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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 07-01-2011 and ending 06-30-2012

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

C Name of organization
St Alexius Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
900 East Broadway Avenue

City or town, state or country, and ZIP + 4
Bismarck, ND 585014520

D Employer identification number
45-0226711

E Telephone number
(701) 530-7000

G Gross receipts $ 291,131,975

F Name and address of principal officer
Gary Miller
900 East Broadway Avenue
Bismarck, ND 585014520

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 ▶ 0928

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

J Website: ▶ www st alexius org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1905

M State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Providing Healthcare

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,646
6	Total number of volunteers (estimate if necessary)	**6**	264
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,890,295
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)	589,977	1,197,761
	9 Program service revenue (Part VIII, line 2g)	260,619,860	280,505,258
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	735,935	-2,165,730
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,788,681	8,855,053
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,734,453	288,392,342
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	390,092	416,797
	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)	106,967,150	111,305,248
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶786,770		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	151,393,712	166,799,842
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	258,750,954	278,521,887
	19 Revenue less expenses Subtract line 18 from line 12	11,983,499	9,870,455

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	250,993,916	272,848,189
	21 Total liabilities (Part X, line 26)	101,111,985	112,654,080
	22 Net assets or fund balances Subtract line 21 from line 20	149,881,931	160,194,109

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

****** | 2013-05-13
Signature of officer | Date

Gary Miller CEO/President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LISA CHAFFEE CPA	Date 2013-05-09	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

Based on the Gospel values and our own heritage of healing, the mission of St Alexius Medical Center is to use our community presence as a means of touching and healing people in a Christ-like manner, and to always exhibit the hospitality as reflected in the rule of St Benedict "Let all be received as Christ "

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 $ 28,337,607 including grants of $) (Revenue $ 146,869,674)

St Alexius Medical Center began as a 20-bed hospital 125 years ago but has evolved into a 306-bed, full-service, certified Level II Trauma Acute Care Center that provides advanced healthcare services St Alexius served 12,618 inpatients during the fiscal year ended June 30th, 2012 In 2006, St Alexius was recognized as a Magnet Hospital being the first hospital to achieve this distinction To be considered, the hospital must satisfy a set of criteria designed to measure the strength and quality of their nursing, which includes low employee turnover rates, a highly educated nursing staff, optimal nurse-to-patient ratios and high quality of care Studies have shown that patients who are treated in Magnet facilities average a shorter length of stay and a higher rate of satisfaction With over 1,400 births each year, two out of every three babies born in this region are born at St Alexius Medical Center Our family-focused care provides a wide range of services for mother and baby, and our specially trained nurses and physicians are prepared to handle every birthing experience with care St Alexius' 24-bed Level III NICU has served the region for more than 25 years, which is staffed by neonatal nurses, therapists, board-certified neonatologists, a pediatric neurologist and the region's only pediatric cardiologist St Alexius' Heart & Vascular Center provides comprehensive care to patients with cardiovascular, lung, and peripheral artery disease We are comprised of an interventional radiologist, cardiologists, heart and vascular surgeons as well as other highly trained support personnel

4b (Code) (Expenses $ 34,816,096 including grants of $) (Revenue $ 33,344,963)

Specialty Clinics The Clinics of St Alexius is a unique multi-specialty group practice located mainly inside St Alexius Medical Center Over 26 providers in 14 different specialties work together to care for patients Specialists must complete seven or more years of medical school and post-graduate training and then complete fellowships in their chosen specialties All physicians are board eligible or board certified in one or more specialties The providers see approximately 53,000 encounters a year We provide clinic services in many off site satellite clinics and bring specialty services to the region The Clinics of St Alexius include Center for Family Medicine Mandan, Minot Medical Clinic, Infectious Disease, Children's Services, Infusion Center, Nephrology, Neurosurgery, Pain, Neurology, Adult Physical Medicine, Primary Care, Rheumatology, and Urology

4c (Code) (Expenses $ 186,935,212 including grants of $) (Revenue $ 97,646,499)

Outpatient 1 St Alexius operates an outpatient family service program called Archway Family Services This program offers sensitive and responsive services for individual, marital and family problems This program is keeping with St Alexius Medical Center's philosophy of being a leader in progressive and quality services to the people of North Dakota Archway services are also provided in Hazen, Garrison and Linton, ND 2 Great Plains Rehabilitation Services is a division of St Alexius Medical Center that provides Home Medical Equipment, Orthotic & Prosthetic, Home Respiratory Care, ADA Environmental, and Rehabilitation Technology services Great Plains provides needed medical equipment and supplies to help individuals lead active and independent lives Great Plains services all of North Dakota, Central and Eastern Montana, and Northern South Dakota OTHER -St Alexius Medical Center served 12,636 inpatients, 112,977 outpatients, 28,303 emergency patients, and 16,908 Home Health Care patients during the fiscal year ended June 30, 2012 -St Alexius Medical Center provided community activities and services at reduced or no cost Those included 1 EMPLOYEE ASSISTANCE - 220 employer contracts servicing 40,008 employees by providing problem assessment, short term counseling and referral to appropriate resources for follow-up care 2 EMPLOYEE ACTIVITIES - In keeping with the Medical Center's commitment to its employees - Actively participated in the United Way fund campaign -Journey Beyond Excellence program with a new rewards and recognition program -Nursing Education Council develops and implements a preceptor reward and recognition program -The vacation donation program assisted employees who used 1215 50 hours of donated vacation Employees have donated 560 vacation hours -The Employee Emergency Fund is for any St Alexius employee who experiences a crisis or is directly affected by a crisis involving a family member The funds are available to employees who are facing personal tragedies or hardships for reasons such as a loss of a spouse or child, catastrophic illness, loss of home by fire or flood, or other calamities 3 ACUTE CARE FACILITY - St Alexius is a partner with another acute care facility to operate a radiation therapy facility known as The Cancer Center The Cancer Center helps to ensure that patients with cancer receive quality care and management of their disease without having to drive a long distance to receive the same type of care 4 AWARDS/ACCOMPLISHMENTS--St Alexius ranked among the top 5 percent in the nation and #1 in North Dakota for cardiac care The ranking is based on the Tenth Annual HealthGrades Hospital Quality in America Study HealthGrades is the leading healthcare ratings organization Other outcomes from this study -Ranked among the Top 5% in the Nation for Overall Cardiac Services-Ranked among the Top 5% in the Nation for Cardiac Surgery-Ranked among the Top 5% in the Nation for Coronary Interventional Procedures-Ranked among the Top 10% in the Nation for Cardiology Services-Ranked #1 in ND for Cardiac Care, Cardiac Surgery, Cardiology Services and Coronary Interventional Services-Five-Star Rated for Overall Cardiac Care, Cardiac Surgery, Cardiology Services, Coronary Bypass Surgery, Valve Replacement Surgery, Coronary Interventional Procedure, and Treatment for Heart Attack -St Alexius fulfilled the requirements to become North Dakota's first Magnet(TM) Hospital Magnet is considered to be the gold standard in patient care Achieving Magnet designation helps consumers locate health care organizations that have a proven level of excellence in nursing care -Great Plains Rehab Services Orthotics & Prosthetics area received unconditional accreditation for 3 years from The American Board of Certification in Orthotics & Prosthetics Surveyor comments included having the best patient record and performance improvement practices that the surveyor had seen in the industry -St Alexius Medical Center has met the criteria necessary to be designated a Blue Distinction Center for bariatric surgery, knee and hip replacement, and spine surgery This designation means that St Alexius has met or exceeded certain criteria that demonstrate reliability in delivering bariatric surgical care and better overall outcomes for patients

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 250,088,915

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		No
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	Yes	
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		No
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	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**	Yes	
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**	Yes	
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**	251		
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**	2,646			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		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		No
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	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	

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 ▶

Gary Miller
900 East Broadway Avenue
Bismarck, ND 585014520
(701) 530-7610

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) John Castleberry Chair	3 00	X		X				7,500	0	0
(2) Sr Nancy Miller President	3 00	X		X				0	0	0
(3) Sr Thomas Welder Vice President	3 00	X		X				0	0	0
(4) Sr Gerard Wald Secretary	3 00	X		X				0	0	0
(5) Sr Rosanne Zastoupil Treasurer	3 00	X		X				0	0	0
(6) Sr Mariah Dietz Director	3 00	X						0	0	0
(7) Pamela Schmidt Director	3 00	X						0	0	0
(8) Charles Reichert Director	3 00	X						4,500	0	0
(9) Robert Gayton Director	3 00	X						4,200	0	0
(10) Vernon Dosch Director	3 00	X						3,300	0	0
(11) Nicholas Neumann MD Director	3 00	X						3,500	0	0
(12) John Giese Director	3 00	X						5,100	0	0
(13) Ernest Godfread Director	3 00	X						3,700	0	0
(14) Ben Roller Director	3 00	X						1,750	0	0
(15) Gary Miller President/CEO	50 00	X		X				494,404	0	14,115
(16) Frank Kilzer VP Material & Facility Res	40 00				X			202,638	0	25,083
(17) Wanda Pfaff VP Human Resources	40 00				X			226,544	0	26,081

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			
(18) Duwayne Schlittenhard VP Professional Services	40 00				X			233,109	0	14,604
(19) Dr Syed Hyder VP Medical Affairs	40 00				X			477,684	0	29,111
(20) Rosanne Schmidt VP/CNO	40 00				X			252,712	0	28,707
(21) Kurt Waldbillig VP Physician Services & Ou	40 00				X			181,117	0	23,643
(22) Brent Herbel Interventional Radiologist	40 00					X		760,534	0	24,111
(23) Eric Belanger Neurosurgeon	40 00					X		1,628,714	0	23,707
(24) Steven Kraljic Neurosurgeon	40 00					X		1,647,247	0	24,111
(25) Leslie Rainwater Urologist	40 00					X		769,006	0	23,858
(26) Robert Oatfield Interventional Cardiologis	40 00					X		788,558	0	16,471
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								7,695,817	0	273,602

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 ▶ 170

			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
Bismarck Radiology Associates 810 E Rosser Ave Ste 201 Bismarck, ND 58501	Radiology Services	5,723,505
Northern Plains Laboratory LLC PO Box 2036 Bismarck, ND 58502	Pathology Services	4,002,621
Beazley Engineering 1710 Burnt Boat Drive Bismarck, ND 58503	Construction	244,737
Faysal Yousefi MD 132 E Thayer Ave Apt 1 Bismarck, ND 58501	Physician	206,993
Mackley Construction PO Box 119 Minot, ND 58702	Construction	126,039

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 ▶ 12

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	62,803			
	e	Government grants (contributions)	1e	21,901			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,113,057			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,197,761			
Program Service Revenue			Business Code				
	2a	Patient service revenu	541900	269,682,679	267,038,557	2,644,122	
	b	Other revenue	900099	9,376,537	9,376,537		
	c	Cafeteria	900099	1,285,853	1,285,853		
	d	Health and Education	900099	160,189	160,189		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		280,505,258			
	3	Investment income (including dividends, interest and other similar amounts)		519,714			519,714
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	608,880				
	b	Less rental expenses	0				
	c	Rental income or (loss)	608,880				
	d	Net rental income or (loss)		608,880			608,880
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		54,189			
	b	Less cost or other basis and sales expenses	4,791	2,734,842			
	c	Gain or (loss)	-4,791	-2,680,653			
	d	Net gain or (loss)		-2,685,444			-2,685,444
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Community pharmacy	446110	5,904,906		5,904,906	
	b	Northern plains lab	621500	1,203,397		1,203,397	
	c	Outside lab	621500	834,080		834,080	
	d	All other revenue		303,790		303,790	
	e	**Total.** Add lines 11a–11d		8,246,173			
	12	**Total revenue.** See Instructions		288,392,342	277,861,136	10,890,295	-1,556,850

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	416,797	416,797		
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	2,677,312		2,677,312	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	86,370,486	74,843,541	11,402,361	124,584
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,512,262	3,003,572	504,108	4,582
9	Other employee benefits	11,497,165	9,712,431	1,769,209	15,525
10	Payroll taxes	7,248,023	6,293,091	945,764	9,168
11	Fees for services (non-employees)				
a	Management				
b	Legal	110,259		110,259	
c	Accounting	69,016		69,016	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	38,452,334	37,673,632	778,702	
12	Advertising and promotion				
13	Office expenses	27,726,277	19,330,205	7,767,882	628,190
14	Information technology				
15	Royalties . .				
16	Occupancy	2,614,469	2,167,565	446,904	
17	Travel	1,188,809	977,599	207,179	4,031
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,876,968	2,876,968		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,013,601	17,913,504	100,097	
23	Insurance	1,012,066	1,005,343	6,723	
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	Medical Supplies	41,458,889	41,458,889		
b	Pharmacy	19,002,291	19,002,291		
c	Bad debt	9,394,915	9,394,915		
d	Equipment Rental/Mainte	4,879,948	4,018,572	860,686	690
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	278,521,887	250,088,915	27,646,202	786,770
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		25,299,376	2	33,077,007
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		38,833,918	4	42,277,578
	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		433,540	7	683,709
	8	Inventories for sale or use		4,026,051	8	3,899,826
	9	Prepaid expenses and deferred charges		1,239,404	9	1,722,864
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 324,044,396			
	b	Less accumulated depreciation	10b 179,204,700	130,259,610	10c	144,839,696
	11	Investments—publicly traded securities		35,325,650	11	34,247,461
	12	Investments—other securities See Part IV, line 11		14,533,098	12	10,994,415
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,043,269	15	1,105,633
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		250,993,916	16	272,848,189
Liabilities	17	Accounts payable and accrued expenses		33,967,090	17	35,670,789
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		54,104,428	20	55,739,279
	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		7,326,532	23	12,821,943
	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		5,713,935	25	8,422,069
	26	**Total liabilities.** Add lines 17 through 25		101,111,985	26	112,654,080
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		148,430,719	27	158,678,341
	28	Temporarily restricted net assets		1,451,212	28	1,515,768
	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		149,881,931	33	160,194,109
	34	Total liabilities and net assets/fund balances		250,993,916	34	272,848,189

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	288,392,342
2	Total expenses (must equal Part IX, column (A), line 25)	2	278,521,887
3	Revenue less expenses Subtract line 2 from line 1	3	9,870,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	149,881,931
5	Other changes in net assets or fund balances (explain in Schedule O)	5	441,723
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	160,194,109

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
St Alexius Medical Center

Employer identification number
45-0226711

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
St Alexius Medical Center

Employer identification number
45-0226711

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	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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	3,939,568	3,419,691	3,228,718	3,007,949	
b Contributions	494,559	448,744	347,995	415,278	
c Investment earnings or losses	137,978	93,749	50,166	-7,070	
d Grants or scholarships					
e Other expenditures for facilities and programs	601,477	305,526	202,661	176,999	
f Administrative expenses	15,704	17,090	4,526	10,440	
g End of year balance	3,954,924	3,639,568	3,419,692	3,228,718	

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

- a Board designated or quasi-endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
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		11,252,732		11,252,732
b Buildings		196,245,234	99,553,113	96,692,121
c Leasehold improvements				
d Equipment		111,164,928	76,823,365	34,341,563
e Other		5,381,502	2,828,222	2,553,280
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				144,839,696

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Capital lease obligations	8,307,069
Insurance Liability	115,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,422,069

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	288,392,342
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	278,521,887
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,870,455
4	Net unrealized gains (losses) on investments	4	436,973
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,750
9	Total adjustments (net) Add lines 4 - 8	9	441,723
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,312,178

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	269,056,896
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	436,973		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-5,647,287		
e	Add lines **2a** through **2d**			2e	-5,210,314
3	Subtract line **2e** from line **1**			3	274,267,210
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	14,125,132		
c	Add lines **4a** and **4b**			4c	14,125,132
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	288,392,342

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

1	Total expenses and losses per audited financial statements			1	259,170,013
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			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	259,170,013
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	19,351,874		
c	Add lines **4a** and **4b**			4c	19,351,874
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	278,521,887

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
Description of Intended Use of Endowment Funds	Part V, Line 4	The endowment is utilized to provide funding to continue to enhance patient care at St Alexius Medical Center set forth in our mission, "Let all be received as Christ "
Description of Uncertain Tax Positions Under FIN 48	Part X	St Alexius is organized as a North Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) St Alexius is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS In addition, St Alexius is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose St Alexius files an Exempt Organization Business Income Tax Return (Form 990T) with the IRS to report its unrelated business taxable income St Alexius 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 St Alexius 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 St Alexius' federal Form 990T filings are no longer subject to federal tax examinations by tax authorities for years before 2008
Part XI, Line 8 - Other Adjustments		Fair Value of Interest Rate Swap 4,746 Rounding 4 Total to Schedule D, Part XI, Line 8 4,750
Part XII, Line 2d - Other Adjustments		Income from subsidiary included in revenue for financial statements -5,347,287 Grant Expense included in income for financials statements -300,000
Part XII, Line 4b - Other Adjustments		Temporily restricted contributions 64,556 Revenues of Disregarded Entity-St Alexius Heart and Lung 13,704,587 Contribution of Long-Lived Assets 355,989
Part XIII, Line 4b - Other Adjustments		Expenses of Disregarded Entity-St Alexius Heart and Lung 19,051,874 Grant Expense included in income for financials statements 300,000

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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
St Alexius Medical Center

Employer identification number
45-0226711

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 _____ %	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)			2,056,000		2,056,000	0 740 %
b Medicaid (from Worksheet 3, column a)			11,868,300	8,947,397	2,920,903	1 050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			13,924,300	8,947,397	4,976,903	1 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			164,131		164,131	0 060 %
f Health professions education (from Worksheet 5)			439,634		439,634	0 160 %
g Subsidized health services (from Worksheet 6)			58,580,229	43,270,550	15,309,679	5 500 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			416,797		416,797	0 150 %
j **Total** Other Benefits			59,600,791	43,270,550	16,330,241	5 870 %
k **Total.** Add lines 7d and 7j			73,525,091	52,217,947	21,307,144	7 660 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense	2	9,394,915		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	1,127,390		
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	76,970,509		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	76,357,549		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	612,960		
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	1 Northern Plains Lab	Labratory Services	50 000 %		50 000 %
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? 2

	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	St Alexius Medical Center 900 East Broadway Bismarck, ND 585065510	X	X		X			X		
2	Community Memorial Hospital 220 5th Ave Turtle Lake, ND 58575	X	X			X				

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: St Alexius Medical Center

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

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

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 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 B. Facility Policies and Practices.

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

Community Memorial Hospital

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

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

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 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? **6**

	Name and address	Type of Facility (Describe)
1	St Alexius Mandan Clinic 403 Burlington Street SE Mandan, ND 58554	Family Medicine Clinic
2	St Alexius Minot Clinic 1600 2nd Ave SW Ste 19 Minot, ND 58701	Family Medicine Clinic
3	Great Plains Rehabilitation Services 1212 East Main Bismarck, ND 58501	Provide Home Medical Products to General Public
4	St Alexius Same Day Surgery Center 810 East Rosser Ave Bismarck, ND 58501	Ambulatory Surgery Center for Individuals Who Require Overnight Stay
5	St Alexius Heart & Lung Clinic 310 North 10th Street Bismarck, ND 58501	Heart, Lung & Peripheral Vascular Disease Clinic
6	Great Plains Health Company 3222 28th Street South Fargo, ND 58104	Provide Home Medical Products to General Public
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 The charity care included in Part I, Line 7a is based on the average cost to gross charges calculated from internal cost system The unreimbursed Medicaid in Part I, Line 7b is based on gross charges and claims from the Medicaid cost report The community health services, education and contributions in Part I, Lines 7e, f and i are based on actual expenses The subsidized health services in Part I, Line 7g are based on estimated costs from the internal cost accounting general ledger systems

Identifier	ReturnReference	Explanation
		Part I, Line 7g Subsidized health services includes $57,162,138 in costs attributable to physician clinics

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) The amount of bad debt expense included in Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $9,394,915

Identifier	ReturnReference	Explanation
		Part III, Line 4 Footnote to the organization's financial statements that describes bad debt expense 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 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 $1,127,390 This was based off the most recent community needs assessment reported in March 2011, which indicated that 12% of the population is below the Federal Poverty Guidelines The 12% was applied to the amount of bad debt expense Discounts and payments on accounts are applied directly to the principal of the account The Hospital does not charge interest or fees related to the use of a collection agency to collect these payments

Identifier	ReturnReference	Explanation
		Part III, Line 8 Medicare allowable cost is based on the Medicare cost report The Medicare cost report is completed based on the rules & regulations set forth by the Centers for Medicare and Medicaid Services

Identifier	ReturnReference	Explanation
		Part III, Line 9b Reasonable efforts are taken for patients qualifying under financial assistance policy before turning over the account to a third party collector Any individual who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for Charity Care assistance The Financial Counselor along with the Social Work Department staff attempt to identify all inpatients prior to discharge and begin the discussion of available programs including, but not limited to, the charity care program Determination of eligibility should be made prior to discharge or as close to the date of service as possible However, retroactive determinations are also eligible The Customer Service staff in Patient Financial Services discusses Charity Care options with patients after services are rendered, usually, after the patient has received their first statement and provided the necessary documentation

Identifier	ReturnReference	Explanation
St Alexius Medical Center		Part V, Section B, Line 13g In addition to having the full financial assistance policy available upon request, St Alexius contacts patients through pre-admissions and meets with them to discuss the policy prior to procedures Patient financial staff is available during normal office hours to discuss patient payment options

Identifier	ReturnReference	Explanation
Community Memorial Hospital		Part V, Section B, Line 13g In addition to having the full financial assistance policy available upon request, Community Memorial Hospital contacts patients through pre-admissions and meets with them to discuss the policy prior to procedures Patient financial staff is available during normal office hours to discuss patient payment options

Identifier	ReturnReference	Explanation
St Alexius Medical Center		Part V, Section B, Line 19d The maximum amount charged to a patient by St Alexius under the financial assistance policy for emergency and medically necessary care is 35% of the gross charges This is based on the lowest discount under the charity care policy of 65% The hospital will review the proposed methods to determine amounts generally billed to determine its discount under the financial assistance policy meets the requirements of 501(r)

Identifier	ReturnReference	Explanation
Community Memorial Hospital		Part V, Section B, Line 19d The maximum amount charged to a patient by Community Memorial Hospital under the financial assistance policy for emergency and medically necessary care is 35% of the gross charges This is based on the lowest discount under the charity care policy of 65% The hospital will review the proposed methods to determine amounts generally billed to determine its discount under the financial assistance policy meets the requirements of 501(r)

Identifier	ReturnReference	Explanation
St Alexius Medical Center		Part V, Section B, Line 20 St Alexius Medical Center has not determined the amount generally billed under the various proposed methods of calculation Therefore, it is possible a patient under the financial assistance policy could have paid more than the amount generally billed The hospital will review the various methods to determine amounts generally billed to ensure it is in compliance with Section 501(r)

Identifier	ReturnReference	Explanation
Community Memorial Hospital		Part V, Section B, Line 20 Community Memorial Hospital has not determined the amount generally billed under the various proposed methods of calculation Therefore, it is possible a patient under the financial assistance policy could have paid more than the amount generally billed The hospital will review the various methods to determine amounts generally billed to ensure it is in compliance with Section 501(r)

Identifier	ReturnReference	Explanation
St Alexius Medical Center		Part V, Section B, Line 21 All individuals eligible under the hospital financial assistance policy are provided a discount for emergency and other medically necessary care The financial assistance policy does not apply to elective procedures Therefore, FAP-eligible patients without insurance may be charged gross charges on elective procedures

Identifier	ReturnReference	Explanation
Community Memorial Hospital		Part V, Section B, Line 21 All individuals eligible under the hospital financial assistance policy are provided a discount for emergency and other medically necessary care The financial assistance policy does not apply to elective procedures Therefore, FAP-eligible patients without insurance may be charged gross charges on elective procedures

Identifier	ReturnReference	Explanation
		Part VI, Line 2 The Organization is in the process of assessing the health needs of the community through feedback from the physicians and from patients The University of Mary, N D Department of Health, Centers for Disease Control & Prevention, John Goodman & Associates Study, and Minot Feasibility Study are together working on a community assessment for St Alexius Medical Center The results were presented to the Community Benefit Committee in March 2011 St Alexius is planning to finalize the community health needs assessment prior to June 30, 2013

Identifier	ReturnReference	Explanation
		Part VI, Line 3 The charity care policy is currently not posted but we are looking at changing this policy Currently patients are contacted through pre-admissions and they meet with patient financial staff that go through information prior to procedures Patient Financial Services also works with patients that need assistance with their billings

Identifier	ReturnReference	Explanation
		Part VI, Line 4 St Alexius provides outreach services across its service area of central and western North Dakota St Alexius operates the Garrison Memorial Hospital in Garrison, North Dakota and manages the Community Memorial Hospital in Turtle Lake St Alexius owns and operates clinics in Mandan, Minot, Garrison, and Washburn North Dakota's population is 672,591 of which 61,272 reside in the city of Bismarck The population is 90 0% white, 5 4% Native American, and the remaining 4 6% being African American, Asian, and Hispanic By the year 2020, 45 of the 53 counties will have more than 22% of their population age 65 or older From 2000-2005 our state had a 15% decrease in the number of youth and a 13 8% increase in the minority population which was primarily Native American Reservations North Dakota has 12% of their population living in poverty The leading causes of death in Burleigh county ranked in order are Diseases of the Heart, Alzheimers, Respiratory Cancer, Accidental, Cerebrovascular Disease, COPD, Diabetes, Breast Cancer, and Colorectal Cancer Health related behaviors influence cardiovascular diseases such as smoking, physical inactivity, poor nutrition, and unhealthy weight status Hypertension is a chronic disease associated with aging that has a high risk factor for heart disease and stroke In North Dakota, 26% adults have high blood pressure North Dakota adults are a part of the national trend towards increased obesity 63% of the adults here have an unhealthy weight/BMI Some of the health screenings that St Alexius is conducting throughout the service region are vascular, wellness, memory, sleep apnea, and chronic obstructive pulmonary disease Those individuals that are being screened at no or minimal cost are being alerted of health risks that might go undetected Through screenings, it is our hope that these individuals seek further treatment and are empowered to make healthier lifestyle choices

Identifier	ReturnReference	Explanation
		Part VI, Line 5 The governing body is comprised of people in the community who are knowledgeable to advise the organization and are compensated for their expertise and time (see Part VII of Form 990) The organization extends medical staff privileges to Primecare physicians The organization applies surplus funds, if available, to their reinvestment in equipment and facilities to improve patient care The Hospital provides serveral services at reduced or no costs Those included are as follows 1 INTERACTIVE NETWORK - Consists of twenty five communities located in Montana, South and North Dakota covering 70,000 square miles are serviced by the St Alexius Medical Center network INTERACTIVE NETWORK provides electrocardiogram management, interactive cardiac management, remote cardiac monitoring, electroencephalogram monitoring, fetal monitoring, biomedical services, dialysis and infant pneumocardiograms to patients in western and central North Dakota These services might not be provided if not for the Hospital servicing these areas 2 OTHER ACTIVITES INCLUDED ON PART 1, LINE 7E - In keeping with the Hospital's commitment to serve all members of its community St Alexius Medical Center -participated in health fairs-provided patient educational materials and classes-provided patient support groups for different diseases-conducted health screenings-sponsored "Wellness" type programs ranging from Lamaze instruction and parenting to babysitting to diet and weight control to social issues -maintained a tumor registry-operated a Hospice Program-has telemedicine capabilities set-up in several rural communities-provides PAC's (radiology) services and radiology reading to many rural communities 3 OTHER ACTIVITES INCLUDED ON PART 1, LINE 7E - Services are provided to Standing Rock Sioux Indian Reservation with emphasis focused on improving the quality of care in the area of maternal and child nursing and mental health with a goal to reduce infant mortality The program consists of support from a OB trained physician to provide prenatal and ongoing care in the Fort Yates community Also in that community a bi-monthly newsletter is distributed that addresses the following topics -Pregnancy and prenatal care-Labor and delivery-Infant nutrition-Teen pregnancy-Self esteem-Suicide prevention-Drug and alcohol abuse 4 St Alexius manages a non-profit critical access hospital in Turtle Lake North Dakota St Alexius offers administrative expertise and purchasing economies that it passes on to this facility This allows the facility to continue to provide health care services and operate more efficiently Turtle Lake also provides primary care providers to clinics in McClusky and Washburn, ND 5 St Alexius manages a non-profit critical access hospital in Garrison North Dakota Garrison Memorial Hospital operates a 22 bed acute care hospital and a 26 bed skilled nursing facility They also operate a 24 hour, Level IV Certified Emergency Room 6 St Alexius operates a Telemedicine network, known as The Telecare Network It is a service St Alexius Medical Center and affiliated physicians offer in cooperation with 27 healthcare providers throughout the Dakotas The service features telemedicine consultations between rural physicians and specialists in Bismarck using real time video and audio telepresence equipment Consultations of both urgent and routine nature are available 7 St Alexius provides support to other rural communities like Hettinger, North Dakota to help maintain needed primary care physician coverage in rural communities

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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
St Alexius Medical Center

Employer identification number
45-0226711

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) ND-SD Medical Transport8295 7th Avenue SE Linton, ND 58552	27-2849014	501(c)(3)	50,000				Support Angel Air Care Helicopter EMS Program
(2) Sakakawea Medical Center510 8th Ave NE Hazen, ND 58545	45-0308379	501(c)(3)	37,500				Outreach Care Grant
(3) West River Regional 1000 Highway 12 Hettinger, ND 58639	45-0340688	501(c)(3)	300,000				Rural Healthcare Support Grant
(4) Ruth Meiers Hospitality 1800 E Broadway Ave Bismarck, ND 58501	36-3531940	501(c)(3)	5,000				Support to Hire a Nurse
(5) ND Catholic Conference 103 S 3rd ST Ste 10 Bismarck, ND 58501	45-0309154		8,000				Health Care Advocacy Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

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 St Alexius makes donations to entities with charitable missions to ensure that our donations are used for the purposes intended

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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

Open to Public Inspection

Name of the organization
St Alexius Medical Center

Employer identification number
45-0226711

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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
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**	Yes	
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) Gary Miller	(i)	398,487	95,917	0	9,271	9,864	513,539	0
	(ii)	0	0	0	0	0	0	0
(2) Frank Kilzer	(i)	155,479	47,159	0	8,185	21,410	232,233	0
	(ii)	0	0	0	0	0	0	0
(3) Wanda Pfaff	(i)	175,569	50,975	0	8,835	24,938	260,317	0
	(ii)	0	0	0	0	0	0	0
(4) Duwayne Schlittenhard	(i)	179,665	53,444	0	9,052	10,469	252,630	0
	(ii)	0	0	0	0	0	0	0
(5) Dr Syed Hyder	(i)	366,984	110,700	0	9,800	28,035	515,519	0
	(ii)	0	0	0	0	0	0	0
(6) Rosanne Schmidt	(i)	193,424	59,288	0	9,800	25,097	287,609	0
	(ii)	0	0	0	0	0	0	0
(7) Kurt Waldbillig	(i)	139,017	42,100	0	7,236	17,379	205,732	0
	(ii)	0	0	0	0	0	0	0
(8) Brent Herbel	(i)	738,229	22,305	0	9,800	16,415	786,749	0
	(ii)	0	0	0	0	0	0	0
(9) Eric Belanger	(i)	1,296,987	331,727	0	9,800	16,011	1,654,525	0
	(ii)	0	0	0	0	0	0	0
(10) Steven Kraljic	(i)	1,115,393	519,002	12,852	9,800	16,415	1,673,462	0
	(ii)	0	0	0	0	0	0	0
(11) Leslie Rainwater	(i)	469,620	299,386	0	8,896	17,065	794,967	0
	(ii)	0	0	0	0	0	0	0
(12) Robert Oatfield	(i)	639,899	100,367	48,292	9,800	8,775	807,133	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	President/CEO is allowed up to annual maximum executive benefit allowance of $10,000 for expenses incurred for airline, club memberships, wellness/fitness programs, financial planning and tax preparation services, membership in community club, and cell phone and wireless connectivity The amount of benefit used is included in taxable income
	Part I, Line 6	At the beginning of each fiscal year, the Compensation Committee establishes a financial threshold which must be met before any awards are paid and establishes guidelines defining the size of any awards available to participants At the end of the plan year, the Committee decides whether to make any awards to participants and how large any award shall be, in accordance with the guidelines established at the beginning of the plan year Incentive compensation is earned as a percent of base salary Base salary is defined as the annualized rate of pay (summation of monthly base salary for the plan year)

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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
St Alexius Medical Center

Employer identification number
45-0226711

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 Garrison	45-6002076		12-20-2007	3,200,000	2007-Improvements to the Infrastructure Relating to Energy Management		X		X		X
B	Burleigh County	45-6002204		05-27-2010	8,156,220	Building Construction	X			X		X
C	Burleigh County	45-6002204		11-16-2010	6,119,852	Building Construction	X			X		X
D	Burleigh County	45-6002204		03-31-2011	8,159,645	Building Construction	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased		8,000,000	6,000,000	8,000,000
3	Total proceeds of issue	3,200,000	8,377,663	6,270,931	8,380,327
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		221,443	151,079	220,682
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds		156,220	119,852	157,645
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	3,200,000	8,221,443	6,151,079	8,222,682
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2010	2011	2011

		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		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		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		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		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		X		X		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		X		X		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 %		0 %		0 %		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 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		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		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	US Bank NA							
c	Term of hedge	10 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X		X		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		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		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
Form 990, Schedule K (Entity 2), Bond A, Part II, Line 11	Other Spent Proceeds	The amount reported on line 11 for the 2012 bond issuance represents the amount used to currently refund a portion of the bonds issued in 1998, to retire the bonds originally issued on April 15, 2009, and to pay debt service on advance refunded bonds

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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.**

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2011

Open to Public Inspection

Name of the organization
St Alexius Medical Center

Employer identification number
45-0226711

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	Burleigh County	45-6002204	120906DR0	01-31-2012	40,208,479	Bond Refinance for 12/01/98, 4/15/09, 5/27/10, 11/16/10 and 3/31/11 Bonds		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	40,210,338			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	22,960,639			
7	Issuance costs from proceeds	798,251			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	16,451,448			
12	Other unspent proceeds				
13	Year of substantial completion	2012			

		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.

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St Alexius Medical Center

Employer identification number
45-0226711

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	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	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	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
See Additional Data Table					

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 45-0226711
Name: St Alexius Medical Center

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
Blue Cross Blue Shield	Gary Miller BCBS board member	1,447,055	Insurance services		No
Wells Fargo	John Giese is Wells Fargo CEO	238,572	Banking and insurance services		No
Lynn Dosch	Spouse of Board Member	15,423	Employee		No
Martha Reichert	Daughter of Board Member	39,078	Employee		No
David Gayton	Brother of Board Member	348,507	Employee		No
Kari Emery	Daughter of Board Member	48,953	Employee		No
Eric Kilzer	Son of Key Employee	72,535	Employee		No
Joleen Waldbillig	Spouse of Key Employee	33,158	Employee		No

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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.

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2011

Open to Public Inspection

Name of the organization
St Alexius Medical Center

Employer identification number
45-0226711

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	John Giese and Gary Miller have a business relationship

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	Members The corporation shall have one class of members, which shall consist of members of the monastic community known as the Benedictine Sisters of the Annunciation, BMV, who have made their perpetual monastic profession and who have been elected to or appointed to the Sponsorship Group of the Benedictine Sisters of the Annunciation, BMV

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	Joint Powers of Members and Board of Directors The following powers shall be reserved jointly to the members of the corporation and the board of directors 1 Approve a new candidate appointed to serve as President/Chief Executive Officer of the corporation 2 Approve any person to be elected to serve on the board of directors 3 Remove any director if this action is indicated The power of the board of directors to act on any of these matters is subject to the requirement that the members of the corporation shall approve such action prior to the submission of the matter to a vote of the board of directors

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7b	Powers Reserved to Members Exercise of the following powers shall be reserved exclusively to the members of the corporation to 1 Change the sponsorship, reserved powers or mission of the corporation as an institution founded on Gospel values, the Benedictine heritage of healing and the healing ministry of Jesus 2 Make any major policy change on ethical issues 3 Authorize the sale or encumbrance of all or substantially all of the assets or property of the corporation 4 Merge, liquidate or dissolve the corporation 5 Change the name of the corporation 6 Change or amend the structure of the board of directors of the corporation 7 Amend, alter or repeal the articles of incorporation and/or the bylaws of the corporation 8 Approve or disapprove a proposed course of action which could reasonably be anticipated to adversely affect the sponsorship or mission of the corporation as an institution founded on Gospel values, the Benedictine heritage of healing and the healing ministry of Jesus

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 8b	There are no committees with the authority to act on behalf of the board of directors

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	Internal staff will present to the audit and compliance committee and that committee recommends approval to the board A draft is presented at a board meeting

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Annually all employees are asked conflict of interest questions at evaluation time Employees are responsible for disclosing potential conflicts of interest by completing a disclosure form Each year the compliance officer initiates a review of all conflicts of interests within the medical center The following annually complete a disclosure form board members, President/CEO, Vice Presidents, Directors/Managers, other employees with significant decision making authority or who are in a position to influence decisions The forms are reviewed by the compliance officer and if a conflict is "new" or requires review, the CEO and the Audit & Compliance Committee discuss the conflict and determine appropriate course of action

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	Compensation is reviewed annually by an independent group using comparability data and recommendations are presented to the President/CEO and/or Board of Directors for approval

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	An annual report is available to the public that includes financial statements

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 436,973 Fair Value of Interest Rate Swap 4,746 Rounding 4 Total to Form 990, Part XI, Line 5 441,723

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishment Continuance	Form 990, Part III	-The St Alexius Medical Center Rehabilitation Center has been accredited from the Commission on Accreditation of Rehabilitation Facilities (CARF) This accreditation represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to the standards established by CARF -St Alexius was awarded the 100 Top Hospital Cardiovascular Benchmarks for Success Study, 9th Edition per Thomson Healthcare Thomson Healthcare developed the 100 Top Cardiovascular Hospitals' study to identify high-performing cardiovascular hospitals nationally and to set performance targets for improving clinical outcomes and management of the high-risk, high-cost cardiovascular service line To qualify, hospitals must achieve high scores across eight equally weighted performance criteria that reflect clinical processes and outcomes, volume, efficiency and cost -St Alexius received a health care quality award for our own overall performance on the Centers for Medicare & Medicaid Services quality measures The award is based on the hospital's performance and degree of improvement on the quality measures for the treatment of acute myocardial infarction, heart failure, pneumonia, and surgical care This award is a reflection of the commitment we have made to provide quality health care to the patients we serve -One of our Emergency Room physicians earned the Best Doctor in America award The Best Doctors in America database is the result of a survey of more than 40,000 physicians in the United States Only those doctors recognized to be in the top 3-5% of their specialty earn the honor of being named one of the Best Doctors in America The only way to be recognized as one of the best Doctors in America is for a doctor to earn high marks for clinical ability from his or her peers -St Alexius was the first in western ND to offer non-surgical treatment of atrial septal defect (ASD) ASD is a hole between the two upper chambers of the heart and is most commonly diagnosed in infants and children If the defect is large and doesn't close patients may be more susceptible to colds, pneumonia and other infectious diseases Left untreated, ASD can lead to heart arrhythmias, heart failure, high blood pressure, stroke and even death Traditionally, the only treatment for ASD was open heart surgery With the AMPLATZER device, it allows a less invasive, non-surgical approach to treat our patients with ASD By using this device, most patients leave the hospital within 24 hours and resume normal activity soon thereafter -The Noninvasive Cardiovascular Lab has accreditation in the area of Extracranial Cerebrovascular Testing and Peripheral Venous Testing by the Intersocietal Commission for the Accreditation of Vascular Laboratories -St Alexius has been awarded an accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists (CAP) The CAP accreditation program is recognized by the federal government as being equal to or more stringent than the government's own inspection program The inspectors examine the laboratory's records and quality control of procedures for the preceding two years This stringent inspection program is designed to specifically ensure the highest standard of care for the laboratory's patients -St Alexius performed our first carotid stent procedure utilizing the current FDA approved Embolic Protection System This procedure provides a minimally invasive treatment alternative to conventional open carotid artery surgery to patients who are at high surgical risk The embolic protection system is designed to capture and remove particles of plaque that might be dislodged during the procedure, which could potentially lead to stroke and other complications -St Alexius was only one of fourteen hospitals in the entire United States to gain an award for Patient Safety, Patient Quality and Patient satisfaction from the HealthGrades Rating organization -St Alexius provides and supports an inpatient Psychiatric Unit and a Partial Psych outpatient unit -St Alexius was recently named a Top 50 Hospital by Becker's Hospital Review

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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
St Alexius Medical Center

Employer identification number
45-0226711

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
(1) St Alexius Heart & Lung Clinic LLC 900 East Broadway Avenue Bismarck, ND 58501 86-1123162	Speciality Clinic-Cardiology, etc	ND	-5,347,287	2,395,524	N/A

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) Garrison Memorial Hospital 407 3rd Ave SE Garrison, ND 58540 45-0227752	Hospital	ND	501(c)(3)	3	Benedictine Sisters of the Annunciation BMV		No
(2) Benedictine Sisters of the Annunciation BMV 7520 University Drive BISMARCK, ND 58504 45-0261530	Religious Purposes	ND	501(c)(3)	1	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
(1) St Alexius Health Services Inc 900 East Broadway Ave Bismarck, ND 58501 45-0402817	General Business Purpose	ND	St Alexius Medical Center	C		1,263	100 000 %

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	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	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	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
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)

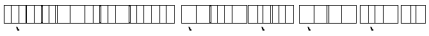
Identifier	Return Reference	Explanation	

Consolidated Financial Statements
June 30, 2012 and 2011

St. Alexius Medical Center and Subsidiaries

Independent Auditor's Report

[redacted]



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Note 1 - Organization and Significant Accounting Policies

Organization and Principles of Consolidation

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- [illegible]

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Cash and Cash Equivalents

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Patient and Resident Receivables

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Supplies

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Equity Investments

[illegible]

Fair Value Measurements

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Assets Limited as to Use

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Property and Equipment

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Rental Property

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Deferred Financing Costs and Original Issue Discounts

[illegible]

Investments and Investment Income

[illegible]

Interest Rate Swap

[illegible]

Self-Funded Health Insurance Reserves

Self-funded health insurance reserves include claims reported as of the balance sheet date and estimates (based on projections from historical data) of health care costs expenses incurred but not paid Estimates are continually monitored and reviewed, and as settlements are made or estimates adjusted, differences are reflected in current operations

Income Taxes

St Alexius is organized as a North Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) St Alexius is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS In addition, St Alexius is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose St Alexius files an Exempt Organization Business Income Tax Return (Form 990T) with the IRS to report its unrelated business taxable income

St Alexius 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 St Alexius 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 St Alexius' federal Form 990T filings are no longer subject to federal tax examinations by tax authorities for years before 2008

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by St Alexius 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 St Alexius in perpetuity At June 30, 2012 and 2011, St Alexius 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, change in fair value of effective interest rate swap hedges, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors

Net Patient and Resident Service Revenue

St Alexius has agreements with third-party payors that provide for payments to St Alexius at amounts different from its established rates Payment arrangements include prospectively determined rates, 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

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Donor-restricted Gifts

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Advertising

[illegible]

Use of Estimates

[illegible]

Note 2 - Net Patient and Resident Service Revenue

[illegible]

Medicare [illegible]

The hospitals in Turtle Lake and Garrison are licensed as Critical Access Hospitals (CAH) Those hospitals are reimbursed for most inpatient and outpatient services at cost plus 1% with final settlement determined after submission of annual cost reports by the Turtle Lake and Garrison hospitals and are subject to audits thereof by the Medicare intermediary Certain services are subject to cost limits or fee schedules Turtle Lake and Garrison's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2010

Medicare patients may participate in Advantage Part D Medicare plans Contractual adjustments from those plans appear in the "Other" adjustment category on the summary of patient and resident service revenue and contractual adjustments on the following page

The Centers for Medicare and Medicaid Services (CMS) has implemented a Recovery Audit Contractor (RAC) program under which claims subsequent to October 1, 2007, are reviewed by contractors for validity, accuracy, and proper documentation A demonstration project completed in several other states resulted in the identification of potential overpayments, some being significant The potential exists that the Medical Center may incur a liability for a claims overpayment at a future date The Medical Center is unable to determine the extent of the liability of overpayments, if any As the outcome of such reviews is unknown and cannot be reasonably estimated, it is the Medical Center's policy to adjust revenue for deductions from overpayment amounts or additions from underpayment amounts determined under the RAC audits at the time a change in reimbursement is agreed upon between the Medical Center and CMS

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 1%, and outpatient services are paid at the Medicare interim payment rates Final cost settlements are determined based on the audited Medicare cost report

Blue Cross Inpatient services provided 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

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

St Alexius is reimbursed for private pay and Medicaid residents at a prospectively determined rate as prescribed by North Dakota Department of Human Services regulations St Alexius also participates in the Medicare program for nursing facility residents for which payment for services is made on a prospectively determined per diem rate which varies based on a case-mix adjusted resident classification system

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 and resident service revenue for the year ended June 30, 2012 increased by approximately $749,000 due to changes in estimates and final settlements of prior year cost reports Net patient and resident service revenue for the year ended June 30, 2011 decreased by approximately $1,496,000 due to changes in estimates and final settlements of prior year cost reports

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Note 3 - Investments and Investment Income

Assets Limited as to Use

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Investment Income

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Note 4 - Property and Equipment

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Note 5 - Other Investments

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Note 6 - Notes Payable and Long-Term Debt

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Note 7 - Leases

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Note 8 - Temporarily Restricted Net Assets

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Note 9 - Cooperative Laundry Facility

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Note 10 - Pension Plan

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Note 11 - Concentrations of Credit Risk

Note 12 - Functional Expenses

Note 13 - Fair Value of Assets and Liabilities

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Note 14 - Fair Value of Financial Instruments

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Cash Equivalents

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Accounts Receivable and Accounts Payable

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Investments

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Long-Term Debt

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Note 15 - Commitment and Contingencies

Lease Agreements

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Malpractice Insurance

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Self-Funded Health Insurance

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Litigations, Claims, and Disputes

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Note 16 - Subsequent Events

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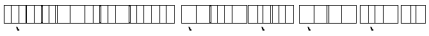
Consolidating and Supplementary Information
June 30, 2012 and 2011

St. Alexius Medical Center and Subsidiaries

Independent Auditor's Report on Consolidating and Supplementary Information



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