See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

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

C Name of organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Doing Business As
HEART OF AMERICA MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite
800 SOUTH MAIN AVENUE

City or town, state or country, and ZIP + 4
RUGBY, ND 583682118

D Employer identification number
45-0226419

E Telephone number
(701)776-5261

G Gross receipts $ 24,053,944

F Name and address of principal officer
JEFFREY LINGERFELT
800 SOUTH MAIN AVENUE
RUGBY, ND 583682118

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HAMC COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1905 | **M** State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE QUALITY MEDICAL CARE BASED ON THE NEEDS AND DEMOGRAPHICS OF NORTH CENTRAL NORTH DAKOTA

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	445
6	Total number of volunteers (estimate if necessary)	**6**	146
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	84,042
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,278

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	193,313	692,374
	9 Program service revenue (Part VIII, line 2g)	20,108,909	23,022,546
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123,650	277,324
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	186,950	19,187
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,612,822	24,011,431
Expenses	**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
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,082,558	15,062,964
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶57,548		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,861,377	8,089,764
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,943,935	23,152,728
	19 Revenue less expenses Subtract line 18 from line 12	668,887	858,703

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	14,941,348	15,681,866
	21 Total liabilities (Part X, line 26)	4,946,917	4,901,844
	22 Net assets or fund balances Subtract line 21 from line 20	9,994,431	10,780,022

Part II Signature Block

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

Sign Here

****** 2013-02-14
Signature of officer — Date

JEFFREY LINGERFELT CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
KRISTEN HAGER CPA	2013-02-14	☐	P01359220

Firm's name (or yours if self-employed), address, and ZIP + 4
WIPFLI LLP
7601 FRANCE AVENUE SOUTH SUITE 400
MINNEAPOLIS, MN 55435

EIN ▶ 39-0758449

Phone no ▶ (952) 548-3400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO DELIVER COMPASSIONATE CARE BY ADVANCING THE PHYSICAL AND SPIRITUAL WELL-BEING OF THE COMMUNITIES WE SERVE THROUGH SMART MEDICINE AND EXCEPTIONAL SERVICE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 19,490,106 including grants of $) (Revenue $ 22,816,263)

GOOD SAMARITAN HOSPITAL ASSOCIATION IS A NONPROFIT HEALTH CARE ORGANIZATION, OWNED BY OVER THIRTY AREA CHURCHES REPRESENTING ALL OF THE LOCAL DENOMINATIONS OF THE CHRISTIAN FAITH THE AREA CHURCHES AT AN ANNUAL MEETING EVERY FALL ELECT A BOARD OF TRUSTEES THIS BOARD IS THE LEGAL GOVERNING BODY THAT IS RESPONSIBLE FOR THE ASSOCIATION GOOD SAMARITAN HOSPITAL ASSOCIATION'S (GSHA) PRIMARY FOCUS IS HEALTHCARE WITHIN AND AROUND THE COMMUNITY OF RUGBY, ND GSHA HAS 25 LICENSED ACUTE/SWING BEDS AS A CRITICAL ACCESS HOSPITAL, 3 RURAL HEALTH CLINICS ALONG WITH A SURGICAL CLINIC, 80 MEDICARE SKILLED NURSING HOME BEDS, 68 BASIC CARE BEDS, AND 37 ASSISTED LIVING APARTMENTS WE ALSO SERVICE THE COMMUNITY THROUGH A HOSPITAL BASED HOSPICE GSHA PROVIDES NUMEROUS COMMUNITY AND SOCIAL PROGRAMS INCLUDING BUT NOT LIMITED TO THE FOLLOWING CHARITY CARE $247,464 GROSS CHARGES FORGONE DURING THE YEAR ENDED 3/31/2012, DIABETIC EDUCATION PROGRAM, LIFELINE, PUBLIC HEALTHCARE EDUCATIONAL AND INFORMATIONAL NOTICES, TESTING AND INFORMATION DURING HEALTH SHOWS AND COMMUNITY EVENTS, AMBULANCE VOLUNTEERS, PROVIDES EMT COURSES FOR AMBULANCES, EDUCATIONAL OUTREACH FOR SCHOOL SYSTEM, PROVIDES SENIOR CITIZEN MEALS AT MINIMAL FEE, FREE BLOOD PRESSURE CHECKS, COMMUNITY EDUCATION, PHYSICAL THERAPY, PROVIDES MEETING ROOM FOR VARIOUS ORGANIZATIONS AND CHURCHES, CPR TRAINING, WELLNESS PROGRAMS, SPONSOR LPN/RN SCHOOL PROGRAM THROUGH CONSORTIUM OF FACILITIES AND COLLEGES

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

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

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

4e **Total program service expenses** ▶ $ 19,490,106

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	64		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	445			
b	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)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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 filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

JEFFREY LINGERFELT
800 S MAIN AVENUE
RUGBY, ND 583682118
(701) 776-5261

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WES BLACK CHAIRMAN	1 80	X		X				0	0	0
(2) JON NELSON VICE CHAIRMAN	1 30	X		X				0	0	0
(3) MARK SCHAAN TRUSTEE	1 10	X						0	0	0
(4) STACEY SCHMITT TRUSTEE	1 10	X						0	0	0
(5) RUSTY GEBHARDT TRUSTEE	1 10	X						0	0	0
(6) ARLYSS BERGRUD TRUSTEE	1 10	X						0	0	0
(7) RICHARD ANDERSON TRUSTEE	1 10	X						0	0	0
(8) JOHN MCCLINTOCK JR TRUSTEE	1 10	X						0	0	0
(9) TOM MOLLER JR TRUSTEE	1 10	X						0	0	0
(10) DAVID BRETT MCATEE TRUSTEE	1 10	X						0	0	0
(11) BRIAN SELLAND PHYSICIAN	40 00	X						224,602	0	23,303
(12) JEFFREY LINGERFELT CEO/SECRETARY	40 00			X				162,932	0	29,543
(13) BONNIE KUEHNEMUND COMTROLLER/TREASURER	40 00			X				91,010	0	8,996
(14) WALLACE KURIHARA SURGEON	40 00					X		300,756	0	25,626
(15) ERIK CHRISTENSON PHARMACIST	40 00					X		107,400	0	10,101
(16) HUBERT SEILER PHYSICIAN	40 00					X		198,473	0	21,157
(17) JULIA GARCIA PHYSICIAN	40 00					X		195,410	0	18,822

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,280,583	0	137,548

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAKOTA TRAVEL NURSE INC 3015 MEMORIAL HWY MANDAN, ND 58554	CONTRACT NURSING SERVICES	553,461
DIVERSIFIED MED RESOURCE 1104 WALNUT STREET EAST DEVILS LAKE, ND 58301	ER PHYSICIAN SERVICES	339,883
DMS IMAGING PO BOX 86 MINNEAPOLIS, MN 554862208	NUCLEAR IMAGING SERVICES	312,246
CHOICE MEDICAL CARE PC PO BOX 577 CAVALIER, ND 58220	ER PHYSICIAN SERVICES	126,315
STAFF CARE INC PO BOX 281923 ATLANTA, GA 303841923	CRNA PROFESSIONAL SERVICES	100,252

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	500,195			
	e	Government grants (contributions)	1e	77,768			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	114,411			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		692,374			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	621610	22,013,807	22,013,807		
	b	PT/OT SERVICES	621610	285,582	285,582		
	c	ALS SERVICES	621610	179,548	179,548		
	d	CAFETERIA SERVICES	900099	132,575			132,575
	e	PHARMACY SERVICES	900099	104,305	104,305		
	f	All other program service revenue		306,729	227,560	79,169	
	g	**Total.** Add lines 2a–2f		23,022,546			
	3	Investment income (including dividends, interest and other similar amounts)		272,519			272,519
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	50,793				
	b	Less rental expenses	37,067				
	c	Rental income or (loss)	13,726				
	d	Net rental income or (loss)		13,726		4,873	8,853
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		10,251			
	b	Less cost or other basis and sales expenses		5,446			
	c	Gain or (loss)		4,805			
	d	Net gain or (loss)		4,805			4,805
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	5,461	5,461		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		5,461			
	12	**Total revenue.** See Instructions		24,011,431	22,816,263	84,042	418,752

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	275,602		275,602	
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	12,453,547	10,786,728	1,618,479	48,340
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	250,136	212,346	36,815	975
9	Other employee benefits	1,214,506	1,032,591	177,224	4,691
10	Payroll taxes	869,173	740,538	125,318	3,317
11	Fees for services (non-employees)				
a	Management				
b	Legal	48,150		48,150	
c	Accounting	48,698		48,698	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,644,856	1,602,276	42,580	
12	Advertising and promotion	123,725		123,725	
13	Office expenses	2,111,480	1,618,951	492,304	225
14	Information technology	5,039		5,039	
15	Royalties . .				
16	Occupancy	640,385	596,197	44,188	
17	Travel	282,658	187,544	95,114	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	213	213		
20	Interest	79,282	67,335	11,947	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	806,831	684,346	122,485	
23	Insurance	244,829		244,829	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ACUTE DRUGS	585,403	585,403		
b	BAD DEBT EXPENSE	508,783	433,485	75,298	
c	RAW FOOD	507,103	507,103		
d					
e					
f	All other expenses	452,329	435,050	17,279	
25	**Total functional expenses.** Add lines 1 through 24f	23,152,728	19,490,106	3,605,074	57,548
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		166,819	1	161,944
	2	Savings and temporary cash investments		134,054	2	181,872
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,778,398	4	4,387,692
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		463,614	7	503,614
	8	Inventories for sale or use		179,393	8	180,758
	9	Prepaid expenses and deferred charges		82,808	9	43,055
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 21,231,683			
	b	Less accumulated depreciation	10b 17,053,061	4,157,398	10c	4,178,622
	11	Investments—publicly traded securities		3,866,224	11	4,772,453
	12	Investments—other securities See Part IV, line 11		1,880,807	12	1,093,523
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		231,833	14	178,333
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,941,348	16	15,681,866
Liabilities	17	Accounts payable and accrued expenses		2,460,947	17	1,879,417
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		306,891	20	81,717
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		30,162	21	26,762
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,194,665	23	2,362,910
	24	Unsecured notes and loans payable to unrelated third parties		954,252	24	551,038
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		4,946,917	26	4,901,844
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,623,131	27	10,420,896
	28	Temporarily restricted net assets		371,300	28	359,126
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,994,431	33	10,780,022
	34	Total liabilities and net assets/fund balances		14,941,348	34	15,681,866

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,011,431
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,152,728
3	Revenue less expenses Subtract line 2 from line 1	3	858,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,994,431
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-73,112
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	10,780,022

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

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.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
GOOD SAMARITAN HOSPITAL ASSOCIATION	45-0226419

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		4,604
j	Total lines 1c through 1i			4,604
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	GOOD SAMARITAN HOSPITAL ASSOCIATION IS A MEMBER OF SEVERAL ORGANIZATIONS THAT TAKE PART IN LOBBYING THESE ORGANIZATIONS INCLUDE THE NORTH DAKOTA HOSPITAL ASSOCIATION, THE AHA, AND THE NORTH DAKOTA LTC ASSOCIAION A PORTION OF THE DUES PAID TO THE VARIOUS ORGANIZATION IS FOR LOBBYING COSTS THESE VARIOUS ORGANIZATIONS ADVOCATE ON BEHALF OF THEIR MEMBERS BY SUPPORTING LEGISLATION THAT IS IN THEIR COLLECTIVE INTERESTS THESE ORGANIZATIONS WORK TO ENSURE THAT LAWS AND REGULATIONS PROVIDE A REASONABLE AND EQUITABLE ENVIRONMENT IN WHICH HEALTH CARE FACILITIES CAN PROVIDE AFFORDABLE, HIGH QUALITY CARE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	80,891
d Additions during the year	1d	49,478
e Distributions during the year	1e	62,895
f Ending balance	1f	67,474

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		137,447		137,447
b Buildings		9,865,828	8,086,788	1,779,040
c Leasehold improvements				
d Equipment		11,080,460	8,966,273	2,114,187
e Other		147,948		147,948
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,178,622

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATE OF DEPOSIT	734,397	F
(B) INTEREST IN NET ASSETS OF FOUNDATION	359,126	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,093,523	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,011,431
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,152,728
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	858,703
4	Net unrealized gains (losses) on investments	4	-73,112
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	-73,112
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	785,591

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

1	Total revenue, gains, and other support per audited financial statements			1	23,975,386
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-73,112		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	37,067		
e	Add lines **2a** through **2d**			2e	-36,045
3	Subtract line **2e** from line **1**			3	24,011,431
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	24,011,431

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

1	Total expenses and losses per audited financial statements			1	23,189,795
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	37,067		
e	Add lines **2a** through **2d**			2e	37,067
3	Subtract line **2e** from line **1**			3	23,152,728
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	23,152,728

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ASSOCIATION HOLDS FUNDS UNDER AN AGENCY RELATIONSHIP FOR THE RESIDENTS OF THE HOSPITAL'S LONG-TERM CARE FACILITY, SWING-BED UNITES, AND BASIC CARE FACILITY, AS WELL AS DAMAGE DEPOSITS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, ASC TOPIC 740-10, INCOME TAXES, REQUIRES AN ORGANIZATION TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS THE ORGANIZATION'S FEDERAL RETURNS FOR TAX YEARS 2008 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 37,067
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 37,067

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 0.0 %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit reportduring the tax year?	6a		No
6b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			171,239		171,239	0 760 %
b Medicaid (from Worksheet 3, column a)			1,330,711	883,973	446,738	1 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			1,501,950	883,973	617,977	2 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			13,907	6,300	7,607	0 030 %
f Health professions education (from Worksheet 5)			500		500	0 %
g Subsidized health services (from Worksheet 6)			232,272		232,272	1 030 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			676		676	0 %
j **Total** Other Benefits			247,355	6,300	241,055	1 060 %
k **Total.** Add lines 7d and 7j			1,749,305	890,273	859,032	3 790 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense	2	352,064		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	80,014		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	4,857,875		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	5,913,297		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,055,422		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

HEART OF AMERICA MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☑ Notified patients of the financial assistance policy upon admission			
	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **8**

	Name and address	Type of Facility (Describe)
1	HEART OF AMERICA NURSING FACILITY 800 S MAIN AVE RUGBY,ND 58368	SKILLED LONG TERM CARE FACILITY
2	HAALAND ESTATES BASIC CARE 1025 3RD AVE SE RUGBY,ND 58368	BASIC CARE FACILITY
3	RUGBY EMERGENCY MEDICAL SERVICES 800 S MAIN AVE RUGBY,ND 58368	AMBULANCE
4	HAALAND ESTATES ASSISTED LIVING 1025 3RD AVE SE RUGBY,ND 58368	ASSISTED LIVING FACILITY
5	HEART OF AMERICA HOSPICE 800 S MAIN AVE RUGBY,ND 58368	HOSPICE
6	RUGBY CLINIC 880 S MAIN AVE RUGBY,ND 58368	RURAL HEALTH CLINIC
7	DUNSEITH CLINIC 215 MAIN ST SE DUNSEITH,ND 58329	RURAL HEALTH CLINIC
8	MADDOCK CLINIC 301 ROOSEVELT AVE MADDOCK,ND 58348	RURAL HEALTH CLINIC
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C HEART OF AMERICA MEDICAL CENTER USES A SLIDING FEE SCHEDULE BASED OF FPG THERE IS 100% BENEFIT AT 100% FPG, 80% BENEFIT AT 125% FPG, 60% BENEFIT AT 150% FPG, 40% BENEFIT AT 175% FPG, 20% BENEFIT AT 200% FPG, AND 0% BENEFIT FOR THOSE GREATER THAN 200% FPG

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

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

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 508783

Identifier	ReturnReference	Explanation
		PART II NO SPECIFIC COMMUNITY BUILDING ACTIVITIES DURING YEAR ENDING MARCH 2012

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE FINANCIAL STATEMENTS DO NOT HAVE BAD DEBT EXPENSE FOOTNOTE THIS IS THE PATIENT ACCOUNTS RECEIVABLE AND CREDIT POLICY FOOTNOTE THE CARRYING AMOUNTS OF PATIENT AND RESIDENT ACCOUNTS RECEIVABLE ARE REDUCED BY ALLOWANCES THAT REFLECT MANAGEMENT'S BEST ESTIMATE OF THE AMOUNTS THAT WILL NOT BE COLLECTED MANAGEMENT PROVIDES FOR CONTRACTUAL ADJUSTMENTS UNDER TERMS OF THIRD-PARTY REIMBURSEMENT AGREEMENTS THROUGH A REDUCTION OF GROSS REVENUE AND A CREDIT TO PATIENT AND RESIDENT ACCOUNTS RECEIVABLE IN ADDITION, MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY FROM UNINSURED PATIENTS AND AMOUNTS PATIENTS ARE PERSONALLY RESPONSIBLE FOR, THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO A VALUATION ALLOWANCE BASED ON ITS ASSESSMENT OF HISTORICAL COLLECTION AND THE CURRENT STATUS OF INDIVIDUAL ACCOUNTS BALANCES THAT ARE STILL OUTSTANDING AFTER MANAGEMENT HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE VALUATION ALLOWANCE AND A CREDIT TO PATIENT AND RESIDENT ACCOUNTS RECEIVABLE PATIENT AND RESIDENT ACCOUNTS RECEIVABLE ARE RECORDED IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS NET OF CONTRACTUAL ADJUSTMENTS AND ALLOWANCE FOR DOUBTFUL ACCOUNTS HEART OF AMERICA MEDICAL CENTER SUBMITS CLAIMS TO ANY INSURANCE OR THIRD PARTY PAYORS FIRST PRIOR TO BILLING SELF PAY CURRENTLY WE USE A VALUATION ALLOWANCE CALCULATION OF 35% OF SELF PAY ACCOUNT 0-90 DAYS OLD AND 85% OF SELF PAY ACCOUNTS OVER 90 DAYS OLD AS AN ESTIMATE OF OUR BAD DEBT EXPENSE WITHIN OUR ACCOUNTS RECEIVABLES AS ACCOUNTS ARE DETERMINED TO ACTUALLY BE BAD DEBTS, THEY ARE REFERRED TO A COLLECTION AGENCY AND WRITTEN OFF AS BAD DEBT ELIGIBILITY FOR OUR CHARITY CARE PROGRAM IS DETERMINED BASED ON EACH INDIVIDUAL'S FINANCIAL CAPABILITY PATIENTS ARE ELIGIBLE FOR CHARITY CARE BASED ON THEIR INCOME USING 200% OF OTHER PUBLISHED FEDERAL POVERTY GUIDELINES MEDICAL INDIGENCE, SUCH AS HOMELESS, NO INCOME, OR QUALIFYING FOR OTHER AID (MEDICAID, WIC, FOOD STAMPS, ETC) ARE CONSIDERED PRESUMPTIVE CHARITY CARE IN ESTIMATING THE AMOUNT OF OUR BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR CHARITY CARE POLICY, WE TOOK 2010 US CENSUS BUREAU POPULATION & POVERTY LEVEL STATISTICS FOR THE AREA IN WHICH WE SERVE---PRIMARILY A FIVE COUNTY AREA FROM THOSE STATISTICS WE DETERMINED APPROXIMATELY 22 8% OF OUR MARKET POPULATION ARE AT THE POVERTY LEVEL BASED ON THE FPG EVEN THOUGH OUR CHARITY CARE GUIDELINES ARE BASED ON 200% OF THE FPG, WE CHOSE TO BE CONSERVATIVE AND USED THE ESTIMATED 22 8% AT THE POVERTY LEVEL AND APPLIED IT TO OUR BAD DEBT EXPENSE OUR BAD DEBT CONSISTS OF THOSE UNABLE TO PAY, BUT ALSO THOSE WHO JUST ARE UNWILLING TO PAY

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE REVENUE AND ALLOWABLE COSTS WERE OBTAINED FROM THE MEDICARE COST REPORT FOR THE FISCAL YEAR ENDING MARCH 2012 MEDICARE SHORTFALL IS THE RESULT OF THE HEALTHCARE SERVICES PROVIDED TO OUR PATIENTS WHICH ARE BEING REIMBURSED BY MEDICARE ON A FEE FOR SERVICE REIMBURSEMENT SUCH AS LABS, PROFESSIONAL SERVICES, AND SOME THERAPIES, OR TO OUR MEDICARE SKILLED LTC RESIDENTS THE SHORTFALL IS ALL RELATED TO PATIENTS OR RESIDENTS WHO ARE COVERED BY MEDICARE AND THEREFORE ARE ELDERLY WHICH IS CONSIDERED TO BE A CHARITABLE CLASS WE PROVIDE THE SERVICE TO PROMOTE QUALITY HEALTHCARE TO OUR ELDERLY WHO WOULD HAVE TROUBLE GOING ELSEWHERE TO RECEIVE THE SERVICES, EVEN THOUGH THERE IS A SHORTFALL IN THE MEDICARE OVERALL PAYMENT WE BELIEVE 100% OF THE SHORTFALL IS A COMMUNITY BENEFIT

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

Identifier	ReturnReference	Explanation
HEART OF AMERICA MEDICAL CENTER		PART V, SECTION B, LINE 10 HEART OF AMERICA MEDICAL CENTER USES A SLIDING FEE SCHEDULE BASED OF FPG THERE IS 100% BENEFIT AT 100% FPG, 80% BENEFIT AT 125% FPG, 60% BENEFIT AT 150% FPG, 40% BENEFIT AT 175% FPG, 20% BENEFIT AT 200% FPG, AND 0% BENEFIT FOR THOSE GREATER THAN 200% FPG

Identifier	ReturnReference	Explanation
HEART OF AMERICA MEDICAL CENTER		PART V, SECTION B, LINE 19D HEART OF AMERICA MEDICAL CENTER IS WORKING ON A POLICY AND PROCEDURE THAT WILL BE MODELED USING MEDICARE RATES (OPTION C)

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 HEART OF AMERICA MEDICAL CENTER SERVES A SMALLER COMMUNITY WHERE PROVIDERS KNOW THEIR PATIENTS AND THE GSHA BOARD OF DIRECTORS LIVE IN AND ARE MEMBERS OF THE LOCAL AND SURROUNDING COMMUNITIES FOR THE YEAR ENDING MARCH 2012 NEEDS WERE ASSESSED THROUGH A COMMUNITY HEALTH FORUM HELD BY FORUM FACILITATOR, BRAD GIBBENS, MPA FROM THE ND RURAL HOSPITAL FLEXIBILITY PROGRAM IN MAY 2011, BRAD GIBBENS CREATED A FINAL REPORT BASED ON THE FORUM DISCUSSION AND SURVEYS

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

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 HEART OF AMERICA MEDICAL CENTER (HAMC) IS A RURAL CRITICAL ACCESS HOSPITAL LOCATED IN NORTH CENTRAL NORTH DAKOTA WITH THE CLOSEST TERTIARY FACILITY 65 MILES AWAY TO THE WEST THE CLOSEST SMALLER HOSPITAL IS 43 MILES AWAY HAMC BASICALLY SERVES IN WHOLE OR IN PART THE COUNTIES OF PIERCE, BENSON, MCHENRY, ROLETTE, AND BOTTINEAU COUNTIES OUR PRIMARY SERVICE AREA IS ABOUT A 45 MILES RADIUS WITH A TARGET POPULATION OF APPROXIMATELY 16,000 PEOPLE PIERCE COUNTY ALONE HAD A POPULATION OF 4357 IN 2010 ACCORDING TO THE US CENSUS BUREAU WITH 94% WHITE PERSONS AND 24% AGE 65 OR OLDER RUGBY HAS A POPULATION OF 2876 BASED ON 2010 CENSUS DATA OF OUR HOSPITAL INPATIENTS, APPROXIMATELY 72% ARE MEDICARE AND 6% MEDICAID WITHIN OUR MARKET AREA APPROXIMATELY 22 8% OF THE POPULATION IS BELOW THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 GOOD SAMARITAN HOSPITAL ASSOCIATION (GSHA) IS OWNED BY 32 MEMBER CHURCHES LOCATED THROUGHOUT OUR SERVICE AREA THE GSHA BOARD OF DIRECTORS IS VOTED IN BY THE MEMBER CHURCHES AND THEY ARE COMMUNITY MEMBERS WHO RESIDE IN OUR PRIMARY SERVICE AREA -- BOTH RUGBY AND THE SURROUNDING SATELLITE COMMUNITIES THEY ARE NOT EMPLOYEES OR CONTRACTORS OF GSHA, BUT SERVE IN VARIOUS OCCUPATIONS AND INVOLVED IN VARIOUS COMMUNITY ACTIVITIES GSHA EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS AND MID-LEVELS IN THE COMMUNITY AND IS CONTINUOUSLY STRIVING TO BRING IN MORE PROVIDERS IN ORDER TO MAINTAIN PROVIDERS TO PROVIDE THE CARE NEEDED BY OUR PATIENTS AND PROMOTE HEALTH WITHIN OUR COMMUNITIES WHEN SURPLUS FUNDS ARE AVAILABLE THEY ARE USED TO PURCHASE AND UPGRADE EQUIPMENT, AND INVESTED BACK INTO THE FACILITY AND SERVICES WE PROVIDE TO MAINTAIN HIGH QUALITY PATIENT CARE WE CONTINUALLY STRIVE TO MEET THE HEALTHCARE NEEDS WITHIN OUR COMMUNITY AND THE SURROUNDING AREA EFFECTIVE AUGUST 1, 2010 THE FAMILY PRACTICE CLINIC IN RUGBY MERGED WITH GSHA IN ORDER TO BETTER MEET THE HEALTHCARE NEEDS OF OUR COMMUNITIES THIS MERGER HAS STRENGTHENED OUR ABILITIES TO SERVE THE COMMUNITIES BY PROVIDING US WITH A BETTER PHYSICIAN / MID-LEVEL RECRUITMENT PLATFORM AND HIGHER CONTINUITY OF CARE IN STRIVING TO MEET THE NEEDS OF THE COMMUNITIES WE PROVIDE SERVICES INCLUDING ASSISTED LIVING, BASIC CARE, SKILLED NURSING, MEDICAL & SURGICAL HOSPITAL, RURAL HEALTH CLINICS, SURGICAL CLINIC, AND NUMEROUS OTHER OUTPATIENT SERVICES AND THERAPIES WE HAVE LOST MONEY ON SOME OF THESE SERVICES SUCH AS CARDIAC REHAB, OUR CLINICS, AND OUR HOSPICE PROGRAM BUT CONTINUE TO MAINTAIN THESE SERVICES BECAUSE OF THE NEEDS WITHIN THE COMMUNITIES IF WE DID NOT PROVIDE SERVICES SUCH AS THESE, THE SERVICES WOULD BE UNAVAILABLE IN THE COMMUNITY PATIENTS WOULD HAVE TO GO OUT OF TOWN TO GET THE SERVICES WHICH IS NOT ALWAYS POSSIBLE, SO SOME WOULD NOT HAVE ACCESS TO THESE SERVICES IF WE DID NOT PROVIDE THEM CURRENTLY WE ARE NOT INVOLVED MUCH IN COMMUNITY BUILDING ACTIVITIES BEING A SMALL CAH FACILITY WITH LIMITED RESOURCES, OUR FOCUS IS MORE ON HEALTH RELATED PROGRAMS AND SERVICES NEEDED WITHIN OUR COMMUNITY IF WE DID NOT PROVIDE THE SERVICE, IT WOULD NOT BE AVAILABLE WITHIN THE COMMUNITY GSHA IS NOT PART OF ANY AFFILIATED HEALTHCARE SYSTEM, HOWEVER, AS A CAH WE DO HAVE RURAL HEALTH NETWORK AGREEMENTS WITH BOTH TRINITY MEDICAL CENTER IN MINOT AND MEDCENTER ONE IN BISMARCK IN ORDER TO HELP AND PROMOTE THE AVAILABILITY OF A RANGE OF HIGH-QUALITY CARE THEY ENHANCE THE CONTINUITY OF HEALTHCARE DELIVERY AMONG ALL LEVELS OF CARE NEEDED BY OUR PATIENTS BY IDENTIFYING AND FORMING A PROCESS TO FACILITATE PATIENT REFERRAL AND TRANSFER BETWEEN FACILITIES AND ALSO ENHANCE THE COMMUNICATIONS BETWEEN US GSHA IS ALSO PART OF A CONSORTIUM OF SMALLER CAH FACILITIES TO SHARE COMPUTER HARDWARE THIS HAS ALLOWED US TO EXPAND OUR COMPUTER CAPABILITIES AT A LOWER COST WHICH PROVIDES THE OPPORTUNITY TO BETTER SERVE OUR PATIENTS AND MEET THEIR HEALTHCARE NEEDS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 N/A - NOT PART OF AN AFFILIATED HEALTHCARE SYSTEM

Identifier	ReturnReference	Explanation
	PART VI, LINE 7	NONE FILED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN SELLAND	(i)	224,435	0	167	14,552	8,751	247,905	0
	(ii)	0	0	0	0	0	0	0
(2) JEFFREY LINGERFELT	(i)	162,695	0	237	18,319	11,224	192,475	0
	(ii)	0	0	0	0	0	0	0
(3) WALLACE KURIHARA	(i)	300,032	0	724	19,900	5,726	326,382	0
	(ii)	0	0	0	0	0	0	0
(4) HUBERT SEILER	(i)	197,649	0	824	13,989	7,168	219,630	0
	(ii)	0	0	0	0	0	0	0
(5) JULIA GARCIA	(i)	195,405	0	5	13,908	4,914	214,232	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	DR WALLACE KURIHARA RECEIVED 3 MONTHS SEVERANCE PAY OF $25,558 FOR ENDING HIS CONTRACT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIE BAUSTAD	FAMILY MEMBER OF BOARD MEMBER RICHARD ANDERSON	98,950	EMPLOYMENT		No
(2) NANCY SCHNEIBEL	FAMILY MEMBER OF BOARD MEMBER STACIE SCHMITT	45,135	EMPLOYMENT		No
(3) JODI SCHAAN	FAMILY MEMBER OF BOARD MEMBER MARK SCHAAN	52,644	EMPLOYMENT		No
(4) LINDA KORNER	FAMILY MEMBER OF BONNIE KUEHNEMUND, COMPTROLLER	34,816	EMPLOYMENT		No
(5) SARAH CHRISTENSON	FAMILY MEMBER OF HIGHLY COMPENSATED EMPLOYEE ERIK CHRISTENSON	43,263	EMPLOYMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	ADDED DIABETIC EDUCATION PROGRAM DURING THE YEAR WORKING TOWARDS BECOMING A CERTIFIED DIABETIC EDCUATION PROGRAM PROVIDER (RECEIVED CERTIFICATION MAY 2012)
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	CLOSED THE RURAL HEALTH CLINC IN TOWNER, BRINGING TOTAL RURAL HEALTH CLINICS TO THREE LOCATED IN RUGBY, DUNSEITH, AND MADDOCK
	FORM 990, PART VI, SECTION A, LINE 6	GSHA IS OWNED BY THE LOCAL CHURCHES WHOSE DELEGATES VOTE AT THE ANNUAL MEETING ON ELECTION OF THE GSHA BOARD MEMBERS AND OTHER PERTINENT BUSINESS AS PRESENTED AT THE ANNUAL MEETING THERE ARE NO MEMBERSHIP FEES ANY LOCAL CHURCH WISHING TO BE A MEMBER OF GSHA CAN DO SO THRU VOTE AT THE ANNUAL MEETING
	FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER CHURCH HAS UP TO TWO VOTING DELEGATES AT OUR ANNUAL MEETING WHERE THE BOARD OF DIRECTORS ARE ELECTED TO SERVE ON THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	AT THE ANNUAL MEETING THE VOTING DELEGATES FROM THE CHURCHES WILL VOTE ON CHANGES TO BY-LAWS OR ARTICLES OF INCORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	THE CEO AND CFO REVIEW THE 990 FIRST AND IT IS THEN SENT ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR REVIEW AT FOLLOWING BOARD MEETING IT IS DISCUSSED AND APPROVED
	FORM 990, PART VI, SECTION B, LINE 12C	REVIEWED ANNUALLY AT BOARD MEETING WHEN CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS IT IS MONITORED DURING YEAR - SUCH AS ABSTAINING FROM VOTING ON AN ISSUE BY BOARD MEMBER IF A CONFLICT OF INTEREST IN THE MATTER CEO RECEIVES AND REVIEWS THE RESPONSES REGARDING THE ANNUAL DISCLOSURE
	FORM 990, PART VI, SECTION B, LINE 15	COMPARATIVE DATA IS REVIEWED AND INCORPORATED INTO THE REVIEW PROCESS SUCH AS LOOKING AT STATE WAGE SURVEY DATA FOR CEO, EACH BOARD MEMBER COMPLETES THEIR OWN EVALUATION FORM THE HUMAN RESOURCE COMMITTEE REVIEWS THE RESPONSES AND MAKES A RECOMMENDATION TO THE FULL BOARD FULL BOARD DECIDES ON ANY CHANGES TO THE CEO COMPENSATION REVIEW IS DONE ANNUALLY AT TIME OF ANNIVERSARY DATE OF CONTRACT BOARD TYPICALLY DOES NOT APPROVE WAGES FOR OTHER POSITIONS CEO APPROVES THE CFO WAGES COMPARATIVE DATA IS USED THROUGHOUT THE FACILITY AND INCORPORATED INTO THE ANNUAL REVIEW OF EMPLOYEE WAGES DONE BY THE DEPARTMENT HEAD OR SUPERVISOR WAGES ARE COMPARED TO THE NDHA ANNUAL SALARY SURVEY REPORT AT THE TIME OF THEIR ANNUAL REVIEW
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -73,112
	FORM 990, PART XII, LINE 2C	FISCAL AND PHYSICAL COMMITTEE, A SUBCOMMITTEE OF THE FULL BOARD, REVIEWS FINANCIALS IN MORE DETAIL WITH FINAL REVIEW BEING DONE BY FULL BOARD SELECTION OF INDEPENDENT ACCOUNTANT IS DETERMINED BY FULL BOARD UPON RECOMMENDATION OF THE F&P COMMITTEE THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046004433

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL ASSOCIATION

Employer identification number
45-0226419

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

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

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

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

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN HEALTH SERVICES FOUNDATION	C	500,195	COST TO AFFILIATED ENTITY
(2) GOOD SAMARITAN HEALTH SERVICES FOUNDATION	D	761,301	ACTUAL
(3)			
(4)			
(5)			
(6)			

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

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

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

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Good Samaritan Hospital Association and Affiliate

Rugby, North Dakota

Consolidated Financial Statements and Supplementary Information

Years Ended March 31, 2012 and 2011

Good Samaritan Hospital Association and Affiliate

Consolidated Financial Statements and Supplementary Information

Years Ended March 31, 2012 and 2011

Table of Contents

WIPFLI LLP

Independent Auditor's Report

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

We have audited the accompanying consolidated balance sheets of Good Samaritan Hospital Association and Affiliate (the "Organization") as of March 31, 2012 and 2011, 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 consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation We believe that our 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 Good Samaritan Hospital Association and Affiliate as of March 31, 2012 and 2011, 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

Wipfli LLP

Wipfli LLP

September 7, 2012
Minneapolis, Minnesota

Good Samaritan Hospital Association and Affiliate

Consolidated Balance Sheets

March 31, 2012 and 2011

Assets	2012	2011
Current assets		
Cash and cash equivalents	$ 486,064	$ 646,028
Short-term investments	402,703	391,096
Assets limited as to use	46,150	46,885
Patient and resident accounts receivable - Net	4,120,111	3,524,480
Other accounts receivable	151,419	135,109
Due from third-party reimbursement programs	33,000	-
Supplies	180,758	179,393
Prepaid expenses and other	43,055	82,808
Total current assets	5,463,260	5,005,799
Assets limited as to use - Net of amounts required for current liabilities	3,903,948	3,730,683
Property and equipment - Net	4,178,622	4,157,398
Other assets		
Long-term investments	1,690,279	1,632,771
Surplus notes receivable	354,182	354,182
Student loans receivable	149,432	109,432
Intangible assets - Net	178,333	231,833
Resident trust funds	24,735	29,119
Total other assets	2,396,961	2,357,337
TOTAL ASSETS	$ 15,942,791	$ 15,251,217

Good Samaritan Hospital Association and Affiliate

Consolidated Balance Sheets

March 31, 2012 and 2011

Liabilities and Net Assets	2012	2011
Current liabilities		
Notes payable	$ 1,320,000	$ 665,000
Current maturities of long-term debt	113,160	267,416
Obligations under capital leases	37,101	-
Accounts payable - Trade	424,095	510,178
Accounts payable - Construction	59,299	278,263
Accrued liabilities		
Salaries and wages	230,479	555,992
Paid time off	846,062	736,608
Payroll taxes and other	241,022	138,051
Interest	1,178	2,420
Due to third-party reimbursement programs	-	125,000
Total current liabilities	3,272,396	3,278,928
Long-term liabilities		
Charitable gift annuities	3,529	3,529
Resident trust funds	26,748	30,162
Long-term debt - Less current maturities	630,865	734,409
Obligations under capital leases - Less current portion	133,238	-
Total long-term liabilities	794,380	768,100
Total liabilities	4,066,776	4,047,028
Net assets		
Unrestricted	11,370,710	10,686,710
Temporarily restricted	359,126	371,300
Permanently restricted	146,179	146,179
Total net assets	11,876,015	11,204,189
TOTAL LIABILITIES AND NET ASSETS	$ 15,942,791	$ 15,251,217

See accompanying notes to consolidated financial statements

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Operations

Years Ended March 31, 2012 and 2011

	2012	2011
Revenue		
Net patient and resident service revenue	$ 22,013,807	$ 19,098,836
Other operating income	1,078,907	1,239,433
Net assets released from restrictions	25,000	-
Total revenue	23,117,714	20,338,269
Expenses		
Professional care of patients and residents	13,416,178	11,359,238
Administration and general	5,225,833	4,615,425
Property and household	1,924,808	1,718,305
Dietary	1,208,402	1,132,246
Interest	60,159	46,566
Depreciation and amortization	827,622	815,908
Provision for bad debts	508,783	260,402
Total expenses	23,171,785	19,948,090
Income (loss) from operations	(54,071)	390,179
Other income		
Investment income	187,901	486,206
Gain on disposal of property and equipment	4,805	125
Contributions	475,625	494,459
Ambulance subsidy	20,120	-
Total other income	688,451	980,790
Excess of revenue over expenses	634,380	1,370,969
Other changes in unrestricted net assets -		
Contributions for long-lived assets	49,620	34,300
Increase in unrestricted net assets	$ 684,000	$ 1,405,269

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Changes in Net Assets

Years Ended March 31, 2012 and 2011

	2012	2011
Unrestricted net assets		
Excess of revenue over expenses	$ 634,380	$ 1,370,969
Contributions for long-lived assets	49,620	34,300
Increase in unrestricted net assets	684,000	1,405,269
Temporarily restricted net assets		
Contributions	5,734	12,828
Investment income	7,092	38,665
Net assets released from restrictions	(25,000)	-
Increase (decrease) in temporarily restricted net assets	(12,174)	51,493
Increase in net assets	671,826	1,456,762
Net assets at beginning	11,204,189	9,747,427
Net assets at end	$ 11,876,015	$ 11,204,189

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Cash Flows

Years Ended March 31, 2012 and 2011

	2012	2011
Increase (decrease) in cash and cash equivalents		
Cash flows from operating activities		
Increase in net assets	$ 671,826	$ 1,456,762
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	827,622	815,908
Provision for bad debts	508,783	260,402
Net change in unrealized gains on investments	189,664	(355,512)
Gain on disposal of property and equipment	(4,805)	(125)
Contributions for long-lived assets	(49,620)	(34,300)
Contributions and investment income restricted by donors	(12,826)	(51,493)
Changes in operating assets and liabilities		
Patient and resident accounts receivable	(1,104,414)	(1,761,190)
Other accounts receivable	(16,310)	119,767
Due from third-party reimbursement programs	(33,000)	322,000
Supplies	(1,365)	(18,045)
Prepaid expenses and other	39,753	(16,638)
Resident trust funds	970	71
Accounts payable - Trade	(86,083)	201,201
Accrued liabilities	(114,330)	239,924
Due to third-party reimbursement programs	(125,000)	125,000
Total adjustments	19,039	(153,030)
Net cash provided by operating activities	690,865	1,303,732

Good Samaritan Hospital Association and Affiliate

Consolidated Statements of Cash Flows (Continued)

Years Ended March 31, 2012 and 2011

	2012	2011
Increase (decrease) in cash and cash equivalents (continued)		
Cash flows from investing activities		
Purchase of property and equipment	$ (814,702)	$ (414,837)
Proceeds from sale of property and equipment	4,805	125
Purchases of assets limited as to use	(172,530)	(154,354)
Purchases of short-term investments	(11,607)	(70,873)
Purchases of long-term investments	(247,172)	(163,689)
Payments received on student loans receivable	-	12,800
Student loans granted	(40,000)	(54,000)
Purchases of intangible assets	-	(267,500)
Net cash used in investing activities	(1,281,206)	(1,112,328)
Cash flows from financing activities		
Proceeds from notes payable	2,195,000	1,030,000
Repayments of notes payable	(1,540,000)	(815,000)
Principal payments on long-term debt	(257,800)	(283,053)
Payments to capital lease	(29,269)	-
Contributions for long-lived assets	49,620	34,300
Contributions and investments restricted by donors	12,826	51,493
Net cash provided by financing activities	430,377	17,740
Net increase (decrease) in cash and cash equivalents	(159,964)	209,144
Cash and cash equivalents at beginning	646,028	436,884
Cash and cash equivalents at end	$ 486,064	$ 646,028
Supplemental cash flow information		
Cash paid during the year for interest	$ 61,401	$ 57,682
Noncash investing and financing activities		
Property and equipment additions included in accounts payable	$ 59,299	$ 278,263
Equipment acquired under capital lease obligation	$ 199,608	$ -

See accompanying notes to consolidated financial statements

Good Samaritan Hospital Association and Affiliate

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies

The Entity

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

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

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

Principles of Consolidation

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

Financial Statement Presentation

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

Note 1 Summary of Significant Accounting Policies (Continued)

Use of Estimates in Preparation of Consolidated Financial Statements

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

Cash and Cash Equivalents

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

Short-Term Investments

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

Patient and Resident Accounts Receivable and Credit Policy

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

Note 1 Summary of Significant Accounting Policies (Continued)

Patient and Resident Accounts Receivable and Credit Policy (Continued)

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

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

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

Assets Limited as to Use

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

Note 1 Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

Investments are recorded at fair value in the accompanying balance sheets

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

Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include

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

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

Note 1 Summary of Significant Accounting Policies (Continued)

Fair Value Measurements (Continued)

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

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

Property, Equipment, and Depreciation

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

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

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

Note 1 Summary of Significant Accounting Policies (Continued)

Asset Impairment

The Organization reviews its property, equipment, and intangible assets periodically to determine potential impairment If an impairment exists, an impairment loss is recognized No asset impairments were recognized in 2012 and 2011

Asset Retirement Obligations

ASC Topic 410, *Accounting for Conditional Asset Retirement Obligations* , clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation The Organization has considered ASC Topic 410, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties The Organization believes there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Organization may settle the obligation is unknown and cannot be estimated As a result, the Organization cannot reasonably estimate the liability related to these asset retirement activities as of March 31, 2012 and 2011

Resident Trust Funds

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

Intangible Assets

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

Note 1 Summary of Significant Accounting Policies (Continued)

Charitable Gift Annuities

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

Net Assets

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

Net Patient and Resident Service Revenue

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

Charity Care

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

The estimated cost of providing charity to patients under the Organization's charity care policy is calculated by multiplying the Organization's ratio of cost to gross charges by the gross uncompensated charges associated with providing charity care

Note 1 Summary of Significant Accounting Policies (Continued)

Contributions

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

Excess of Revenue Over Expenses

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

Advertising Costs

Advertising costs are expensed as incurred

Note 1 Summary of Significant Accounting Policies (Continued)

Income Taxes

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

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

The Organization's federal returns for tax years 2008 and beyond remain subject to examination by the Internal Revenue Service

Subsequent Events

Subsequent events have been evaluated through September 7, 2012, which is the date the consolidated financial statements were issued

Note 2 Reimbursement Arrangements With Third-Party Payers

Hospital

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

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

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

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

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

Skilled Nursing Facility and Basic Care Facility

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

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

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

Clinics

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

Accounting for Contractual Arrangements

The Hospital is reimbursed for cost-reimbursable items at tentative rates, with final settlements determined after audit of the related annual cost reports by the respective Medicare and Medicaid fiscal intermediary Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying consolidated financial statements The Hospital's Medicare cost reports have been examined by the Medicare fiscal intermediary through March 31, 2011 The Hospital's Medicaid cost reports have been examined by the Medicaid fiscal intermediary through March 31, 2008

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

Laws and Regulation

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

The Centers for Medicare & Medicaid Services (CMS) uses recovery audit contractors (RACs) as part of its efforts to ensure accurate payments under the Medicare program RACs search for potentially inaccurate Medicare payments that might have been made to health care providers and not detected through existing CMS program-integrity efforts Once a RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment The organization may either accept or appeal the RAC's findings The Hospital's policy is to adjust revenue for decreases in reimbursement from the RAC reviews when these amounts are estimatable and to adjust revenue for increases in reimbursement from the RAC reviews when the increase in reimbursement is agreed upon A RAC review of the Hospital's Medicare claims is anticipated, however, the outcome of such a review is unknown, and any financial impact cannot be reasonably estimated at March 31, 2012

Note 3 Patient and Resident Accounts Receivable

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

	2012	2011
Gross patient and resident accounts receivable	$ 6,475,111	$ 5,516,461
Less		
Contractual adjustments	1,736,000	1,653,981
Allowance for doubtful accounts	619,000	338,000
Patient accounts receivable - Net	$ 4,120,111	$ 3,524,480

Note 4 Charity Care

Consistent with the mission of the Organization, care is provided to patients regardless of their ability to pay, including providing services to those who cannot afford health insurance because of inadequate resources or who are underinsured Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care without charge or at a reduced rate, as determined by qualifying criteria defined in the Organization's charity care policy and from applications completed by patients and their families

The estimated cost of providing care to patients under the Organization's charity care policy was approximately $165,000 and $149,000 in 2012 and 2011, respectively

In addition to the direct care provided to patients under the Organization's charity care policy, the Organization provides health care services and other financial support through various programs that are designed, among other matters, to benefit the broader community Benefits for the community include health screenings, community education through seminars and classes, and other health-related services

Note 5 Short-Term Investments

Short-term investments consisted of nonnegotiable certificates of deposit totaling $402,703 and $391,096 at March 31, 2012 and 2011, respectively

Note 6 Investments and Assets Limited as to Use

Investments

Investments consisted of the following at March 31

	2012	2011
Cash and cash equivalents	$ 60,989	$ 84,203
Certificates of deposit - Nonnegotiable	1,202,613	1,182,364
Mutual funds	498,093	757,300
Common stock	331,287	-
Total investments	2,092,982	2,023,867
Less - Short-term investments	402,703	391,096
Long-term investments	$ 1,690,279	$ 1,632,771

Note 6 Investments and Assets Limited as to Use (Continued)

Assets Limited as to Use

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

	2012	2011
Under bond indenture agreements - Cash	$ 46,150	$ 46,885
Board-designated for capital improvements		
Cash	27,710	9,222
Money market funds	264,428	210,644
Certificates of deposit - Nonnegotiable	452,578	444,790
Mutual funds	2,043,800	2,145,614
Government obligations	280,541	290,214
Common stock	752,575	525,761
Corporate debt securities	82,316	104,438
Total Board-designated for capital improvements	3,903,948	3,730,683
Total assets limited as to use	3,950,098	3,777,568
Less - Amount required for current liabilities	46,150	46,885
Assets limited as to use - Net of amounts required for current liabilities	$ 3,903,948	$ 3,730,683

Note 6 Investments and Assets Limited as to Use (Continued)

Investment Income

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

	2012	2011
Interest, dividends, and realized gains and losses	$ 377,565	$ 130,694
Unrealized gains (losses) on investments	(189,664)	355,512
Temporarily restricted investment income	7,092	38,665
Total investment income	$ 194,993	$ 524,871

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility Because of the 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

Note 7 Fair Value Measurements

Information regarding the fair value of assets measured at fair value on a recurring basis as of March 31, 2012, follows

		Recurring Fair Value Measurements Using		
	Assets Measured at Fair Value	Level 1	Level 2	Level 3
Assets				
Money market funds	$ 320,351	$ -	$ 320,351	$ -
Mutual funds - International and emerging markets	455,110	455,110	-	-
Mutual funds - U S equities	1,503,920	1,503,920	-	-
Mutual funds - U S fixed income	582,863	582,854	-	-
Government obligations	280,541	-	280,541	-
Common stock	1,083,862	1,083,862	-	-
Corporate debt securities	82,316	-	82,316	-
Total assets	$ 4,308,963	$ 3,625,746	$ 683,208	$ -

Note 7 Fair Value Measurements (Continued)

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

		Recurring Fair Value Measurements Using		
	Assets Measured at Fair Value	Level 1	Level 2	Level 3
Assets				
Money market funds	$ 295,189	$ -	$ 295,189	$ -
Mutual funds - International and emerging markets	434,559	434,559	-	-
Mutual funds - U S equities	2,224,705	2,224,705	-	-
Mutual funds - U S fixed income	243,640	243,640	-	-
Government obligations	290,214	-	290,214	-
Common stock	525,761	525,761	-	-
Corporate debt securities	104,438	-	104,438	-
Totals	$ 4,118,506	$ 3,428,665	$ 689,841	$ -

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

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

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

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

Note 7 Fair Value Measurements (Continued)

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

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

Note 8 Property, Equipment, and Depreciation

Property and equipment consisted of the following at March 31

	2012	2011
Land	$ 137,447	$ 137,447
Land improvements	745,418	731,083
Buildings	9,120,410	9,036,892
Fixed equipment	4,450,833	4,325,101
Major movable equipment	6,629,627	6,937,944
Total property and equipment	21,083,735	21,168,467
Less - Accumulated depreciation	17,053,061	17,340,793
Net depreciated value	4,030,674	3,827,674
Construction in progress	147,948	329,724
Property and equipment - Net	$ 4,178,622	$ 4,157,398

Note 8 Property, Equipment, and Depreciation (Continued)

Construction in progress at March 31, 2012 and 2011, consisted of costs associated primarily with mammography and other equipment that had not yet been placed into service

Cost of equipment under capital lease obligations, which are included in major movable equipment, was $199,608, and accumulated amortization for equipment under capital lease obligations was $20,808 at March 31, 2012

Note 9 Surplus Notes Receivable

The Organization has advanced funds under the terms of note agreements to Heart of America Health Plan (HAHP) The note agreements bear interest at 2%, but accrue only upon the approval of the North Dakota State Insurance Commissioner Principal and interest payments on the note agreements are made when approved by the North Dakota State Insurance Commissioner based on the annual financial performance of HAHP No payments were made during the years ended March 31, 2012 and 2011 Total surplus notes receivable was $354,182 at March 31, 2012 and 2011

Note 10 Student Loans Receivable

The Organization has advanced funds to professional staff for educational purposes Under terms of the agreements, students commit to working for the Organization for a certain period of time after graduation If a student fulfills the time commitment, the note is forgiven as of that period If a student terminates employment prior to completion of the time commitment, the note must be repaid in full Total student loans receivable as of March 31, 2012 and 2011, were $149,432 and $109,432, respectively

Note 11 Lines of Credit

At March 31, 2012 and 2011, the Organization had a line of credit of $500,000 with a bank, bearing interest at 3 00% The line of credit is unsecured and matures on June 1, 2013 Outstanding borrowings were $400,000 and $200,000 at March 31, 2012 and 2011, respectively

At March 31, 2012, the Organization had an additional line of credit of $250,000 with this bank, bearing interest at 4 25% The line of credit is secured by accounts of the Organization and matures on September 15, 2012 Outstanding borrowings were $150,000 at March 31, 2012

At March 31, 2012 and 2011, the Organization also had a line of credit of $1,000,000 with a bank, bearing interest at 75% over the prime rate of 4 25% at March 31, 2012 and 2011 The line of credit is secured by accounts of the Organization and matures on October 15, 2012 Outstanding borrowings were $675,000 and $465,000 at March 31, 2012 and 2011, respectively

At March 31, 2012, the Organization had a additional line of credit of $500,000 with this bank, bearing interest at 65% over the prime rate of 3 90% at March 31, 2012 The line of credit is secured by accounts of the Organization and matures on December 31, 2012 Outstanding borrowings were $95,000 at March 31, 2012

Note 12 Long-Term Debt

Long-term debt consisted of the following at March 31

	2012	2011
2 00% mortgage note payable, due in varying annual installments to February 2034 and secured by property	$ 511,270	$ 529,665
4 80% Health Care Facilities Revenue Note - Series 2005A, due in monthly installments of $15,500, including interest to April 2013 and secured by equipment	11,717	191,891
3 27% Health Care Facilities Revenue Bonds - Series 1998A, due in varying annual installments to April 2013 and secured by a mortgage on substantially all real property	70,000	115,000
4 00% special assessments, due in annual installments of $13,406 including interest to October 2025	151,038	165,269
Total long-term debt	744,025	1,001,825
Less - Current maturities	113,160	267,416
Long-term portion	$ 630,865	$ 734,409

The bond indentures require the establishment of certain funds to be held in deposit, 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

The bond indentures provide for various restrictive covenants including maintenance of various financial ratios and limitations on additional borrowing Management believes the Organization was in compliance with all covenants at March 31, 2012

Note 12 Long-Term Debt (Continued)

Scheduled principal payments on long-term debt at March 31, 2012, including current maturities, are summarized as follows

2013	$	113,160
2014		31,823
2015		32,209
2016		32,604
2017		33,006
Thereafter		501,223
Total long-term debt	$	744,025

Note 13 Capital Lease Obligations

The Organization uses certain equipment under lease agreements classified as capital leases Capital lease obligations consisted of the following at March 31

		2012
Philips Medical Capital, LLC lease obligations at imputed interest rates of 5 99%, with payments due in monthly installments through May 2016, collateralized by leased equipment	$	170,339
Less - Current maturities		37,101
Long-term portion	$	133,238

Note 13 Capital Lease Obligations (Continued)

Minimum future payments under capital lease obligations are as follows

2013	$ 46,297
2014	46,297
2015	46,297
2016	46,297
2017	7,714
Total minimum lease payments	192,902
Amount representing interest	22,563
Obligations under capital leases	$ 170,339

Note 14 Temporarily Restricted Net Assets

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

	2012	2011
Hospice program	$ 359,126	$ 371,300

In 2012 and 2011, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of $25,000 and $0, respectively These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements

Note 15 Permanently Restricted Net Assets

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

Donor-Restricted Endowments

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

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

Note 15 Permanently Restricted Net Assets (Continued)

Investment Return Objectives, Risk Parameters, and Strategies

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

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

Spending Policy

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

Funds With Shortfalls

From time to time, the fair value of assets associated with the individual donor-restricted endowment funds may fall below the historical dollar value of the fund In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets It is the Organization's policy to fund any deficiencies There were no such deficiencies at March 31, 2012 and 2011

Note 15 Permanently Restricted Net Assets (Continued)

Changes in the endowment net assets were as follows

	Unrestricted	Permanently Restricted
Endowment net assets at March 31, 2010	$ -	$ 146,179
Investment income		
Interest, dividends, and realized gains	992	-
Net unrealized gains	18,553	-
Appropriated for operations	(19,545)	-
Endowment net assets at March 31, 2011	-	146,179
Investment income (loss)		
Interest, dividends, and realized gains	31,417	-
Net unrealized losses	(25,989)	-
Appropriated for operations	(5,428)	-
Endowment net assets at March 31, 2012	$ -	$ 146,179

Note 16 Net Patient and Resident Service Revenue

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

	2012	2011
Gross patient and resident service revenue	$ 31,207,600	$ 26,067,028
Less - Contractual adjustments	9,193,793	6,968,192
Net patient and resident service revenue	$ 22,013,807	$ 19,098,836

Note 16 Net Patient and Resident Service Revenue (Continued)

Medicare revenue as a percent of gross patient and resident service revenue totaled 41 9% and 40 9% in 2012 and 2011, respectively Medicaid revenue as a percent of gross patient and resident service revenue totaled 20 0% and 21 3% in 2012 and 2011, respectively

Note 17 Retirement Plan

The Organization has a defined contribution retirement plan covering substantially all employees The Organization makes discretionary contributions totaling 2% of the employee's compensation for all eligible employees The Organization's retirement plan expense totaled $255,342 and $181,149 in 2012 and 2011, respectively

Note 18 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, 2013

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Organization Although there exists the possibility of claims arising from services provided to patients through March 31, 2012, which have not yet been asserted, the Organization is unable to determine the ultimate cost, if any, of such possible claims, and accordingly, no provisions have been made for them

Note 19 Functional Expenses

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

	2012	2011
Health care services	$ 21,600,153	$ 18,595,106
General and administrative	1,571,632	1,352,984
Total expenses	$ 23,171,785	$ 19,948,090

Note 20 Concentration of Credit Risk

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

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

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

	2012	2011
Medicare	39 %	42 %
Medicaid	20 %	20 %
Blue Cross	12 %	17 %
Other third-party payers	12 %	10 %
Self-pay	17 %	11 %
Totals	100 %	100 %

Note 20 Concentration of Credit Risk (Continued)

The Organization maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation (FDIC) insured institutions On November 9, 2010, the FDIC issued a final rule implementing Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act, which provided for unlimited insurance coverage of non-interest-bearing transaction accounts through December 31, 2012 In addition, the Organization maintains cash in interest-bearing accounts at these institutions, which are insured by the FDIC up to $250,000 At March 31, 2012, the Organization exceeded the insured limits by approximately $973,000

Note 21 Reclassifications

Certain reclassifications have been made to the 2011 consolidated financial statements to conform to the 2012 classifications

Supplementary Information

WIPFLI LLP

Independent Auditor's Report on Supplementary Information

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

We have audited the consolidated financial statements of Good Samaritan Hospital Association and Affiliate as of and for the years ended March 31, 2012 and 2011, and our report thereon dated September 7, 2012, which expressed an unqualified opinion on those financial statements, appears on page 1 Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The supplementary information appearing on pages 39 through 46 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole

Wipfli LLP

Wipfli LLP

September 7, 2012
Minneapolis, Minnesota

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets

March 31, 2012

Assets	Good Samaritan Hospital Association: Hospital Division	Good Samaritan Hospital Association: Haaland Estates	Good Samaritan Hospital Association: Total	Good Samaritan Health Services Foundation	Total	Eliminations	Consolidated
Current assets							
Cash and cash equivalents	$ 42,857	$ 228,188	$ 271,045	$ 215,019	$ 486,064	$ -	$ 486,064
Short-term investments	9,800	392,903	402,703	-	402,703	-	402,703
Assets limited as to use	46,150	-	46,150	-	46,150	-	46,150
Patient and resident accounts receivable - Net	4,076,898	43,213	4,120,111	-	4,120,111	-	4,120,111
Other accounts receivables	147,597	2,697	150,294	1,125	151,419	-	151,419
Due from third-party reimbursement programs	33,000	-	33,000	-	33,000	-	33,000
Due from related party	62,618	21,669	84,287	-	84,287	(84,287)	-
Supplies	167,184	13,574	180,758	-	180,758	-	180,758
Prepaid expenses and other	30,407	12,648	43,055	-	43,055	-	43,055
Total current assets	4,616,511	714,892	5,331,403	216,144	5,547,547	(84,287)	5,463,260
Assets limited as to use - Net of amounts required for current liabilities	-	4,306,123	4,306,123	3,913,842	8,219,965	(4,316,017)	3,903,948
Property and equipment - Net	3,252,170	926,452	4,178,622	-	4,178,622	-	4,178,622
Other assets							
Long-term investments	-	799,910	799,910	890,369	1,690,279	-	1,690,279
Surplus notes receivable	354,182	-	354,182	-	354,182	-	354,182
Student loans receivable	149,432	-	149,432	-	149,432	-	149,432
Intangible assets - Net	178,333	-	178,333	-	178,333	-	178,333
Resident trust funds	8,868	15,867	24,735	-	24,735	-	24,735
Interest in net assets of the Foundation	359,126	-	359,126	-	359,126	(359,126)	-
Total other assets	1,049,941	815,777	1,865,718	890,369	2,756,087	(359,126)	2,396,961
TOTAL ASSETS	$ 8,918,622	$ 6,763,244	$ 15,681,866	$ 5,020,355	$ 20,702,221	$ (4,759,430)	$ 15,942,791

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets (Continued)

March 31, 2012

Liabilities and Net Assets	Good Samaritan Hospital Association: Hospital Division	Good Samaritan Hospital Association: Haaland Estates	Good Samaritan Hospital Association: Total	Good Samaritan Health Services Foundation	Total	Eliminations	Consolidated
Current liabilities							
Notes payable	$ 1,320,000	$ -	$ 1,320,000	$ -	$ 1,320,000	$ -	$ 1,320,000
Current maturities of long-term debt	105,100	8,060	113,160	-	113,160	-	113,160
Obligations under capital leases	37,101	-	37,101	-	37,101	-	37,101
Accounts payable - Trade	397,395	19,709	417,104	6,991	424,095	-	424,095
Accounts payable - Construction	59,299	-	59,299	-	59,299	-	59,299
Accrued liabilities							
Salaries and wages	213,298	17,181	230,479	-	230,479	-	230,479
Paid time off	767,781	78,281	846,062	-	846,062	-	846,062
Payroll taxes and other	232,077	8,945	241,022	-	241,022	-	241,022
Interest	1,178	-	1,178	-	1,178	-	1,178
Due to related party	-	84,287	84,287	-	84,287	(84,287)	-
Total current liabilities	3,133,229	216,463	3,349,692	6,991	3,356,683	(84,287)	3,272,396
Long-term liabilities							
Charitable gift annuities	-	-	-	3,529	3,529	-	3,529
Resident trust funds	8,868	17,880	26,748	-	26,748	-	26,748
Trust obligations	-	-	-	3,554,716	3,554,716	(3,554,716)	-
Long-term debt - Less current maturities	1,304,485	87,681	1,392,166	-	1,392,166	(761,301)	630,865
Obligations under capital leases - Less current portion	133,238	-	133,238	-	133,238	-	133,238
Total long-term liabilities	1,446,591	105,561	1,552,152	3,558,245	5,110,397	(4,316,017)	794,380
Total liabilities	4,579,820	322,024	4,901,844	3,565,236	8,467,080	(4,400,304)	4,066,776
Net assets							
Unrestricted	3,979,676	6,441,220	10,420,896	949,814	11,370,710	-	11,370,710
Temporarily restricted	359,126	-	359,126	359,126	718,252	(359,126)	359,126
Permanently restricted	-	-	-	146,179	146,179	-	146,179
Total net assets	4,338,802	6,441,220	10,780,022	1,455,119	12,235,141	(359,126)	11,876,015
TOTAL LIABILITIES AND NET ASSETS	$ 8,918,622	$ 6,763,244	$ 15,681,866	$ 5,020,355	$ 20,702,221	$ (4,759,430)	$ 15,942,791

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets (Continued)

March 31, 2011

Assets	Good Samaritan Hospital Association: Hospital Division	Good Samaritan Hospital Association: Haaland Estates	Good Samaritan Hospital Association: Total	Good Samaritan Health Services Foundation	Total	Eliminations	Consolidated
Current assets							
Cash and cash equivalents	$ 7,771	$ 262,099	$ 269,870	$ 376,158	$ 646,028	$ -	$ 646,028
Short-term investments	-	391,096	391,096	-	391,096	-	391,096
Assets limited as to use	46,885	-	46,885	-	46,885	-	46,885
Patient and resident accounts receivable - Net	3,473,504	50,976	3,524,480	-	3,524,480	-	3,524,480
Other accounts receivable	131,559	2,425	133,984	1,125	135,109	-	135,109
Due from related party	79,739	40,195	119,934	-	119,934	(119,934)	-
Supplies	161,940	17,453	179,393	-	179,393	-	179,393
Prepaid expenses and other	71,375	11,433	82,808	-	82,808	-	82,808
Total current assets	3,972,773	775,677	4,748,450	377,283	5,125,733	(119,934)	5,005,799
Assets limited as to use - Net of amounts required for current liabilities	-	4,148,366	4,148,366	3,784,103	7,932,469	(4,201,786)	3,730,683
Property and equipment - Net	3,145,371	1,012,027	4,157,398	-	4,157,398	-	4,157,398
Other assets							
Long-term investments	-	791,268	791,268	841,503	1,632,771	-	1,632,771
Surplus notes receivable	354,182	-	354,182	-	354,182	-	354,182
Student loans receivable	109,432	-	109,432	-	109,432	-	109,432
Intangible assets - Net	231,833	-	231,833	-	231,833	-	231,833
Resident trust funds	10,143	18,976	29,119	-	29,119	-	29,119
Interest in net assets of the Foundation	371,300	-	371,300	-	371,300	(371,300)	-
Total other assets	1,076,890	810,244	1,887,134	841,503	2,728,637	(371,300)	2,357,337
TOTAL ASSETS	$ 8,195,034	$ 6,746,314	$ 14,941,348	$ 5,002,889	$ 19,944,237	$ (4,693,020)	$ 15,251,217

Good Samaritan Hospital Association and Affiliate

Consolidating Balance Sheets (Continued)

March 31, 2011

Liabilities and Net Assets	Good Samaritan Hospital Association: Hospital Division	Good Samaritan Hospital Association: Haaland Estates	Good Samaritan Hospital Association: Total	Good Samaritan Health Services Foundation	Total	Eliminations	Consolidated
Current liabilities							
Notes payable	$ 665,000	$ -	$ 665,000	$ -	$ 665,000	$ -	$ 665,000
Current maturities of long-term debt	259,356	8,060	267,416	-	267,416	-	267,416
Accounts payable - Trade	488,387	16,292	504,679	5,499	510,178	-	510,178
Accounts payable - Construction	278,263	-	278,263	-	278,263	-	278,263
Accrued liabilities							
Salaries and wages	538,104	17,888	555,992	-	555,992	-	555,992
Paid time off	656,240	80,368	736,608	-	736,608	-	736,608
Payroll taxes and other	136,186	1,865	138,051	-	138,051	-	138,051
Interest	2,420	-	2,420	-	2,420	-	2,420
Due to related party	-	119,934	119,934	-	119,934	(119,934)	-
Due to third-party reimbursement programs	125,000	-	125,000	-	125,000	-	125,000
Total current liabilities	3,148,956	244,407	3,393,363	5,499	3,398,862	(119,934)	3,278,928
Long-term liabilities							
Charitable gift annuities	-	-	-	3,529	3,529	-	3,529
Resident trust funds	10,143	20,019	30,162	-	30,162	-	30,162
Trust obligations	-	-	-	3,412,803	3,412,803	(3,412,803)	-
Long-term debt - Less current maturities	1,426,666	96,726	1,523,392	-	1,523,392	(788,983)	734,409
Total long-term liabilities	1,436,809	116,745	1,553,554	3,416,332	4,969,886	(4,201,786)	768,100
Total liabilities	4,585,765	361,152	4,946,917	3,421,831	8,368,748	(4,321,720)	4,047,028
Net assets							
Unrestricted	3,237,969	6,385,162	9,623,131	1,063,579	10,686,710	-	10,686,710
Temporarily restricted	371,300	-	371,300	371,300	742,600	(371,300)	371,300
Permanently restricted	-	-	-	146,179	146,179	-	146,179
Total net assets	3,609,269	6,385,162	9,994,431	1,581,058	11,575,489	(371,300)	11,204,189
TOTAL LIABILITIES AND NET ASSETS	$ 8,195,034	$ 6,746,314	$ 14,941,348	$ 5,002,889	$ 19,944,237	$ (4,693,020)	$ 15,251,217

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Operations

Year Ended March 31, 2012

	Good Samaritan Hospital Association						
	Hospital Division	Haaland Estates	Total	Good Samaritan Health Services Foundation	Total	Eliminations	Consolidated
Change in unrestricted net assets							
Revenue							
Net patient and resident service revenue	$ 20,034,580	$ 1,979,227	$ 22,013,807	$ -	$ 22,013,807	$ -	$ 22,013,807
Other operating income	1,014,895	56,209	1,071,104	25,015	1,096,119	(17,212)	1,078,907
Net assets released from restriction	25,000	-	25,000	-	25,000	-	25,000
Total revenue	21,074,475	2,035,436	23,109,911	25,015	23,134,926	(17,212)	23,117,714
Expenses.							
Professional care of patients and residents	12,833,860	582,318	13,416,178	-	13,416,178	-	13,416,178
Administrative and general	4,772,923	450,352	5,223,275	19,770	5,243,045	(17,212)	5,225,833
Property and household	1,601,565	323,243	1,924,808	-	1,924,808	-	1,924,808
Dietary	874,613	333,789	1,208,402	-	1,208,402	-	1,208,402
Interest	78,573	2,154	80,727	-	80,727	(20,568)	60,159
Depreciation and amortization	650,725	176,897	827,622	-	827,622	-	827,622
Provision for bad debts	508,783	-	508,783	-	508,783	-	508,783
Total expenses	21,321,042	1,868,753	23,189,795	19,770	23,209,565	(37,780)	23,171,785
Income (loss) from operations	(246,567)	166,683	(79,884)	5,245	(74,639)	20,568	(54,071)
Other income							
Investment income	24,192	162,389	186,581	21,888	208,469	(20,568)	187,901
Gain (loss) on disposal of property and equipment	5,446	(641)	4,805	-	4,805	-	4,805
Contributions	112,318	4,010	116,328	359,297	475,625	-	475,625
Ambulance subsidy	20,120	-	20,120	-	20,120	-	20,120
Total other income	162,076	165,758	327,834	381,185	709,019	(20,568)	688,451
Excess of revenue over expenses	(84,491)	332,441	247,950	386,430	634,380	-	634,380
Contributions for long-lived assets	49,620	-	49,620	-	49,620	-	49,620
Transfers from (to) affiliate	776,578	(276,383)	500,195	(500,195)	-	-	-
Increase (decrease) in unrestricted net assets	$ 741,707	$ 56,058	$ 797,765	$ (113,765)	$ 684,000	$ -	$ 684,000

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Operations (Continued)

Year Ended March 31, 2011

	Good Samaritan Hospital Association						
	Hospital Division	Haaland Estates	Total	Good Samaritan Health Services Foundation	Total	Eliminations	Consolidated
Change in unrestricted net assets							
Revenue							
Net patient and resident service revenue	$ 17,251,148	$ 1,847,688	$ 19,098,836	$ -	$ 19,098,836	$ -	$ 19,098,836
Other operating income	1,184,013	66,858	1,250,871	-	1,250,871	(11,438)	1,239,433
Total revenue	18,435,161	1,914,546	20,349,707	-	20,349,707	(11,438)	20,338,269
Expenses:							
Professional care of patients and residents	10,884,478	474,760	11,359,238	-	11,359,238	-	11,359,238
Administrative and general	4,169,225	436,961	4,606,186	20,677	4,626,863	(11,438)	4,615,425
Property and household	1,375,152	343,153	1,718,305	-	1,718,305	-	1,718,305
Dietary	812,708	319,538	1,132,246	-	1,132,246	-	1,132,246
Interest	68,120	2,257	70,377	-	70,377	(23,811)	46,566
Depreciation and amortization	650,175	165,733	815,908	-	815,908	-	815,908
Provision for bad debts	260,402	-	260,402	-	260,402	-	260,402
Total expenses	18,220,260	1,742,402	19,962,662	20,677	19,983,339	(35,249)	19,948,090
Income (loss) from operations	214,901	172,144	387,045	(20,677)	366,368	23,811	390,179
Other income							
Investment income	15,883	397,879	413,762	96,255	510,017	(23,811)	486,206
Gain on disposal of property and equipment	-	125	125	-	125	-	125
Contributions	89,917	7,913	97,830	396,629	494,459	-	494,459
Total other income	105,800	405,917	511,717	492,884	1,004,601	(23,811)	980,790
Excess of revenue over expenses	320,701	578,061	898,762	472,207	1,370,969	-	1,370,969
Contributions for long-lived assets	34,300	-	34,300	-	34,300	-	34,300
Transfers from (to) affiliate	13,328	896	14,224	(14,224)	-	-	-
Increase in unrestricted net assets	$ 368,329	$ 578,957	$ 947,286	$ 457,983	$ 1,405,269	$ -	$ 1,405,269

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Changes in Net Assets

Year Ended March 31, 2012

	Good Samaritan Hospital Association						
	Hospital Division	Haaland Estates	Total	Good Samaritan Health Services Foundation	Total	Eliminations	Consolidated
Unrestricted net assets.							
Excess of revenue over expenses	$ (84,491)	$ 332,441	$ 247,950	$ 386,430	$ 634,380	$ -	$ 634,380
Contributions for long-lived assets	49,620	-	49,620	-	49,620	-	49,620
Transfers from (to) affiliate	776,578	(276,383)	500,195	(500,195)	-	-	-
Increase (decrease) in unrestricted net assets	741,707	56,058	797,765	(113,765)	684,000	-	684,000
Temporarily restricted net assets.							
Contributions	-	-	-	5,734	5,734	-	5,734
Investment income	-	-	-	7,092	7,092	-	7,092
Net assets released from restrictions	(25,000)	-	(25,000)	(25,000)	(50,000)	25,000	(25,000)
Increase in interest in net assets of Foundation	12,826	-	12,826	-	12,826	(12,826)	-
Decrease in temporarily restricted net assets	(12,174)	-	(12,174)	(12,174)	(24,348)	12,174	(12,174)
Increase (decrease) in net assets	729,533	56,058	785,591	(125,939)	659,652	12,174	671,826
Net assets at beginning	3,609,269	6,385,162	9,994,431	1,581,058	11,575,489	(371,300)	11,204,189
Net assets at end	$ 4,338,802	$ 6,441,220	$ 10,780,022	$ 1,455,119	$ 12,235,141	$ (359,126)	$ 11,876,015

Good Samaritan Hospital Association and Affiliate

Consolidating Statements of Changes in Net Assets (Continued)

Year Ended March 31, 2011

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

Additional Data

Software ID:
Software Version:
EIN: 45-0226419
Name: GOOD SAMARITAN HOSPITAL ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description