE WE SE RADIOLOGY SERVICES F MATERIALS TO HELP KEE TELEPHONE BASED RESP HAVE, ON THE AVERAGE, SOME OF THE MANY ARE READING TO THEM, HELL VOLUNTEERS PROVIDE P FAMILY MEMBER THROU PATIENTS TO OBTAIN CA PROVIDE SUPPORT OF P. SERVICES TO HELP OUT 2011 *4,241 INPATIENT 17 7% MEDICAID IS THE OUTPATIENT VISITS* 2,3 VISITS* 4,868 HOME HEL HOURS OF VOLUNTEER S	MEDICAL CENTER IS A 25 BED CI EALTH CARE SERVICES THE NEA CATED 100 MILES AWAY FROM THE CATED TO THE ENTIRE COMMUNITY GENERALTY SERVICES TO THE COUR CARDIAC SERVICES INCLUE CARDIAC SERVICES INCLUE CATOMICS AND MONITORED DIF CATION CENTER * MAMMOGRAPH CATED FOR THE PHYSICAL AND CATED TO SERVICES TO THE CATED FOR PODIATRY MEDICINE TO CATED TO SERVICES AND SHALL AND CONSUMERS OF SERVICES TO PR CATED TO SERVICES AR CATED TO SERVICES CATED TO SERVICE AND CATED TO SERVICE CATED TO	RITICAL ACCESS HOSPITAL PROVIDING SHOREST PROVIDER OF HEALTH CARE SERVICE HE NEAREST MAJOR HEALTH SERVICE CENTIED BY MEDCENTER ONE, BISMARCK, NORTY IT SERVES IN ADDITION TO THE ROUTINE COMMUNITIES WE SERVE * CARDIAC CARE DE CARDIOLITE STRESS, ADENOSCAN AND A SET AND EXERCISE PROGRAMS THROUGHOUT HEY OUR MAMMOGRAPHY UNIT WAS DESIGNED AND THE HOME BOUND INCLUDE OF PSYCHOLOGICAL NEEDS OF THE TERMINAL INSELING OUR REGISTERED DIETITIANS PROUGH PROPER NUTRITION * PHYSICAL AND OBJORD STREET ON THE EMOTIONAL AND FINANCIAL REATS EVERYTHING FROM FLAT FEET TO BUGGIST AND SPECH THERAPISTS THAT CAN URGERY CENTER IS CAPABLE OF HANDLING TO PROCEDURES * WELLINESS PROGRAMS CEALTHY DIET, FITNESS AND PREVENTATIVE EIR LIFESTYLES FOR A HEALTHIER LIFE * O OVIDE ACCURATE DIAGNOSIS FOR TREATM AS A RESOURCE FOR OUR COMMUNITY * CRAIL ELDERLY TO REMAIN INDEPENDENT IN PROVIDING APPROXIMATELY 6,435 HOURS E AS FOLLOWS * SENIOR COMPANIONS HE SPICE ASSISTING HOSPICE PATIENTS AND HEIR CHILDREN THAT ARE HOSPITALIZED * HOME * GIFT SHOPPE OPERATED FOR THE SPICE ASSISTING HOSPICE PATIENTS AND HEIR CHILDREN THAT ARE HOSPITALIZED * HOME * GIFT SHOPPE OPERATED FOR THE SPICE AREAS ASSISTING PATIENTS AND THE COMPANIONS HERE THEY RETURN HOME * OTHER CAND AFTER THEY RETURN HOME * OTHER CAND AND AFTER THEY RETURN HOME * OTHER CAND AND AFTER THEY RETU	ES IS MORE THEN 35 MILES AWAY AN ERS IN FARGO OR BISMARCK, NORTH THE DAKOTA JAMESTOWN REGIONAL MERS IN FARGO OR BISMARCK, NORTH THE DAKOTA JAMESTOWN REGIONAL MED THE INPATIENT HEALTH AND OUTPATIENT HEALTH AND REHABILITATION IN ADDITION ADENOWALK CARDIOLITE IMAGING TEST THE HOSPITAL STAY AND THROUGH WED FOR WOMEN AND IS STAFFED BY YEAR AND HANDLES EVERYTHING FROW THE PROVIDE AND AND THE PROVIDE A	D JAMESTOWN REGIONAL H DAKOTA WE ALSO MEDICAL CENTER MAKES H CARE SERVICES WE TO EMERGENCY AND STS AND SPECT IMAGING I OUTPATIENT CARE IN FEMALE PROFESSIONALS OF THE PAUL OF THE THE TOTH THE T
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program servi (Expenses \$	ces (Describe in Schedule including	•) (Revenue \$)
4e	Total program servi		2,872,134		

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋 🔒 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		N o
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
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 ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	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)	20b	Yes	

				1 age 1
Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	_

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
Tatantha number of Forms W. 3C yeals ded in line 15. Enter C. if not analyze line.	-		
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Statements filed for the calendar year ending with or within the year covered by this			
return	-		
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		- 14
At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
If "Yes," enter the name of the foreign country 🕨			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the arganization a party to a prohibited toy chalter transportion at any time during the tay year?	5a		N
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
	5b		IN
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
were not tax deductible?	6b		
Organizations that may receive deductible contributions under section 170(c).			N.
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.
file Form 8282?	7с		N
The rest, indicate the number of forms 5252 fired during the year.			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N
contract?	7f		N ·
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
required?	7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
Sponsoring organizations maintaining donor advised funds.			
Did the organization make any taxable distributions under section 4966?	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
Section 501(c)(12) organizations. Enter			
Gross income from members or shareholders			
Gross income from other sources (Do not net amounts due or paid to other sources	1		
against amounts due or received from them)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
If "Yes," enter the amount of tax-exempt interest received or accrued during the			
year Section 501(c)(29) qualified nonprofit health insurance issuers.			
Is the organization licensed to issue qualified health plans in more than one state?			
Note. See the instructions for additional information the organization must report on Schedule O	13a		
Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
Enter the amount of reserves on hand	1		
13c			_
Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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.

_Se	ction A. Governing Body and Management			
			Yes	No
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		14	
40-	Describe an experience have been been been been as efficience as efficience 2	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124	1 62	
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		
Se	ection C. Disclosure	<u>. </u>		•
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website V 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 ALAN O'NEIL

419 FIFTH STREET NE JAMESTOWN,ND 584013360 (701) 952-4802

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 no<u>r any related organization compensated any current officer, director, or trustee</u>

hours that apply)		(D) Reportable compensation from the	Reportable compensation from related	(F) Estimated amount of other
per week (describe hours for related organizations in Schedule O)	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) HARVEY HUBER CHAIRPERSON X X		0	0	0
(2) CONNIE KRAPP VICE CHAIRPERSON 1 00 X X		0	0	0
(3) REV TERRY ANDERSON 1 00 X X		0	0	0
(4) JOANNE OTTMAR TREASURER 1 00 X X		0	0	0
(5) ERIC MONSON MD BOARD MEMBER 1 00 X		0	0	0
(6) SHANDA TRAISER PH D BOARD MEMBER 1 00 X		0	0	0
(7) DEBRA GEIR MD BOARD MEMBER 1 00 X		0	0	0
(8) DR JAMES R TORRANCE MD BOARD MEMBER 1 00 X		0	0	0
(9) DENNIS D POZARNSKY BOARD MEMBER 1 00 X		0	0	0
(10) DAVID MATHISON MD BOARD MEMBER 1 00 X		0	0	0
(11) MARTIN I RICHMAN 40 00 X		185,516	0	33,637
(12) ALAN O'NEIL		146,629	0	18,549
(13) DR ALFONSO FINDLEY RADIOLOGIST 40 00 X		646,352	0	14,460
(14) DR PHILIP JYSTAD 40 00 X		285,005	0	52,018
(15) DR MANUEL HARRIS PODIATRIST 40 00 X		246,045	0	50,532
(16) DR SCOTT GOECKE PHYSICIAN 40 00 X		227,872	0	11,710

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

(A) Name and Title		(B) Average hours		tion that a			II		(D) (E) Reportable Reporta compensation compens		n	(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t organizati relat organiza	the on and ed
(17) KATHRY PHARMACIST		40 00					х		145,515		0		15,772
						\vdash		\vdash			+		
											4		
											-		
											-		
1b Sub	-Total				٠.	•		 					
c Tota	al from continuation sheets	to Part VII, Sec	tion A				•						
	al (add lines 1b and 1c) . Il number of individuals (incli						• ahoyo`	► \ wbc	1,882,934		0		196,678
	0,000 in reportable compens					teu a	above	, will	received more tha				
												Yes	No
	the organization list any forn ne 1a? <i>If</i> "Yes," complete Sch	•							-	ated employee	3		Νο
orga	any individual listed on line 1 nization and related organiza vidual										4	Yes	
	any person listed on line 1a i ices rendered to the organiza									r individual for •	5	. 33	No
Section	n B. Independent Cont	tractors											
1 Com	plete this table for your five 0,000 of compensation from	hıghest comper		ndep	ende	nt c	ontrac	tors	that received more	than			
<u> </u>	o,000 of compensation from	(A)	11						T	(P)	I	/6	,

(A) Name and business address	(B) Description of services	(C) Compensation
AMERISOURCE BERGEN PO BOX 959 VALLEY FORGE, PA 19482	PHARMACEUTICAL SERVICES	893,775
NATIONAL MEDICAL RESOURCES INC 2900 E BROADWAY AVE SUITE 1 BISMARCK, ND 58501	ER PHYSICIANS	828,309
OWENS & MINOR 2151 COUNTY ROAD H2 WEST MOUNDS VIEW, MN 55112	MEDICAL-SURGICAL SERVICES	571,486
IMAGING SOLUTIONS INC 2829 UNIVERSITY DRIVE S FARGO, ND 58103	DIAGNOSTIC IMAGING SERVICES	446,034
HEALTHCARE MANAGEMENT SYSTEMS 3102 WEST END AVE SUITE 400 NASHVILLE, TN 37203	SOFTWARE SERVICES	266,109
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶19

		2010)					Pa	ge 9
Part V	∆ 1111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
46.45	4-	Endowstad as manages	1a					513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns Membership dues						
₽Ğ								
म ≝ इ		Fundraising events						
.ν.Ε Ω		Related organizations		650,000				
<u>5</u> .8	е	Government grants (contributions)	1e				<u> </u>	
至至		All other contributions, gifts, grants similar amounts not included above		838,870				
를 등 등 등	g	Noncash contributions included in li	nes 1a-1f \$					
S ∰	h	Total. Add lines 1a-1f			1,488,870			
<u>e</u>				Business Code				
ren Te	2a	NET PATIENT SERVICE RE		621400	25 022 502	AE 0AA E0A		
Program Service Revenue		WELLNESS/LIFELINE/CARE		621400 900099	25,823,583 183,406	183,406		
935		RENTAL INCOME		531120	115,338			
<u>.</u>	d	CONSULTATION SERVICES		541900	87,958			
Ē		ER COVERAGE REIMBURSEM		541900	59,137	59,137		
12 12 13	f	All other program service re	venue		64,019	64,019		
Š	g	Total. Add lines 2a-2f			26,333,441			
		Investment income (includir						
		and other similar amounts)		-	268,001			268,00
	-	Income from investment of tax-ex		_				
	5	Royalties		1 () 5				ļ
	62	Gross Rents	(ı) Real	(II) Personal				
		Less rental						
		expenses Rental income						
		or (loss)						
	_ a	Net rental income or (loss)	(ı) Securities	(u) O thor				
	7a	Gross amount	206,272	(II) O ther 500				
		from sales of assets other						
		than inventory Less cost or						
	-	other basis and sales expenses						
		Gain or (loss)	206,272	500				
	d	Net gain or (loss)		•	206,772			206,77
Φ		Gross income from fundraisi	ng events					
Other Revenue		(not including \$						
ě		of contributions reported on						
<u>.</u>		See Part IV, line 18	а					
Ě	ь	Less direct expenses .	ь					
0		Net income or (loss) from fu						
	9a	Gross income from gaming a	ctivities See Part IV, line 19 . a					
				ь				
	-	Net income or (loss) from ga						
		Gross sales of inventory, les returns and allowances	S					
			a					
		Less cost of goods sold .						
	С	Net income or (loss) from sa	les of inventory 🕨					
	1.	Miscellaneous Revenue		Business Code 900099	170,149			170,14
		CAFETERIA		900099	170,149			170,14
		OTHER REVENUE		453220	29,598	127,243		29,59
		GIFT SHOP SALES		453220	4,472			4,47
		All other revenue			4,472			4,47.
	=	Total. Add lines 11a-11d			331,462			
	1			ŀ			 	
	12	Total revenue. See Instructi	ons • • •		28,628,546		l 0	678,99

	990 (2010)				Page 10					
Par	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 no	ot include amounts reported on lines 6b, b, 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	397,869		397,869						
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	12,407,589	10,960,823	1,446,766						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	787,176	694,180	92,996						
9	Other employee benefits	1,250,086	1,106,995	143,091						
10	Payroll taxes	871,924	773,066	98,858						
а	Fees for services (non-employees) Management	·								
ь	Legal									
С	Accounting	58,110		58,110						
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	2,231,556	1,826,975	404,581						
12	Advertising and promotion	189,565	2,279	187,286						
13	Office expenses	2,455,241	2,131,319	323,922						
14	Information technology	199,615	43,041	156,574						
15	Royalties									
16	Occupancy	547,469	513,890	33,579						
17	Travel	94,893	74,125	20,768						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	80,929	29,877	51,052						
20	Interest	45,461	45,461							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,315,937	1,315,937							
23	Insurance	173,436	57,304	116,132						
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)									
а	DRUG EXPENSE	1,169,520	1,169,520							
b	BAD DEBT EXPENSE	1,080,129	1,080,129							
c	OTHER EXPENSE	939,257	742,433	196,824						
d	FOOD EXPENSE	188,878	188,878							
е	BLOOD EXPENSE	115,902	115,902							
f	A II other expenses									
25	Total functional expenses. Add lines 1 through 24f	26,600,542	22,872,134	3,728,408	0					
26	Joint costs. Check here ▶ ☐ 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				200 (2.01.0)					

Part X Balance Sheet (A) (B) Beginning of year End of year 113,744 1 75,395 3,467,648 2 2.527.574 2 3 3 3,535,085 4 3,778,667 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 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) **A**ssets 7 8 436,352 449,477 Prepaid expenses and deferred charges 187,800 142,271 10a Land, buildings, and equipment cost or other basis Complete 77,435,884 10a Part VI of Schedule D 10b 24.982.353 ь Less accumulated depreciation 21,467,397 10c 52,453,531 5.713.653 7.889.978 11 11 12 1,010,137 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 14,792,273 15 4,876,246 15 16 49,713,952 16 73,203,276 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5.580.201 17 8,810,377 17 Accounts payable and accrued expenses . 18 18 19 19 1,555,000 790,000 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 18.039.626 23 36.960.699 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 550.304 25 341.846 Other liabilities Complete Part X of Schedule D 46,902,922 26 25,725,131 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 23.988.821 26,300,354 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 23,988,821 26,300,354 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 49.713.952 73,203,276

Par	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		28.6	528,546	
2	Total expenses (must equal Part IX, column (A), line 25)	2			500,542	
3	Revenue less expenses Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4					
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	283,529	
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		26,3	300,354	
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued				
	☐ Separate basis ☐ 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?	e	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization LUTHERAN CHARITY ASSOCIATION

			45-0231181							
Pai	rt I 🛭	Reason for Public Charity Status (All organizations must complete this pa	rt.) See ınstruct	ions						
The c	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)							
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)((1)(A)(i).							
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital described in secti hospital's name, city, and state	on 170(b)(1)(A)(iii). Ente	r the					
5	Γ	An organization operated for the benefit of a college or university owned or operated by a gettion 170(b)(1)(A)(iv). (Complete Part II)	jovernmental unit	describe	d ın					
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Γ	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	\vdash	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contribu	tions mambarshi	n faas ar	d aros					
•	,	receipts from activities related to its exempt functions—subject to certain exceptions, and			_					
		its support from gross investment income and unrelated business taxable income (less se	• •							
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part 3	•	om basine	.5505					
10	\vdash	An organization organized and operated exclusively to test for public safety. See section 5	•							
11	<u>'</u>	An organization organized and operated exclusively for the benefit of, to perform the functi		out the r	nurnos	es of				
	'	one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated)9(a)(2) See sect 11h	•	a)(3).	Check				
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizatio section 509(a)(2)	ns described in se	ection 50	9 (a)(1	L) or				
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting the 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 the control of the contro	ribed in (ii)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)						
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) organizati in the U	on in anized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

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.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar 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						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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	
S	ection 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

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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493121009092

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

If th		t have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 zations Complete Part III			
Na	me of the organization THERAN CHARITY ASSOCIATION	·		Employer iden	tification number
LUI	HERAN CHARITT ASSOCIATION			45-0231181	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	<u> </u>	e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 501	L(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b 🕨	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid frond frond frond frond frond frond front	om the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		L			l

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble 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 \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	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))								
С	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	2)	(b)	
		Yes	No	A mount	
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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		5,836	
j	Total lines 1c through 1i			5,836	
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		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 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).		
а	Current year	2a	
ь	Carryover from last year	2b	
С	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

Ident if ier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	,	THE ORGANIZATION PAYS DUES TO VARIOUS PROFESSIONAL ORGANIZATIONS A PORTION OF THOSE DUES ARE USED TOWARDS LOBBYING EXPENSES

1

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DLN: 93493121009092

OMB No 1545-0047

SCHEDULE D

Supplemental Financial Statements

► 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.

Open to Public Inspection

Internal Revenue Service	
Name of the organiz	zat ion

(Form 990)

Department of the Treasury

	the organization CHARITY ASSOCIATION		Employer identification number
LOTTILKAN	CHARITI ASSOCIATION		45-0231181
Part I	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered res to form 95	(a) Donor advised funds	(b) Funds and other accounts
. Tota	I number at end of year		
. Aggr	egate contributions to (during year)		
Aggr	regate grants from (during year)		
. Aggr	regate value at end of year		
	the organization inform all donors and donor advi s are the organization's property, subject to the		or advised Yes No
used	the organization inform all grantees, donors, and d only for charitable purposes and not for the ben erring impermissible private benefit		·
Part II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
Г Г Сот	pose(s) of conservation easements held by the o Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Inplete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure of a conservation
ease	ement on the last day of the tax year		Held at the End of the Year
a Tota	Il number of conservation easements		2a
	Il acreage restricted by conservation easements		2b
	iber of conservation easements on a certified his	•	2c
_	ber of conservation easements included in (c) a	` '	2d
	ber of conservation easements modified, transfe	· · · · · · · · · · · · · · · · · · ·	
	axable year 🗠	rred, released, extinguished, or terminate	a by the organization during
	· · · · · · · · · · · · · · · · · · ·		
	ber of states where property subject to conserva		_
	s the organization have a written policy regarding rcement of the conservation easements it holds?		dling of violations, and Yes No
Staf	fand volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year ►
A mo	ount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
bala	art XIV, describe how the organization reports on nce sheet, and include, if applicable, the text of t organization's accounting for conservation easer	he footnote to the organization's financial:	
art III	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
art,	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue stateme for public exhibition, education or research	ch in furtherance of public service,
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for ide the following amounts relating to these items	public exhibition, education, or research ii	•
(i) _F	Revenues included in Form 990, Part VIII, line 1		► \$
(ii)	Assets included in Form 990. Part X		b- ⊄

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Loan or ex Other ey further the storical trease organizatio organizatio X, line 21. contributions table	e organization's sures or other s on's collection? on answered s or other asset	exempt purpose Imilar "Yes" to Form 9 s not Ar	In Yes
O ther storical trease organization organization X, line 21. contributions table	e organization's sures or other son's collection? On answered s or other asset	exempt purpose Imilar "Yes" to Form 9 s not Ar art IV, line 10.	Yes N 990, Yes N mount
ey further the storical trease organization	sures or other son's collection? On answered s or other asset	"Yes" to Form 9 s not Ar	Yes N 990, Yes N mount
storical trease organization or	sures or other son's collection? On answered s or other asset	"Yes" to Form 9 s not Ar	Yes N 990, Yes N mount
storical trease organization or	sures or other son's collection? On answered s or other asset	"Yes" to Form 9 s not Ar	Yes N 990, Yes N mount
e organizatio organizatio X, line 21. contributions table	on answered s or other asset	"Yes" to Form 9 s not An art IV, line 10.	990, Yes N mount
X, line 21. contributions table	s or other asset 10 10 11	Art IV, line 10.	「Yes 「N
table red "Yes" to	16 16 16 0 Form 990, P	Art IV, line 10.	mount
red "Yes" to	16 16 0 Form 990, P	art IV, line 10.	ΓYes ΓΝ
	16 16 0 Form 990, P	art IV, line 10.	ΓYes ΓΝ
	16 16 0 Form 990, P	art IV, line 10.	
	16 16 0 Form 990, P	art IV, line 10.	
	o Form 990, P	art IV, line 10.	
	o Form 990, P	art IV, line 10.	
			(e)Four Years Ba
			(e)Four Years Ba
•			
are held and	d administered f	or the	
			Yes No
			
		3	D
	Dart V line 10	<u> </u>	
	1		.
sis (investment)		depreciation	(d) Book valu
	691,42	27	691,
	7,618,75	52 5,501,41	12 2,117,
		19,480,94	3,726,
	23,207,14		45,918,
e 10(c).) .		57	
- F	dule R? . unds orm 990, Cost or other	dule R?	dule R?

Part VIII Investments—Other Securities. See	Form 990, Part X, line 13		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1		
Part VIII Investments—Program Related. See		<u> </u>	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
(1) UNAMORTIZED DEBT ISSUE COSTS			752,378
(2) RELATED PARTY RECEIVABLE			162,202
(3) HEALTH SAVINGS FUND			397,373
(4) BOND FUND			2,974,229
(5) BOND RESERVE			479,750
(6) PROPERTY HELD FOR INVESTMENT AT COST			110,314
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			4,876,246
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
CAPITAL LEASE OBLIGATION	341,846		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	341,846		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,628,546
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,600,542
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,028,004
4	Net unrealized gains (losses) on investments	4	283,529
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	283,529
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,311,533
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	28,912,075
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	283,529
3	Subtract line 2e from line 1	3	28,628,546
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,628,546
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	26,600,542
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	26,600,542
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,600,542
Par	t 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

Ident if ier	Return Reference	Explanation			
Identifier DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	Return Reference	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, ASC TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN 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 CONSOLIDATED FINANCIAL STATEMENTS MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS ANY MATERIAL			
		UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS THE ORGANIZATION'S FEDERAL			
		INFORMATIONAL RETURNS FOR TAX YEARS 2007 AND SUBSEQUENT YEARS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE			

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DLN: 93493121009092

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization LUTHERAN CHARITY ASSOCIATION

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

Hospitals

Employer identification number

						0231181			
Pa	rt I Financial Assista	ince and Co	ertain Oth	er Community Be	nefits at Cost			V -	NI.
1-	Did the organization have a fi	nnancial accid	stance policy	during the tay year?	f "No " ekin to augetio	n 6 a		Yes	No
1a		id the organization have a finnancial assistance policy during the tax year? If "No," skip to question 6a .					1a	Yes	
ь							1b	Yes	
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								
	Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals								
3	Answer the following based or organization's patients during		ıcıal assıstar	nce eligibility criteria t	hat applied to the large	st number of the			
а	Does the organization use Fe						2-	Yes	
		_	о% Г	O ther	%	,	3a	Tes	
b	Does the organization use FP			or providing <i>discounted</i>		dıvıduals? If			
	"Yes," indicate which of the fo	ollowing is the	ramily incon	ne limit for eligibility fo	or discounted care .		3b	Yes	
	▽ 200% ┌ 250%	Г 30	o% Г	350% Г 40	0% 「 Other_	%			
c	If the organization does not u determining eligibility for free test or other threshold, regard	or discounted	d care Inclu	de in the description w	hether the organizatior				
4	Did the organization's financi	al assistance	policy that a	pplied to the largest n	umber of its patients d	uring the tax year	4	Yes	
_	provide for free or discounted		•	-			I	1	
5a _	Did the organization budget amount If "Yes," did the organization'						5a	Yes	
Ь	If "Yes" to line 5b, as a resul		•				5b		N o
С	care to a patient who was elig	jibile for free o	r discounted	care?	•		5с		
6a	Does the organization prepare year?		•	ort during the tax			6a		Νo
6b	If "Yes," did the organization			ublic?			6b		
	Complete the following table worksheets with the Schedule	using the work	-		instructions Do not s	ubmit these			
7	Financial Assistance and C	ertain O ther	Community E	Benefits at Cost				<u> </u>	
ı	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex	
а	Financial Assistance at cost			253,243		25	3,243	Λ	990 %
b	(from Worksheets 1 and 2) Unreimbursed Medicaid (from			·					
c	Worksheet 3, column a) Unreimbursed costs—other means-tested government programs (from Worksheet 3,			2,506,386	2,398,051	108,335		0	420 %
d	column b) Total Financial Assistance and Means-Tested Government			2.750.620	2 209 051	30	1 570	4	410.0/
	Other Benefits			2,759,629	2,398,051	36	1,578	1	410 %
e	Community health improvement services and community benefit operations (from (Worksheet 4)								
f	Health professions education (from Worksheet 5)								
g	Subsidized health services (from Worksheet 6)								
	Research (from Worksheet 7)								
	Cash and in-kind contributions to community groups (from Worksheet 8)								
-	Total Other Benefits Total. Add lines 7d and 71			2,759,629	2,398,051	36	1,578	1	410 %

of the communities it serves. (a) Number of activities or programs (optional) (optional	to	Yes	
2 Economic development 3 Community support 4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 157		Yes	
3 Community support 4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
3 Community support 4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		Yes	
Section A. Bad Debt Expense 1		Yes	
Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? Enter the amount of the organization's bad debt expense (at cost)		Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	<u>-</u> 		
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. 3 330,070 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			
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			
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 8,806,294			
6 Enter Medicare allowable costs of care relating to payments on line 5 6 8,862,646			
7 Subtract line 6 from line 5 This is the surplus or (shortfall)			
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			
Cost accounting system Cost to charge ratio			
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	9ь	Yes	
patients who are known to qualify for charity care or financial assistance? Describe in Part VI	<u> </u>	103	
(a) Name of entity (b) Description of primary (c) Organization's (d) Officers, directors,	(e)) Physici	:ians'
activity of entity profit % or stock trustees, or key ownership % employees' profit % or stock ownership%		it % or vnership	
1			
2			
3			
4	 		
	<u> </u>		
5	<u> </u>		
6			
7			
8			
9	 		
	<u> </u>		
10			
11			_
12			
13			

Part	Facility Information									
(list in largest How m	order of size, measured by total revenue per facility, from to smallest) any hospital facilities did the organization operate during year? 1	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	
Name a	and address									Other (Describe)
1	JAMESTOWN HOSPITAL 419 5TH ST NE JAMESTOWN, ND 58401	×	х			х		х		
		<u> </u>								

low many non-nospital facilities did the organization	on operate during the tax year?
ame and address	Type of Facility (Describe)
-	
0	Schedule H (Form 9

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page 8

Part VI Supplemental Information

Complete this part to provide the following information

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
- 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
- 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.)
- 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
- 5 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 7 THE COSTING METHODOLOGY IS THE COST TO CHARGES RATIO DURING THE YEAR THERE WAS
		INCREASE IN SPECIFIC SERVICES, SUCH AS OB SERVICES, WHICH HAVE A HIGHER MEDICAID REIMBURSMENT RATE

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 \$ 1080129

Identifier	ReturnReference	Explanation
		PART II JAMESTOWN HOSPITAL PROVIDES SEVERAL LOW
		COST EDUCATIONAL TRAINING SESSIONS AT THE
		HOSPITAL AND AT DIFFERENT LOCATIONS IN THE
		COMMUNITY FOR EXAMPLE, JAMESTOWN HOSPITAL
		PROVIDES BREAST FEEDING, CAR SEAT TRAINING,
		PRENATAL TRAINING, AND HAPPIEST BABY ON THE
		BLOCK CLASSES NEW YEAR NEW YOU FITNESS
		CHALLENGE WAS INTRODUCED IN 2008 TO ENCOURAGE
		AREA RESIDENTS TO MAKE POSITIVE LIFESTYLE
		CHANGES AND REDUCE THE RISK OF HEART DISEASE,
		DIABETES, OBESITY AND TOBACCO USE

Identifier	ReturnReference	Explanation
		PART III, LINE 4 WE CALCULATED THE REASONABLE COST OF POSSIBLE ELIGIBLE CHARITY CARE THAT WENT TO BAD DEBT BY TAKING THE AVERAGE CLAIM PER GUARANTOR THAT QUALIFIED FOR CHARITY CARE TIMES THE GUARANTORS THAT TOOK APPLICATIONS AND DID NOT FOLLOW THROUGH ON THE PROCESS THIS AMOUNT WAS BROUGHT DOWN TO COST BY TAKING THAT NUMBER TIMES THE RATIO OF PATIENT CARE COST TO CHARGES THE CARRYING AMOUNTS OF PATIENT 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 ACCOUNTS RECEIVABLE IN ADDITION, MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY 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 LIKELIHOOD 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 ACCOUNTS RECEIVABLE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE COSTING METHODOLOGY USED IS COST TO CHARGE RATIO AS REQUIRED BY MEDICARE SHORTFALL IS NOT INDICATIVE OF ANY CHANGE IN COMMUNITY BENEFIT AS THE COSTING METHODOLOGY AND DETERMINATION OF ALLOWABLE COSTS HAVE NOT CHANGED FROM PRIOR YEAR

Identifier	ReturnReference	Explanation
		PART III, LINE 9B NO COLLECTIONS EFFORT WILL BE
		MADE BY JAMESTOWN HOSPITAL OR ITS COLLECTION
		AGENCIES ON THE PERCENTAGE OF COMMUNITY CARE
		APPROVED HOWEVER, PATIENTS MUST HAVE
		COMPLETED THE COMMUNITY CARE APPLICATION
		PROCESS, ESTABLISH THEIR ELIGIBILITY, AND HAVE
		BEEN APPROVED IF SUCH A PATIENT IS MISTAKENLY
		BILLED, HOSPITAL STAFF WILL APOLOGIZE FOR THE
		ERROR AND CORRECT THE MISTAKE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 JAMESTOWN HOSPITAL HAS PARTNERED WITH CENTRAL VALLEY HEALTH AND OTHER LOCAL AGENCIES TO DEVELOP A COMMUNITY HEALTH ASSESSMENT FOR THE 5 COUNTIES, STUTSMAN, BARNES, LOGAN, WELLS AND LAMOURE, SERVED BY CENTRAL VALLEY HEALTH AND JAMESTOWN HOSPITAL THIS ROLE IS PART OF THE HOSPITAL'S 5 YEAR STRATEGIC PLAN

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ALL PATIENTS RECEIVE A "PAYMENT GUIDELINES" BROCHURE AT TIME OF REGISTRATION, WHICH NOTIFIES THE PATIENTS ON HOW TO APPLY FOR CHARITY CARE AS WELL AS EXPLAINS THE CLAIM FILING PROCESS, RESPONSIBLE PARTY, CO-PAYS AND PAYMENTS ALL PRIVATE PAY PATIENTS RECEIVE A LETTER WHICH LISTS CHARITY CARE AS A PAYMENT ALTERNATIVE TO THOSE WHO QUALIFY OUR WEBSITE CONTAINS A CHARITY LINK WHICH EXPLAINS THE PROGRAM AND ALLOWS FORMS TO BE DOWNLOADED AND PRINTED

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 JAMESTOWN HOSPITAL SERVES A NINE
		COUNTY AREA OF SOUTH CENTRAL NORTH DAKOTA THE
		PRIMARY INDUSTRY IS AGRICULTURE THE POPULATION
		IS 52,155 WITH 21% OVER THE AGE OF 65 THE AVERAG
		AGE IS 42 MALE AND FEMALE POPULATION IS SPLIT
		EVENLY AVERAGE INCOME BY HOUSEHOLD IS \$53,650
		THERE ARE TWO COLLEGES WITHIN JAMESTOWN
		HOSPITAL TRADE AREA JAMESTOWN HOSPITAL IS THE
		ONLY BIRTHING CENTER WITHIN IN A 90 MILE RADIUS

Identifier	ReturnReference	Explanation
	I	PART VI, LINE 6 A MAJORITY OF THE GOVERNING BODY
		IS COMPRISED OF PERSONS WHO RESIDE IN THE
		ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE
		NEITHER EMPLOYEES NOR CONTRACTORS OF
		JAMESTOWN HOSPITAL, NOR FAMILY MEMBERS THEREOF
		JAMESTOWN HOSPITAL EXTENDS MEDICAL STAFF
		PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE
		COMMUNITY FOR SOME OF ITS DEPARTMENTS
		JAMESTOWN HOSPITAL IS IN THE PROCESS OF
		CONSTRUCTING A REPLACEMENT HOSPITAL WHICH WILL
		HAVE MANY UPGRADES IN TECHNOLOGY, MOST OF
		WHICH ARE RELATED TO IMPROVING PATIENT CARE

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 N/A

Schedule H (Form 990) 2010

DLN: 93493121009092

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	the organizat	t ion
LUTHERAN	CHARITY ASSO	CIATIO

Employer identification number

45-0231181

Pa	rt I Questions Regarding Compensation			
			Yes	Νο
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
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			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νο
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III			
^		8		Νο
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARTIN I RICHMAN	(I) (II)	185,516 0	0 0	0	19,854 0	13,783 0	· ·	(
(2) ALAN O'NEIL	(I) (II)	146,629 0	0 0	0	12,995	5,554 0	165,178 0	(
(3) DR ALFONSO FINDLEY	(ı) (ıı)	646,352 0	0	O O	0	14,460 0	660,812	(
(4) DR PHILIP JYSTAD	(1) (11)	285,005 0	0	C	27,443	24,575 0	337,023 0	
(5) DR MANUEL HARRIS	(1) (11)	246,045 0	0	C	26,563 0	23,969 0	296,577 0	(
(6) DR SCOTT GOECKE	(I) (II)	227,872 0	0 0	0	0	11,710 0	239,582 0	(
(7) KATHRYN KOVAR	(ı) (ıı)	145,515 0	0	O	0	15,772 0	161,287 0	(
(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

Ident if ier	Return Reference	Explanation
	· ·	BASED ON APPROPRIATENESS AND THE EXPECTATION THAT THE CEO HAVE A VOLUNTARY PRESENCE IN THE COMMUNITY, THE CEO IS AUTHORIZED TO HAVE SOME SOCIAL CLUB DUES PAID ON HIS/HER BEHALF BY THE HOSPITAL

Schedule J (Form 990) 2010

DLN: 93493121009092

Open to Public

Inspection

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.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization LUTHERAN CHARITY ASSOCIATION Employer identification number

LUII	HERAN CHARITY ASSOCIAT	10 N								4	45-023	1181			
Pa	rt I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f) Description of Purpose		(g) Defeased		(h) On Behalf of Issuer			Pool incing	
										Yes	No	Yes	No	Yes	No
A	CITY OF JAMESTOWN	45-6002099		06-26-2003	5,740	,000 RE	FUNDI	NG PRIC	RISSUE		×		Х		Х
_															
Da	rt III Proceeds														
Fal	Proceeds					\		E	3		С		T	D	
1	A mount of bonds retired					4,950,0	000								
2	A mount of bonds legally def	eased													
3	Total proceeds of issue					5,740,0	000								
4	Gross proceeds in reserve funds														
5	Capitalized interest from pro	oceeds													
6	Proceeds in refunding escro	w													
7	Issuance costs from procee	ds													
8	Credit enhancement from pr	oceeds													
9	Working capital expenditure	s from proceeds													
10	Capital expenditures from p	roceeds													
11	Other spent proceeds					5,740,0	000								
12	Other unspent proceeds														
13	Year of substantial completi	on			20	03									
					Yes	No		Yes	No	Yes		No	Yes	<u>; </u>	No
14	Were the bonds issued as pa	art of a current refund	ing issue?		Х										
15	Were the bonds issued as pa	art of an advance refu	ndıng ıssue?			X									
16	Has the final allocation of pr	oceeds been made?			Х										
17	Does the organization maint allocation of proceeds?	aın adequate books a	nd records to sup	port the final	Х										
Par	t IIII Private Business	Use									<u> </u>				
									3		C			D	
					Yes	No		Yes	No	Yes		No	Yes	<u>; </u>	No
1	Was the organization a partr		r a member of an	LLC, which owned		X									

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

			Α		В		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?		×						
ь	Are there any research agreements that may result in private business use of bond-financed property?		×						
С	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								•
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		х						

		^		0				"	
		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?		х						
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?		×						
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider		•		•				
С	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?		х						
6	Did the bond issue qualify for an exception to rebate?	×							

Supplemental Information

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

Ident if ier	Return Reference	Explanat ion

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493121009092

OMB No 1545-0047

2010

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(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.

Open to Public Inspection

Name of the organization LUTHERAN CHARITY ASSOCIATION Employer identification number

45-0231181

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE PREPARER OF FORM 990 EMAILS A COPY OF THE FINAL 990 TO THE ORGANIZATION'S CHIEF FINANCIAL OFFICER THE CHIEF FINANCIAL OFFICER PERFORMS A DETAIL REVIEW OF FORM 990 THE CHIEF FINANCIAL OFFICER PROVIDES EACH VOTING BOARD MEMBER WITH A COPY OF FORM 990 BEFORE IT IS FILED WITH THE IRS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS ARE ASKED AT EVERY BOARD MEETING WHETHER OR NOT ANYONE HAS A DUALITY OF INTEREST OR CONFLICT OF INTEREST DIRECTORS HAVING A DUALITY OF INTEREST OR A POSSIBLE CONFLICT OF INTEREST ON ANY MATTER WHICH COMES BEFORE THE BOARD SHALL NOT VOTE ON THE MATTER OR USE THEIR PERSONAL INFLUENCE ON THE MATTER THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE OF DUALITY OR CONFLICT OF INTEREST WAS MADE, AND THE DIRECTOR MAKING SUCH A DISCLOSURE SHALL NOT BE COUNTED IN DECLARING A QUORUM FOR THE DETERMINATION OF THE MATTER THIS PROVISION SHALL NOT BE CONSTRUED AS PREVENTING THE DIRECTOR FROM BRIEFLY STATING A POSITION ON THE MATTER NOR FROM ANSWERING PERTINENT QUESTIONS

Identifier	Return Reference	Explanation
	,	FOR THE CEO, THE BOARD CHAIRMAN CONVERSES WITH AN HR CONSULTANT ON MARKET WAGES AND EVALUATION PROCESS EVALUATION FORMS ARE TYPICALLY COMPLETED BY BOARD MEMBERS AND THE BOARD CHAIRMAN CONDUCTS THE ACTUAL EVALUATION COMPARABILITY DATA WAS USED BY THOSE WITHOUT CONFLICT AND THE DECISIONS WERE DOCUMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC PRIOR YEAR 990S CAN BE OBTAINED BY REQUEST OR THROUGH GUIDESTAR

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 283,529

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE CHIEF FINANCIAL OFFICER ASSUMES OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS THE BOARD OF DIRECTORS WITH THE CHIEF FINANCIAL OFFICER ASSUME RESPONSIBLILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493121009092

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization

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.

LUTHERAN CHARITY ASSOCIATION						45-023118	1		
Part I Identification of Disregarded Entities (Co	mplete	of the organization	on ar	nswered "Yes	" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	L	(c) .egal domicile (stat or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during	aniza t	t ions (Complete tax year.)	ıf the	e organızatıor	n answered "Yes"	on Form 990, Pa	rt IV, line 34 becaus	se it had	l one
(a) Name, address, and EIN of related organization		(b) Primary activity	Legal or fo	(c) I domicile (state oreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	(g) 512(b)(13 trolled nızatıon
44. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15								Yes	No
(1) JAMESTOWN HOSPITAL FOUNDATION INC 419 5TH ST NE JAMESTOWN, ND 58401		RAISING	ND		501(C)(3)	LINE 11A, I	LUTHERAN CHARITY ASSOCIATION	Yes	
36-3348763								1	
For Privacy Act and Paperwork Reduction Act Notice, see the Instr	uctions	for Form 990.		Cat No 5	0135Y		Schedule R (Form 990) 2010

(a) ame, 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) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization Prima			(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct cor	(d) Direct controlling entity		(e) Type of entity C corp, S corp, or trust)		(f) e of total income		(g) Share of end-of-year assets		(h) Percentage ownership

(6)

hec	dule R (Form 990) 2010		Pε	age 3
Pai	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		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		N
c	Gift, grant, or capital contribution from other organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		N
e	Loans or loan guarantees by other organization(s)	1e	Yes	
f	Sale of assets to other organization(s)	1 f		Ne
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10	Yes	
p	Reimbursement paid by other organization for expenses	1 p		N
				_
q	O ther transfer of cash or property to other organization(s)	1 q	<u> </u>	N
r	O ther transfer of cash or property from other organization(s)	1r		N ₀

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JAMESTOWN HOSPITAL FOUNDATION INC	С	650,000	COST
(2) JAMESTOWN HOSPITAL FOUNDATION INC	E	46,000,000	COST
(3) JAMESTOWN HOSPITAL FOUNDATION INC	0	162,202	COST
(4)			
(5)			

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

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 parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Part VII Supplemental Information

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

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

¿amestown, North Dakota

Consolidated Financial Statements and Additional Information Years Ended June 30, 2011 and 2010

Consolidated Financial Statements and Additional Information Years Ended June 30, 2011 and 2010

Schedule of Findings and Questioned Costs

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Independent Auditor's Report

Board of Directors
Lutheran Charity Association d/b/a Jamestown Hospital
Jamestown, North Dakota

We have audited the accompanying consolidated balance sheets of Lutheran Charity Association d/b/a Lamestown Hospital and Affiliate as of Line 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the 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 audits provide 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 Lutheran Charity Association d/b/a Jamestown Hospital and Affiliate as of June 30, 2011 and 2010, and the results of their operations, changes in their net assets, and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States

In accordance with *Government Auditing Standards*, we have also issued a report dated October --, 2011, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audits

The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audits 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

Wipfli LLP

October 13, 2011 Minneapolis, Minnesota

Wippei LLP

Consolidated Balance Sheets

June 30, 2011 and 2010

	2011	2010
Current assets		
Cash and cash equivalents	\$ 3,538,640	\$ 4,525,413
Assets limited as to use - Current portion	1,125,911	
Patient accounts receivable - Net	3,595,207	
Due from third-party reimbursement programs	-	55,000
Other accounts receivable	183,460	12,954
Pledges receivable - Current portion	91,137	272,327
Supplies	449,477	436,352
Prepaid expenses and other	142,271	187,800
Total current assets	9,126,103	10,449,400
Investments	11,300,107	7,233,470
Assets limited as to use	2,725,441	12,348,520
Property and equipment - Net	52,453,531	21,357,083
Other assets		
Property held for investment, at cost	110,314	110,314
Beneficial interest in perpetual trust	72,989	70,993
Pledges receivable - Net	565,942	361,687
Cash surrender value of life insurance	6,534	6,534
Unamortized debt issue costs	752,378	722,203
Total other assets	1,508,157	1,271,731
	· · ·	
TOTAL ASSETS	\$ 77,113,339	\$ 52,660,204

Liabilities and Net Assets	2011	2010
Current liabilities		
Current maturities of long-term debt	\$ 790,000	\$ 765,000
Current portion of obligations under capital leases	133,104	208,459
Accounts payable - Trade	712,019	535,913
Accounts payable - Construction	5,399,777	2,901,517
Due to third-party reimbursement programs	155,000	-
Accrued liabilities		
Salaries and other	1,560,742	1,413,048
Health insurance	115,600	115,600
Interest	520,439	313,733
Pension	346,800	300,390
Other current liabilities	16,340	-
Total current liabilities	9,749,821	6,553,660
Long-term liabilities		
Annuities payable	76,531	61,411
Long-term debt - Less current maturities	36,960,699	18,829,626
Obligations under capital lease - Less current portion	208,742	341,845
Total long-term liabilities	37,245,972	19,232,882
Total liabilities	46,995,793	25,786,542
Net assets		
Unrestricted	26,893,559	24,639,335
Temporarily restricted	2,355,299	1,373,212
Permanently restricted	868,688	861,115
Total net assets	30,117,546	26,873,662
TOTAL LIABILITIES AND NET ASSETS	\$ 77,113,339	\$ 52,660,204

Consolidated Statements of Operations

	2011	2010
Revenue		
Net patient service revenue	\$ 25,823,583	\$ 25,325,550
Other revenue	860,113	898,287
Net assets released from restrictions	57,440	171,405
Total revenue	26,741,136	26,395,242
Expenses		
Salaries and wages	12,894,692	12,492,685
Employee benefits	2,963,691	2,738,120
Supplies and other	8,545,082	8,169,717
Provision for bad debts	1,080,129	834,863
Depreciation and amortization	1,316,849	1,419,140
Interest expense	45,461	75,383
Total expenses	26,845,904	25,729,908
Income (loss) from operations	(104,768)	665,334
Other income		
Investment income	569,652	642,569
Contributions	837,597	2,777
Other	501	5,632
Total other income	1,407,750	650,978
Revenue in excess of expenses	1,302,982	1,316,312
Other changes in unrestricted net assets		
Change in unrealized gains and losses on investments other than trading		
securities	358,682	392,934
Net assets released from restrictions used for property and equipment	592,560	78,952
Increase in unrestricted net assets	\$ 2,254,224	\$ 1,788,198

Consolidated Statements of Changes in Net Assets

		2011	2010
Unrestricted net assets			
Revenue in excess of expenses	\$	1,302,982 \$	1,316,312
Change in unrealized gains and losses on investments other than	·	, , ,	, ,
trading securities		358,682	392,934
Net assets released from restrictions used for property and			
equipment		592,560	78,952
Increase in unrestricted net assets		2,254,224	1,788,198
Temporarily restricted net assets			
Contributions for specific purposes		1,632,087	1,347,993
Net assets released from restrictions		(650,000)	(250,357)
Increase in temporarily restricted net assets		982,087	1,097,636
Permanently restricted net assets			
Contributions for endowment fund		7,573	12,095
Change in net assets		3,243,884	2,897,929
Net assets at beginning		26,873,662	23,975,733
Net assets at end	\$	30,117,546 \$	26,873,662

Consolidated Statements of Cash Flows

	2011	2010
Increase (decrease) in cash and cash equivalents		
Cash flows from operating activities		
Change in net assets	\$ 3,243,884 \$	2,897,929
Adjustments to reconcile change in net assets to net cash		
provided by operating activities		
Depreciation and amortization	1,316,849	1,419,140
Provision for bad debts	1,080,129	834,863
Amortization of bond discount	2,131	4,195
Loss on disposal of property and equipment	· -	1,726
Change in unrealized gains and losses on investments other		,
than trading securities	(358,682)	(392,934
Net realized gains on investments	(241,145)	(369,172
Contributions restricted by donors	(1,639,660)	(1,360,088
Changes in operating assets and liabilities		
Patient accounts receivable	(1,208,205)	(825,745
Due from third-party reimbursement programs	55,000	(55,000
Other accounts receivable	(170,506)	70,392
Supplies	(13,125)	(46,911
Prepaid expenses and other	45,529	(34,131
Pledges receivable	(23,065)	(652,614
Accounts payable - Trade	176,106	(143,877
Due to third-party reimbursement programs	155,000	(98,604
Accrued liabilities	400,810	445,448
Other current liabilities	16,340	-
Total adjustments	(406,494)	(1,203,312
Net cash provided by operating activities	2,837,390	1,694,617

Consolidated Statements of Cash Flows (Continued)

		2011	2010
		2011	2010
Cash flows from investing activities			
Purchase of property and equipment	\$	(29,914,125) \$	(10,074,232)
(Increase) decrease in assets limited as to use	•	9,989,591	(12,546,740)
(Increase) decrease in investments		(3,466,810)	4,338,423
Decrease in perpetual trust		(1,996)	(5,237)
Increase in cash surrender value of life insurance		-	(98)
Net cash used in investing activities		(23,393,340)	(18,287,884)
Cook flows from two was a short			
Cash flows from financing activities		1 620 660	1 260 000
Contributions restricted by donors		1,639,660	1,360,088
Increase in annuities payable Proceeds from issuance of long-term debt		15,120 18,918,943	12,667 18,233,796
Payments of debt issuance costs		(31,087)	(721,291)
Principal payments on long-term debt and capital lease		(31,007)	(121,291)
obligations		(973,459)	(964,407)
- Obligations		(370,400)	(304,401)
Net cash provided by financing activities		19,569,177	17,920,853
Net increase (decrease) in cash and cash equivalents		(986,773)	1,327,586
Cash and cash equivalents at beginning		4,525,413	3,197,827
Cash and cash equivalents at end	\$	3,538,640 \$	4,525,413
Supplemental cash flow information			
Cash paid during the year for interest, including net			
capitalized interest of \$1,453,396 and \$286,311, as of			
June 30, 2011 and 2010, respectively	\$	1,290,020 \$	82,658
Noncash investing and financing activities			
Property and equipment in accounts payable	\$	5,399,777 \$	2,901,517
	•	, , ,	, , ,

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies

The Entity

Lutheran Charity Association d/b/a Jamestown Hospital ("Jamestown Hospital") is organized as a North Dakota nonprofit corporation and operates a 25-bed critical access hospital in Jamestown, North Dakota

Jamestown Hospital is the sole beneficiary of fund-raising activities sponsored by Jamestown Hospital Foundation, Inc. ("Foundation"), a North Dakota nonprofit corporation. Jamestown Hospital's Board of Directors nominates the Foundation's Board members.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Jamestown Hospital and the Foundation (collectively referred to as 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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

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 held as assets limited as to use and investments

Patient Accounts Receivable and Credit Policy

Patient 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' behalf, or if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payer, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on accounts receivable are applied to the specific claim identified on the remittance advice or statement.

The Organization does not have a policy to charge interest on past due accounts

The carrying amounts of patient 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 accounts receivable. In addition, management provides for probable uncollectible amounts, primarily 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 likelihood 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 accounts receivable.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Supplies

Supplies are valued at the lower of cost, determined using the first-in, first-out method, or market

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 Certificates of deposit are carried at cost plus accrued interest

Investment income or loss (including realized gains and losses on investments, interest, and dividends) on funds held by a trustee for principal and interest payments are reported as other revenue. All other investment income (including realized gains and losses, interest, and dividends) is reported as investment income and is included in revenue in excess of expenses unless the income is restricted by donor or law. Unrealized gains and losses on investments are excluded from revenue in excess of expenses unless the investments are trading securities. Realized gains or losses are determined by specific identification.

The Organization monitors the difference between the cost and fair value of its investments A decline in market value of an individual investment security below cost that is deemed to be other-than-temporary results in an impairment and the Organization reduces the investment's carrying value to fair value. A new cost basis is established for the investment and any impairment loss is recorded as a realized loss in investment income.

Assets Limited as to Use

Assets limited as to use include assets designated by the Board of Directors for self-funded health insurance benefits, over which the Board retains control and may, at its discretion, subsequently use for other purposes, and assets held by a trustee under the bond indenture agreement. Amounts required to meet current liabilities of the Organization have been classified as current assets.

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

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). The three levels of fair value hierarchy are described below

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

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 maximize the use of observable inputs and minimize the use of unobservable inputs.

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

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 shorter period of the lease term or 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 2 to 20 years for equipment and from 3 to 52 years for land improvements, 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 revenue in excess of expenses, 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 in temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported as net assets released from restrictions when the donated or acquired long-lived assets are placed in service.

Asset Impairment

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

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 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 June 30, 2011 and 2010.

Unamortized Debt Issue Costs

Costs related to issuance of long-term debt are amortized over the life of the related debt using the bonds outstanding method. Amortization of debt issue costs is included in depreciation and amortization in the accompanying consolidated statements of operations.

Pledges Receivable

Unconditional promises to give with payments due in future periods (i.e., pledges receivable) are reported at the net present value of expected future receipts, less an allowance for estimated uncollectible amounts. Pledges are treated as temporarily restricted net assets until collected (inherent time restriction), unless the donor intended the pledge to be used to support activities of the current period. Pledges intended to support current activities are recorded as unrestricted support in the period the promise is received. Pledges intended to support the endowment fund are included in permanently restricted net assets.

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Cash Surrender Value of Life Insurance

The Organization is the owner and sole beneficiary of individual life insurance policies increases in the cash surrender value and dividends received from these life insurance policies are recorded as other income in the accompanying consolidated statements of operations. The face value of the life insurance policies at June 30, 2011 and 2010, was approximately \$25,000.

Charitable Gift Annuities

Charitable gift annuities are recorded at fair value at the date received. The Organization records a liability for the present value of the annuities payable using the Internal Revenue Service actuarial assumptions, discounted using the applicable federal rate at the date of the gift.

A contribution is recorded for the difference between the fair value of the gift and the liability recorded. Investment income and gains and losses are charged to the appropriate investment account, and annuity payments are charged to the liability account. Periodically, an adjustment is made to the liability to record gain or loss due to recomputation of the liability based on revised life expectancy. Upon death of the donor annuitant, the Organization recognizes the existing liability as a change in the value of the annuity and the related asset is available for use by the Organization.

Self-Funded Health Insurance

The Organization self-funds health benefits for eligible employees and their dependents Health insurance expense is recorded on an accrual basis. An accrued liability is recorded at year-end, which estimates the incurred but not yet reported claims. The Organization has stop loss insurance to cover catastrophic claims.

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Original Issue Discounts

Original issue discounts on long-term debt are deferred and amortized over the life of the related debt. Amortization of the discount is reflected as a component of interest expense

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

Revenue in Excess of Expenses

The accompanying consolidated statements of operations include the classification "revenue in excess of 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, contributions of long-lived assets, including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets

Net Patient Service Revenue

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

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 forgone 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.

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 are not recognized until they become unconditional, that is, when the conditions upon which they depend are substantially met.

Contributions are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions.

Advertising Costs

Advertising costs are expensed as incurred

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Income Taxes

Amestown Hospital and Foundation 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, *Accounting for Uncertainty in 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 consolidated financial statements. Management does not believe the Organization has any material uncertian tax positions or unrecognized tax benefits

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

Subsequent Events

Subsequent events have been evaluated through October 13, 2011, which is the date the consolidated financial statements were available to be issued

Notes to Consolidated Financial Statements

Note 2 Reimbursement Arrangements With Third-Party Payers

The Organization 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 - Inpatient and outpatient hospital services are paid based upon a costreimbursement methodology Certain professional services provided by physicians are reimbursed based on prospectively determined fee schedules

Medicaid - Inpatient and outpatient services are paid based on a cost-reimbursement methodology Inpatient services are reimbursed using Medicare interim per diem rates, decreased by one percent. Outpatient services are paid at Medicare interim payment rates.

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

Accounting for Contractual Arrangements

The Organization is reimbursed for cost-reimbursable items at interim rates with final settlements determined after audit of the the Organization's related annual cost reports by the respective Medicare and Medicaid fiscal intermediaries. Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying consolidated financial statements. The Organization's cost reports have been audited by the Medicare fiscal intermediary through June 30, 2009.

Notes to Consolidated Financial Statements

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

Laws and Regulations

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. While 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 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 may have been made to health care providers and were 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 RACs findings. The Hospital's policy is to adjust revenue for decreases in reimbursement from the RAC reviews when these amounts are estimable and to adjust revenue for increases in reimbursement from the RAC reviews when the increase in reimbursement is agreed upon. RAC reviews of the Organization's Medicare claims are anticipated, however, the outcome of such reviews are unknown, and any financial impact cannot be reasonably estimated at June 30, 2011.

Notes to Consolidated Financial Statements

Note 3 Patient Accounts Receivable

Patient accounts receivable consisted of the following at June 30

	2011	2010
Patient accounts receivable	\$ 5,942,248	\$ 5,626,609
Less		
Contractual adjustments	1,370,041	1,289,478
Allowance for doubtful accounts	977,000	870,000
Patient accounts receivable - Net	\$ 3,595,207	\$ 3,467,131

Note 4 Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following at June 30

	2011	2010
Money market mutual funds	\$ 50,334	\$ 109,721
Certificates of deposit	1,710,145	700,008
U S Government obligations and mortgage-backed securities	3,118,660	1,474,469
Mutual funds		
Bond funds	683,054	-
Equity funds	964,901	5,996
International funds	727,615	-
Corporate equities	2,277,285	1,916,562
Corporate bonds	1,745,174	2,950,744
Contract for deed	22,381	24,467
Accrued interest receivable	558	51,503
Total investments	\$ 11,300,107	\$ 7,233,470

Notes to Consolidated Financial Statements

Note 4 Investments and Assets Limited as to Use (Continued)

Assets limited as to use, stated at fair value, consisted of the following at June 30

	2011	2010
Under bond indenture agreement - Held by trustee Money market mutual funds	\$ 3,453,979	\$ 13,575,199
Board designated - For self-funded health insurance benefits Cash	397,373	265,744
Total assets limited as to use	3,851,352	13,840,943
Less - Assets limited to use - Current	1,125,911	1,492,423
Assets limited as to use - Noncurrent	\$ 2,725,441	\$ 12,348,520

Management assesses individual investment securities as to whether declines in market value are other than temporary and result in an impairment. For equity securities, the Organization considers whether it has the ability and intent to hold the investment until a market price recovery. Evidence considered in this includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end, the issuer's financial condition, and the general market condition in the geographic area or industry the investee operates in. For debt securities, if the Organization has made a decision to sell the security, or if it's more likely than not the Organization will sell the security before the recovery of the security's cost basis, an other-than-temporary impairment is considered to have occurred. If the Organization has not made a decision or does not have an intent to sell the debt security, but the debt security is not expected to recover its value due to a credit loss, an other-than-temporary impairment is considered to have occurred.

Because the Organization has the intent and the ability to hold investment securities until a market price recovery or maturity, investment securities at June 30, 2011 and 2010, are not temporarily impaired No impairment losses were recognized by the Organization during 2011 and 2010

Notes to Consolidated Financial Statements

Note 4 Investments and Assets Limited as to Use (Continued)

The following table shows unrealized losses and fair values of investments at June 30, 2011, aggregated by investment category and length of time that individual investment securities have been in a continuous unrealized loss position

	Less Than 12 Months			lonths	12 Month	is or	More	Total			
Description of Securities		Fair Value	Unre	ealized Losses	Fair Value	Unr	ealized Losses	Fair Value	Unr	realized Losses	
Corporate equities Mutual funds	\$	441,665 42,994	\$	(29,125) \$ (686)	6,751 -	\$	(3,151) \$	448,416 42,994	\$	(32,276) (686 <u>)</u>	
Totals	\$	484,659	\$	(29,811) \$	6,751	\$	(3,151) \$	491,410	\$	(32,962)	

Investment Income

Investment income including gains and losses on cash, investments, and assets limited as to use consisted of the following for the years ended June 30

		2011	2010
Interest and dividend income Realized gain on investments - Net	\$	328,507 \$ 241,145	273,397 369,172
Total investment income	\$	569,652 \$	642,569
	•	, .	

At June 30, 2011 and 2010, changes in unrealized gains and losses on other than trading securities totaled \$358,682 and \$392,934, respectively

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level 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.

Notes to Consolidated Financial Statements

Note 5 Fair Value Measurements

The following table sets forth the fair value of the Organization's assets at June 30, 2011

	Level 1	Level 2	Level 3		Total
Money market mutual funds U S government obligations	\$ - \$	\$ 3,504,313	\$	-	\$ 3,504,313
and mortgage-backed securities	-	3,118,660		-	3,118,660
Mutual funds					
Bond funds	683,054	-		-	683,054
Equity funds	964,901	-		-	964,901
International funds	727,615	-		-	727,615
Corporate equities	2,277,285	-		-	2,277,285
Corporate bonds	-	1,745,174		-	1,745,174
Beneficial interest in perpetual					
trust	-	72,989		-	72,989
Total	\$ 4,652,855 \$	\$ 8,441,136	\$	-	\$ 13,093,991

The following table sets forth the fair value of the Organization's assets at June 30, 2010

	Level 1	Level 2	Level 3		Total
Money market mutual funds U S government obligations and mortgage-backed	\$ -	\$ 13,684,920	\$	- \$	3 13,684,920
securities	-	1,474,469		-	1,474,469
Mutual funds - Equity funds	5,996	-		-	5,996
Corporate equities	1,916,562	-		-	1,916,562
Corporate bonds	-	2,950,744		-	2,950,744
Beneficial interest in perpetual					
trust	-	70,993		-	70,993
Total	\$ 1,922,558	\$ 18,181,126	\$	- \$	3 20,103,684

Notes to Consolidated Financial Statements

Note 5 Fair Value Measurements (Continued)

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

Money market mutual funds - Money market mutual funds are valued using quotes from pricing vendors based on recent trading activity and other observable market data

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

US government obligations, mortgage-backed securities, corporate bonds, and beneficial interest in perpetual trust - 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. The underlying investments of the perpetual trust include both equity and fixed income securities.

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

Notes to Consolidated Financial Statements

Note 6 Property, Equipment, and Depreciation

Property and equipment consisted of the following at June 30

	2011	2010
Land and improvements	\$ 1,359,249	\$ 1,359,249
Buildings and fixed equipment	14,180,114	14,180,114
Equipment	14,746,807	14,203,635
Equipment under capital leases	1,231,157	1,231,157
Total property and equipment	31,517,327	30,974,155
Less - Accumulated depreciation	24,982,353	23,674,237
Net depreciated value	6,534,974	7,299,918
Construction in progress	45,918,557	14,057,165
Property and equipment - Net	\$ 52,453,531	\$ 21,357,083

Cost of equipment under capital lease obligations was \$1,231,157 at June 30, 2011 and 2010, and accumulated amortization for equipment under capital lease obligations was \$910,928 and \$683,557 at June 30, 2011 and 2010, respectively

Construction in progress at June 30, 2011 and 2010, represents costs associated with the construction of a new hospital building. The budgeted costs for the new hospital are approximately \$52,000,000. Expected costs to complete the construction project at June 30, 2011 amount to approximately \$7,000,000 and are to be funded by approximately \$9,000,000 that is available to draw down on a United States Department of Agriculture (USDA) promissory note

Notes to Consolidated Financial Statements

Note 7 Pledges Receivable

The Organization has received unconditional promises to give from corporations and individuals in the community. Certain unconditional promises to give are receivable over a period of time.

Pledges receivable consisted of the following at June 30

	2011	2010
Receivable in less than one year	\$ 91,137 \$	272,327
Receivable in one to five years	609,397	407,658
Pledges receivable	700,534	679,985
Less		
Unamortized discount	9,455	11,971
Allowance for uncollectible pledges	34,000	34,000
Pledges receivable - Net	657,079	634,014
Less - Current portion	91,137	272,327
Pledges receivable - Noncurrent	\$ 565,942 \$	361,687

Pledges receivable of \$700,534 and \$679,985 at June 30, 2011 and 2010, respectively, are pledged for a hospital construction project and are recorded as temporarily restricted net assets

Pledges that are expected to be collected in future years are recorded at the present value of estimated future cash flows using discount rates ranging from 0.19% to 1.76% at June 30, 2011

Notes to Consolidated Financial Statements

Note 8 Beneficial Interest in Perpetual Trust

The Organization is the beneficiary of a trust created by a donor, the assets of which are invested by the trustee rather than the Organization. The Organization has legally enforceable rights and claims to such assets, including the right to income therefrom. Net unrealized gains (losses) related to the beneficial interest are reported as changes in permanently restricted net assets based on explicit donor stipulations. The fair value of that beneficial interest was \$72,989 and \$70,993, at June 30, 2011 and 2010, respectively

Notes to Consolidated Financial Statements

Note 9	Long-Term Debt		
	Long-term debt consisted of the following at June 30		
		2011	2010
	Hospital Revenue Refunding Bonds, Series 2003, 1 60%-3 65% serial bonds, due in varying annual installments to July 2011, secured by a mortgage on substantially all property and equipment of Jamestown Hospital	\$ 790,000	\$ 1,555,000
	Senior Secured Rural America Bonds, Series 2010, 5 63%-8 58% serial bonds, due in varying annual installments to March 2040, secured by a mortgage on substantially all property and equipment of Jamestown Hospital	15,000,000	15,000,000
	USDA Promissory Note, 4% interest, due in varying annual installments to March 2050, secured by a mortgage on substantially all property and equipment of Jamestown Hospital	21,960,699	3,041,757
	Totals Less	37,750,699	19,596,757
	Unamortized bond discounts Current maturities	- 790,000	2,131 765,000
	Long-term portion	\$ 36,960,699	\$ 18,829,626

The bond indentures require the establishment of certain funds to be held by the trustee, which 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.

Notes to Consolidated Financial Statements

Note 9 Long-Term Debt (Continued)

The bond indentures provide for various restrictive covenants, including maintenance of various financial ratios and limitations on additional borrowing. Management believes the Organization is in compliance with all restrictive covenants at June 30, 2011.

At June 30, 2011, the balance due on the USDA Promissory Note (the "Note") consists of amounts that have been drawn down for payment of construction in progress. The total funding available to the Organization under terms of the Note is \$31,000,000. Scheduled principal payments on long-term debt in the following table include only amounts drawn on the Note as of June 30, 2011.

Scheduled principal payments on long-term debt at June 30, 2011, including current maturities, are summarized as follows

2012	\$ 790,00	0
2013	273,20	7
2014	497,25	1
2015	520,96	5
2016	1,132,97	5
Thereafter	34,536,30	<u>1</u>
Total	\$ 37,750,69	9

A summary of total interest expense on borrowed funds held by the trustee for the years ended June 30, including amounts capitalized as part of the construction program, follows

	2011	2010
Interest charged to operations	\$ 45,461	\$ 75,383
Interest capitalized - Net of interest earnings	1,453,396	286,311
Total interest cost	\$ 1,498,857	\$ 361,694

Notes to Consolidated Financial Statements

Note 10 Capital Lease Obligations

The Organization uses certain equipment under noncancelable lease agreements Certain leases have been classified as capital leases

Minimum future payments under capital lease obligations are as follows

Total capital lease obligations	\$ 208,742
Less - Current portion	133,104
Present value of net minimum lease payments	•
Procent value of not minimum loace nayments	341,846
Amount representing interest	18,812
Total minimum lease payments	360,658
2013	
2015	22,260
2014	52,714
2013	142,842
2012	\$ 142,842

Note 11 Operating Leases

The Organization rents medical equipment and medical office space under various operating lease agreements. Future minimum lease payments on non-cancelable operating leases in effect on June 30, 2011, due over the next five years and thereafter are as follows.

2012	\$ 566,203
2013	112,247
2014	28,449
2015	25,177
2016	25,177
Thereafter	6,294
Total	\$ 763,547

Notes to Consolidated Financial Statements

Note 11 Operating Leases (Continued)

Total rent expense was \$602,247 and \$577,879 for 2011 and 2010, respectively

Note 12 Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include assets set aside in accordance with donor restrictions as to time or use. Temporarily restricted net assets were available for the following purposes at June 30.

	2011	2010
New hospital building	\$ 2,098,024	\$ 1,206,407
Nursery	170,618	64,970
Hospice	44,639	57,440
Contract for deed	22,381	24,467
Hospital programs and supplies	19,637	19,928
Total	\$ 2,355,299	\$ 1,373,212

For the years ended June 30, 2011 and 2010, \$650,000 and \$250,357, respectively, of temporarily restricted net assets were used for the purposes intended by donors. Accordingly, these net assets were transferred from the temporarily restricted net assets to unrestricted net assets in the accompanying statements of operations and statements of changes in net assets.

Permanently restricted net assets were as follows at June 30

	2011	2010
Endowment fund	\$ 795,699 \$	790,122
Beneficial interest in perpetual trust	72,989	70,993
Total	\$ 868,688 \$	861,115

Notes to Consolidated Financial Statements

Note 12 Temporarily and Permanently Restricted Net Assets (Continued)

The endowment was established to provide investment income for support of Jamestown Hospital operations. Net assets associated with the endowment funds are classified and reported 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

Notes to Consolidated Financial Statements

Note 12 Temporarily and 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 to protect principal, grow the aggregate portfolio value in excess of the rate of inflation and achieve an effective annual rate of return that is equal to or greater than the designated benchmarks for the various types of investment vehicles, and ensure 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.

Note 13 Net Patient Service Revenue

Net patient service revenue consisted of the following

	2011	2010
Total patient service revenue	\$ 37,208,706	\$ 36,290,278
Less - Contractual adjustments	11,385,123	10,964,728
Net patient service revenue	\$ 25,823,583	\$ 25,325,550

Notes to Consolidated Financial Statements

Note 13 Net Patient Service Revenue (Continued)

The following table reflects gross patient service revenue by payer source

	2011	2010
Medicare	39 %	38 %
Blue Cross	33 %	35 %
Medicaid	10 %	8 %
Private pay, commercial insurance, and other	18 %	19 %
Total	100 %	100 %

Note 14 Charity Care

The Organization maintains records to identify and monitor the level of charity care it provides. The amount of charges forgone for services and supplies furnished under the Organization's charity care policy aggregated approximately \$369,709 and \$409,221 for the years ended June 30, 2011 and 2010, respectively

Note 15 Defined Contribution Retirement Plans

The Organization has a voluntary defined contribution retirement plan covering substantially all employees. The Organization matches employee contributions up to a maximum contribution of 1.5% of the employee's compensation. The Organization's retirement plan expense under this plan totaled \$128,731 and \$115,548 for the years ended June 30, 2011 and 2010, respectively

Notes to Consolidated Financial Statements

Note 15 Defined Contribution Retirement Plans (Continued)

The Organization also has a noncontributory money purchase pension plan (the "Money Purchase Plan") covering substantially all employees. The Organization's contributions to the Money Purchase Plan are based on annual compensation and integrated with the Social Security Wage Base. The Organization's retirement plan expense under the Money Purchase Plan totaled \$691,493 and \$592,221 for the years ended June 30, 2011 and 2010, respectively. At June 30, 2011 and 2010, accrued pension costs were \$346,800 and \$300,390, respectively.

Note 16 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 June 30, 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 provision has been made for them

Notes to Consolidated Financial Statements

Note 17 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 June 30.

	2011	2010
Health care services	\$ 23,131,997	\$ 22,270,024
General and administrative	3,468,544	3,196,995
Fund-raising	245,363	262,889
Total expenses	\$ 26,845,904	\$ 25,729,908

Note 18 Self-Funded Insurance

The Organization has a self-funded health care plan that provides medical and dental benefits to employees and their dependents. Employees share in the cost of health benefits. Health care expense is based upon actual claims paid, reinsurance premiums, administration fees, and unpaid claims at year-end. The Organization buys reinsurance to cover catastrophic individual claims over \$35,000.

Health care expense was \$1,227,291 and \$1,093,060 for the years ended June 30, 2011 and 2010, respectively A liability of \$115,600 for claims outstanding at June 30, 2011 and 2010, has been recorded in accrued liabilities in the accompanying consolidated balance sheets Management believes this liability is sufficient to cover estimated claims, including claims incurred but not yet reported

Note 19 Commitments and Contingencies

The Organization is subject to legal proceedings and claims that arise in the ordinary course of business. While any proceeding or litigation has an element of uncertainty, management of the Organization believes that the outcome of any pending or threatened actions will not have a material adverse effect on the financial condition of the Organization.

Notes to Consolidated Financial Statements

Note 20 Concentration of Credit Risk

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

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

The mix of receivables from patients and third-party payers was as follows at June 30

	2011	2010
Medicare	31 %	31 %
Medicaid	10 %	9 %
Blue Cross	17 %	14 %
Managed care and commercial insurances	7 %	10 %
Other third-party payers and patients	35 %	36 %
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 that provides for unlimited insurance coverage of non-interest-bearing transaction accounts through December 31, 2012. The Organization maintains cash in interest-bearing accounts at these institutions which are insured by the FDIC up to \$250,000. At June 30, 2011, the Organization exceeded the insured limits by approximately \$4,160,000. In addition, other investments held by financial institutions are uninsured.

Notes to Consolidated Financial Statements

Note 21 Subsequent Events

Effective August 1, 2011, Jamestown Hospital began operations at a new hospital building and began doing business as Jamestown Regional Medical Center Effective August 1, 2011, the Foundation also began doing business as Jamestown Regional Medical Center Foundation

Subsequent to June 30, 2011, Organization also acquired radiology equipment and financed the acquisitions under capital lease agreements. Total minimum lease payments due under the agreements are approximately \$957,000

Additional Information

WIPFLi

Independent Auditor's Report on Additional Information

Board of Directors
Lutheran Charity Association d/b/a Jamestown Hospital
Jamestown, North Dakota

Our report on our audit of the basic consolidated financial statements of Lutheran Charity Association d/b/a Jamestown Hospital and Affiliate for the years ended June 30, 2011 and 2010, appears on page 1. Those audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The additional information appearing on pages 41 through 52 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

Wipfli LLP

October 13, 2011 Minneapolis, Minnesota

Wippei LLP

Consolidating Balance Sheets June 30, 2011

Assets	Hospital	F	oundation	Eli	ımınatıon	Tota	al
Current assets							
Cash and cash equivalents	\$ 2,602,969	\$	935,671	\$	- ;	\$ 3,538	3,640
Assets limited as to use - Current portion	1,125,911		-		-	1,12	5,911
Patient accounts receivable - Net	3,595,207		-		-	3,59	5,207
Related-party receivable	162,202		-		(162,202)		-
Other accounts receivable	183,460		-		-	183	3,460
Pledges receivable - Current portion	-		91,137		-	9	1,137
Supplies	449,477		-		-	449	9,477
Prepaid expenses and other	142,271		-		-	142	2,271
Total current assets	8,261,497		1,026,808		(162,202)	9,126	6 <u>,103</u>
Investments	8,900,115		2,399,992			11,300	0,107
Assets limited as to use	2,725,441		-		_	2,72	5, 441
Property and equipment - Net	52,453,531		-		-	52,453	3,531
Other assets							
Property held for investment, at cost	110,314		-		-	110	0,314
Beneficial interest in perpetual trust	-		72,989		-	72	2,989
Pledges receivable - Net	-		565,942		-	565	5,942
Cash surrender value of life insurance	-		6,534		-	6	3,534
Unamortized debt issue costs	752,378		-		-	752	2,378
Total other assets	862,692		645,465		-	1,508	B,157

Consolidating Balance Sheets (Continued)
June 30, 2011

Liabilities and Net Assets		Hospital	F	oundation	EI	ımınatıon		Total
Current liabilities		•						
Current maturities of long-term debt	\$	790,000	¢		\$		\$	790,000
Current portion of obligations under capital	φ	190,000	Φ	-	φ	-	Φ	190,000
leases		133,104						133,104
Accounts payable - Trade		712,019				_		712,019
Accounts payable - Trade Accounts payable - Construction		5,399,777		_		_		5,399,777
Due to third-party reimbursement programs		155,000		_		_		155,000
Related-party payable		100,000		162,202		(162,202)		100,000
Accrued liabilities				102,202		(102,202)		
Salaries and other		1,560,742		_		_		1,560,742
Health insurance		115,600		_		_		115,600
Interest		520,439		_		_		520,439
Pension		346,800		_		_		346,800
Other current liabilities		-		16,340		_		16,340
Total current liabilities		9,733,481		178,542		(162,202)		9,749,821
Long-term liabilities								
Annuities payable		_		76,531		_		76,531
Long-term debt - Less current maturities		36,960,699		-		_		36,960,699
Obligations under capital lease - Less		, ,						, ,
current portion		208,742		-		-		208,742
<u> </u>								
Total long-term liabilities		37,169,441		76,531		-		37,245,972
Total liabilities		46,902,922		255,073		(162,202)		46,995,793
Net assets								
Unrestricted		26,300,354		593,205				26,893,559
Temporarily restricted	•	20,300,334		2,355,299		-		2,355,299
Permanently restricted		_		868,688		_		868,688
1 offinationally restricted				000,000				000,000
Total net assets		26,300,354		3,817,192		-		30,117,546
TOTAL LIABILITIES AND NET ASSETS	\$	73,203,276	\$	4,072,265	\$	(162,202)	\$	77,113,339

Consolidating Balance Sheets June 30, 2010

Assets	Hospital	F	oundation	Elimination		Total
Current assets						
Cash and cash equivalents	\$ 3,581,392	\$	944,021	\$ -	-	\$ 4,525,413
Assets limited as to use - Current portion	1,492,423		-	-	-	1,492,423
Patient accounts receivable - Net	3,467,131		-	-	-	3,467,131
Due from third-party reimbursement						
programs	55,000		-	-	-	55,000
Related-party receivable	229,127		-	(229,127	7)	-
Other accounts receivable	12,954		-		-	12,954
Pledges receivable - Current portion	-		272,327		-	272,327
Supplies	436,352		-	-	-	436,352
Prepaid expenses and other	187,800		-	-	-	187,800
Total current assets	9,462,179		1,216,348	(229,127	⁷)	10,449,400
Investments	5,713,653		1,519,817		-	7,233,470
Assets limited as to use	12,348,520		-	-	-	12,348,520
Property and equipment - Net	21,357,083		-	-	-	21,357,083
Other assets						
Property held for investment, at cost	110,314		-	-	-	110,314
Beneficial interest in perpetual trust	-		70,993		-	70,993
Pledges receivable - Net	-		361,687	-	-	361,687
Cash surrender value of life insurance	-		6,534	-	-	6,534
Unamortized debt issue costs	722,203				-	722,203
Total other assets	832,517		439,214		-	1,271,731

TOTAL ASSETS \$ 49,713,952 \$ 3,175,379 \$ (229,127) \$ 52,660,204

Consolidating Balance Sheets (Continued) June 30, 2010

Liabilities and Net Assets	Hospital	F	oundation	Elimination	1	Total
Current liabilities						
Current maturities of long-term debt	\$ 765,000	\$	-	\$	-	\$ 765,000
Current portion of obligations under capital						
leases	208,459		-		-	208,459
Accounts payable - Trade	535,913		-		-	535,913
Accounts payable - Construction	2,901,517		-		-	2,901,517
Related-party payable	-		229,127	(229,12	7)	-
Accrued liabilities						
Salaries and other	1,413,048		-		-	1,413,048
Health insurance	115,600		-		-	115,600
Interest	313,733		-		-	313,733
Pension	300,390		-		-	300,390
Total current liabilities	6,553,660		229,127	(229,12	7)	6,553,660
Long-term liabilities						
Annuities payable	-		61,411		-	61,411
Long-term debt - Less current maturities	18,829,626		-		-	18,829,626
Obligations under capital lease - Less						
current portion	341,845		-		-	341,845
Total long-term liabilities	19,171,471		61,411		-	19,232,882
Total liabilities	25,725,131		290,538	(229,12	7)	25,786,542
Net assets						
Unrestricted	23,988,821		650,514		-	24,639,335
Temporarily restricted	-		1,373,212		-	1,373,212
Permanently restricted	-		861,115		-	861,115
Total net assets	23,988,821		2,884,841		_	26,873,662
TOTAL LIABILITIES AND NET ASSETS	\$ 49,713,952	\$	3,175,379	\$ (229,12	7)	\$ 52,660,204

Consolidating Statements of Operations

Year Ended June 30, 2011

	Hospital	Foundation	Elimination	Total
Revenue	'			
Net patient service revenue	\$ 25,823,583	\$ -	\$ -	\$ 25,823,583
Other revenue	860,113	-	-	860,113
Net assets released from restrictions	-	57,440	-	57,440
Total revenue	26,683,696	57,440	-	26,741,136
Expenses				
Salaries and wages	12,760,441	134,251	-	12,894,692
Employee benefits	2,954,203	9,488	-	2,963,691
Supplies and other	8,443,459	101,623	-	8,545,082
Provision for bad debts	1,080,129	-	-	1,080,129
Depreciation and amortization	1,316,849	-	-	1,316,849
Interest expense	45,461	-	-	45,461
Total expenses	26,600,542	245,362	-	26,845,904
Income (loss) from operations	83,154	(187,922)	-	(104,768)
Other income				
Investment income	474,273	95,379	-	569,652
Contributions	820,076	17,521	-	837,597
Other	501		-	501
Total other income	1,294,850	112,900	-	1,407,750
Revenue in excess (deficiency) of expenses	1,378,004	(75,022)	-	1,302,982
Other changes in unrestricted net assets				
Change in unrealized gains and losses on				
investments other than trading securities	283,529	75,153	-	358,682
Net assets released from restrictions used				
for property and equipment	-	592,560	-	592,560
Transfer from (to) related party	650,000	(650,000)	-	-
Increase (decrease) in unrestricted net assets	\$ 2,311,533	\$ (57,309)	\$ -	\$ 2,254,224

Consolidating Statements of Operations

Year Ended June 30, 2010

	Hospital	Foundation	Elimination	Total
Revenue				
Net patient service revenue	\$ 25,325,550	\$ -	\$ -	\$ 25,325,550
Other revenue	898,007	280	-	898,287
Net assets released from restrictions		171,405	-	171,405
Total revenue	26,223,557	171,685	-	26,395,242
Expenses				
Salaries and wages	12,358,845	133,840	-	12,492,685
Employee benefits	2,728,540	9,580	-	2,738,120
Supplies and other	8,084,248	85,469	-	8,169,717
Provision for bad debts	800,863	34,000	-	834,863
Depreciation and amortization	1,419,140	-	-	1,419,140
Interest expense	75,383	-	-	75,383
Total expenses	25,467,019	262,889	-	25,729,908
Income (loss) from operations	756,538	(91,204)	-	665,334
Other income				
Investment income	574,328	68,241	-	642,569
Contributions	-	2,777	-	2,777
Other	5,632	-	-	5,632
Total other income	579,960	71,018	_	650,978
Revenue in excess (deficiency) of expenses	1,336,498	(20,186)	-	1,316,312
Other changes in unrestricted net assets				
Change in unrealized gains and losses on				
investments other than trading securities	361,944	30,990	-	392,934
Net assets released from restrictions used				
for property and equipment	-	78,952	-	78,952
Transfer from (to) related party	249,151	(249,151)	-	<u>-</u>
Increase (decrease) in unrestricted net assets	\$ 1,947,593	\$ (159,395)	\$ -	\$ 1,788,198

Consolidating Statements of Changes in Net Assets Year Ended June 30, 2011

		Hospital Foundat		oundation	Total	
Unroctricted not coasts						
Unrestricted net assets Revenue in excess (deficiency) of expenses	\$	1,378,004	\$	(75,022)	\$	1,302,982
Change in unrealized gains and losses on	Ψ	1,370,004	Ψ	(13,022)	Ψ	1,302,302
investments other than trading securities		283,529		75,153		358,682
Net assets released from restrictions used for		200,020		10,100		333,332
property and equipment		-		592,560		592,560
Transfers from (to) related party		650,000		(650,000)		-
Increase (decrease) in unrestricted net assets		2,311,533		(57,309)		2,254,224
Temporarily restricted net assets						
Contributions for specific purposes		-		1,632,087		1,632,087
Net assets released from restrictions		-		(650,000)		(650,000)
				000 007		000 007
Increase in temporarily restricted net assets		-		982,087		982,087
Permanently restricted net assets						
Contributions for endowment fund		-		7,573		7,573
Change in net assets		2,311,533		932,351		3,243,884
Net assets at beginning		23,988,821		2,884,841		26,873,662
Net assets at end	\$	26,300,354	\$	3,817,192	\$	30,117,546

Consolidating Statements of Changes in Net Assets Year Ended June 30, 2010

	Hospital		Foundation		Total
Unrestricted net assets					
Revenue in excess (deficiency) of expenses	\$ 1,336,498	\$	(20,186)	\$	1,316,312
Change in unrealized gains and losses on					
investments other than trading securities	361,944		30,990		392,934
Net assets released from restrictions used for					
property and equipment	-		78,952		78,952
Transfers from (to) related party	249,151		(249,151)		-
	4 0 47 500		(450.005)		4 700 400
Increase (decrease) in unrestricted net assets	1,947,593		(159,395)		1,788,198
Temporarily restricted net assets					
Contributions for specific purposes	-		1,347,993		1,347,993
Net assets released from restrictions	-		(250,357)		(250,357)
Increase in temporarily restricted net assets	_		1,097,636		1,097,636
morease in temporarily restricted fiel assets			1,007,000		1,007,000
Permanently restricted net assets					
Contributions for endowment fund	-		12,095		12,095
Change in net assets	1,947,593		950,336		2,897,929
Net assets at beginning	22,041,228		1,934,505		23,975,733
Net assets at end	\$ 23,988,821	\$	2,884,841	\$	26,873,662

Detail Schedule of Gross Patient Service Revenue Year Ended June 30, 2011

	Inpatient	Outpatient	Total
Patient service revenue			
Routine services			
Adults and pediatrics	\$ 3,477,932	\$ 582,056	\$ 4,059,988
Coronary care	214,819	32,196	247,015
Nursery	516,868	1,915	518,783
Total routine services	4,209,619	616,167	4,825,786
Ancillary services			
Operating room	668,887	2,726,001	3,394,888
Recovery room	119,145	1,026,154	1,145,299
Delivery room	256,505	(230)	256,275
Anesthesiology	330,259	773,605	1,103,864
Radiology Padiology	243,776	4,390,224	4,634,000
CT scan	308,239	3,317,079	3,625,318
Nuclear medicine	10,597	827,059	837,656
Laboratory	529,492	1,421,351	1,950,843
Blood bank	122,650	147,465	270,115
Respiratory therapy	157,800	115,685	273,485
Rehabilitation	110,444	1,310,575	1,421,019
Cardiac rehabilitation	568	230,412	230,980
Audiology	17,440	572,732	590,172
Electrocardiology	16,590	78,960	95,550
Central service supplies	429,810	511,506	941,316
Pharmacy	785,159	2,328,189	3,113,348
Emergency room	242,131	4,424,836	4,666,967
Endoscopy	48,366	2,089,518	2,137,884
Home health	-	606,674	606,674
Hospice	9,000	633,685	642,685
Podiatrist	5,823	546,092	551,915
Other	61,065	201,311	262,376
Total ancillary services	4,473,746	28,278,883	32,752,629
Gross patient service revenue	\$ 8,683,365	\$ 28,895,050	\$ 37,578,415

Detail Schedule of Gross Patient Service Revenue Year Ended June 30, 2010

	Inpatient	Outpatient	Total
Patient service revenue			
Routine services			
Adults and pediatrics	\$ 3,469,624	\$ 543,699	\$ 4,013,323
Coronary care	193,005	15,332	208,337
Nursery	488,119	720	488,839
Total routine services	4,150,748	559,751	4,710,499
Ancillary services			
Operating room	722,867	2,487,992	3,210,859
Recovery room	95,537	893,924	989,461
Delivery room	274,475	-	274,475
Anesthesiology	367,197	755,191	1,122,388
Radiology	276,804	4,484,658	4,761,462
CT scan	381,742	3,514,141	3,895,883
Nuclear medicine	3,431	821,295	824,726
Laboratory	566,157	1,411,634	1,977,791
Blood bank	139,235	110,635	249,870
Respiratory therapy	214,093	108,151	322,244
Rehabilitation	82,856	1,094,721	1,177,577
Cardiac rehabilitation	-	208,956	208,956
Audiology	9,921	452,612	462,533
Electrocardiology	20,090	75,460	95,550
Central service supplies	492,854	558,587	1,051,441
Pharmacy	802,558	2,038,040	2,840,598
Emergency room	272,438	4,156,669	4,429,107
Endoscopy	45,707	1,632,312	1,678,019
Home health	7	707,337	707,344
Hospice	39,310	781,966	821,276
Podiatrist	5,784	633,193	638,977
Other	14,213	234,250	248,463
Total ancillary services	4,827,276	27,161,724	31,989,000
Gross patient service revenue	\$ 8,978,024	\$ 27,721,475	\$ 36,699,499

Schedules of Net Patient Service Revenue

Years Ended June 30, 2011 and 2010

	2011	2010
Gross patient service revenue	\$ 37,578,415	\$ 36,699,499
Less - Charity care	369,709	409,221
Total patient service revenue	37,208,706	36,290,278
Less contractual adjustments		
Medicare	5,999,685	4,722,046
Medicaid	1,261,018	1,695,045
Blue Cross	3,020,187	3,316,880
Other	1,104,233	1,230,757
Total contractual adjustments	11,385,123	10,964,728
Net patient service revenue	\$ 25,823,583	\$ 25,325,550

Detail Schedules of Other Revenue Years Ended June 30, 2011 and 2010

	201	2011		
Other revenue				
Wellness and lifeline programs	\$	183,406 \$	182,103	
Cafeteria	1	162,897	157,104	
Consultation services		61,870	96,177	
ESRD unit lease		65,799	53,621	
Radiologist billing		26,424	27,102	
ER coverage reimbursement		59,137	76,670	
In-house rent		49,579	50,194	
Telepharmacist		14,000	18,571	
Sleep studies		18,950	30,500	
Purchase discounts		7,252	5,227	
Sales of supplies and drugs		18,414	20,350	
Gıft shop		29,598	33,375	
Grants		18,793	19,641	
Linen contract		1,248	1,228	
Other		142,746	126,424	
Total other revenue	\$ 8	360,113 \$	898,287	





Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Board of Directors Lutheran Charity Association d/b/a Jamestown Hospital Jamestown, North Dakota

We have audited the financial statements of Lutheran Charity Association d/b/a Jamestown Hospital and Affiliate (the "Organization") as of and for the year ended June 30, 2011, and have issued our report thereon dated October 13, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Organization's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be a material weakness, as defined above

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Sta ndards*

This report is intended solely for the information and use of the Board of Directors, management, and granting agencies, and is not intended to be and should not be used by anyone other than these specified parties

Wipfli LLP

October 13, 2011 Minneapolis, Minnesota

Wippei LLP



Independent Auditor's Report on Compliance With Requirements That Could Have a Direct and Material Effect on Each Major Program and Internal Control Over Compliance in Accordance With OMB Circular A-133

Board of Directors Lutheran Charity Association d/b/a Jamestown Hospital Jamestown, North Dakota

Compliance

We have audited the compliance of Lutheran Charity Association d/b/a Jamestown Hospital and Affiliate (the "Organization") with the types of compliance requirements described in the *US Office of Management and Budget (OMB) Circular A -133 Compliance Supplement*, that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2011. The Organization's major federal programs are identified in the summary of audit results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States, the standards applicable to financial audits contained in *Government Auditing Stand ards*, issued by the Comptroller General of the United States, and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Organization's compliance with those requirements.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2011

Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the Organization's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express any opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of a federal or state program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal or state program will not be prevented or detected and corrected on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be a material weakness, as defined above

This report is intended solely for the information and use of the Board of Directors, management, and federal awarding agencies and is not intended to be and should not be used by anyone other than these specified parties

Wipfli LLP

October 13, 2011 Minneapolis, Minnesota

Wippei LLP

Schedule of Expenditures of Federal Awards Year Ended June 30, 2011

Federal Grantor/ Program Title	Entity Passed Through	Federal CFDA Number	Grantor's Time Period	Program or Award Amount	Federal Expenditur	
U S Department of Agriculture Community Facilities Loans and Grants - American Recovery and Reinvestment Act	N/A	10 766	N/A	\$31,000,000	\$ 18,918,9	942
U.S. Department of Health and Human Services						
Specially Selected Health Projects	University of North Dakota	93 888	November 1, 2009, to August 31, 2010	18,676	6,4	413
Total expenditures of federal awards			-		\$ 18,925,3	 355

Notes to Schedule of Expenditures of Federal Awards Year Ended June 30, 2011

Note 1 Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant and loan activity of Lutheran Charity Association d/b/a Jamestown Hospital and Affiliate and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Gover nments, and Non-Profit O rganizations*

Note 2 Subrecipients

Lutheran Charity Association d/b/a Jamestown Hospital and Affiliate provided no federal awards to subrecipients for federal expenditures presented in the schedule

Schedule of Findings and Questioned Costs Year Ended June 30, 2011

Section I - Summary of Audit Results		
Financial Statements		
Type of auditor's report issued	Unqualified	
Internal control over financial reporting		
Material weakness identified?	yes	X no
Significant deficiency(ies) identified not considered to be material		
weaknesses?	yes	Xnone reported
Noncompliance material to the financial statements?	yes	Xno
Federal Awards		
Internal control over compliance		
Material weakness identified?	yes	X no
Significant deficiency(ies) identified not considered to be material	<u> </u>	
weaknesses?	yes	Xnone reported
Type of auditor's report issued on compliance for major programs	Unqualified	
Any audit findings disclosed that are required to be reported in		
accordance with OMB Circular A-133 Section 510(1)?	yes	Xno
Identification of major federal program		
CFDA Number	Name of Fed	deral Program or Cluster
	•	ties Loans and Grants -
10 766	American Recove	ry and Reinvestment Act
Dollar threshold used to distinguish between Type A and Type B		
programs	\$300,000	
Auditee qualified as a low-risk auditee?	yes	X no

Schedule of Findings and Questioned Costs (Continued) Year Ended June 30, 2011

Section II - Financial Statement Findings	
None	
Section III - Federal Award Findings and Questioned Costs	
None	
Section IV – Prior-Year Findings	
None	
Name and signature of partner	Steven M Thompson
Date of report	October 13, 2011