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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

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
WEST RIVER HEALTH SERVICES

Doing Business As
WEST RIVER REGIONAL MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1000 HIGHWAY 12

City or town, state or country, and ZIP + 4
HETTINGER, ND 58639

D Employer identification number
45-0340688

E Telephone number
(701) 567-4561

G Gross receipts $ 25,679,596

F Name and address of principal officer
JIM K LONG
1000 HIGHWAY 12
HETTINGER, ND 58639

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 WRHS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1950 | **M** State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE COMPREHENSIVE HEALTH AND WELLNESS SERVICES TO THE RESIDENTS AND VISITORS OF THE REGION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	300
6	Total number of volunteers (estimate if necessary)	**6**	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	74,595	1,680,639
	9 Program service revenue (Part VIII, line 2g)	23,540,930	23,873,368
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,310	61,464
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,602	53,775
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,744,437	25,669,246
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	500	6,137
	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)	10,440,440	10,288,219
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶91,245		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,100,359	13,575,766
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,541,299	23,870,122
	19 Revenue less expenses Subtract line 18 from line 12	203,138	1,799,124
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	24,059,990	26,847,556
	21 Total liabilities (Part X, line 26)	7,567,952	8,549,839
	22 Net assets or fund balances Subtract line 21 from line 20	16,492,038	18,297,717

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

****** | 2013-01-22
Signature of officer | Date

JIM K LONG CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LISA CHAFFEE CPA	Date 2013-01-22	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00193453
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP, 4310 17TH AVE S PO BOX 2545, FARGO, ND 581082545			EIN ▶ 45-0250958 Phone no ▶ (701) 239-8500

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

THE MISSION OF WEST RIVER HEALTH SERVICES (WRHS) IS TO PROVIDE COMPREHENSIVE HEALTH AND WELLNESS SERVICES TO THE RESIDENTS AND VISITORS OF THE REGION

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 $ 22,463,111 including grants of $ 6,137) (Revenue $ 23,797,778)

WEST RIVER HEALTH SERVICES (WRHS) IS A NATIONALLY-RECOGNIZED RURAL HEALTH CARE DELIVERY SYSTEM INCLUDING HOSPITAL, SWING BED, SURGERY, LAB, RADIOLOGY, EMERGENCY ROOM, SEVEN CLINICS, EYE CLINIC, VISITING NURSE SERVICES, AMBULANCE SERVICE, FAMILY THERAPY, REHABILITATIVE THERAPIES INCLUDING PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY, HOME MEDICAL EQUIPMENT STORE, AND WELLNESS/FITNESS SERVICES IN FY 2012, WRHS PROVIDED ACUTE CARE SERVICES TO 1,021 PATIENTS FOR A TOTAL OF 4,052 DAYS OF CARE SWING BED SERVICES WERE PROVIDED TO 95 PATIENTS FOR A TOTAL OF 741 DAYS OF CARE IN ADDITION, 530 DAYS OF OBSERVATION CARE WERE PROVIDED THERE WERE 1,703 EMERGENCY ROOM VISITS DURING THE YEAR EIGHTY-SEVEN BABIES WERE BORN DURING THE YEAR WITH A TOTAL OF 209 DAYS OF CARE PROVIDED THERE WERE A TOTAL OF 952 SURGICAL CASES DURING THE YEAR, WITH 772 OF THOSE BEING DONE ON AN OUTPATIENT BASIS THE AMBULANCE CREW MADE 237 AMBULANCE RUNS/TRANSFERS THROUGHOUT THE YEAR THERE WERE 41,500 CLINIC ENCOUNTERS TO THE SEVEN CLINICS ANCILLARY SERVICES WERE PROVIDED AS FOLLOWS 198,589 LAB TESTS, 10,998 RADIOLOGY TESTS, 9,316 RESPIRATORY THERAPY TESTS, 38,593 MEALS TO PATIENTS, VISITORS, AND EMPLOYEES, AND 12,843 THERAPY VISITS THROUGHOUT THE YEAR, THERE WERE 2,002 RHC NURSE VISITS IT IS THE POLICY OF THE WRHS TO PROVIDE QUALITY HEALTH CARE SERVICES TO ALL PATIENTS IN THE REGION REGARDLESS OF RACE, COLOR, CREED OR ABILITY TO PAY TO THIS END, WRHS OFFERS FREE AND DISCOUNTED SERVICES TO PATIENTS WHO LACK ABILITY TO PAY THE WRHS CHARITY CARE POLICY, INITIALLY APPROVED IN JUNE OF 2006 AND REVISED IN 2011, ASSURES THAT ALL ELIGIBLE PATIENTS WILL RECEIVE THE CARE THEY DESERVE WITHOUT FINANCIAL WORRY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS HAS OVERSIGHT OF THE CHARITY CARE PROGRAM, APPROVES ELIGIBILITY CRITERIA, AND EVALUATES PROGRAM EFFECTIVENESS THE AMOUNT OF CHARITY CARE PROVIDED IN FY '12 FOR ELIGIBLE INDIVIDUALS WAS $326,535 THIS AMOUNT REFLECTS THE AMOUNT OF CHARGES FOREGONE BASED ON ESTABLISHED RATES

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** ▶ $ 22,463,111

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		No
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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**	Yes	
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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**		No
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**		No
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**	33		
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**	300			
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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
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	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			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	Yes	
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	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 ▶

KARAN EHLERS AND NATHAN STADHEIM
1000 HIGHWAY 12
HETTINGER, ND 58639
(701) 567-6150

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) CODY JORGENSON CHAIR	2 00	X		X				240	0	0
(2) ERIC ANDRESS VICE CHAIR	2 00	X		X				190	0	0
(3) HALEY EVANS SECRETARY/TREASURER	2 00	X		X				80	0	0
(4) GARY DEWHIRST BOARD DIRECTOR	2 00	X						170	0	0
(5) DALE WEGH BOARD DIRECTOR	2 00	X						100	0	0
(6) CLEVE TESKE BOARD DIRECTOR	2 00	X						130	0	0
(7) ROBERT PARKER BOARD DIRECTOR	2 00	X						160	0	0
(8) LARRY JACKSON BOARD DIRECTOR	2 00	X						190	0	0
(9) DR STEVEN KILWIEN BOARD DIRECTOR (OCT-MAR)	2 00	X						0	0	0
(10) TRAVIS ELLISON BOARD DIRECTOR	2 00	X						170	0	0
(11) JONATHAN EATON BOARD DIRECTOR	2 00	X						20	0	0
(12) JIM LONG CEO	36 00			X				148,440	0	19,567
(13) KARAN EHLERS CFO	29 00			X				75,674	0	24,526
(14) SUSAN HALLEN PHARMACIST	40 00					X		143,496	0	12,426
(15) MITCH SCHULTZ PHARMACIST	40 00					X		104,877	0	19,352

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)**								473,937	0	75,871

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

			Yes	No
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
UNITED CLINICS PHYSICIAN PC 1100 HIGHWAY 12 HETTINGER, ND 58639	PHYSICIAN SERVICES	4,082,483
DR MARK KRISTY 1000 HIGHWAY 12 HETTINGER, ND 58639	RADIOLOGY SERVICES	325,466
MONDAK IMAGING SERVICES 11 SOUTH 7TH ST SUITE 241 MILES CITY, MT 59301	MRI SERVICES	234,519
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 753972633	LOCUMS PHYSICIAN SERVICES	206,897
AVERA HEALTH 3900 WEST AVERA DR SUITE 301 SIOUX FALLS, SD 57108	E-EMERGENCY SERVICES	142,667
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 ▶ 7		

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	2,000			
	d	Related organizations	1d	1,407,059			
	e	Government grants (contributions)	1e	58,515			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	213,065			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,680,639			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	621110	23,055,653	23,055,653		
	b	OTHER	900099	328,976	328,976		
	c	AFFILIATION SUPPORT	900099	300,000	300,000		
	d	CAFETERIA	722210	97,114			97,114
	e	ASSISTED LIVING RENT	621610	91,625	91,625		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		23,873,368			
	3	Investment income (including dividends, interest and other similar amounts)		61,464			61,464
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	61,175 /				
	b	Less rental expenses	8,276 /				
	c	Rental income or (loss)	52,899 /				
	d	Net rental income or (loss)		52,899	21,524		31,375
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	/				
	b	Less cost or other basis and sales expenses	/				
	c	Gain or (loss)	/				
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 2,000 of contributions reported on line 1c) See Part IV, line 18	a 2,950				
	b	Less direct expenses	b 2,074				
	c	Net income or (loss) from fundraising events		876			876
	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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		25,669,246	23,797,778	0	190,829

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	6,137	6,137		
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	267,904		267,904	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	155,251	155,251		
7	Other salaries and wages	7,887,135	7,345,307	471,098	70,730
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	288,325	269,246	16,541	2,538
9	Other employee benefits	1,101,208	1,010,659	81,019	9,530
10	Payroll taxes	588,396	532,741	50,631	5,024
11	Fees for services (non-employees)				
a	Management				
b	Legal	11,691		11,691	
c	Accounting	63,232		63,232	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	5,957,231	5,854,447	102,784	
12	Advertising and promotion	84,822	84,822		
13	Office expenses	3,554,168	3,492,506	61,662	
14	Information technology				
15	Royalties . .				
16	Occupancy	616,906	616,906		
17	Travel	210,440	163,776	46,664	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,844	500	1,344	
20	Interest	256,497	256,497		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,239,203	1,239,203		
23	Insurance	69,824	62,058	7,766	
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	BAD DEBTS	674,464	674,464		
b	MEDICAL SUPPLIES	502,928	502,928		
c	RECRUITMENT	207,194	125,490	81,704	
d	DUES AND SUBSCRIPTIONS	57,542	31,535	26,007	
e					
f	All other expenses	67,780	38,638	25,719	3,423
25	**Total functional expenses.** Add lines 1 through 24f	23,870,122	22,463,111	1,315,766	91,245
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			1	
	2	Savings and temporary cash investments		1,621,226	2	4,184,607
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,848,974	4	4,016,673
	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			7	
	8	Inventories for sale or use		571,913	8	542,756
	9	Prepaid expenses and deferred charges		199,464	9	208,162
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 30,291,963			
	b	Less accumulated depreciation	10b 16,660,267	13,915,779	10c	13,631,696
	11	Investments—publicly traded securities		1,879,491	11	2,331,971
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,023,143	15	1,931,691
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,059,990	16	26,847,556
Liabilities	17	Accounts payable and accrued expenses		1,945,005	17	1,973,368
	18	Grants payable			18	
	19	Deferred revenue			19	423,733
	20	Tax-exempt bond liabilities		5,230,699	20	5,017,666
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	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			23	665,225
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		392,248	25	469,847
	26	**Total liabilities.** Add lines 17 through 25		7,567,952	26	8,549,839
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		16,492,038	27	18,297,717
	28	Temporarily restricted net assets			28	
	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		16,492,038	33	18,297,717
	34	Total liabilities and net assets/fund balances		24,059,990	34	26,847,556

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	25,669,246
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,870,122
3	Revenue less expenses Subtract line 2 from line 1	3	1,799,124
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	16,492,038
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,555
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	18,297,717

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		

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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
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

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

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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
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

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	6,620
d Additions during the year	1d	13,288
e Distributions during the year	1e	10,742
f Ending balance	1f	9,166

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	18,000	90,113		108,113
b Buildings	1,885,210	16,961,710	7,885,151	10,961,769
c Leasehold improvements				
d Equipment	30,107	10,711,771	8,445,675	2,296,203
e Other		595,052	329,441	265,611
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				13,631,696

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
(1) DEFERRED FINANCING COSTS	94,328
(2) RELATED PARTY RECEIVABLES	1,837,363
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,931,691

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED PARTY	469,847
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	469,847

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	25,669,246
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,870,122
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,799,124
4	Net unrealized gains (losses) on investments	4	9,101
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,546
9	Total adjustments (net) Add lines 4 - 8	9	6,555
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,805,679

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	25,603,763
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	9,101		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-71,646		
e	Add lines **2a** through **2d**			2e	-62,545
3	Subtract line **2e** from line **1**			3	25,666,308
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	2,938		
c	Add lines **4a** and **4b**			4c	2,938
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	25,669,246

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

1	Total expenses and losses per audited financial statements			1	23,798,084
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	10,350		
e	Add lines **2a** through **2d**			2e	10,350
3	Subtract line **2e** from line **1**			3	23,787,734
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	82,388		
c	Add lines **4a** and **4b**			4c	82,388
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	23,870,122

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	THE HOSPITAL HAS AN AUXILIARY THAT OPERATES UNDER THEIR EIN THESE FUNDS ARE CONTROLLED BY THE AUXILIARY BOARD MEMBERS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	WEST RIVER HEALTH SERVICES (WRHS) IS ORGANIZED AS A NORTH DAKOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) WRHS IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS IN ADDITION, WRHS IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE WRHS HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS WRHS BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS WRHS WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED
PART XI, LINE 8 - OTHER ADJUSTMENTS		AUXILIARY NET INCOME CHANGE -2,546
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL PROPERTY DEPRECIATION INCLUDED IN REVENUE ON FINANCIAL STATEMENTS -71,646
PART XII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY REVENUE 13,288 RENTAL EXPENSES INCLUDED IN REVENUE ON FORM 990 -8,276 FUNDRAISING EXPENSES INCLUDED IN REVENUE ON FORM 990 -2,074
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES INCLUDED IN REVENUE ON FORM 990 8,276 FUNDRAISING EXPENSES INCLUDED IN REVENUE ON FORM 990 2,074
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY EXPENSES 10,742 RENTAL PROPERTY DEPRECIATION INCLUDED IN REVENUE ON FINANCIAL STATEMENTS 71,646

Additional Data

Software ID:
Software Version:
EIN: 45-0340688
Name: WEST RIVER HEALTH SERVICES

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493035004113

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
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

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 195.000000000000 %	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	Yes	
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		No
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)			216,000		216,000	0 930 %
b Medicaid (from Worksheet 3, column a)			361,628	285,426	76,202	0 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			577,628	285,426	292,202	1 260 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			63,638	19,607	44,031	0 190 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			9,446,320	7,227,560	2,218,760	9 570 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits			9,509,958	7,247,167	2,262,791	9 760 %
k **Total.** Add lines 7d and 7j			10,087,586	7,532,593	2,554,993	11 020 %

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			10,202		10,202	0 040 %
7	Community health improvement advocacy						
8	Workforce development			38,849		38,849	0 170 %
9	Other						
10	**Total**			49,051		49,051	0 210 %

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 Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense	2	674,464		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	6,542		
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	7,016,522		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	6,947,051		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	69,471		
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	WEST RIVER HEALTH SERVICES 1000 HIGHWAY 12 HETTINGER,ND 58639	X	X			X		X		CLINIC & 5 RHC'S - ALL PROVIDER BASED

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)

WEST RIVER HEALTH SERVICES

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 150 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 195 000000000000%			
	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		No
	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**	Yes	
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**	Yes	
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? 2

	Name and address	Type of Facility (Describe)
1	HETTINGER WEST RIVER EYE CENTER 1000 HWY 12 HETTINGER,ND 58639	CLINIC
2	WEST RIVER FOOT & ANKLE CENTER 683 STATE AVENUE SUITE E DICKINSON,ND 58601	CLINIC
3		
4		
5		
6		
7		
8		
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 7 CHARITY CARE EXPENSE WAS CONVERTED TO COST ON LINE 7A BASED ON AN OVERALL COST-TO-CHARGE RATIO ADDRESSING ALL PATIENT SEGMENTS UNREIMBURSED MEDICAID ON LINE 7B WAS CALCULATED USING THE COSTING METHODS TO PREPARE THE COST REPORTS THE ORGANIZATION USED ACTUAL EXPENSES TO DETERMINE THE COST FOR COMMUNITY HEALTH IMPROVEMENT SERVICES ON LINE 7E THE COST OF SUBSIDIZED HEALTH SERVICES REPORTED ON LINE 7G WAS DETERMINED USING THE MEDICARE COST REPORT

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF BAD DEBT INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE ON THIS LINE IS $674,464

Identifier	ReturnReference	Explanation
		PART II PART II - COMMUNITY BUILDING ACTIVITIESLINE 6 - COALITION BUILDINGSEVERAL OF THE WRHS STAFF ARE MEMBERS OF THE ADAMS COUNTY DISASTER MANAGEMENT TEAM AND, AS SUCH, ARE ALSO REPRESENTED ON THE SOUTHWEST REGION COALITION FOR DISASTER MANAGEMENT THESE GROUPS HAVE BEEN INSTRUMENTAL IN DEVELOPING DISASTER PLANS WHICH ENCOMPASS A VARIETY OF NATURAL DISASTERS IN A TEAM INVOLVING FIRE, POLICE, RESCUE, AND HOSPITAL PERSONNEL IN THIS REPORTING PERIOD, THE MANAGEMENT TEAM PLANNED TWO COUNTY-WIDE DISASTER EXERCISES TO BETTER PREPARE ALL PERSONNEL FOR A NATURAL OR MANMADE DISASTER IN ADDITION TO REPRESENTATION ON THIS MANAGEMENT TEAM, ONE WRHS MEMBER OF THE TEAM ALSO WAS TRAINED TO ASSIST THE LOCAL RAILROAD CREW IN EVENT OF A SPILL ON THE RAIL LINE RUNNING THROUGH ADAMS AND/OR SURROUNDING COUNTIES IN THIS REPORTING PERIOD, $9,362 OF COMMUNITY BENEFIT EXPENSE WAS INCURRED THERE WAS NO DIRECT OFFSETTING REVENUE TO THE EXPENSE ALSO DURING THIS REPORTING PERIOD, TWO EMPLOYEES FROM WRHS (QUALITY ASSURANCE/QUALITY IMPROVEMENT STAFF) WERE REPRESENTED ON THE SOUTHWEST REGION INFLUENZA COALITION THIS COALITION WORKS WITH THE SOUTHWEST DISTRICT HEALTH UNIT TO HELP ENSURE ADEQUATE VACCINATION COVERAGE FOR THE UNDERINSURED AND UNINSURED POPULATION OF THE AREA THE COALITION WAS ALSO INSTRUMENTAL IN ASSURING AN ADEQUATE AVAILABILITY OF BOTH INFLUENZA AND TDAP VACCINE THE GROUP MET FREQUENTLY TO DISCUSS CURRENT PUBLIC HEALTH CONCERNS AND OUTBREAKS THEY PROVIDED MUCH EDUCATION TO THE PUBLIC ON BENEFITS OF INFLUENZA VACCINATIONS AND OFFERED FLU CLINICS AT AREA FARM SHOWS AND SCHOOLS IN THIS REPORTING PERIOD, $840 OF COMMUNITY BENEFIT EXPENSE WAS INCURRED THERE WAS NO DIRECT OFFSETTING REVENUE TO THE EXPENSE GRAND TOTAL OF ALL COALITION BUILDING EFFORT WAS $10,202 PART II, LINE 8 - WORKFORCE DEVELOPMENTINCLUDED IN THE WRHS HEALTH CARE SYSTEM IS A 25-BED CRITICAL ACCESS HOSPITAL, EIGHT CLINICS (LOCATED IN HETTINGER, BOWMAN, SCRANTON, NEW ENGLAND, DICKINSON, AND MOTT IN NORTH DAKOTA AND LEMMON IN SOUTH DAKOTA), A VISITING NURSE PROGRAM, ADVANCED LIFE SUPPORT AMBULANCE SERVICE, PLUS A WIDE ARRAY OF ANCILLARY SERVICES TO COMPLIMENT THE ENTIRELY OF THE SYSTEM THE SERVICE AREA COVERS OVER 25,000 SQUARE MILES AND SERVES A POPULATION OF 25,000 ONE OF THE BIGGEST CHALLENGES WRHS HAS AND CONTINUES TO FACE IS FINDING A WORKFORCE WILLING TO LOCATE TO THIS SPARSELY-POPULATED AREA MOST COMMUNITIES WITHIN THE SYSTEM, INCLUDING HETTINGER, HAVE BEEN DESIGNATED MEDICAL SHORTAGE AREAS THIS REPORTING YEAR HAS BEEN ESPECIALLY DIFFICULT SINCE SEVERAL PHYSICIANS HAVE EITHER RETIRED OR RELOCATED LEAVING THE SYSTEM WITH A CRITICAL PHYSICIAN SHORTAGE WRHS HAS LONG SUPPORTED THE NEED FOR HEALTH CARE SERVICES IN EVEN THE REMOTEST OF AREAS RECOGNIZING THAT RURAL PEOPLE DESERVE THE SAME QUALITY HEALTH CARE AS DO THEIR URBAN COUNTERPARTS, PHYSICIANS AND MID-LEVELS TRAVEL DAILY TO THESE REMOTE SITES IN ORDER TO PROVIDE THE HEALTH CARE THESE RURAL PEOPLE SO DESPERATELY NEED GIVEN THE CURRENT SHORTAGE, PHYSICIAN/MID-LEVEL RECRUITMENT HAS BEEN A MAJOR EXPENSE OVER THE PAST YEAR EXPENSES HAVE INCLUDED COLLABORATIVE PHYSICIAN RECRUITMENT FEES, EXPENSE TO ATTEND STATEWIDE RECRUITMENT FAIRS, FORGIVENESS OF ACADEMIC LOAN REPAYMENT FOR PHYSICIANS, AND EXPENSE TO BRING POTENTIAL PHYSICIAN/MID-LEVEL CANDIDATES ON-SITE TO SEE THE WEST RIVER SYSTEM AND TO INTERVIEW FOR POSITIONS RECRUITMENT EXPENSE RELATED TO THESE ENDEAVORS FOR THIS REPORTING PERIOD TOTALED $37,314 UNLIKE MANY PARTS OF THE STATE OR ACROSS THE NATION, HETTINGER AND ITS COMMUNITY CLINIC SITES FACE A BURDENSOME MANPOWER SHORTAGE FOR MANY HEALTH CARE PROFESSIONALS AS WELL AS ANCILLARY SERVICE WORKERS BECAUSE WE MUST COMPETE WITH OIL FIELD DEVELOPMENT AND AN INDUSTRY THAT IS PAYING MUCH HIGHER WAGES, WE OFTEN COMPETE FOR THE SAME LABOR FORCE WRHS IS AN ADVOCATE FOR EDUCATION AND EFFORTS TO "GROW" A CLIENTELE THAT WILL HOPEFULLY RETURN TO THE AREA FOR PERMANENT JOBS AT SOME TIME IN THE FUTURE IN THIS PAST YEAR, WRHS ONCE AGAIN PARTICIPATED IN A SCRUBS CAMP FOR AREA SCHOOLS THIS WAS A ONE DAY EVENT WHICH OFFERED STUDENTS A PERSPECTIVE ON HEALTH CAREERS AND ASSISTANCE AVAILABLE TO THEM IF THEY CHOOSE TO ADVANCE THEIR EDUCATION IN A MEDICAL FIELD THIS WAS A VERY SUCCESSFUL EVENT AND WELL OVER 250 STUDENTS WERE IN ATTENDANCE SEVEN STAFF FROM WRHS ATTENDED THE CAMP AND MANNED BOOTHS TO ANSWER QUESTIONS AND GIVE SPECIFIC INFORMATION ON CAREERS IN THE HEALTH CARE FIELD DIRECT COSTS FOR STAFF TO PARTICIPATE WERE $1,228, INDIRECT COSTS WERE $307 TOTAL WAS $1,535 THERE WAS NO OFFSETTING REVENUE TO THIS PROJECT GRAND TOTAL OF ALL WORKFORCE DEVELOPMENT ACTIVITIES WAS $38,849

Identifier	ReturnReference	Explanation
		PART III, LINE 4 PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT AFTER EVERY EFFORT IS MADE TO COLLECT THE BALANCE AND PATIENTS ARE GIVEN OPPORTUNITIES TO COMPLETE CHARITY CARE APPLICATIONS OR SET UP PAYMENT PLANS ALL DISCOUNTS AND CONTRACTUAL ADJUSTMENTS ARE APPLIED TO ACCOUNTS BEFORE THEY ARE WRITTEN OFF TO BAD DEBT CURRENT PAYMENTS ON ACCOUNTS PREVIOUSLY WRITTEN OFF AS BAD DEBT REDUCES BAD DEBT EXPENSE THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS APPROXIMATELY $6,542 THIS WAS BASED ON AN ESTIMATE OF CHARGES FOREGONE TO GROSS PATIENT CHARGES FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE THE CARRYING AMOUNT OF PATIENT RECEIVABLES IS REDUCED BY A VALUATION ALLOWANCE THAT REFLECTS MANAGEMENT'S ESTIMATE OF AMOUNTS THAT WILL NOT BE COLLECTED FROM PATIENTS AND THIRD-PARTY PAYORS MANAGEMENT REVIEWS PATIENT RECEIVABLES BY PAYOR CLASS AND APPLIES PERCENTAGES TO DETERMINE ESTIMATED AMOUNTS THAT WILL NOT BE COLLECTED FROM THIRD PARTIES UNDER CONTRACTUAL AGREEMENTS AND AMOUNTS THAT WILL NOT BE COLLECTED FROM PATIENTS DUE TO BAD DEBTS MANAGEMENT CONSIDERS HISTORICAL WRITE OFF AND RECOVERY INFORMATION IN DETERMINING THE ESTIMATED BAD DEBT PROVISION

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE ALLOWABLE COSTS OF CARE ARE BASED ON THE MEDICARE COST REPORT THE MEDICARE COST REPORT IS COMPLETED BASED ON THE RULES AND REGULATIONS SET FORTH BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES

Identifier	ReturnReference	Explanation
		PART III, LINE 9B IT IS THE POLICY OF THE WRHS TO PROVIDE QUALITY HEALTH CARE SERVICES TO ALL PATIENTS IN THE REGION REGARDLESS OF RACE, COLOR, CREED, OR ABILITY TO PAY TO THIS END, WRHS OFFERS FREE AND DISCOUNTED SERVICES TO PATIENTS WHO LACK ABILITY TO PAY THE WRHS CHARITY CARE POLICY, INITIALLY APPROVED IN JUNE OF 2006 AND REVISED IN 2011, ASSURES THAT ALL ELIGIBLE PATIENTS WILL RECEIVE THE CARE THEY DESERVE WITHOUT FINANCIAL WORRY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS HAS OVERSIGHT OF THE CHARITY CARE PROGRAM, APPROVES ELIGIBILITY CRITERIA, AND EVALUATES PROGRAM EFFECTIVENESS THE AMOUNT OF CHARITY CARE PROVIDED IN FY '12 FOR ELIGIBLE INDIVIDUALS WAS $326,535 THIS AMOUNT REFLECTS THE AMOUNT OF CHARGES FOREGONE BASED ON ESTABLISHED RATES THE ESTIMATED COST OF PROVIDING THESE SERVICES WAS $216,000 IF DURING THE CHECK-IN REGISTRATION PROCESS FOR NONEMERGENCY CARE ONLY, THE PATIENT IS UNABLE TO PAY THE DESIGNATED CO-PAY AMOUNT THEIR FILE IS IMMEDIATELY REFERRED TO THE SELF-PAY COLLECTIONS REPRESENTATIVE OR PATIENT ACCOUNT MANAGER TO ASSIST WITH THE APPLICATION TO APPLY FOR THE FREE OR DISCOUNTED CARE UNDER THE CHARITY CARE POLICY IF THE PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE THE HOSPITAL REQUESTS THAT THEY PAY, ON AVERAGE, 50% OF THE PAYMENT THAT WILL BE DUE THE HOSPITAL DOES ITS BEST TO WORK WITH PATIENTS THAT CANNOT AFFORD MEDICAL CARE THE PATIENT ACCOUNT MANAGER WILL SEND THE BILL OUT AFTER THE SERVICES ARE PERFORMED, SIMILAR TO THE THE BILLING PROCESS THAT IS USED FOR OTHER PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE THE HOSPITAL POLICY IS TO SEND THE UNPAID AMOUNTS TO COLLECTIONS 45 DAYS AFTER THIS INITIAL LETTER, HOWEVER, THE HOSPITAL MAKES ALL EFFORTS TO WORK WITH THE PATIENTS TO COLLECT ON THE UNPAID AMOUNT BEFORE THEY ACTUALLY SEND IT TO COLLECTIONS THE PATIENT ACCOUNT MANAGER MAKES SEVERAL ATTEMPTS TO MAKE PAYMENT ARRANGEMENTS THROUGH PHONE CONVERSATIONS AND PERSONAL CONTACT WITH THE PATIENT IN REGARDS TO NON ELECTIVE AND EMERGENCY CARE, ONCE AN INDIVIDUAL IS ELIGIBLE FOR CHARITY CARE, THEY ARE ELIGIBLE FOR UP TO SIX MONTHS OF CHARITY CARE UNDER THE HOSPITAL'S POLICIES AFTER THE SIX MONTHS IS OVER, THEY MAY RE-SUBMIT AN APPLICATION FOR CHARITY CARE TO EXTEND THIS FOR ANOTHER SIX MONTHS

Identifier	ReturnReference	Explanation
		PART V, SECTION A WEST RIVER HEALTH SERVICES OPERATES HETTINGER CLINIC, A PROVIDER BASED CLINIC THE HOSPITAL ALSO OPERATES FIVE PROVIDER BASED RURAL HEALTH CLINICS NEW ENGLAND CLINIC, BOWMAN CLINIC, SCRANTON CLINIC, MOTT CLINIC, AND LEMON CLINIC

Identifier	ReturnReference	Explanation
WEST RIVER HEALTH SERVICES		PART V, SECTION B, LINE 13G THE HOSPITAL ALSO PROVIDES A SUMMARY IN PLAIN LANGUAGE ON THE HOSPITAL WEBSITE, EMERGENCY AND WAITING ROOMS, ADMISSIONS OFFICE, UPON ADMISSION TO THE HOSPITAL, AND IN PACKETS PROVIDED IN EACH PATIENT ROOM

Identifier	ReturnReference	Explanation
WEST RIVER HEALTH SERVICES		PART V, SECTION B, LINE 19D THE HOSPITAL CURRENTLY STARTS WITH GROSS CHARGES FOR ALL PATIENT BILLINGS FOR INSURED PATIENTS THE CONTRACTED INSURANCE RATE IS APPLIED TO GROSS CHARGES, AND THEN WE APPLY THE FINANCIAL ASSISTANCE PERCENTAGE IN REGARDS TO SELF-PAY PATIENTS, THE FINANCIAL ASSISTANCE PERCENTAGE IS APPLIED DIRECTLY TO THE GROSS CHARGES AT THE TIME OF THE FILINGS THE HOSPITAL WAS NOT USING ONE OF THE TWO APPROVED METHODS FOR DETERMINING THE AMOUNTS GENERALLY BILLED BEFORE APPLYING THE FINANCIAL ASSISTANCE PERCENTAGE THE HOSPITAL IS CURRENTLY REVIEWING AND DEVELOPING A POLICY THAT WOULD BE IN COMPLIANCE WITH THE REGULATIONS

Identifier	ReturnReference	Explanation
WEST RIVER HEALTH SERVICES		PART V, SECTION B, LINE 20 THE HOSPITAL CURRENTLY CHARGES ALL PATIENTS GROSS CHARGES AND APPLIES THE FINANCIAL ASSISTANCE PERCENTAGE DIRECTLY TO GROSS CHARGES FOR THOSE THAT DO NOT HAVE INSURANCE

Identifier	ReturnReference	Explanation
WEST RIVER HEALTH SERVICES		PART V, SECTION B, LINE 21 THE HOSPITAL CURRENTLY CHARGES ALL PATIENTS GROSS CHARGES AND APPLIES THE FINANCIALS ASSISTANCE PERCENTAGES DIRECTLY TO CHARGES FOR THOSE THAT DO NOT HAVE INSURANCE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 BOARD MEMBERS FROM ALL AFFILIATED BOARDS (WRHSF, WRHS, AND WHLC) AS WELL AS WRHS MEDICAL STAFF MET TOGETHER AT THE ANNUAL BOARD RETREAT IN JANUARY 2012 AT WHICH TIME RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN JULY OF 2011 WERE REVIEWED AND DISCUSSED THE NEEDS ASSESSMENT SERVED AS THE BASIS FOR HEALTH CARE STRATEGIC AND LONG-RANGE PLANNING TO DEVELOP HEALTHY POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS, AND COLLABORATE WITH OTHER COMMUNITY HEALTH CARE PROVIDERS THERE IS WIDE REPRESENTATION FROM ACROSS THE MULTI-COUNTY REGION ON THE WRHS BOARD OF DIRECTORS BOARD MEMBERS ROUTINELY PROVIDE FEEDBACK TO ADMINISTRATION AND THE BOARD OF PERCEIVED HEALTH CARE NEEDS BASED ON DISCUSSIONS WITH PATIENTS IN THEIR RESPECTIVE COMMUNITIES ALTHOUGH ALL MEMBERS OF THE 14-MEMBER PHYSICIAN GROUP WITH WHOM WRHS CONTRACTS FOR PROFESSIONAL MEDICAL SERVICES RESIDE IN HETTINGER, THEY TRAVEL DAILY/WEEKLY TO COMMUNITY CLINICS WITHIN THE REGION THEY HAVE BECOME ADVOCATES FOR EACH OF THESE COMMUNITIES AND REPRESENT THE COMMUNITY NEEDS TO ADMINISTRATION AND BOARD OF DIRECTORS WRHS CONDUCTS REGULAR SATISFACTION SURVEYS WITH PATIENTS WHO HAVE RECEIVED HOSPITAL/CLINIC SERVICES FROM WRHS AS PART OF THOSE SURVEYS, PATIENTS ARE ASKED FOR THEIR INPUT FOR IMPROVEMENT AND/OR TO SUGGEST OTHER NEEDED SERVICES WRHS FURTHER IDENTIFIES UNMET COMMUNITY HEALTH NEEDS BY PARTICIPATING IN COMMUNITY COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, ADVISORY GROUPS, AND PANELS LOCALLY AND WITHIN THE REGION BASED ON THE ABOVE-NOTED ASSESSMENT MEASURES, THE MAJOR COMMUNITY NEEDS IDENTIFIED FOR 2011 WERE THE NEED TO INCREASE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR CHILDREN, PREGNANT WOMEN, AND UNINSURED ADULTS AND SENIORS, THE NEED TO OBTAIN MEDICAL CARE FOR THE UNDERSERVED BY ENROLLING ELIGIBLE RESIDENTS IN MEDICAID, SCHIP, AND OTHER INSURANCE PROGRAMS, THE NEED TO ENHANCE AND STRENGTHEN MENTAL HEALTH SERVICES WITHIN THE REGION BY RECRUITING ADDITIONAL MENTAL HEALTH PROVIDERS, THE NEED TO CONSIDER THE ADDITION OF ORTHOPEDIC SERVICES, THE NEED TO RECRUIT ADDITIONAL QUALIFIED PHYSICIANS TO THIS UNDERSERVED AREA, AND THE NEED TO PROVIDE HEALTH EDUCATION, DISEASE PREVENTION AND CHRONIC DISEASE MANAGEMENT (INCLUDING OBESITY) PROGRAMS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES SERVED

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 IT IS THE MISSION OF WEST RIVER HEALTH SERVICES (WRHS) TO PROVIDE COMPREHENSIVE HEALTH AND WELLNESS SERVICES TO ALL RESIDENTS AND VISITORS IN THE REGION IT SERVES THESE SERVICES ARE OFFERED TO ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED OR ABILITY TO PAY WE ARE COMMITTED TO PROVIDE QUALITY HEALTH CARE SERVICES WITH COMPASSION AND RESPECT, PARTICULARLY THE UNDERINSURED AND UNINSURED POPULATION IT IS THE POLICY OF WRHS TO PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS, TO MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS, TO OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS, TO ASSIST LOW-INCOME PATIENTS IN A CONSISTENT MANNER, AND TO MAINTAIN FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS IT IS NORMALLY AT THE POINT OF ADMISSION THAT THE PATIENT'S ABILITY TO PAY IS ASSESSED PATIENTS WHO ARE UNINSURED AND BELIEVED TO HAVE LIMITED RESOURCES ARE REFERRED TO THE WRHS FINANCIAL COUNSELOR WHO WILL DETERMINE PATIENT'S ELIGIBILITY FOR CHARITY CARE AND/OR OTHER FINANCIAL ASSISTANCE PROGRAMS THE FINANCIAL COUNSELOR WILL ALSO DISCUSS WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENTAL PROGRAMS, INCLUDING MEDICAID OR OTHER STATE-FUNDED PROGRAMS WHERE APPROPRIATE, THE FINANCIAL COUNSELOR WILL ASSIST THE PATIENT WITH QUALIFICATION AND/OR APPLICATION TO SUCH PROGRAMS SEVERAL YEARS AGO, WRHS IMPLEMENTED THE GOOD NEIGHBOR PROGRAM THIS IS A PROGRAM DESIGNED TO PROVIDE FINANCIAL ASSISTANCE TO UNDERINSURED ELIGIBLE PATIENTS THROUGHOUT THE REGION FUNDING FOR THE PROGRAM WAS THROUGH A PUBLIC FUNDRAISING CAMPAIGN THOSE FUNDS, ALONG WITH AN ANNUAL SUSTAINABILITY CONTRIBUTION BY WRHS, HAVE ALLOWED THIS PROGRAM TO CONTINUE YET TODAY IT IS PROMOTED VIA BROCHURES, NEWSPAPER, AND THE WRHS WEBSITE IN ADDITION TO THIS PROGRAM, PATIENTS UNABLE TO PAY THEIR MEDICAL BILLS ARE INVITED TO SUBMIT AN APPLICATION TO THE CHARITY CARE PROGRAM BOTH THE FINANCIAL COUNSELOR AND THE PATIENT FINANCIAL SERVICES MANAGER ARE READILY AVAILABLE TO VISIT WITH CANDIDATES TO THIS PROGRAM AND TO ASSIST IN THE APPLICATION PROCESS, AS APPROPRIATE WRHS INFORMS PATIENTS OF ITS FINANCIAL ASSISTANCE PROGRAMS THROUGH THE WRHS WEBSITE, BROCHURES AVAILABLE AT POINTS OF ADMISSION AND IN THE PATIENT CARE HANDBOOK LOCATED IN EACH PATIENT ROOM EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE WRHS HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS WRHS MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER WRHS EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING, AND COLLECTIONS) ON THE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES THE FINANCIAL COUNSELOR IS GIVEN MORE IN-DEPTH TRAINING ON HANDLING FINANCIAL ASSISTANCE REQUESTS, PROCESSING OF APPLICATIONS, AND MANAGING OUTCOMES

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 HETTINGER IS LOCATED IN SOUTHWESTERN NORTH DAKOTA AND BORDERS THE STATES OF SOUTH DAKOTA AND MONTANA THE CITY HAS A POPULATION OF 1,226 WITH A TOTAL POPULATION OF 2,343 IN ADAMS COUNTY IN ADDITION TO THE HOSPITAL AND CLINIC SERVICES LOCATED IN HETTINGER, THERE ARE ALSO RURAL CLINICS LOCATED IN NEW ENGLAND (SLOPE COUNTY), BOWMAN AND SCRANTON (BOWMAN COUNTY), AND MOTT (HETTINGER COUNTY), ALL IN SOUTHWESTERN NORTH DAKOTA ANOTHER CLINIC IS LOCATED IN LEMMON, SOUTH DAKOTA (PERKINS COUNTY) IN TOTAL, WEST RIVER HEALTH SERVICES PROVIDES HEALTH CARE TO APPROXIMATELY 37,134 INDIVIDUALS OVER 25,000 SQUARE MILES INCLUSIVE OF THE COUNTIES NAMED THE MEDIAN HOUSEHOLD INCOME FOR THESE COUNTIES IS $38,371, WHICH IS CONSIDERABLY BELOW THE NORTH DAKOTA AVERAGE OF $46,781 TWENTY-THREE PERCENT OF THE POPULATION IN ALL COUNTIES SERVED IS 65 YEARS OF AGE OR OLDER FOUR HUNDRED THIRTY-NINE FAMILIES WITHIN THE SERVICE AREA FALL BELOW THE FEDERAL POVERTY GUIDELINES FOR AN AVERAGE OF 11 7% THE NORTH DAKOTA AVERAGE FOR FAMILIES FALLING BELOW POVERTY LEVELS IS 12 3% NOT INCLUDED TO THE ABOVE DEMOGRAPHICS IS THE CITY OF DICKINSON, 75 MILES FROM HETTINGER AND LOCATED IN STARK COUNTY IT IS HERE THAT WRHS OPERATES A WEEKLY FOOT AND ANKLE CENTER WITH THE EXCEPTION OF DICKINSON, ALL OTHER SITES HAVE BEEN DESIGNATED AS MEDICALLY UNDERSERVED AREAS HEALTH CARE IS AN IMPORTANT PART OF THE ECONOMY AND, AS SUCH, THE HOSPITAL AND CLINICS HAVE BECOME ONE OF THE TOP EMPLOYERS IN THE REGION APPROXIMATELY 3 5% OF ALL PATIENTS SERVED ARE MEDICAID RECIPIENTS AND 7 6% OF ALL PATIENTS SERVED ARE UNINSURED THERE IS ANOTHER HOSPITAL AND CLINIC IN BOWMAN, LOCATED 40 MILES WEST OF HETTINGER THERE IS ALSO A HOSPITAL AND SEVERAL OTHER CLINICS IN DICKINSON, LOCATED 75 NORTHWEST OF HETTINGER TERTIARY REFERRAL CENTERS ARE LOCATED 150 MILES AWAY IN BISMARCK, NORTH DAKOTA, AND 180 MILES AWAY IN RAPID CITY, SOUTH DAKOTA

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 WEST RIVER HEALTH SERVICES IS A NOT-FOR-PROFIT ORGANIZATION WHOSE MISSION IS TO PROVIDE COMPREHENSIVE HEALTH AND WELLNESS SERVICES TO RESIDENTS AND VISITORS OF THE REGION WE DO THIS BY REINVESTING OUR PROFITS BACK INTO THE COMMUNITIES THROUGH VARIOUS P ROGRAMS AND SERVICES, MAKING SURE THAT CARE IS AVAILABLE TO EVERYONE REGARDLESS OF ABILITY TO PAY, OFFERING CARE WITH COMPASSION TO ALL PATIENTS, AND PROVIDING A WIDE RANGE OF SPEC IAL BENEFITS TO EACH COMMUNITY, SUCH AS PROGRAMS TO MANAGE CARE FOR PERSONS WITH CHRONIC D ISEASES, HEALTH EDUCATION AND DISEASE PREVENTION INITIATIVES, OUTREACH FOR THE ELDERLY, AN D CARE FOR PERSONS WHO ARE POOR OR UNINSURED WEST RIVER HEALTH SERVICES WORKS WITH MANY CO MMUNITY PROGRAMS EACH YEAR, OFTEN PARTNERING WITH OTHER ORGANIZATIONS THROUGHOUT THE SERVI CE AREA THE ORGANIZATION WAS INSTRUMENTAL IN THE APPLICATION TO AND AWARD OF A SOUTHWESTE RN AREA HEALTHCARE EDUCATION CONSORTIUM, AN OUTREACH EFFORT ENCOMPASSING THE WESTERN HALF OF NORTH DAKOTA THE GOAL OF THE SWAHEC IS TO ASSIST HEALTH CARE PROVIDERS IN THEIR RECRUI TMENT AND RETENTION OF HEALTH CARE WORKERS THROUGHOUT WESTERN NORTH DAKOTA QUITE THE CONT RAST TO OTHER PARTS OF THE NATION, NORTH DAKOTA IS FACING SEVERE SHORTAGE OF WORKERS IN MA NY INDUSTRIES, INCLUDING HEALTH CARE MEMBERS FROM THE MANAGEMENT TEAM STAY CONNECTED TO T HE COMMUNITIES THROUGH THEIR INVOLVEMENT WITH OTHER COMMUNITY ORGANIZATIONS, INCLUDING MEM BERSHIP ON NUMEROUS COMMUNITY BOARDS AND COMMITTEES DOING SO GIVES THE ORGANIZATION A VOI CE AND INPUT INTO LOCAL ACTIVITIES, AS WELL AS SERVES AS REPRESENTATION OF HEALTH ACTIVITI ES INTO EACH OF THE COMMUNITIES THE BOARD REPRESENTS MEMBERS FROM THE COMMUNITY THAT ARE NEITHER EMPLOYEES, NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF WRHS E XTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR ALL OF IT S DEPARTMENTS WEST RIVER HEALTH SERVICES HAS A POLICY OF USING ANY OF ITS SURPLUS FUNDS F OR IMPROVEMENTS THAT PROMOTE A HIGHER LEVEL OF QUALITY PATIENT CARE THE ORGANIZATION HAS L ONG BEEN A PROMOTER OF MEDICAL EDUCATION AND HAS ENJOYED A LONGSTANDING RELATIONSHIP WITH THE UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE IN PROVIDING ROTATION SITES FOR MEDICAL STUDENTS PHYSICIANS WITHIN THE ORGANIZATION GRACIOUSLY PRECEPTOR THESE STUDENTS WITH THE SUPPORT, ENDORSEMENT, AND APPROVAL OF UND'S ADVISORY COUNCIL, THE STATE BOARD OF HIGHER E DUCATION, AND THE UND SCHOOL OF MEDICINE AND HEALTH SCIENCES, THE NORTH DAKOTA STATE LEGIS LATURE APPROVED THE INITIAL FUNDING FOR AN EXPANSION OF GRADUATE MEDICAL EDUCATION RESIDEN CIES WITH THE STATE WEST RIVER REGIONAL MEDICAL CENTER OF HETTINGER WAS INCLUDED TO THE F UNDING PROPOSAL AND WILL PARTNER WITH THE BISMARCK CENTER FOR FAMILY MEDICINE TO OFFER RES IDENCIES TO YEAR TWO AND THREE STUDENTS IN A RURAL SETTING THIS IS A COLLABORATIVE EFFORT BETWEEN ALL ENTITIES TO ENSURE AN ADEQUATE SUPPLY OF PROFESSIONALS FOR THE FUTURE, ESPECI ALLY PRIMARY CARE PROVIDERS AND PARTICULARLY TO RURAL AREAS THIS PARTNERSHIP WILL BE INVA LUABLE AS IT WILL HELP TO ADDRESS THE NUMBER ONE CONCERN IDENTIFIED THROUGH THE HEALTH NEE DS ASSESSMENT, THAT OF A CRITICAL SHORTAGE OF HEALTHCARE PROVIDERS THE FIRST RESIDENTS AR E SCHEDULED TO BE IN PLACE BY JULY OF 2013 IN ADDITION TO TOTAL UNCOMPENSATED CARE FOR FY '12 OF $326,535, WRHS ALSO PROVIDES MANY OTHER SERVICES AS IN-KIND SUPPORT TO BENEFIT THE HEALTH OF THE COMMUNITIES AND REGION IT SERVES THESE COMMUNITY BENEFITS INCLUDE OFFERING CPR AND FIRST AID PROGRAMS TO THE GENERAL PUBLIC, GUIDING TOURS OF THE HOSPITAL/CLINIC TO AREA SCHOOL CHILDREN, PROVIDING HEALTH AND WELLNESS EDUCATION CLASSES TO THE PUBLIC, EDUC ATING/TRAINING PARAMEDICS/EMTS IN ALL OUTREACH COMMUNITIES, ELECTRONICALLY SENDING THE REP ORTER (TO INFORM ON HEALTH-RELATED ISSUES AND TO UPDATE ON EDUCATIONAL MEETINGS) BI-MONTHL Y TO 12,000 HOUSEHOLDS HETTINGER HAS A LOCALLY-OWNED RADIO STATION THIS STATION HAS A PRO GRAM CALLED TTO (THIS, THAT, AND OTHER THINGS) THIS PROGRAM AIRS DAILY (M-F) WRHS HAS A DESIGNATED HOUR PER MONTH TO SHARE INFORMATION ABOUT HEALTHY HAPPENINGS AND TO PROMOTE GEN ERAL HEALTH AND WELL-BEING DURING THIS REPORTING PERIOD, THE FOLLOWING TOPICS WERE DISCUS SED ON TTO INFLUENZA PRECAUTIONS AND INFECTION CONTROL, MEDICATION/PRESCRIPTION CARDS, GE NERAL WELLNESS AND FITNESS, DIABETIC EDUCATION, WIC, ASSISTANCE PROVIDED BY WRHS TO THE UN INSURED AND/OR UNDERINSURED, PUBLIC ACCESS TO ELECTRONIC HEALTH INFORMATION, ETC WRHS COS TS SHOWN WERE FOR STAFF TIME TO PREPARE AND PARTICIPATE IN THE TALK SHOW COMMUNITY BENEFI T EXPENSE IN THIS REPORTING PERIOD WAS $3,691 TWO OF THE WRHS OB STAFF ANNUALLY TEACH FOUR TH, FIFTH AND SIXTH GRADERS AT THE PUBLIC SCHOOL ABOUT PUBERTY AND ITS CHANGES FOR BOTH BO YS AND GIRLS HYGIENE, HORMONAL CHANGES, AND BODY DEVELOPMENT PHASES ARE A MAJOR PART OF T HIS CURRICULUM WRHS COSTS WERE FOR STAFF TIME TO PREPARE AND TEACH THE CLASSES AT THE SCH OOL (TOTAL OF $631) IN ADDITION, THERE WERE COSTS

Identifier	ReturnReference	Explanation
		OF $200 FOR HANDOUTS AND SUPPLIES GIVEN TO STUDENTS TOTAL COSTS WERE $831 PHYSICIANS, MI D-LEVELS, AND NURSES WERE FINDING IT DIFFICULT TO KEEP CURRENT RECORDS ON THE MEDICATIONS AND DOSAGES PATIENTS WERE TAKING IN RESPONSE TO THIS ISSUE, SEVERAL NURSES AND THE HOSPIT AL PHARMACIST MET AND SUBSEQUENTLY DESIGNED MEDICATION CARDS TO BE MASS DISTRIBUTED TO ALL PATIENTS WITHIN THE SERIVE AREA THE WALLET-SIZE MEDICATION CARD OFFERS AN EXCELLENT TOOL FOR PATIENTS TO MANAGE HIS/HER OWN MEDICATIONS AS WELL AS TO INFORM PROVIDERS OF THE MEDS THE PATIENT IS CURRENTLY TAKING SEVERAL HOURS HAVE BEEN DEVOTED BY STAFF TO HELP IN THE EDUCATION OF THE CARD USE AS WELL AS HOW TO FILL THEM OUT APPROPRIATELY THE TOOL HAS BEEN HEARTILY RECEIVED BY THE PUBLIC STAFF COSTS INVOLVED TO THIS PROJECT WERE $2,432 IN ADD ITION, THERE WAS A COST OF $300 TO PRINT THE MEDICATION CARDS TOTAL COSTS WERE $2,732 WES T RIVER HEALTH SERVICES AND THE CLINICS IT OPERATES ARE LOCATED IN A VERY SPARSELY-POPULAT ED RURAL AREA TRANSPORTATION FOR SENIORS TO/FROM CLINIC APPOINTMENTS IS DIFFICULT AND EXP ENSIVE MANY SENIORS OFTEN OPT TO NOT COME FOR THEIR APPOINTMENT IN LIGHT OF THE COST AND INCONVENIENCE OF GETTING TO THE CLINIC RECOGNIZING THE IMPORTANCE OF THESE PATIENTS TO KE EP THEIR APPOINTMENTS AND MAINTAIN OPTIMAL HEALTH, WRHS IS SHARING IN THE COST FOR SENIORS TO TRAVEL TO/FROM THE CLINICS LOCALLY-ESTABLISHED SENIOR VANS ARE USED FOR THIS SERVICE AND WRHS REIMBURSES ONE-HALF THE COST OF THE TRANSPORTATION IN GETTING PATIENTS TO/FROM CL INIC AND/OR HOSPITAL SERVICES COSTS FOR THIS SERVICE DURING THIS REPORTING PERIOD WERE $6 ,688 FOR MORE INFORMATION ABOUT WRHS, VISIT WWW WRHS COM

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEST RIVER HEALTH SERVICES FOUNDATION 1000 HIGHWAY 12 HETTINGER,ND 58639	45-0411825	501(C)(3)	6,137				DONATION TO FOUNDATION TO DISTRIBUTE FOR HEALTH SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WEST RIVER HEALTH SERVICES FOUNDATION IS A SUPPORTING ORGANIZATION OF WEST RIVER HEALTH SERVICES THE GRANT GIVEN TO THE FOUNDATION REPRESENTS THE NET PROFIT FROM A FUNDRAISING EVENT WEST RIVER HEALTH SERVICES RECEIVED THE DONATIONS AND PARTICIPANT FEES, PAID THE EXPENSES, AND THE NET PROCEEDS WERE GIVEN TO THE FOUNDATION THE FOUNDATION DISTRIBUTED THE FUNDS EQUALLY TO THE WELLNESS CENTER AT THE HOSPITAL, PARTNERS IN HEALTH FOR THE FOUNDATION, NURSING HOME AND AMBULANCE/EMS AT THE HOSPITAL

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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

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Name of the organization
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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) JIM LONG	(i)	148,440	0	0	10,528	10,431	169,399	0
	(ii)	0	0	0	0	0	0	0
(2) SUSAN HALLEN	(i)	143,496	0	0	4,351	9,211	157,058	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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF HETTINGER NORTH DAKOTA	45-6002094		01-31-2008	5,275,000	EXPAND & RENOVATE HOSPITAL/HETTINGER		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	5,275,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	105,500			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	5,169,500			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

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) JENIFER LONG	SPOUSE OF JIM LONG, CEO	36,838	COMPENSATION		No
(2) KATHY EHLERS	DAUGHTER-IN-LAW OF KARAN EHLERS, CFO	15,253	COMPENSATION		No
(3) PENNY WEGH	SPOUSE OF DALE WEGH, DIRECTOR	15,041	COMPENSATION		No
(4) RIA EATON	SPOUSEOF JONATHAN EATON, DIRECTOR	36,394	COMPENSATION		No
(5) DANA ANDRESS	SPOUSE OF ERIC ANDRESS, DIRECTOR	51,725	COMPENSATION		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THERE IS AN EXECUTIVE COMMITTEE THAT HAS THE AUTHORITY TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION DURING THE PERIOD BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS MINUTES OF THE EXECUTIVE COMMITTEE SHALL BE SUBMITTED TO THE BOARD AND ITS ACTION SHALL BE SUBJECT TO THE APPROVAL OR DISAPPROVAL AT THE NEXT REGULAR BOARD MEETING THIS COMMITTEE WILL MEET WHEN CALLED BY THE CHAIRMAN THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN, VICE CHAIR, SECRETARY/TREASURER, PAST CHAIRMAN, MEDICAL STAFF REPRESENTATIVE OF THE BOARD, AND TWO OTHER BOARD MEMBERS
	FORM 990, PART VI, SECTION A, LINE 6	WEST RIVER HEALTH SERVICES FOUNDATION IS THE SOLE MEMBER OF THE ORGANIZATION
	FORM 990, PART VI, SECTION A, LINE 7A	AS THE SOLE MEMBER, WRHS FOUNDATION APPOINTS THE BOARD MEMBERS OF WRHS
	FORM 990, PART VI, SECTION A, LINE 7B	AS THE SOLE MEMBER, WRHS FOUNDATION APPROVES ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS, DETERMINES APPROVED DEBT LEVELS AND APPROVES INDIVIDUAL DEBT TRANSACTIONS THAT EXCEED THE APPROVED DEBT LEVELS, APPROVES DISSOLUTION OR MERGER OF THE ORGANIZATION, AND APPROVES THE SALE OR TRANSFER OF ANY CAPITAL ASSETS HAVING A PURCHASE PRICE OR MARKET VALUE GREATER THAN $100,000
	FORM 990, PART VI, SECTION B, LINE 11	THE CFO AND CEO WILL REVIEW THE FORM 990 PRIOR TO THE COMPLETED FORM 990 BEING DISTRIBUTED ELECTRONICALLY TO THE BOARD MEMBERS FOR THEIR REVIEW AND COMMENTS THE FORM 990 IS ALSO REVIEWED AND DISCUSSED AT A BOARD MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	ALL MEDICAL STAFF, EMPLOYEES, AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS POTENTIAL CONFLICTS ARE REVIEWED BY THE CEO INDIVIDUALS WITH CONFLICTS ABSTAIN FROM VOTING, AND THIS ACTION IS NOTED IN THE BOARD MINUTES
	FORM 990, PART VI, SECTION B, LINE 15A	CEO EACH BOARD AND MEDICAL STAFF MEMBER ANNUALLY COMPLETE AN EVALUATION FORM ON THE CEO'S PERFORMANCE THE CHAIRMAN OF EXECUTIVE COMMITTEE TABULATES THE RESULTS AND REVIEWS THEM WITH THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE THE RESULTS ARE PRESENTED TO THE FULL BOARD OF DIRECTORS WHO HAVE FINAL AUTHORITY IN DETERMINING COMPENSATION COMPARABILITY DATA FROM THE STATE HOSPITAL ASSOCIATION, AS WELL AS OTHER COMPARATIVE INDUSTRY INFORMATION, IS USED IN DETERMINING COMPENSATION CFO THE CEO REVIEWS THE CFO'S PERFORMANCE AND USES COMPARABILITY DATA IN DETERMINING COMPENSATION ALL OTHER EMPLOYEES THE ADMINISTRATIVE STAFF USES COMPARABLE DATA IN SETTING COMPENSATION FOR EACH LEVEL OF EMPLOYEE COMPENSATION WAS LAST REVIEWED IN APRIL OF 2011
	FORM 990, PART VI, SECTION C, LINE 19	ADMINISTRATIVE REPRESENTATIVES OF THE ORGANIZATION WILL PROVIDE THE GOVERNING BOARD DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON WRITTEN OR VERBAL REQUEST TO ADMINISTRATIVE REPRESENTATIVES OF THE ORGANIZATION
		FORM 990, PART VII IN ADDITION TO THE HOURS SERVED AT WEST RIVER HEALTH SERVICES, KARAN EHLERS SERVES AN ADDITIONAL 9 HOURS AT WESTERN HORIZONS LIVING CENTER (WHLC) AND 2 HOURS AT THE WEST RIVER HEALTH SERVICES FOUNDATION (WRHSF), JIM LONG SERVES AN ADDITIONAL 2 HOURS AT WHLC AND 2 HOURS AT WRHSF, LARRY JACKSON SERVES AN ADDITIONAL 2 HOURS AT WHLC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 9,101 AUXILIARY NET INCOME CHANGE -2,546 TOTAL TO FORM 990, PART XI, LINE 5 6,555

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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
WEST RIVER HEALTH SERVICES

Employer identification number
45-0340688

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) WESTERN HORIZONS LIVING CENTERS 1104 HIGHWAY 12 HETTINGER, ND 58369 26-0794602	LONG-TERM CARE/ASSISTED LIVING SERVICES	ND	501(C)(3)	9	WEST RIVER HEALTH SERVICES FOUNDATION		No
(2) WEST RIVER HEALTH SERVICES FOUNDATION 1000 HIGHWAY 12 HETTINGER, ND 58639 45-0411825	FUNDRAISING	ND	501(C)(3)	11A	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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.)

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

		Yes	No
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	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
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	Yes	
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		No
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		No
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)				
(2)				
(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	

Consolidated Financial Statements
March 31, 2012 and 2011

West River Health Services Foundation and Subsidiaries

West River Health Services Foundation and Subsidiaries

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March 31, 2012 and 2011

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report

The Board of Directors
West River Health Services Foundation and Subsidiaries
Hettinger, North Dakota

We have audited the accompanying consolidated balance sheets of West River Health Services Foundation and Subsidiaries 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 financial statements are the responsibility of the Company's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting Accordingly, we do not express such an opinion An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall 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 West River Health Services Foundation and Subsidiaries as of March 31, 2012 and 2011, and the results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Eide Bailly LLP

Fargo, North Dakota
August 21, 2012

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	2012	2011
Assets		
Current Assets		
Cash and cash equivalents	$ 4,800,933	$ 3,321,960
Receivables		
Patient and resident, net of estimated uncollectibles of $2,155,000 in 2012 and $1,740,000 in 2011	4,350,491	4,146,196
Estimated malpractice insurance recoveries	500,000	-
Estimated third-party payor settlements	-	380,000
Other	93,489	104,933
Supplies	559,202	586,508
Prepaid expenses	229,939	203,802
Total current assets	10,534,054	8,743,399
Assets Limited as to Use		
By donors for scholarships	121,814	120,037
Under trust agreement for deferred compensation	1,821,121	1,828,367
By board for capital improvements	2,331,971	-
Total assets limited as to use	4,274,906	1,948,404
Property and Equipment, net	13,519,045	13,975,236
Other Assets		
Investments	3,058,999	4,962,334
Rental property, net of accumulated depreciation of $873,403 in 2012 and $801,757 in 2011	1,132,442	1,067,734
Pledges receivable	59,966	144,385
Deferred financing costs, net of accumulated amortization of $30,737 in 2012 and $27,199 in 2011	96,900	105,287
Other	905,533	751,015
Total other assets	5,253,840	7,030,755
Total assets	$ 33,581,845	$ 31,697,794

See Notes to Consolidated Financial Statements

	2012	2011
Liabilities and Net Assets		
Current Liabilities		
Notes payable	$ 450,075	$ 450,050
Current maturities of long-term debt	348,881	346,739
Accounts payable		
Trade	862,201	1,038,625
Estimated malpractice insurance settlements	500,000	-
Estimated third-party payor settlements	195,000	-
Construction payable	-	32,619
Accrued expenses		
Paid personal leave	731,503	719,897
Salaries and wages	373,414	328,728
Payroll taxes and other	94,506	103,568
Deferred revenue	464,100	-
Total current liabilities	4,019,680	3,020,226
Annuities Payable	111,415	112,976
Deferred Compensation	1,821,121	1,828,367
Long-Term Debt, Less Current Maturities	6,101,884	5,785,540
Total liabilities	12,054,100	10,747,109
Net Assets		
Unrestricted	20,869,519	19,136,864
Temporarily restricted	658,226	1,813,821
Total net assets	21,527,745	20,950,685
Total liabilities and net assets	$ 33,581,845	$ 31,697,794

	2012	2011
Unrestricted Revenues, Gains and Other Support		
Net patient and resident service revenue	$ 26,997,235	$ 26,287,542
Other revenue	847,361	713,872
Total revenues, gains and other support	27,844,596	27,001,414
Expenses		
Salaries	10,159,503	10,083,799
Purchased services	6,466,100	6,220,764
Supplies	3,460,500	3,329,737
Employee benefits	2,562,666	2,894,004
Depreciation and amortization	1,371,884	1,292,992
Provision for bad debts	709,326	638,375
Minor equipment and other	614,115	589,576
Repairs and maintenance	682,649	511,334
Utilities	660,125	612,351
Rent	77,170	86,984
Education and travel	224,817	199,151
Interest	321,414	335,628
Physician recruitment	125,490	126,380
Insurance	213,362	215,531
Trust and annuity payments	14,739	14,504
Contributions and grants	21,460	38,143
Total expenses	27,685,320	27,189,253
Operating Income (Loss)	159,276	(187,839)
Other Income (Loss)		
Investment income	157,139	190,395
Gain on insurance proceeds	-	12,757
Loss on disposal of rental property	-	(12,639)
Other	54,520	67,401
Other income, net	211,659	257,914
Revenues in Excess of Expenses	370,935	70,075
Net Assets Released from Restrictions for Property and Equipment	1,400,000	-
Grant Proceeds for Equipment	115,755	-
Change in Unrealized Gains and Losses on Investments	(48,535)	76,778
Increase in Unrestricted Net Assets	$ 1,838,155	$ 146,853

West River Health Services Foundation and Subsidiaries

Consolidated Statements of Changes in Net Assets

Years Ended March 31, 2012 and 2011

	2012	2011
Unrestricted Net Assets		
Revenues in excess of expenses	$ 370,935	$ 70,075
Net assets released from restrictions for property and equipment	1,400,000	-
Grant proceeds for equipment	115,755	-
Change in unrealized gains and losses on investments	(48,535)	76,778
Transfer to temporarily restricted	(105,500)	-
Increase in unrestricted net assets	1,732,655	146,853
Temporarily Restricted Net Assets		
Contributions restricted by donors	169,218	138,341
Interest income	8,150	4,674
Transfer from unrestricted	105,500	-
Net assets released from restrictions	(1,438,463)	(65,080)
Increase (decrease) in temporarily restricted net assets	(1,155,595)	77,935
Increase in Net Assets	577,060	224,788
Net Assets, Beginning of Year	20,950,685	20,725,897
Net Assets, End of Year	$ 21,527,745	$ 20,950,685

	2012	2011
Operating Activities		
Change in net assets	$ 577,060	$ 224,788
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	1,371,884	1,292,992
Depreciation on rental property	71,646	73,412
Change in unrealized gains and losses on investments	48,535	(76,778)
Interest and contributions restricted by donors	(177,368)	(143,015)
Provision for bad debts	709,326	638,375
Grant proceeds for equipment	(115,755)	-
Gain on insurance proceeds	-	(12,757)
Loss on disposal of rental property	-	12,639
Changes in assets and liabilities		
Receivables	(522,177)	(1,285,054)
Supplies	27,306	(69,896)
Prepaid expenses	(26,137)	15,045
Accounts payable	18,576	255,147
Accrued expenses	47,230	101,300
Deferred revenue	464,100	-
Annuities payable	(1,561)	(1,416)
Net Cash From Operating Activities	2,492,665	1,024,782
Investing Activities		
Purchase and construction of property and equipment	(907,306)	(1,409,834)
Increase in assets limited as to use	(2,333,748)	(5,146)
Decrease in investments and other	1,700,282	21,437
Decrease in pledges receivable, net	84,419	182,641
Purchase of rental property	(136,354)	(35,735)
Gain on insurance proceeds	-	12,757
Proceeds from disposal of rental property	-	27,515
Net Cash Used For Investing Activities	(1,592,707)	(1,206,365)
Financing Activities		
Repayment of long-term debt	(403,864)	(329,838)
Interest and contributions restricted by donors	177,368	143,015
Decrease in construction payable	(32,619)	(424,284)
Proceeds from long-term debt	722,350	-
Grant proceeds for equipment	115,755	-
Decrease in notes payable	25	-
Net Cash From (Used For) Financing Activities	579,015	(611,107)

	2012	2011
Net Increase (Decrease) in Cash and Cash Equivalents	$ 1,478,973	$ (792,690)
Cash and Cash Equivalents, Beginning of Year	3,321,960	4,114,650
Cash and Cash Equivalents, End of Year	$ 4,800,933	$ 3,321,960
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	$ 321,053	$ 335,444

Note 1 - Organization and Significant Accounting Policies

Organization and Principles of Consolidation

West River Health Services Foundation (Foundation) is organized to provide fundraising services for its subsidiaries. The Foundation is the sole member of West River Health Services (WRHS), a 25-bed medical acute care hospital and clinic network located in Hettinger, North Dakota, and Western Horizon Living Centers (WHLC), a 49-bed skilled nursing, 11-bed basic care, and 16-unit assisted living facility located in Hettinger, North Dakota.

The accompanying consolidated financial statements include the accounts of the Foundation, WRHS, and WHLC (collectively, the Company). All significant intercompany balances and transactions have been eliminated.

Tax-Exempt Status

The Foundation, WHRS, and WHLC are organized as North Dakota nonprofit corporations and have been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Company is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Company is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Company has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990T) with the IRS.

The Company believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Company would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fair Value Measurements

The facilities have determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which provides a framework for measuring fair value.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs. The Company applies a fair value which prioritizes the valuation inputs into three broad levels.

Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use and investments.

Patient and Resident Receivables

Patient and resident receivables are uncollateralized patient, resident, and third-party payor obligations. Payments of patient and resident receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient and resident receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients, residents, and third-party payors. Management reviews patient and resident receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients and residents due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Supplies

Supplies are stated at lower of cost (first-in, first-out) or market.

Assets Limited as to Use

Assets limited as to use include assets designated by donors for scholarships and assets held under a trust agreement.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheet. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in revenues in excess of expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses are excluded from revenues in excess of expenses unless the investments are trading securities.

Property and Equipment

Property and equipment acquisitions in excess of $5,000 for WRHS and the Foundation and $1,000 for WHLC are capitalized and recorded at cost Depreciation is provided over the estimated useful life of each depreciable asset and is computed on the straight-line method The estimated useful lives of property and equipment are as follows

Land improvements	5-20 years
Buildings and fixed equipment	5-40 years
Movable equipment	5-25 years

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

Rental Property

Rental property consists of certain property that is not used in operations and is available for rental to third parties Rental income, net of depreciation expense on this property, is recorded as other revenue

Pledges Receivable

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

Deferred Financing Costs

Deferred financing costs are amortized over the period the related obligations are outstanding using the straight-line method

Resident Trust Funds and Security Deposits

WHLC acts as custodian for the funds of the nursing facility residents These funds are included in cash and accounts payable in the financial statements Resident trust funds totaled $5,150 and $3,011 at March 31, 2012 and 2011

Annuities

Charitable gift annuities are recorded as a liability at the present value of amounts which are expected to be paid to the donor over their remaining life The difference between the actual gift and the estimated liability is recorded as revenue in the year received

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Company 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 Company in perpetuity At March 31, 2012 and 2011, the Company did not have any permanently restricted net assets

Revenues in Excess of Expenses

Revenues in excess of expenses excludes unrealized gains and losses on investments other than trading securities, transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors

Net Patient and Resident Service Revenue

The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient and resident service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors 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 Company provides health care services to patients who meet certain criteria under its Charity Care Policy without charge or at amounts less than established rates Since the Company does not pursue collection of these amounts, they are not reported as patient service revenue The estimated cost of providing these services was $215,959 and $188,353 for the years ended March 31, 2012 and 2011, calculated by multiplying the ratio of cost to gross charges for the Company by the gross uncompensated charges associated with providing charity care to its patients

Donor-restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When donor stipulated time restrictions or purpose restrictions are met or accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the statement of operations

Advertising Costs

Costs incurred for producing and distributing advertising are expensed as incurred The Company incurred $61,701 and $68,141 for advertising costs during the years ended March 31, 2012 and 2011

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 (ARRA) amended the Social Security Act to establish incentive payments under the Medicare and Medicaid programs for certain hospitals and professionals that meaningfully use certified Electronic Health Records (EHR) technology

These incentive payments are available for the next 4 years To qualify for the EHR incentive payments, hospitals and physicians must meet designated EHR meaningful use criteria In addition, hospitals must attest that they have used certified EHR technology, satisfied the meaningful use objectives, and specify the EHR reporting period This attestation is subject to audit by the federal government or its designee The EHR incentive payment to hospitals for each payment year is calculated as a product of (1) allowable costs as defined by the Centers for Medicare & Medicaid Services (CMS) and (2) the Medicare share Once the initial attestation of meaningful use is completed, critical access hospitals receive the entire EHR incentive payment for submitted allowable costs of the respective periods in lump sum, subject to a final adjustment on the cost report

The Company will recognize EHR incentive payments as revenue when there is reasonable assurance that the Company will comply with the conditions attached to the incentive payments As the entire EHR incentive payment is received in a lump sum for critical access hospitals and the Company must annually attest to increasingly stringent meaningful use criteria, the EHR incentive payment incentive payment is first recognized as a deferred revenue with a ratable recognition of revenue over a specified period of time EHR incentive payments will be included in other operating revenue in the accompanying consolidated financial statements The amount of EHR incentive payments recognized are based on management's best estimate and those amounts are subject to change with such changes impacting the period in which they occur The Company has not received any EHR incentive payments as of March 31, 2012

Reclassifications

Certain items in the prior year financial statements have been reclassified for comparability purposes with the current year financial statements These reclassifications did not affect the financial position or changes in assets as previously reported

Note 2 - Net Patient and Resident Service Revenue

The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates A summary of the payment arrangements with major third-party payors follows

Medicare WRHS is licensed as a critical access hospital (CAH) WRHS is reimbursed for most inpatient and outpatient services at cost plus one percent with final settlement determined after submission of annual cost reports by WRHS subject to audits thereof by the Medicare intermediary WRHS' Medicare cost reports have been audited by the Medicare fiscal intermediary through March 31, 2011 Services provided as part of WRHS' home health program are paid on a prospectively determined rate per episode of care or visit, depending on the services provided Clinical services are paid on a fixed fee schedule or on a cost related basis for rural health clinic services

Medicaid Inpatient and outpatient hospital services provided to Medicaid program beneficiaries are paid on a cost related basis Inpatient services are reimbursed using Medicare interim per diem rates, decreased by one percent, and outpatient services are paid at the Medicare interim payment rates Final cost settlements are determined based on the audited Medicare cost report Clinical services are paid on a fixed schedule

Blue Cross Inpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge Outpatient services are reimbursed at outpatient payment fee screens or at charges less a prospectively determined discount The prospectively determined discount is not subject to retroactive adjustment Clinical services are paid on a fixed fee schedule

WRHS has also entered into payment agreements with certain commercial insurance carriers and other organizations The basis for payment to WRHS under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Revenue from the Medicare and Medicaid programs accounted for 58% and 3% of WRHS' net patient service revenue for the year ended March 31, 2012 and 57% and 3% for the year ended March 31, 2011 Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Net patient services revenues for the years ended March 31, 2012 and 2011 increased approximately $238,300 and $50,400 due to changes in estimates and final settlements of prior year cost reports

WHLC is reimbursed for long-term care and basic care resident services at established billing rates which are determined on a cost-related 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 WHLC participates in the Medicare program for which payment for services is made on a prospectively determined per diem rate that varies based on a case-mix adjusted resident classification system

Resident service revenue from the assisted living facility is reported at established billing rates as determined by WHLC's management and Board of Directors

A summary of patient and resident service revenue and contractual adjustments as of March 31, 2012 and 2011 is as follows

	2012	2011
Total patient and resident service revenue	$ 37,583,913	$ 36,997,462
Contractual adjustments		
Medicare	(7,536,344)	(7,287,651)
Blue Cross Blue Shield	(1,482,156)	(1,209,719)
Medicaid	(515,847)	(586,579)
Other	(1,052,331)	(1,625,971)
Total contractual adjustments	(10,586,678)	(10,709,920)
Net patient and resident service revenue	$ 26,997,235	$ 26,287,542

Note 3 - Investments and Investment Income

Assets Limited as to Use

The composition of assets limited as to use at March 31, 2012 and 2011 is shown in the following tables Investments in mutual funds, bonds and notes, and certain certificates of deposit are stated at fair value Investments in cash and cash equivalents and certain certificates of deposit are stated at cost, plus accrued interest

	2012	2011
By donors for scholarships		
Mutual funds	$ 111,813	$ 110,367
Bonds and notes	10,001	9,670
	$ 121,814	$ 120,037
Under trust agreement for deferred compensation		
Cash and cash equivalents	$ 84,000	$ 81,000
Mutual funds	1,737,121	1,747,367
	$ 1,821,121	$ 1,828,367
By Board for capital improvements		
Cash and other investments	$ 1,007,825	$ -
Certificates of deposit	477,263	-
Bonds and notes	324,748	-
Mutual funds	522,135	-
	$ 2,331,971	$ -

Investments

The composition of investments, which is stated at fair value, includes the following at March 31, 2012 and 2011

	2012	2011
Cash and other investments	$ 111,405	$ 778,187
Certificates of deposit	200,000	1,019,770
Bonds and notes	740,209	1,054,737
Mutual funds	1,046,255	1,067,044
Stocks	961,130	1,042,596
	$ 3,058,999	$ 4,962,334

Investments in Unrealized Gain (Loss) Position

Investments in an unrealized gain (loss) position at March 31, 2012 and 2011 are shown in the following table

	2012			
	Fair Value	Unrealized Losses	Fair Value	Unrealized Gains
Certificates of deposit	$ -	$ -	$ 677,263	$ 1,301
Bonds and notes	689,746	(14,917)	385,212	8,407
Mutual funds	586,146	(100,244)	2,831,178	774,697
Stocks	38,970	(28,732)	922,160	687,751
	$ 1,314,862	$ (143,893)	$ 4,815,813	$ 1,472,156

	2011			
	Fair Value	Unrealized Losses	Fair Value	Unrealized Gains
Certificates of deposit	$ -	$ -	$ 1,019,770	$ 4,911
Bonds and notes	939,858	(26,111)	124,549	12,594
Mutual funds	484,814	(144,701)	2,439,964	812,271
Stocks	79,564	(32,714)	963,032	773,198
	$ 1,504,236	$ (203,526)	$ 4,547,315	$ 1,602,974

The duration of the investments in an unrealized loss position at March 31, 2012 are shown in the following table

	Greater than 12 Months		Less than 12 Months	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Bonds and notes	$ 588,542	$ (14,166)	$ 101,204	$ (751)
Mutual funds	284,361	(71,259)	301,785	(28,985)
Stocks	38,970	(28,732)	-	-
	$ 911,873	$ (114,157)	$ 402,989	$ (29,736)

The unrealized losses on the Foundation's investments in bonds and notes , mutual funds, and stock were primarily a result of market declines consistent with the cyclical nature of the financial markets The Foundation has a diversified portfolio of investments The Foundation investments in an unrealized loss position consist of several investments in various market sectors Based on that evaluation and the Foundation's ability and intent to hold those investments for a reasonable period of time sufficient for a forecasted recovery of fair value, the Foundation does not consider those investments to be other-than-temporarily impaired at March 31, 2012

Investment Income

Investment income and gains on assets limited as to use, cash equivalents, and investments consist of the following for the years ended March 31, 2012 and 2011

	2012	2011
Other income		
Interest and dividends	$ 157,139	$ 190,395
Other changes in unrestricted net assets		
Change in unrealized gains and losses on investments	$ (48,535)	$ 76,778

Note 4 - Property and Equipment

A summary of property and equipment at March 31, 2012 and 2011 follows

	2012		2011	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	$ 212,760	$ -	212,760	$ -
Land improvements	603,532	367,901	592,873	336,620
Buildings and fixed equipment	18,095,126	7,518,212	17,972,665	6,829,293
Major movable equipment	11,286,188	8,836,738	10,556,289	8,193,438
Construction in progress	44,290	-	-	-
	$ 30,241,896	$ 16,722,851	$ 29,334,587	$ 15,359,351
Net property and equipment		$ 13,519,045		$ 13,975,236

The amount in construction in progress relates to the Electronic Health Records (EHR) WRHS is implementing This project is to span over three fiscal years with attesting as a meaningful user in fiscal year 2014 EHR will be funded through a low interest rate loan through the state of North Dakota

Note 5 - Other Assets

Other assets consist of the following at March 31, 2012 and 2011

	2012	2011
Property and equipment	$ 560,736	$ 560,736
Academic loans receivable	231,000	79,531
Cash surrender value of life insurance	113,102	109,611
Other	695	1,137
	$ 905,533	$ 751,015

Note 6 - Pledges Receivable

The Foundation has received pledges from organizations and individuals Certain pledges are receivable over a period of time The following is a summary of pledges receivable

	2012	2011
Current pledges receivable	$ 59,966	$ 105,160
Amounts receivable in one to five years	-	39,225
	$ 59,966	$ 144,385

Note 7 - Notes Payable and Long-Term Debt

Notes payable consists of

	2012	2011
5 25% note payable to bank, due March 2013, secured by certain property and assignment of rents	$ 250,075	$ 250,050
3 5% note payable to bank, due in one principal payment of $100,000 plus accrued interest not yet paid due May 2012, secured by certificate of deposit	100,000	100,000
3 7% note payable to bank, due in one principal payment of $100,000 plus accrued interest not yet paid due November 2012, secured by certificate of deposit	100,000	100,000
	$ 450,075	$ 450,050

Long-term debt consists of

	2012	2011
1% note payable to bank, due June 2021, due in monthly installments of $6,329 including interest, to June 2021, secured by property and equipment	$ 665,225	$ -
4 93% Senior Housing Revenue Note of 1996, due in monthly installments of $6,788 including interest, to August 2012, secured by property and equipment	27,091	105,121
4 875% Hospital Facilities Revenue Bonds, Series 2008, due in monthly installments of $31,824 to January 2033, secured by property and equipment (1)	4,990,575	5,125,578
5 2% Municipal Industrial Development Act Revenue Refunding Bonds, Series A, due in monthly installments of $7,247 including interest, to December 2022, secured by building and equipment (2)	708,266	756,401
5 2% Municipal Industrial Development Act Revenue Refunding Bonds, Series B, due in monthly installments of $7,599 including interest, to December 2012, secured by equipment (2)	59,608	145,179
	6,450,765	6,132,279
Less current maturities	(348,881)	(346,739)
Long-term debt, less current maturities	$ 6,101,884	$ 5,785,540

(1) The Hospital Facilities Revenue Bonds, Series 2008, have a variable interest rate that will adjust in July 2020 to the ten-year LIBOR swap rate, with a ceiling of 6 875% and a floor of 3 875%

(2) The Municipal Industrial Act Revenue Refunding Bonds have a variable interest rate that adjusts every 60 months The next rate adjustment is scheduled in December 2011 The rate equals the Five Year U S Treasury Note rate plus 50 basis points at the time the rate adjusts

Year Ending March 31,	Amount
2013	$ 348,881
2014	272,695
2015	283,714
2016	295,183
2017	307,374
Thereafter	4,942,918
Total	$ 6,450,765

Note 8 - Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at March 31, 2012 and 2011

	2012	2011
Building project	$ 121,695	$ 1,514,248
Scholarships	189,607	188,157
Western Horizons Living Center campaign	112,006	6,370
Partners in Health	48,163	23,638
Purchase of equipment		
Medical Center	105,500	-
Ambulance	38,892	35,188
Lifeline	2,954	4,480
Good Neighbor Project	3,305	12,762
Chapel and other	36,104	28,978
	$ 658,226	$ 1,813,821

In 2012 and 2011, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of $1,438,463 and $65,080 These amounts are included in net assets released from restrictions in the accompanying financial statements

Note 9 - Employee Benefit Plans

Retirement Plan

The Company has a tax deferred annuity plan under which employees may elect to participate upon completion of 1,000 hours of service per year Employee contributions of 3% and employer contributions of 3% to 5% of annual compensation are deposited with the trustee who invests the plan assets Total employer retirement plan expense for the years ended March 31, 2012 and 2011 was $340,668 and $313,329

Deferred Compensation Plan

The Foundation has a deferred compensation plan for the benefit of key employees The Foundation deposits up to $6,000 annually per individual covered under this plan (amount dependent upon individual contracts) All of the deferred compensation, including interest, shall be paid to the individual or the individual's estate upon reaching age 55, death, or permanent disability The expense charged to operations in 2012 and 2011 for such future obligations was $84,000 and $81,000

Note 10 - Concentrations of Credit Risk

The Company grants credit without collateral to its patients and residents, most of whom are local citizens and are insured under third party payor agreements The mix of receivables from patients, residents, and third-party payors at March 31, 2012 and 2011 was as follows

	2012	2011
Medicare	32%	33%
Blue Cross and other commercial insurances	23%	22%
Medicaid	9%	6%
Other third-party payors and patients	36%	39%
	100%	100%

The Company's cash balances are maintained in various bank deposit accounts At various times during the year, the balances of these deposits may be in excess of federally insured limits

Note 11 - Functional Expenses

The Company provides healthcare services to residents within its geographic location Expenses related to providing these services by functional classification for the years ended March 31, 2012 and 2011 are as follows

	2012	2011
Patient and resident health care services	$ 23,965,437	$ 23,458,487
General and administrative (includes fundraising)	3,719,883	3,730,766
	$ 27,685,320	$ 27,189,253

Note 12 - Fair Value of Assets and Liabilities

Assets and liabilities measured at fair value on a recurring basis at March 31, 2012 and 2011 are as follows

	2012	2011
Certificates of deposit	$ 191,301	$ 534,911
Bonds and notes	750,210	1,064,407
Mutual funds	2,895,189	2,924,778
Stocks	961,130	1,042,596
	$ 4,797,830	$ 5,566,692

The related fair values of these assets are determined as follows

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
March 31, 2012			
Certificates of deposit			
Financial	$ 191,301	$ -	$ -
Bonds and notes			
Financial	$ 545,373	$ -	$ -
Corporate	332,325	-	-
Insurance	64,755	-	-
Utilities	50,000	-	-
Municipal	24,875	-	-
U S government	7,630		
	$ 1,024,958	$ -	$ -

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
March 31, 2012 (continued)			
Mutual funds			
Large blend	$ 672,043	$ -	$ -
Moderate allocation	668,403	-	-
Fixed income	626,365	-	-
Growth allocation	520,443	-	-
Conservative allocation	401,941		
Fixed annuity	110,852		
Intermediate term bond	94,852		
Short term bond	39,600		
World bond	29,745		
Bank loan	19,800	-	-
High yield bond	13,843		
	$ 3,197,887	$ -	$ -
Stocks			
Insurance	$ 685,909	$ -	$ -
Commodities	156,446		
Financial	135,835	-	-
Utilities	106,289		
Consumer goods	31,154	-	-
Conglomerates	20,070	-	-
Real estate	32,418	-	-
Health care	24,951	-	-
Other	19,504	-	-
	$ 1,212,576	$ -	$ -

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
March 31, 2011			
Certificates of deposit			
Financial	$ 534,911	$ -	$ -
Bonds and notes			
Financial	$ 555,405	$ -	$ -
Corporate	318,069	-	-
Municipal	82,262	-	-
Insurance	60,544	-	-
Utilities	48,127	-	-
	$ 1,064,407	$ -	$ -
Fixed income	$ 1,040,668	$ -	$ -
Growth allocation	752,407	-	-
Large blend	542,350	-	-
Moderate allocation	287,875	-	-
Conservative allocation	194,478	-	-
Fixed annuity	107,000	-	-
	$ 2,924,778	$ -	$ -
Stocks			
Insurance	$ 781,568	$ -	$ -
Financial	132,977	-	-
Consumer goods	27,979	-	-
Conglomerates	20,050	-	-
Real estate	30,728	-	-
Health care	22,741	-	-
Other	26,553	-	-
	$ 1,042,596	$ -	$ -

The fair value for certificates of deposits, bonds and notes, mutual funds, and stocks is determined by reference to quoted market prices

Note 13 - Regional Network Affiliation Support

WRHS receives support from an affiliated health care entity to help cover certain expenses of its clinics

Note 14 - Estimated Malpractice Insurance Settlements and Recoveries

As of March 31, 2012, there was an outstanding malpractice claim against WHLC The range of the loss exposure is estimated to be between the $200,000 offered by the insurance company to the plaintiff and the $500,000 maximum settlement for this type of claim under North Dakota state statute Management has elected to record the estimated malpractice insurance settlement at the maximum of $500,000 As the claim is completely covered by WHLC's malpractice insurance policy, management has also recorded an estimated malpractice insurance recovery receivable for $500,000

Subsequent to year end, the malpractice claim was settled and the terms of the settlement include a confidentiality agreement As a result, management has elected not to adjust the liability or the receivable related to this claim The asset and liability are included in current assets and liabilities in the accompanying financial statements as the claim was settled in fiscal year 2013 In addition, there is no impact to the statement of operations or changes in net assets

Note 15 - Contingencies

Malpractice

WRHS and WHLC have malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of $1 million per claim and an annual aggregate limit of $3 million Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured

Litigations, Claims, and Other Disputes

The Company is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs In the opinion of management, the ultimate settlement of litigation, claims, and disputes in process will not be material to the financial position of the Company

The health care industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services

Note 16 - Subsequent Events

The Company has evaluated subsequent events through August 21, 2012, the date which the financial statements were available to be issued (see Note 14)

Consolidating Information
March 31, 2012 and 2011

West River Health Services Foundation and Subsidiaries

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report on Consolidating Information

The Board of Directors
West River Health Services Foundation and Subsidiaries
Hettinger, North Dakota

We have audited the consolidated financial statements of West River Health Services Foundation and Subsidiaries (Company) as of and for the years ended March 31, 2012 and 2011, and our report thereon dated August 21, 2012, which expressed an unqualified opinion on those consolidated financial statements, appears on page 1. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The Consolidating Balance Sheets – Assets, Consolidating Balance Sheets – Liabilities and Net Assets, Consolidating Statement of Operations, and Consolidating Statement of Changes in Net Assets on pages 26 through 33 are presented for the purposes of additional analysis and are 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 to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Eide Bailly LLP

Fargo, North Dakota
August 21, 2012

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	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Current Assets			
Cash and cash equivalents	$ 446,206	$ 4,184,607	$ 170,120
Receivables			
Patient and resident, net	-	3,943,986	406,505
Estimated malpractice insurance recoveries	-	-	500,000
Related parties	1,086,294	1,237,363	14,376
Other	20,802	72,687	-
Supplies	3,283	542,756	13,163
Prepaid expenses	-	208,162	21,777
Total current assets	1,556,585	10,189,561	1,125,941
Assets Limited as to Use			
By donors for scholarships	121,814	-	-
Under trust agreement for deferred compensation	1,821,121	-	-
By board for capital improvements	-	2,331,971	-
Total assets limited as to use	1,942,935	2,331,971	-
Property and Equipment			
Land	-	90,113	122,647
Land improvements	-	550,762	52,770
Buildings and fixed equipment	-	16,961,710	1,133,416
Major movable equipment	26,348	10,711,771	548,069
Construction in progress	-	44,290	-
	26,348	28,358,646	1,856,902
Accumulated depreciation	(12,557)	(15,786,864)	(923,430)
Net property and equipment	13,791	12,571,782	933,472
Other Assets			
Investments	3,058,999	-	-
Rental property, net	72,528	1,059,914	-
Pledges receivable	59,966	-	-
Deferred financing costs, net	-	94,328	2,572
Related party receivables	-	600,000	-
Other	905,533	-	-
Total other assets	4,097,026	1,754,242	2,572
Total assets	$ 7,610,337	$ 26,847,556	$ 2,061,985

Total	Eliminations	Consolidated
$ 4,800,933	$ -	$ 4,800,933
4,350,491	-	4,350,491
500,000	-	500,000
2,338,033	(2,338,033)	-
93,489	-	93,489
559,202	-	559,202
229,939	-	229,939
12,872,087	(2,338,033)	10,534,054
121,814	-	121,814
1,821,121	-	1,821,121
2,331,971	-	2,331,971
4,274,906	-	4,274,906
212,760	-	212,760
603,532	-	603,532
18,095,126	-	18,095,126
11,286,188	-	11,286,188
44,290	-	44,290
30,241,896	-	30,241,896
(16,722,851)	-	(16,722,851)
13,519,045	-	13,519,045
3,058,999	-	3,058,999
1,132,442	-	1,132,442
59,966	-	59,966
96,900	-	96,900
600,000	(600,000)	-
905,533	-	905,533
5,853,840	(600,000)	5,253,840
$ 36,519,878	$ (2,938,033)	$ 33,581,845

	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Current Liabilities			
Notes payable	$ 200,000	$ -	$ 250,075
Current maturities of long-term debt	-	238,435	110,446
Accounts payable			
Trade	11,502	751,877	105,346
Estimated malpractice insurance settlements	-	-	500,000
Estimated third-party payor settlements	-	195,000	-
Related parties	987,154	469,847	30,688
Accrued expenses			
Paid personal leave	-	631,688	99,815
Salaries and wages	-	310,078	63,336
Payroll taxes and other	4,862	84,725	4,919
Deferred revenue	-	423,733	40,367
Total current liabilities	1,203,518	3,105,383	1,204,992
Annuities Payable	111,415	-	-
Deferred Compensation	1,821,121	-	-
Related Party Payable	-	-	243,820
Notes Payable to Related Parties	-	-	1,200,000
Long-Term Debt, Less Current Maturities	-	5,444,456	657,428
Total liabilities	3,136,054	8,549,839	3,306,240
Net Assets			
Unrestricted	3,816,057	18,297,717	(1,244,255)
Temporarily restricted	658,226	-	-
Total net assets	4,474,283	18,297,717	(1,244,255)
Total liabilities and net assets	$ 7,610,337	$ 26,847,556	$ 2,061,985

Total	Eliminations	Consolidated
$ 450,075	$ -	$ 450,075
348,881	-	348,881
868,725	(6,524)	862,201
500,000	-	500,000
195,000	-	195,000
1,487,689	(1,487,689)	-
731,503	-	731,503
373,414	-	373,414
94,506	-	94,506
464,100	-	464,100
5,513,893	(1,494,213)	4,019,680
111,415	-	111,415
1,821,121	-	1,821,121
243,820	(243,820)	-
1,200,000	(1,200,000)	-
6,101,884	-	6,101,884
14,992,133	(2,938,033)	12,054,100
20,869,519	-	20,869,519
658,226	-	658,226
21,527,745	-	21,527,745
$ 36,519,878	$ (2,938,033)	$ 33,581,845

	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Unrestricted Revenues, Gains and Other Support			
Patient and resident service revenue	$ -	$ 33,451,798	$ 4,132,115
Less contractual adjustments	-	(10,396,145)	(190,533)
Net patient and resident service revenue	-	23,055,653	3,941,582
Other revenue	126,106	941,513	15,955
Total revenues, gains, and other support	126,106	23,997,166	3,957,537
Expenses			
Salaries	-	8,291,115	1,868,388
Purchased services	20,785	6,016,837	428,478
Supplies	6,373	3,057,123	397,004
Employee benefits	-	2,002,011	560,655
Depreciation and amortization	800	1,175,833	195,251
Provision for bad debts	-	674,464	34,862
Minor equipment and other	17,149	588,604	8,362
Repairs and maintenance	-	656,969	25,680
Utilities	7,402	470,687	182,036
Rent	-	77,170	92,100
Education and travel	5,788	205,021	14,008
Interest	6,242	256,497	64,917
Physician recruitment	-	125,490	-
Insurance	13,099	200,263	-
Trust and annuity payments	14,739	-	-
Contributions and grants	1,421,460	-	-
Related party professional services	93,000	-	51,113
Total expenses	1,606,837	23,798,084	3,922,854
Operating Income (Loss)	(1,480,731)	199,082	34,683
Other Income			
Investment income	101,917	61,464	-
Other	-	20,277	34,243
Total other income	101,917	81,741	34,243
Revenues in Excess of (Less Than) Expenses	(1,378,814)	280,823	68,926
Net Assets Released from Restrictions for Property and Equipment	1,400,000	-	-
Grant Proceeds for Equipment	-	115,755	-
Change in Unrealized Gains and Losses on Investments	(57,636)	9,101	-
Transfer to Temporarily Restricted Net Assets	(105,500)	-	-
Transfer From (To) Related Party	-	1,400,000	-
Increase (Decrease) in Unrestricted Net Assets	$ (141,950)	$ 1,805,679	$ 68,926

Total	Eliminations	Consolidated
$ 37,583,913	$ -	$ 37,583,913
(10,586,678)	-	(10,586,678)
26,997,235	-	26,997,235
1,083,574	(236,213)	847,361
28,080,809	(236,213)	27,844,596
10,159,503	-	10,159,503
6,466,100	-	6,466,100
3,460,500	-	3,460,500
2,562,666	-	2,562,666
1,371,884	-	1,371,884
709,326	-	709,326
614,115	-	614,115
682,649	-	682,649
660,125	-	660,125
169,270	(92,100)	77,170
224,817	-	224,817
327,656	(6,242)	321,414
125,490	-	125,490
213,362	-	213,362
14,739	-	14,739
1,421,460	(1,400,000)	21,460
144,113	(144,113)	-
29,327,775	(1,642,455)	27,685,320
(1,246,966)	1,406,242	159,276
163,381	(6,242)	157,139
54,520	-	54,520
217,901	(6,242)	211,659
(1,029,065)	1,400,000	370,935
1,400,000	-	1,400,000
115,755	-	115,755
(48,535)	-	(48,535)
(105,500)	-	(105,500)
1,400,000	(1,400,000)	-
$ 1,732,655	$ -	$ 1,732,655

	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Unrestricted Net Assets			
Revenues in excess of expenses	$ (1,378,814)	$ 280,823	$ 68,926
Net assets released from restrictions for property and equipment	1,400,000	-	-
Grant proceeds for equipment	-	115,755	-
Change in unrealized gains and losses on investments	(57,636)	9,101	-
Transfer to temporarily restricted	(105,500)	-	-
Transfer from (to) related party	-	1,400,000	-
Increase (decrease) in unrestricted net assets	(141,950)	1,805,679	68,926
Temporarily Restricted Net Assets			
Contributions restricted by donors	169,218	-	-
Interest income	8,150	-	-
Transfer from unrestricted	105,500	-	-
Net assets released from restrictions	(1,438,463)	-	-
Decrease in temporarily restricted net assets	(1,155,595)	-	-
Increase (Decrease) in Net Assets	(1,297,545)	1,805,679	68,926
Net Assets, Beginning of Year	5,771,828	16,492,038	(1,313,181)
Net Assets, End of Year	$ 4,474,283	$ 18,297,717	$ (1,244,255)

Total	Eliminations	Consolidated
$ (1,029,065)	$ 1,400,000	$ 370,935
1,400,000	-	1,400,000
115,755	-	115,755
(48,535)	-	(48,535)
(105,500)	-	(105,500)
1,400,000	(1,400,000)	-
1,732,655	-	1,732,655
169,218	-	169,218
8,150	-	8,150
105,500	-	105,500
(1,438,463)	-	(1,438,463)
(1,155,595)	-	(1,155,595)
577,060	-	577,060
20,950,685	-	20,950,685
$ 21,527,745	$ -	$ 21,527,745

	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Current Assets			
Cash and cash equivalents	$ 1,618,275	$ 1,621,226	$ 82,459
Receivables			
Patient and resident, net	-	3,773,282	372,914
Estimated third-party payor settlements	-	380,000	-
Related parties	1,003,013	944,287	13,817
Other	29,241	75,692	-
Supplies	3,746	571,913	10,849
Prepaid expenses	-	199,464	4,338
Total current assets	2,654,275	7,565,864	484,377
Assets Limited as to Use			
By donors for scholarships	120,037	-	-
Under trust agreement for deferred compensation	1,828,367	-	-
Total assets limited as to use	1,948,404	-	-
Property and Equipment			
Land	-	90,113	122,647
Land improvements	-	540,103	52,770
Buildings and fixed equipment	-	16,854,092	1,118,573
Major movable equipment	26,348	10,051,821	478,120
	26,348	27,536,129	1,772,110
Accumulated depreciation	(11,757)	(14,615,556)	(732,038)
Net property and equipment	14,591	12,920,573	1,040,072
Other Assets			
Investments	3,082,843	1,879,491	-
Rental property, net	72,528	995,206	-
Pledges receivable	144,385	-	-
Deferred financing costs, net	-	98,856	6,431
Related party receivables	-	600,000	-
Other	751,015	-	-
Total other assets	4,050,771	3,573,553	6,431
Total assets	$ 8,668,041	$ 24,059,990	$ 1,530,880

Total	Eliminations	Consolidated
$ 3,321,960	$ -	$ 3,321,960
4,146,196	-	4,146,196
380,000	-	380,000
1,961,117	(1,961,117)	-
104,933	-	104,933
586,508	-	586,508
203,802	-	203,802
10,704,516	(1,961,117)	8,743,399
120,037	-	120,037
1,828,367	-	1,828,367
1,948,404	-	1,948,404
212,760	-	212,760
592,873	-	592,873
17,972,665	-	17,972,665
10,556,289	-	10,556,289
29,334,587	-	29,334,587
(15,359,351)	-	(15,359,351)
13,975,236	-	13,975,236
4,962,334	-	4,962,334
1,067,734	-	1,067,734
144,385	-	144,385
105,287	-	105,287
600,000	(600,000)	-
751,015	-	751,015
7,630,755	(600,000)	7,030,755
$ 34,258,911	$ (2,561,117)	$ 31,697,794

	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Current Liabilities			
Notes payable	$ 200,000	$ -	$ 250,050
Current maturities of long-term debt	-	213,033	133,706
Accounts payable			
Trade	6,173	947,606	84,846
Related parties	742,685	392,248	226,184
Construction payable	-	32,619	-
Accrued expenses			
Paid personal leave	-	612,937	106,960
Salaries and wages	-	267,636	61,092
Payroll taxes and other	6,012	84,207	13,349
Total current liabilities	954,870	2,550,286	876,187
Annuities Payable	112,976	-	-
Deferred Compensation	1,828,367	-	-
Notes Payable to Related Parties	-	-	1,200,000
Long-Term Debt, Less Current Maturities	-	5,017,666	767,874
Total liabilities	2,896,213	7,567,952	2,844,061
Net Assets			
Unrestricted	3,958,007	16,492,038	(1,313,181)
Temporarily restricted	1,813,821	-	-
Total net assets	5,771,828	16,492,038	(1,313,181)
Total liabilities and net assets	$ 8,668,041	$ 24,059,990	$ 1,530,880

Total	Eliminations	Consolidated
$ 450,050	$ -	$ 450,050
346,739	-	346,739
1,038,625	-	1,038,625
1,361,117	(1,361,117)	-
32,619	-	32,619
719,897	-	719,897
328,728	-	328,728
103,568	-	103,568
4,381,343	(1,361,117)	3,020,226
112,976	-	112,976
1,828,367	-	1,828,367
1,200,000	(1,200,000)	-
5,785,540	-	5,785,540
13,308,226	(2,561,117)	10,747,109
19,136,864	-	19,136,864
1,813,821	-	1,813,821
20,950,685	-	20,950,685
$ 34,258,911	$ (2,561,117)	$ 31,697,794

	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Unrestricted Revenues, Gains and Other Support			
Patient and resident service revenue	$ -	$ 33,303,454	$ 3,694,008
Less contractual adjustments	-	(10,565,694)	(144,226)
Net patient and resident service revenue	-	22,737,760	3,549,782
Other revenue	148,377	789,640	18,305
Total revenues, gains, and other support	148,377	23,527,400	3,568,087
Expenses			
Salaries	-	8,192,937	1,890,862
Purchased services	10,380	5,976,418	233,966
Supplies	4,612	2,958,285	366,840
Employee benefits	-	2,256,886	637,118
Depreciation	800	1,082,413	209,779
Provision for bad debts	-	623,501	14,874
Minor equipment and other	9,114	573,635	6,827
Repairs and maintenance	-	496,017	15,317
Utilities	6,854	448,300	157,197
Rent	-	86,984	92,100
Education and travel	1,303	185,458	12,390
Interest	9,419	260,460	75,168
Physician recruitment	-	126,380	-
Insurance	20,796	194,735	-
Trust and annuity payments	14,504	-	-
Contributions and grants	38,143	-	-
Related party professional services	90,000	-	60,350
Total expenses	205,925	23,462,409	3,772,788
Operating Income (Loss)	(57,548)	64,991	(204,701)
Other Income (Loss)			
Investment income	126,504	73,310	-
Loss on disposal of rental property	-	-	(12,639)
Gain on insurance proceeds	-	-	12,757
Other	-	65,724	1,677
Other income, net	126,504	139,034	1,795
Revenues in Excess of (Less Than) Expenses	68,956	204,025	(202,906)
Change in Unrealized Gains and Losses on Investments	68,042	8,736	-
Increase (Decrease) in Unrestricted Net Assets	$ 136,998	$ 212,761	$ (202,906)

Total	Eliminations	Consolidated
$ 36,997,462	$ -	$ 36,997,462
(10,709,920)	-	(10,709,920)
26,287,542	-	26,287,542
956,322	(242,450)	713,872
27,243,864	(242,450)	27,001,414
10,083,799	-	10,083,799
6,220,764	-	6,220,764
3,329,737	-	3,329,737
2,894,004	-	2,894,004
1,292,992	-	1,292,992
638,375	-	638,375
589,576	-	589,576
511,334	-	511,334
612,351	-	612,351
179,084	(92,100)	86,984
199,151	-	199,151
345,047	(9,419)	335,628
126,380	-	126,380
215,531	-	215,531
14,504	-	14,504
38,143	-	38,143
150,350	(150,350)	-
27,441,122	(251,869)	27,189,253
(197,258)	9,419	(187,839)
199,814	(9,419)	190,395
(12,639)	-	(12,639)
12,757	-	12,757
67,401	-	67,401
267,333	(9,419)	257,914
70,075	-	70,075
76,778	-	76,778
$ 146,853	$ -	$ 146,853

	West River Health Services Foundation	West River Health Services	Western Horizons Living Center
Unrestricted Net Assets			
Revenues in excess of (less than) expenses	$ 68,956	$ 204,025	$ (202,906)
Change in unrealized gains and losses on investments	68,042	8,736	-
Increase (decrease) in unrestricted net assets	136,998	212,761	(202,906)
Temporarily Restricted Net Assets			
Contributions restricted by donors	138,341	-	-
Interest income	4,674	-	-
Net assets released from restrictions	(65,080)	-	-
Increase in temporarily restricted net assets	77,935	-	-
Increase (Decrease) in Net Assets	214,933	212,761	(202,906)
Net Assets, Beginning of Year	5,556,895	16,279,277	(1,110,275)
Net Assets, End of Year	$ 5,771,828	$ 16,492,038	$ (1,313,181)

Total	Eliminations	Consolidated
$ 70,075	$ -	$ 70,075
76,778	-	76,778
146,853	-	146,853
138,341	-	138,341
4,674	-	4,674
(65,080)	-	(65,080)
77,935	-	77,935
224,788	-	224,788
20,725,897	-	20,725,897
$ 20,950,685	$ -	$ 20,950,685