



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





Check if Schedule O contains a response or note to any line in this Part III ☒

Based on the Gospel values and our own heritage of healing, the mission of Garrison Memorial Hospital and Clinic is to use our community presence as a means of touching and caring for 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.

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

If "Yes," describe these changes on Schedule O

















<b>4a</b>	(Code ) (Expenses \$ 8,217,827 including grants of \$ 2,075 ) (Revenue \$ 9,415,641 )
	Garrison Memorial Hospital delivers primary health care to a population of approximately 5,975 in McLean, Ward, McHenry, and Mountrail Counties We operate a 22-bed Critical Access Hospital and a 28-bed skilled nursing facility We also operate a rural health clinic in Garrison, North Dakota Our facility employs approximately 148 people Garrison Memorial Hospital makes medical care accessible to the entire community it serves It operates a 24-hour, Level 4 state certified emergency room, providing emergency care to all people regardless of their ability to pay In 2013/2014 we had 1,369 emergency room visits We also had 174 acute days of care, 5,473 swing bed days, 9,963 days of skilled nursing care, and 5,060 clinic visits Garrison Memorial Hospital's charity care policy provides discounted and free services to patients who lack the resources to be fully responsible for the healthcare they receive The Charity Care policy is designed to ensure the population served by Garrison Memorial Hospital has access to needed healthcare services In fiscal year 2013/2014, Garrison Memorial Hospital and its clinic had \$151,594 in charity care and Indian Health Services and \$415,760 in bad debt write offs Our rural health clinic offers a sliding fee schedule to uninsured and underinsured patients, which is mandated by the National Health Service Corps Program In 2013/2014, Garrison Memorial Hospital's payer mix was 35% Medicare, 27% Medicaid, 1% Indian Health Services, 15% self-pay and 22% commercial insurance All payers are charged the same regardless of insurance

[illegible][illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>8,217,827</b>
-----------	---------------------------------------	------------------

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 <b>Section 501(c)(3) organizations.</b> 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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 hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	19
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	183
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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 as charitable contributions?	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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the 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 or note to any line 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 . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	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 this 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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Tom Spain CFO   407 Third Avenue Southeast Garrison, ND   58540   (701) 463-2275

Part VII

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	2 00	X		X				0	9,100	0
Chair (July-February)	3 00									
(2) John Giese	2 00	X		X				0	5,200	0
Director (July-Feb)/Chair (Mar-June)	3 00									
(3) Sr Nancy Miller	1 00	X		X				0	0	0
President	3 00									
(4) Sr Thomas Welder	1 00	X		X				0	0	0
Vice President	3 00									
(5) Sr Gerard Wald	1 00	X		X				0	0	0
Secretary	3 00									
(6) Sr Rosanne Zastoupil	1 00	X		X				0	0	0
Treasurer	3 00									
(7) Dr Michael Brown	1 00	X						0	696,260	18,181
Director	40 00									
(8) Vernon Dosch	1 00	X						0	3,200	0
Director	3 00									
(9) Robert Gayton	1 00	X						0	4,500	0
Director	3 00									
(10) Ernest Godfread	1 00	X						0	4,000	0
Director	3 00									
(11) Sr JoAnn Krebsbach	1 00	X						0	0	0
Director	3 00									
(12) Nicholas Neumann MD	1 00	X						0	4,400	0
Director	3 00									
(13) Charles Reichert	1 00	X						0	4,200	0
Director	3 00									
(14) Pamela Schmidt	1 00	X						0	3,700	0
Director	3 00									
(15) Leslie Bakken Oliver	1 00	X						0	0	0
Director	3 00									
(16) Gary Miller	1 00	X						0	546,756	14,943
Director	50 00									
(17) Tod Graeber	40 00			X				113,139	0	9,615
Administrator	0 00									



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	1,017,908	1,281,316	115,306

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 5

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

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 ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	102,378			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		102,378			
Program Service Revenue	2a	Patient Service Revenue	Business Code 622110	9,294,261	9,294,261		
	b	Contracted Labor	541900	96,142	96,142		
	c	Miscellaneous Income	900099	25,238	25,238		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		9,415,641			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	3,553			3,553
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real 3,600	(ii) Personal			
		b	Less rental expenses	0			
		c	Rental income or (loss)	3,600			
		d	Net rental income or (loss) . . . . .	3,600			3,600
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .				
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							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		9,525,172	9,415,641	0	7,153	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,075	2,075		
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.	208,200		208,200	
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.	4,444,462	4,199,672	244,790	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	142,118	134,762	7,356	
9	Other employee benefits.	532,471	506,119	26,352	
10	Payroll taxes.	341,699	312,632	29,067	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	17,525		17,525	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	979,463	957,185	22,278	
12	Advertising and promotion.	10,537	1,183	9,354	
13	Office expenses.	679,998	576,065	103,933	
14	Information technology.	3,678		3,678	
15	Royalties.				
16	Occupancy.	197,999	195,482	2,517	
17	Travel.	7,883	842	7,041	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	33,019	33,019		
20	Interest.	22,380	22,240	140	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	435,172	435,172		
23	Insurance.	16,345		16,345	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Medical Supplies.	425,618	425,618		
b	Bad Debt Expense.	415,761	415,761		
c					
d					
e	All other expenses.	21,961		21,961	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	8,938,364	8,217,827	720,537	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			889,957	2	1,090,149
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			1,239,053	4	1,433,568
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			208,127	8	260,773
	9	Prepaid expenses and deferred charges . . . . .			42,073	9	189,061
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,451,973	2,675,227	10c	2,765,733
	b	Less accumulated depreciation . . . . .	10b	6,686,240			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			5,054,437	16	5,739,284	
Liabilities	17	Accounts payable and accrued expenses . . . . .			645,171	17	806,449
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			1,162,460	20	937,609
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			14,120	21	13,636
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	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 . . . . .			423,882	25	585,978
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,245,633	26	2,343,672
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			2,808,804	27	3,395,612
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances . . . . .			2,808,804	33	3,395,612
	34	Total liabilities and net assets/fund balances . . . . .			5,054,437	34	5,739,284

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	9,525,172
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	8,938,364
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	586,808
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	2,808,804
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,395,612

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

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

SCHEDULE A

(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Garrison Memorial Hospital	Employer identification number 45-0227752
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a 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—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
------------------	-------------	--

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization Garrison Memorial Hospital	Employer identification number 45-0227752
--	--

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

Using the organization's acquisition, 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 XIII
- 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 XIII and complete the following table
- |                                  |        |
|----------------------------------|--------|
|                                  | Amount |
| 1c Beginning balance             | 1,242  |
| 1d Additions during the year     | 67,806 |
| 1e Distributions during the year | 59,883 |
| 1f Ending balance                | 9,165  |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

(ii) related organizations . . . . .

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 . . . . .				
b Buildings . . . . .		6,703,455	4,541,785	2,161,670
c Leasehold improvements . . . . .				
d Equipment . . . . .		2,677,523	2,144,455	533,068
e Other . . . . .		70,995		70,995
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,765,733



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	9,109,411
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-415,761
e	Add lines 2a through 2d . . . . .	2e	-415,761
3	Subtract line 2e from line 1 . . . . .	3	9,525,172
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	9,525,172

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	8,522,603
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 XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	8,522,603
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 XIII ) . . . . .	4b	415,761
c	Add lines 4a and 4b . . . . .	4c	415,761
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	8,938,364

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part IV, Line 1b	This is a trust fund for residents of our Skilled Nursing Facility. Some patients request that we place their income in a trust fund to pay their bills. This money is held in a separate checking account in the resident's name, and not comingled with hospital funds. The trust account is bonded.
Part IV, Line 2b	The Employee Fund is listed as a liability on the balance sheet. The money comes from two sources, money that is raised by employees, and restricted donations for certain departments within the hospital. All the money is used for the benefit of our patients and residents. A small amount is used for employee recognition.
Part X, Line 2	Garrison Memorial Hospital is included in the consolidated audited financial statements of St. Alexis Medical Center. The following is the Fin 48 note from the consolidated audited financial statements: The Medical Center and Garrison are organized as North Dakota nonprofit corporations and have been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Medical Center and Garrison are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, The Medical Center and Garrison are subject to income tax on net income that is derived from business activities that are unrelated to their exempt purposes. The Medical Center and Garrison file an Exempt Organization Business Income Tax Return (Form 990T) with the IRS to report their unrelated business taxable income. St. Alexis 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. Alexis 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. The Medical Center's and Garrison's federal Form 990T filings are no longer subject to federal tax examinations by tax authorities for years before 2009.
Part XI, Line 2d - Other Adjustments	Provision for Bad Debts included in Revenue on Financial Statements -415,761
Part XII, Line 4b - Other Adjustments	Provision for Bad Debts included in Revenue on Financial Statements 415,761

[illegible]

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.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Garrison Memorial Hospital

Employer identification number  
45-0227752

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	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 financial assistance expenses exceed the budgeted amount? . . . . .	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a		No
b	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

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . .			46,094		46,094	0 540 %
b Medicaid (from Worksheet 3, column a) . . . . .			258,925	193,188	65,737	0 770 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . .			305,019	193,188	111,831	1 310 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . .			14,424		14,424	0 170 %
f Health professions education (from Worksheet 5) . . . .			80,811		80,811	0 950 %
g Subsidized health services (from Worksheet 6) . . . .			1,291,436	1,147,689	143,747	1 690 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,638		2,638	0 030 %
j <b>Total</b> Other Benefits . . . .			1,389,309	1,147,689	241,620	2 840 %
k <b>Total.</b> Add lines 7d and 7j . .			1,694,328	1,340,877	353,451	4 150 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support	9	2,057	33,289		33,289	0.390 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	9	2,057	33,289		33,289	0.390 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

415,761

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

45,318

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

2,143,547

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

2,161,927

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-18,380

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 IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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



Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Garrison Memorial Hospital

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )

1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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 . . . . .	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	No
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //www.garrisonmh.com/healthcare_info</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	No
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>8b</b>	
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
<b>9</b> Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		<b>9</b>	Yes		
<b>10</b> Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		<b>10</b>	Yes		
<b>11</b> Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		<b>11</b>	Yes		
<b>12</b> Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)		<b>12</b>	Yes		
<b>a</b> <input checked="" type="checkbox"/> Income level					
<b>b</b> <input checked="" type="checkbox"/> Asset level					
<b>c</b> <input checked="" type="checkbox"/> Medical indigency					
<b>d</b> <input checked="" type="checkbox"/> Insurance status					
<b>e</b> <input checked="" type="checkbox"/> Uninsured discount					
<b>f</b> <input checked="" type="checkbox"/> Medicaid/Medicare					
<b>g</b> <input type="checkbox"/> State regulation					
<b>h</b> <input type="checkbox"/> Residency					
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)					
<b>13</b> Explained the method for applying for financial assistance? . . . . .		<b>13</b>	Yes		
<b>14</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		<b>14</b>	Yes		
<b>a</b> <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
<b>b</b> <input type="checkbox"/> The policy was attached to billing invoices					
<b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
<b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
<b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
<b>f</b> <input checked="" type="checkbox"/> The policy was available upon request					
<b>g</b> <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
<b>15</b> 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? . . . . .		<b>15</b>	Yes		
<b>16</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
<b>a</b> <input type="checkbox"/> Reporting to credit agency					
<b>b</b> <input type="checkbox"/> Lawsuits					
<b>c</b> <input type="checkbox"/> Liens on residences					
<b>d</b> <input type="checkbox"/> Body attachments					
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)					
<b>17</b> 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 individual's eligibility under the facility's FAP? . . . . .				<b>17</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
<b>a</b> <input type="checkbox"/> Reporting to credit agency					
<b>b</b> <input type="checkbox"/> Lawsuits					
<b>c</b> <input type="checkbox"/> Liens on residences					
<b>d</b> <input type="checkbox"/> Body attachments					
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)					

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

**b** ☐ Notified individuals of the financial assistance policy prior to discharge

**c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

**d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

**e** ☐ Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> 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? . . . . . If "No," indicate why	Yes	
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> 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		
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>21</b> During the tax year, did the hospital facility charge any FAP-eligible individual 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? . . . . . If "Yes," explain in Part VI		No
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information (continued)

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **1**

Name and address	Type of Facility (describe)
<b>1</b> GMH Skilled Nursing Facility 407 3rd Ave SE Garrison, ND 58540	Licensed Nursing Home
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	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 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 cost report

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The amount of bad debt expense that was removed from the denominator of the calculations in Part I, Line 7, column f was \$ 415,761



Form and Line Reference	Explanation
Part II, Community Building Activities	<p>Garrison Memorial Hospital employs an LPN as a full-time community resource coordinator with a wage and benefits of \$ 33,289, whose responsibilities include helping the uninsured and underinsured access healthcare through Medicaid, Women's Way, Caring Program, Healthy Steps and charity care. In 2013/2014 she assisted 14 individuals. She is also responsible for our adult preventative programs (diabetes, women's and men's health) by tracking these program services and sending reminders to patients to schedule follow-up visits with 1,379 clients served in 2013/2014. The Community Resource Coordinator also tracks and monitors 228 patients through our impaired glucose/pre-diabetes program. The Rx Assist Program also falls under her job duties where she works with our physicians on specialty medication management. She helped 13 clients in 2013/2014. She also assists patients with Medicare part D and assists with patient education and free screenings that are done at our annual health fairs. She also coordinates the clinic's diabetes education program via telemedicine, in conjunction with a diabetic educator at St. Alexius in Bismarck. Other committees that the Community Resource Coordinator serves on are a diabetes task force sponsored by the North Dakota Department of Health. The task force works to improve access and quality care to diabetic patients. The Community Resource Coordinator also serves on the McLean County Interagency Committee. This committee works collaboratively with the McLean County Sheriff's department, county school districts, healthcare entities, and the McLean County Resource Center on providing access to social services and healthcare. The Coordinator also sits on the McLean County Tobacco Task Force. The Tobacco Task Force goal is to decrease access to tobacco, provide education and cessation options for patients and the community. The Community Resource Coordinator also has established access for dental care for uninsured and under insured patients. This is done collaboratively with the dental program at Northland Community Health Center in Turtle Lake, ND. Garrison Memorial Hospital is also part of Partners in Prevention immunization program through the North Dakota State Health Department, which allows access to immunizations to all children regardless of ability to pay.</p>

Form and Line Reference	Explanation
Part III, Line 2	The Hospital posts discounts and payments to individual payment accounts

Form and Line Reference	Explanation
Part III, Line 3	The estimated amount of the organization's bad debt attributable to patients eligible under the charity care policy was calculated by applying the estimated percentage of the service area below the poverty guideline (10.9%) obtained from the most recent census from <a href="http://www.census.gov">www.census.gov</a> to the amount of bad debt expense.

Form and Line Reference	Explanation
Part III, Line 4	The footnote to the organization's financial statements that describes bad debt expenses is located in Footnote 1 on page 9 of the attached financial statements

Form and Line Reference	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.

Form and Line Reference	Explanation
Part III, Line 9b	Our collection policy states the following in regards to medical and financial assistance The Community Resource Coordinator or Social Worker may assist the guarantor to secure alternative medical assistance and financial aid available through Federal, State, and local agencies Examples of these programs include Medicaid, Medicare Disability, Crime Victims program, County funding, Department of Veterans Affairs grants and loans, and/or hospital charity care programs Reasonable efforts are taken for patients qualifying under the financial assistance policy before turning over the account to a third party collector

Form and Line Reference	Explanation
Part VI, Line 2	Garrison Memorial Hospital finalized the community health needs assessment January of 2013

Form and Line Reference	Explanation
Part VI, Line 3	Garrison Memorial Hospital informs our patients of our charity care policy by posting notices at registration areas. Patients that may need financial assistance are referred to our Community Resource Coordinator and/or Social Worker. The Community Resource Coordinator will work with the patient to find other sources of payments such as Medicaid, disability, ND Women's Way, ND Health Steps, and charity care if so needed.



Form and Line Reference	Explanation
Part VI, Line 4	Garrison Memorial Hospital is one of two Critical Access Hospitals that serve the nineteen communities in McLean County. Garrison is located in the NW section of the county. Garrison Memorial Hospital serves northern and central McLean County as well as parts of southern Ward County and parts of southeastern Mountrail County. The other hospital is located in Turtle Lake, on the east edge of the county. McLean County has an area of 2,110.88 square miles and is classified as a Frontier County. The average median household income for McLean County is \$53,565 with 10.6% of the population below the federal poverty guidelines, 10-20% of the population is not insured. McLean County is also classified as a federally-designated medically underserved area.

Form and Line Reference	Explanation
Part VI, Line 5	<p>Garrison Memorial Hospital is governed by a Board of Directors made up of 5 Benedictine Sisters from the Annunciation Monastery in Bismarck, North Dakota, 1 physician, 9 community leaders, and the President/CEO of St. Alexius Medical Center. This Board meets monthly to conduct the business of Garrison Memorial Hospital. The Hospital has an 8 member advisory board made up of 2 Benedictine Sisters from Bismarck, 1 community member from Max, ND, and 1 community member from White Shield, ND, and the other 4 from the community of Garrison, ND. The Hospital extends medical staff privileges to all qualified physicians in the community. Surplus funds, if available, are reinvested into the facilities to improve patient care. The Hospital operates a 24 hour, Level IV certified trauma center. Garrison Memorial Hospital treats all patients regardless of their ability to pay. Garrison Memorial Hospital participates in Medicare, Medicaid, ND Women's Way, Caring Program, and ND Healthy Steps. Garrison Memorial Hospital participates in education and training of healthcare professionals. We participate with the UND School of Medicine as a site for MD interns to participate and complete their rural rotation, under supervision of our physicians. Our physicians hosted 6 MD interns in 2013/2014. We also had a Nurse Practitioner and Physician's Assistant student from the UND School of Medicine follow our Providers for training and rural health experience. We hosted one nurse completing an internship and one nursing student who completed rural rotations and preceptorships. We also have several of our healthcare professionals that share their time and talents with various organizations, which serve for the betterment of our community and state. One part-time Physician Assistant serves on numerous boards including ND Association of physicians Assistants, BLC advisory board, and is a senior delegate for NDAPA while another Physician Assistant serves as a board member to the North Dakota Board of Medical Examiners. Our Director of Nursing serves on the Minot State University Community and Clinical Advisory Committee that seeks to place nursing students in internships. She is also a board member for Center for Nursing out of Fargo. In addition to the above activities that the hospital conducts, simply operating a hospital in a small community that serves in a medically underserved area is the community benefit.</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-0227752

**Name:** Garrison Memorial Hospital

### 990 Schedule H, Supplemental Information

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Garrison Memorial Hospital	Part V, Section B, Line 1j Economic Impact, Barriers to Accessing Healthcare, Suggestions for Improvement
Garrison Memorial Hospital	Part V, Section B, Line 3 Garrison Memorial Hospital took into account input from persons who represent the community and by surveying the employees of Garrison Memorial facilities, a bulk mailing survey that included a postage-return envelope in Garrison, Max, Ryder, Makoti, Parshall, White Shield, and Riverdale, and a focus group where 26 community leaders representing all sectors including business, faith, education, healthcare, public health, agriculture, and minority populations were invited with 13 of the invitees participating in the focus group
Garrison Memorial Hospital	Part V, Section B, Line 4 The report was orally delivered to the community focus group
Garrison Memorial Hospital	Part V, Section B, Line 7 It was noted in our community needs assessment that the respondents would like to have more local access and availability to more specialized care Garrison Memorial Hospital has the following specialists that provide services locally on a monthly to yearly basis Dr Stan Diede - Cardiology Dr Gaylord Kaylie - General Surgeon Dr John Witt - OB / GYN Dr Joe Carlson - Orthopedic Surgeon Dr Sara Horner Psychologist Garrison Memorial Hospital is located in a small community and the chances of getting specialists to provide on-site services is cost prohibitive We will explore offering more specialized services through tele-medicine We implemented Avera E Emergency to help assist our providers in the Emergency room
Garrison Memorial Hospital	Part V, Section B, Line 20d The maximum amount charged to a patient at Garrison Memorial Hospital under the financial assistance policy for emergency and medically necessary care is 94.59% of the gross charges The organization determines the amount generally billed using a blended rate of Medicare and non-government payors This is calculated annually

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, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Garrison Memorial Hospital

Employer identification number  
45-0227752

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	Yes
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Dr Michael Brown Director	(i)	0	0	0	0	0	0	0
	(ii)	696,260	0	0	10,200	10,014	716,474	0
(2) Gary Miller Director	(i)	0	0	0	0	0	0	0
	(ii)	546,756	0	0	10,200	7,886	564,842	0
(3) Jon Dornacker MD	(i)	378,708	0	0	7,650	16,047	402,405	0
	(ii)	0	0	0	0	0	0	0
(4) Vern Harchenko MD	(i)	271,988	0	0	10,200	6,337	288,525	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 7	Employees are eligible for a bonus based on a balanced scorecard which measures financial performance, quality, and personal goals

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 Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Garrison Memorial Hospital

Employer identification number  
45-0227752

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 McLean County North Dakota	45-6002231		06-23-2003	1,660,914	To refund bonds issued December 21, 2000		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,388,153							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	1,660,914							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	26,886							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	1,634,028							
12	Other unspent proceeds								
13	Year of substantial completion	2003							
		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 of bond-financed property?		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	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								



Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has 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?		X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization Garrison Memorial Hospital	Employer identification number 45-0227752
--	--

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

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	<p>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</p> <p>1 Approve a new candidate appointed to serve as President/Chief Executive Officer of the corporation</p> <p>2 Approve any person to be elected to serve on the Board of Directors</p> <p>3 Remove any director if this action is indicated</p> <p>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</p>

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>Powers Reserved to Members. Exercise of the following powers shall be reserved exclusively to the members of the corporation to:</p> <ol style="list-style-type: none"><li>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</li><li>2 Make any major policy change on ethical issues</li><li>3 Authorize the sale or encumbrance of all or substantially all of the assets or property of the corporation</li><li>4 Merge, liquidate or dissolve the corporation</li><li>5 Change the name of the corporation</li><li>6 Change or amend the structure of the Board of Directors of the corporation</li><li>7 Amend, alter or repeal the articles of incorporation and/or the bylaws of the corporation</li><li>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</li></ol>

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	A draft of the IRS 990 will be reviewed by the Administrator of Garrison Memorial Hospital and the CEO of St. Alexius Medical Center. It will then be presented to the full Board of Directors for their review and approval.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>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 &amp; Compliance Committee discuss the conflict and determine appropriate course of action.</p>



Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The compensation of the Administrator and the CFO are determined based on review by the St. Alexius CEO using compensation survey data and reviewed with the Board of Directors as necessary. The deliberation and decision are documented in the board minutes and the process is completed annually.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest policy, and financial statements are available upon request

Return Reference	Explanation
Form 990, Part IX, line 11g	Consulting Fees Program service expenses 13,166 Management and general expenses 22,278 Fundraising expenses 0 Total expenses 35,444 Contracted Labor Program service expenses 264,956 Management and general expenses 0 Fundraising expenses 0 Total expenses 264,956 Physician Fees Program service expenses 657,306 Management and general expenses 0 Fundraising expenses 0 Total expenses 657,306 Other Fees Program service expenses 21,757 Management and general expenses 0 Fundraising expenses 0 Total expenses 21,757

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Garrison Memorial Hospital

Employer identification number  
45-0227752

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St Alexius Medical Center 900 East Broadway Avenue Bismarck, ND 58501 45-0226711	Health Care Services	ND	501(c)(3)	Line 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)	Line 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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------





Consolidated Financial Statements  
June 30, 2014 and 2013

**St. Alexius Medical Center and Subsidiaries**

# St. Alexius Medical Center and Subsidiaries

## Table of Contents June 30, 2014 and 2013

---

Independent Auditor's Report	1
Consolidated Financial Statements	
Balance Sheets	3
Operations	4
Changes in Net Assets	5
Cash Flows	6
Notes to Consolidated Financial Statements	8
Consolidating and Supplementary Information	
Independent Auditor's Report on Consolidating and Supplementary Information	26
Consolidating Financial Statements	
Balance Sheet – Assets, June 30, 2014	28
Balance Sheet – Liabilities and Net Assets, June 30, 2014	29
Statement of Operations, Year Ended June 30, 2014	30
Statement of Changes in Net Assets, Year Ended June 30, 2014	31
Balance Sheet – Assets, June 30, 2013	32
Balance Sheet – Liabilities and Net Assets, June 30, 2013	33
Statement of Operations, Year Ended June 30, 2013	34
Statement of Changes in Net Assets, Year Ended June 30, 2013	35
Operational, Statistical, and Financial Highlights	36



## **Independent Auditor's Report**

The Board of Directors  
St. Alexis Medical Center and Subsidiaries  
Bismarck, North Dakota

### **Report on the Financial Statements**

We have audited the accompanying financial statements of St. Alexis Medical Center and Subsidiaries (St. Alexis) which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Alexis Medical Center and Subsidiaries as of June 30, 2014 and 2013, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Fargo, North Dakota  
September 23, 2014

(This page left blank intentionally )

	2014	2013
Assets		
Current Assets		
Cash and cash equivalents	\$ 39,586,212	\$ 36,936,999
Assets limited as to use	3,121,170	2,085,722
Receivables		
Patient and resident, net of estimated uncollectibles		
of \$54,514,000 in 2014 and \$48,649,000 in 2013	42,093,333	42,496,360
Other	2,371,170	2,146,183
Supplies	6,876,278	4,533,333
Prepaid expenses	1,685,812	1,606,358
Total current assets	95,733,975	89,804,955
Assets Limited as to Use		
Under bond indenture agreements	25,450,975	800,806
By Board for expansion and replacement	38,344,062	36,305,927
Total assets limited as to use	63,795,037	37,106,733
Property and Equipment, Net	135,017,944	139,521,155
Other Assets		
Rental property, net of accumulated depreciation		
of \$1,101,192 in 2014 and \$1,061,790 in 2013	4,763,239	4,219,655
Deferred financing costs, net of accumulated		
amortization of \$113,068 in 2014 and \$1,055,183 in 2013	1,483,776	881,745
Estimated professional liability insurance receivable	42,500	160,000
Other investments	12,636,215	10,452,706
Total other assets	18,925,730	15,714,106
Total assets	\$ 313,472,686	\$ 282,146,949

See Notes to Consolidated Financial Statements

St. Alexius Medical Center and Subsidiaries  
Consolidated Balance Sheets  
June 30, 2014 and 2013

	2014	2013
Liabilities and Net Assets		
Current Liabilities		
Notes payable to bank	\$ -	\$ 15,800,000
Current maturities of long-term debt	3,634,634	4,564,647
Accounts payable		
Trade	10,951,411	10,653,174
Estimated third-party payor settlements	3,594,040	7,540,615
Construction payables	1,354,327	4,235,097
Accrued expenses		
Salaries and wages	6,620,828	6,037,707
Vacation pay	7,457,382	7,112,984
Professional fees	856,312	689,089
Interest	820,668	1,173,874
Pay roll taxes and other	795,817	832,596
Self-funded health insurance reserve	1,483,678	1,084,583
Total current liabilities	37,569,097	59,724,366
Obligation Under Interest Rate Swap Agreement	69,833	110,212
Estimated Liability Claims Payable	42,500	160,000
Long-Term Debt, Less Current Maturities	97,557,317	60,066,584
Total liabilities	135,238,747	120,061,162
Net Assets		
Unrestricted	175,651,147	160,325,855
Temporarily restricted	2,333,821	1,759,932
Permanently restricted	248,971	-
Total net assets	178,233,939	162,085,787
Total liabilities and net assets	\$ 313,472,686	\$ 282,146,949

St. Alexius Medical Center and Subsidiaries  
Consolidated Statements of Operations  
Years Ended June 30, 2014 and 2013

	2014	2013
Unrestricted Revenues, Gains and Other Support		
Net patient and resident service revenue	\$ 305,684,460	\$ 295,175,681
Provision for bad debts	(12,285,434)	(13,071,674)
Net patient service revenue less provision for bad debts	293,399,026	282,104,007
Other revenue	19,319,062	16,708,507
Total revenues, gains and other support	312,718,088	298,812,514
Expenses		
Nursing services	52,032,247	50,615,053
Other professional services	161,535,126	161,655,861
General and administrative	50,755,251	49,499,186
Depreciation and amortization	19,678,848	20,061,414
Property and household	11,156,481	10,939,132
Dietary	3,964,063	3,804,861
Interest	3,280,230	3,393,446
Total expenses	302,402,246	299,968,953
Operating Income (Loss)	10,315,842	(1,156,439)
Other Income (Loss)		
Investment income	987,362	215,396
Gain (loss) on disposal of equipment	586,962	(3,582,227)
Loss on refinancing of long-term debt	(302,490)	-
Other	2,272,714	2,575,912
Other income (loss), net	3,544,548	(790,919)
Revenues in Excess of (Less Than) Expenses	13,860,390	(1,947,358)
Change in Unrealized Gains and Losses on Investments	1,298,572	978,704
Change in Fair Value of Interest Rate Swap Agreement	40,380	57,024
Contributions for Long-Lived Assets	125,950	198,074
Increase (Decrease) in Unrestricted Net Assets	\$ 15,325,292	\$ (713,556)



St. Alexius Medical Center and Subsidiaries  
Consolidated Statements of Changes in Net Assets  
Years Ended June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted Net Assets		
Revenues in excess of (less than) expenses	\$ 13,860,390	\$ (1,947,358)
Change in unrealized gains and losses on investments	1,298,572	978,704
Change in fair value of interest rate swap agreement	40,380	57,024
Contributions for long-lived assets	125,950	198,074
	<u>15,325,292</u>	<u>(713,556)</u>
Increase (decrease) in unrestricted net assets		
Temporarily Restricted Net Assets		
Restricted contributions and interest	1,124,161	745,070
Net assets released from restrictions	(550,272)	(500,906)
	<u>573,889</u>	<u>244,164</u>
Increase in temporarily restricted net assets		
Permanently Restricted Net Assets		
Restricted contributions and interest	248,971	-
	<u>248,971</u>	<u>-</u>
Increase (Decrease) in Net Assets	16,148,152	(469,392)
Net Assets, Beginning of Year	<u>162,085,787</u>	<u>162,555,179</u>
Net Assets, End of Year	<u><u>\$ 178,233,939</u></u>	<u><u>\$ 162,085,787</u></u>

St. Alexius Medical Center and Subsidiaries  
Consolidated Statements of Cash Flows  
Years Ended June 30, 2014 and 2013

	2014	2013
Operating Activities		
Change in net assets	\$ 16,148,152	\$ (469,392)
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	19,678,848	20,061,414
Depreciation on rental property	92,846	568,479
Amortization of original issue discount	26,626	34,479
Provision for bad debts	12,285,434	13,071,674
Loss (gain) on sale of equipment	(586,962)	3,582,227
Loss on refinancing of long-term debt	302,490	-
Restricted contributions and interest	(1,124,161)	(745,070)
Change in unrealized gains and losses on investments	(1,298,572)	(978,704)
Gain on investments recognized on the equity method	(2,853,209)	(3,077,724)
Other changes in net assets	(166,330)	(255,098)
Changes in assets and liabilities		
Receivables	(12,075,785)	(14,355,038)
Supplies	(2,342,945)	(444,126)
Prepaid expenses	(79,454)	119,102
Accounts payable	(3,648,338)	(130,004)
Accrued expenses	704,757	1,321,793
Self-funded health insurance reserve	399,095	(50,109)
Net Cash from Operating Activities	<u>25,462,492</u>	<u>18,253,903</u>
Investing Activities		
Purchase and construction of property and equipment	(10,185,955)	(18,269,874)
Proceeds from the sale of property and equipment	729,328	-
Purchase of assets limited as to use	(26,425,180)	(970,476)
Distributions from affiliates	1,375,800	2,195,000
Decrease (increase) in other investments	(60,310)	18,534
Purchase of rental property	(636,430)	(794,615)
Decrease (increase) in notes receivable, net	(754,788)	(960,272)
Net Cash used for Investing Activities	<u>(35,957,535)</u>	<u>(18,781,703)</u>
Financing Activities		
Repayment of long-term debt	(22,199,711)	(4,940,597)
Increase (decrease) in construction payables	(2,880,770)	1,501,483
Restricted contributions and interest	1,124,161	745,070
Contributions for long-lived assets	125,950	198,074
Payment of deferred financing costs	(874,933)	(29,636)
Proceeds from issuance of long-term debt	53,649,559	2,050,000
Increase (decrease) in notes payable	(15,800,000)	4,800,000
Net Cash from Financing Activities	<u>13,144,256</u>	<u>4,324,394</u>

St. Alexius Medical Center and Subsidiaries  
Consolidated Statements of Cash Flows  
Years Ended June 30, 2014 and 2013

---

	<u>2014</u>	<u>2013</u>
Net Increase in Cash and Cash Equivalents	\$ 2,649,213	\$ 3,796,594
Cash and Cash Equivalents, Beginning of Year	<u>36,936,999</u>	<u>33,140,405</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 39,586,212</u></u>	<u><u>\$ 36,936,999</u></u>
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	<u><u>\$ 3,606,810</u></u>	<u><u>\$ 3,231,638</u></u>

Supplemental Disclosure of Noncash Investing and Financing Activities

In 2014 and 2013, St. Alexius entered into capital leases for equipment of \$5,084,246 and \$1,236,482

Supplemental Disclosure of Noncash Investing Activities

In 2013, St. Alexius transferred \$5,392,250 of rental property to property used for operations

## **Note 1 - Organization and Significant Accounting Policies**

### **Organization and Principles of Consolidation**

St. Alexius Medical Center (Medical Center) operates a 308-bed acute care hospital, including a 19-bed transitional care unit, in Bismarck, North Dakota. The Medical Center also operates a 25-bed acute care hospital in Turtle Lake, North Dakota, and several clinics. The Medical Center is the sole member of Garrison Memorial Hospital (Garrison), a 22-bed acute care hospital and 26-bed nursing facility in Garrison, North Dakota. The Medical Center also owns 100% of the St. Alexius Heart and Lung Clinic, LLC (Heart and Lung).

The Board of Directors of the Medical Center consists of no fewer than eleven persons and no more than fifteen persons. At least five members of the Board of Directors are required to be members of the Benedictine Sisters of the Annunciation, B.M.V., a religious community. The remaining directors may be members of the civic community. Various members of the religious community also comprise at least the majority of the governing boards of other entities separately incorporated in the State of North Dakota, as follows:

- Benedictine Sisters of the Annunciation, B.M.V.
- University of Mary

The accompanying consolidated financial statements include the accounts of the Medical Center, Garrison, and Heart and Lung (collectively referred to as St. Alexius). All significant inter-company balances and transactions have been eliminated in the consolidated financial statements.

### **Income Taxes**

The Medical Center and Garrison are organized as North Dakota nonprofit corporations and have been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Medical Center and Garrison are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, The Medical Center and Garrison are subject to income tax on net income that is derived from business activities that are unrelated to their exempt purposes. The Medical Center and Garrison file an Exempt Organization Business Income Tax Return (Form 990T) with the IRS to report their unrelated business taxable income. Heart and Lung is not subject to income taxes as a wholly owned LLC.

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. The Medical Center's and Garrison's federal Form 990T filings are no longer subject to federal tax examinations by tax authorities for years before 2009.

### **Use of Estimates**

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

### **Fair Value Measurements**

St. Alexius has determined the fair value of certain assets and liabilities using a framework for measuring fair value under generally accepted accounting principles.

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

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

### **Cash and Cash Equivalents**

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

### **Patient and Resident Receivables**

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

Patient and resident accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, St. Alexius analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, St. Alexius analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), St. Alexius records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

St. Alexius' process for calculating the allowance for doubtful accounts for self-pay patients has not significantly changed from June 30, 2013 to June 30, 2014. St. Alexius does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors. St. Alexius has not significantly changed its charity care or uninsured discount policies during fiscal years 2014 or 2013.

### **Supplies**

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

### **Equity Investments**

Investments in jointly owned companies in which St. Alexius has a 20% to 50% interest or otherwise exercises significant influence are recorded under the equity method of accounting. Under the equity method, the initial investment is recorded at cost, adjusted for St. Alexius' proportionate share of their undistributed earnings or losses, net of any additional investments or distributions. St. Alexius' share of net earnings or losses of these companies is included in other operating revenue.

### **Assets Limited as to Use**

Assets limited as to use include assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and assets held by trustees under bond indenture agreements. Assets limited as to use that are available for obligations classified as current liabilities are reported as current assets.

### **Property and Equipment**

Property and equipment acquisitions in excess of \$1,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Amortization is included in depreciation in the financial statements. The estimated useful lives of property and equipment are as follows:

Land improvements	5-25 years
Buildings and fixed equipment	5-40 years
Major movable equipment	3-20 years

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

### **Rental Property**

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

### **Deferred Financing Costs and Original Issue Discounts**

Deferred financing costs are amortized over the period the related obligation is outstanding using the bonds outstanding method. Amortization of deferred financing costs is included in depreciation and amortization in the accompanying consolidated financial statements.

Original issue discounts are amortized to interest expense over the period the related obligation is outstanding using the bonds outstanding method. Amortization of original issue discount is included in interest expense in the accompanying consolidated financial statements.

### **Investments and Investment Income**

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

### **Interest Rate Swap**

St. Alexius uses derivative financial instruments primarily to optimize borrowing costs under its financing strategy. St. Alexius entered into derivative contracts, known as interest rate swaps, which effectively change the interest rate of its borrowings. These contracts hedge interest rate exposure for periods consistent with their underlying exposures and do not constitute investments independent of these exposures. St. Alexius does not hold or issue financial instruments for trading purposes.

Interest rate swaps converted a portion of St. Alexius' floating rate bank debt into fixed rate debt on notional amounts. The notional amounts of derivative financial instruments do not represent actual amounts exchanged by the parties, but instead represented the amounts on which the contracts were based. The floating interest rate payments under these swaps are based on a LIBOR rate plus 1%, the sum of which is multiplied by 69%. Interest to be paid or received on these contracts currently adjusts interest expense.

### **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.

### **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.

### Revenues in Excess of (Less Than) Expenses

Revenues in excess of (less than) 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.

St. Alexius recognizes patient and resident service revenue associated with services provided to patients and residents who have third-party payor coverage on the basis of contractual rates for the services rendered, as noted above. For uninsured patients that do not qualify for charity care, St. Alexius recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of St. Alexius' uninsured patients and residents will be unable or unwilling to pay for the services provided. Thus, St. Alexius records a significant provision for bad debts related to uninsured patients and residents in the period the services are provided. Net patient and resident service revenue, but before the provision for bad debts, recognized for the years ended June 30, 2014 and 2013 from these major payor sources, is as follows:

	2014	2013
Net patient and resident service revenue		
Third-party payors	\$ 288,043,392	\$ 276,758,313
Self-pay	17,641,068	18,417,368
Total all payors	<u>\$ 305,684,460</u>	<u>\$ 295,175,681</u>

### Charity Care

St. Alexius provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Because St. Alexius does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The amount of charges foregone for services provided under St. Alexius' charity care policy were approximately \$3,302,000 and \$4,656,000 for the years ended June 30, 2014 and 2013. Total direct and indirect costs related to these foregone charges were \$1,516,000 and \$2,105,000 at June 30, 2014 and 2013, based on average ratios of cost to gross charges.



### **Electronic Health Record Incentive Payments**

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

To qualify for the EHR incentive payments, hospitals and physicians must meet designated EHR meaningful use criteria. In addition, hospitals must attest that they have used certified EHR technology, satisfied the meaningful use objectives, and specify the EHR reporting period. This attestation is subject to audit by the federal government or its designee. The EHR incentive payment to hospitals for each payment year is calculated as a product of (1) an initial amount, (2) the Medicare share, and (3) a transition factor applicable to that payment year.

St. Alexius recognizes EHR incentive payments as revenue when there is reasonable assurance that St. Alexius will comply with the conditions attached to the incentive payments. EHR incentive payments are included in other operating revenue in the accompanying financial statements. The amount of EHR incentive payments recognized are based on management's best estimate and those amounts are subject to change with such changes impacting the period in which they occur.

### **Donor-restricted Gifts**

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

### **Advertising**

St. Alexius expenses advertising costs as they are incurred. Advertising costs for the years ended June 30, 2014 and 2013 were approximately \$503,000 and \$475,000.

### **Reclassifications**

Reclassifications have been made to the June 30, 2013 financial information to make it conform to the current year presentation. The reclassifications had no effect on previously reported operating results or changes in net assets.

### **Note 2 - 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. A summary of the payment arrangements with major third-party payors is as follows:

**Medicare** The Medical Center is reimbursed under a prospective payment system. Acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Medical Center is reimbursed for cost reimbursable items at a tentative rate, less sequestration reduction, with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2011.

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%, less sequestration reduction, 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, 2012.

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 an additional 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, 2014 increased by approximately \$2,837,000 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, 2013 increased by approximately \$2,346,000 due to changes in estimates and final settlements of prior year cost reports.

St. Alexius Medical Center and Subsidiaries  
Notes to Consolidated Financial Statements  
June 30, 2014 and 2013

A summary of patient and resident service revenue and contractual adjustments is as follows

	2014	2013
Total patient and resident service revenue	\$ 616,372,095	\$ 594,038,662
Contractual adjustments		
Hospitals		
Medicare	(151,470,902)	(144,263,294)
Medicaid	(17,170,889)	(19,682,880)
Blue Cross	(72,954,346)	(68,721,540)
Workers' compensation	(4,867,148)	(4,698,955)
Other	(30,368,036)	(27,576,895)
Clinics		
Neurology Clinic	(1,502,360)	(1,466,210)
Neurosurgery Clinic	(6,552,725)	(5,857,261)
Urology Clinic	(2,616,396)	(2,664,953)
Minot Clinic	(1,645,564)	(1,399,445)
Radiology Clinic	(2,831,515)	(2,967,649)
Pain Clinic	(1,645,083)	(1,679,049)
EOPD Physicians	(2,636,064)	(3,049,861)
Hospitalist Physicians	(2,782,671)	(2,593,299)
Great Plains Rehabilitation	(1,673,898)	(1,648,238)
Other	(9,970,038)	(10,593,452)
Total contractual adjustments	(310,687,635)	(298,862,981)
Net patient and resident service revenue	305,684,460	295,175,681
Less provision for bad debts	(12,285,434)	(13,071,674)
Net patient and resident service revenue less provision for bad debts	\$ 293,399,026	\$ 282,104,007

**Note 3 - Investments and Investment Income**

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2014 and 2013 is shown in the following tables. U.S. Treasury, corporate, and government obligations, mutual funds, and common stock are stated at fair value. Cash and cash equivalents and certificates of deposit are stated at cost plus accrued interest.

	2014	2013
Under bond indenture agreements - held by trustees		
Cash and cash equivalents	\$ 28,572,145	\$ 2,549,022
U.S. Treasury obligations	-	337,506
	28,572,145	2,886,528
Less amount shown as current	(3,121,170)	(2,085,722)
	\$ 25,450,975	\$ 800,806

St. Alexius Medical Center and Subsidiaries  
Notes to Consolidated Financial Statements  
June 30, 2014 and 2013

	2014	2013
By Board for expansion and replacement		
Cash and cash equivalents	\$ 2,229,684	\$ 1,875,146
Government obligations	6,479,549	6,215,386
Corporate bonds	13,016,603	12,897,532
Certificates of deposit	7,755,233	7,981,875
Mutual funds	1,838,590	1,723,492
Common stock	6,931,570	5,439,267
Cash surrender value of life insurance and other	92,833	173,229
	<u>\$ 38,344,062</u>	<u>\$ 36,305,927</u>

**Investment Income**

Investment income and gains and losses on assets limited as to use, notes receivable, and cash equivalents consist of the following for the years ended June 30, 2014 and 2013

	2014	2013
Other income		
Interest income and realized gains and losses	<u>\$ 987,362</u>	<u>\$ 215,396</u>
Other changes in unrestricted net assets		
Change in unrealized gains and losses on investments	<u>\$ 1,298,572</u>	<u>\$ 978,704</u>

**Note 4 - Property and Equipment**

A summary of property and equipment at June 30, 2014 and 2013 follows

	2014		2013	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and improvements	\$ 15,502,923	\$ 3,527,327	\$ 15,443,808	\$ 3,179,527
Buildings and fixed equipment	213,391,958	118,731,871	201,366,917	110,018,584
Major movable equipment	115,617,067	90,798,032	112,073,387	82,123,810
Construction in progress	<u>3,563,226</u>	<u>-</u>	<u>5,958,964</u>	<u>-</u>
	<u>\$ 348,075,174</u>	<u>\$ 213,057,230</u>	<u>\$ 334,843,076</u>	<u>\$ 195,321,921</u>
Net property and equipment		<u>\$ 135,017,944</u>		<u>\$ 139,521,155</u>

Construction in progress at June 30, 2014 represents costs for various construction and remodeling projects. These projects will be financed with assets limited as to use and will be completed at varying phases through 2015.

**Note 5 - Other Investments**

Other investments consist of the following at June 30, 2014 and 2013

	2014	2013
Investments in affiliates (1)	\$ 10,338,944	\$ 8,796,535
Notes receivable from various entities, interest rates of 6% to 8.25%, non-current	2,235,706	1,512,527
Other	61,565	143,644
	<u>\$ 12,636,215</u>	<u>\$ 10,452,706</u>

(1) Investments in various related health care ventures are being recorded on the equity method. The net gain on these investments, totaling \$2,853,209 in 2014 and \$3,077,724 in 2013, is included in other income. St. Alexius received distributions of \$1,375,800 and \$2,195,000 from these investments in 2014 and 2013.

A summary of investments recorded on the equity method as of June 30, 2014 and 2013 follows:

	2014	2013
Bismarck Cancer Center	\$ 7,074,809	\$ 5,506,360
Northern Plains Laboratory	2,971,631	3,005,112
Other	292,504	285,063
	<u>\$ 10,338,944</u>	<u>\$ 8,796,535</u>

As of June 30, 2014 and 2013, Bismarck Cancer Center had total assets of approximately \$17,095,000 and \$15,035,000, liabilities of \$2,945,000 and \$4,022,000, and net assets of \$14,150,000 and \$11,013,000 with total revenues of approximately \$11,384,000 and \$11,257,000 and expenses of \$8,601,000 and \$7,228,000 for the years then ended. Northern Plains Laboratory had total assets of approximately \$6,551,000 and \$6,563,000, liabilities of \$608,000 and \$553,000, and net assets of \$5,943,000 and \$6,010,000 with total revenues of approximately \$13,793,000 and \$12,038,000 and expenses of \$9,015,000 and \$9,202,000 for the year then ended.

**Note 6 - Notes Payable and Long-Term Debt**

Notes payable consists of the following as of June 30, 2014 and 2013:

	2014	2013
2.5% note payable to bank	\$ -	\$ 8,000,000
4% note payable to bank	-	2,000,000
3.5% note payable to bank	-	5,800,000
	<u>\$ -</u>	<u>\$ 15,800,000</u>

St. Alexius Medical Center and Subsidiaries  
Notes to Consolidated Financial Statements  
June 30, 2014 and 2013

Long-term debt consists of the following

	2014	2013
Health Care Revenue Bonds, Series 2012A		
2 5% to 5% serial bonds, due in varying annual installments to July 2022	\$ 12,945,000	\$ 13,860,000
4 5% term bonds, due July 2032, with varying annual sinking fund requirements commencing July 2023	13,925,000	13,925,000
5% term bonds, due July 2038, with varying annual sinking fund requirements commencing July 2033	11,965,000	11,965,000
Original issue discount	(344,782)	(371,408)
Health Care Revenue Bonds, Series 2014A		
4% to 5% serial bonds, due in varying annual installments to July 2029, commencing July 2019	24,060,000	-
5% term bonds, due July 2031, with varying annual sinking fund requirements commencing July 2030	6,750,000	-
5% term bonds, due July 2035, with varying annual sinking fund requirements commencing July 2032	15,670,000	-
Original issue premium	2,869,559	-
Health Care Revenue Bonds, Series 1998A		
5% term bonds (2)	-	13,500,000
Original issue discount	-	(81,827)
4 15% Municipal Industrial Development Act Revenue Bonds, Series 2007, due in monthly installments of \$32,721 to December 2017, secured by property and equipment (1)	1,275,671	1,607,029
Variable rate note payable (3 375% at June 30, 2014), due in monthly installments of \$19,007 including interest, to January 2017, secured by building and leasehold improvements	645,126	814,468
4 38% Municipal Industrial Development Refunding Bonds, Series 2003, due in semi-annual installments of \$85,574, including interest, to December 2015	245,875	401,135
6 0% note payable, due in monthly installments of \$3,347, including interest, to March 2016, secured by building and leasehold improvements	66,570	101,595
5 5% note payable, due in monthly installments of \$16,301, including interest, to December 2014, secured by building	112,041	295,961
1% note payable, due in monthly installments of \$10,946, including interest, to June 2023, unsecured	1,129,987	1,250,000
1% note payable, due in monthly installments of \$7,009, including interest, to January 2023, unsecured	691,734	761,325
Non-interest bearing note payable, due in monthly installments of \$1,852, to April 2019, unsecured	107,407	129,629
3 5% note payable, due in monthly installments of \$30,900 including interest, to February 2019, with a final payment of \$3,148,564 due March 2019, unsecured	4,234,245	-
Capital lease obligations, imputed interest of 2 61% to 11 17%, secured by equipment - Note 7	4,811,921	6,437,141
Other notes payable	31,597	36,183
	<u>101,191,951</u>	<u>64,631,231</u>
Less current maturities	<u>(3,634,634)</u>	<u>(4,564,647)</u>
Long-term debt, less current maturities	<u>\$ 97,557,317</u>	<u>\$ 60,066,584</u>

(1) The Municipal Industrial Development Act Revenue Bonds, Series 2007, initially had a variable interest rate of LIBOR plus 1%. However, in December 2007, the Medical Center entered into an interest rate swap contract that effectively converted the debt into a fixed rate of 4.15%. Under the swap contract, the Medical Center pays interest at LIBOR plus 1% and receives interest at a LIBOR rate plus 1%, the sum of which is multiplied by 69%.

The interest rate swap related to the Municipal Industrial Development Act Revenue Bonds, Series 2007, was issued at market terms so that it had no fair value at its inception. The carrying amount of the swap has been adjusted to its fair value at the end of the year which, because of changes in forecasted levels of LIBOR, resulted in reporting a liability of \$69,833 and \$110,212 at June 30, 2014 and 2013, for the fair value of the future net payments forecasted under the swap. The liability is classified as noncurrent since management does not intend to settle it during 2015. Since the critical terms of the swap and the note were the same, the swap was assumed to be completely effective as a hedge, and none of the change in its fair value was included in revenues in excess of (less than) expenses. Accordingly, all of the adjustment of the swap's carrying amount was reported as another change in unrestricted net assets.

(2) During 2014, the Medical Center refinanced the remaining Series 1998A Health Care Revenue Bonds with a portion of the proceeds from the Series 2014A Health Care Revenue Bonds. This resulted in a loss on refinancing of \$302,490, which is reported as other income (loss) in the accompanying financial statements.

Long-term debt maturities are as follows:

<u>Year Ending June 30.</u>	<u>Amount</u>
2015	\$ 3,634,634
2016	3,621,239
2017	3,737,835
2018	3,769,619
2019	5,524,508
Thereafter	78,379,339
Original issue premium, net	2,524,777
Total	<u>\$ 101,191,951</u>

Under the terms of the revenue bonds loan agreement, St. Alexius has made certain covenants in connection with the revenue bonds, including a covenant that income available for debt service coverage must equal at least 125% of the maximum annual debt service requirement on all funded debt. The loan agreements also place limits on the incurrence of additional borrowings.

## Note 7 - Leases

St. Alexius leases certain equipment under noncancelable long-term lease agreements. Certain leases have been recorded as capitalized leases and others as operating leases. Total rent expense for the years ended June 30, 2014 and 2013 for all operating leases was \$3,155,409 and \$2,158,967. The capitalized leased assets consist of:

	<u>2014</u>	<u>2013</u>
Major movable equipment	\$ 7,204,329	\$ 15,321,895
Less accumulated amortization (included in depreciation and amortization in the accompanying financial statements)	<u>(3,427,861)</u>	<u>(7,343,844)</u>
	<u>\$ 3,776,468</u>	<u>\$ 7,978,051</u>

Minimum future lease payments for the capital and operating leases are as follows

Year Ending June 30.	Capital Leases	Operating Leases
2015	\$ 1,838,424	\$ 2,462,585
2016	1,838,424	2,288,252
2017	992,856	1,757,317
2018	1,107,000	965,878
2019	-	731,414
Total minimum lease payments	5,776,704	\$ 8,205,446
Less interest	(964,783)	
Present value of minimum lease payments - Note 6	<u>\$ 4,811,921</u>	

#### **Note 8 - Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes at June 30, 2014 and 2013

	2014	2013
Health care services		
Various patient related programs	<u>\$ 2,333,821</u>	<u>\$ 1,759,932</u>

In 2014 and 2013, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$550,272 and \$500,906. These amounts are included in other revenue and net assets released from restrictions in the accompanying financial statements.

Permanently restricted net assets at June 30, 2014 totaled \$248,971 and were restricted to investments to be held in perpetuity, the income from which is expendable to support various health care services.

#### **Note 9 - Cooperative Laundry Facility**

St. Alexius and Sanford Health Bismarck (formerly Medcenter One, Inc., an unrelated nonprofit organization) jointly own Central Dakota Hospital Laundry, Inc. (CDHL), a cooperative association that provides all laundry services for both hospitals. CDHL's operating costs, interest expense, debt payment requirements, and other specified funding requirements are allocated and charged to each facility based upon its proportionate share of the total pounds of laundry processed. St. Alexius' payments to CDHL were \$793,896 in 2014 and \$777,685 in 2013.

#### **Note 10 - Pension Plan**

St. Alexius has a defined contribution pension plan under which employees become participants upon reaching age 21 and completion of one year of service. Employee contributions up to the maximum allowed under the Internal Revenue Code and employer contributions of 3% of employee compensation are deposited with the plan trustee who invests the plan assets. Total pension plan expense for the years ended June 30, 2014 and 2013 was \$4,035,209 and \$4,020,169.



**Note 11 - Concentrations of Credit Risk**

St. Alexius grants credit without collateral to its patients and residents, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors, patients, and residents at June 30, 2014 and 2013 was as follows:

	2014	2013
Medicare	42%	40%
Blue Cross	17%	19%
Commercial insurance	6%	6%
Medicaid	5%	5%
Other third-party payors, patients, and residents	30%	30%
	<u>100%</u>	<u>100%</u>

St. Alexius' cash balances are maintained in various bank deposit accounts. At various times during the year, the balance of these deposits was in excess of federally insured limits.

**Note 12 - Functional Expenses**

St. Alexius provides general health care services to residents within its geographic location. Expenses related to providing these services by functional class for the years ended June 30, 2014 and 2013 are as follows:

	2014	2013
Patient and resident health care services	\$ 261,592,548	\$ 262,106,979
General and administrative	40,805,198	37,861,974
	<u>\$ 302,397,746</u>	<u>\$ 299,968,953</u>

**Note 13 - Fair Value of Assets and Liabilities**

Assets and liabilities measured at fair value on a recurring basis at June 30, 2014 and 2013 are as follows:

	2014	2013
<b>Assets</b>		
Government obligations	\$ 6,479,549	\$ 6,215,386
U.S. Treasury obligations	-	337,506
Corporate bonds	13,016,603	12,897,532
Common stock	6,931,570	5,439,267
Mutual funds	1,838,590	1,723,492
	<u>\$ 28,266,312</u>	<u>\$ 26,613,183</u>
<b>Liabilities</b>		
Interest rate swap agreement	<u>\$ (69,833)</u>	<u>\$ (110,212)</u>

St. Alexius Medical Center and Subsidiaries  
Notes to Consolidated Financial Statements  
June 30, 2014 and 2013

The related fair values of these assets and liabilities are determined as follows

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
June 30, 2014			
Assets			
Government obligations	\$ 6,479,549	\$ -	\$ -
Corporate bonds			
Financial	-	7,368,406	-
Technology	-	2,576,006	-
Services	-	1,389,061	-
Utilities	-	648,942	-
Industrial goods	-	705,641	-
Consumer goods	-	328,547	-
Common stock			
Financial	1,275,308	-	-
Technology	1,569,870	-	-
Services	1,093,075	-	-
Utilities	622,467	-	-
Industrial goods	878,672	-	-
Consumer goods	974,930	-	-
Healthcare	517,248	-	-
Mutual funds			
Medium growth	506,522	-	-
Medium blend	1,001,904	-	-
Broad basket	330,164	-	-
Total assets	<u>\$ 15,249,709</u>	<u>\$ 13,016,603</u>	<u>\$ -</u>
Liabilities			
Interest rate swap agreement	<u>\$ -</u>	<u>\$ (69,833)</u>	<u>\$ -</u>

St. Alexius Medical Center and Subsidiaries  
Notes to Consolidated Financial Statements  
June 30, 2014 and 2013

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
June 30, 2013			
Assets			
Government obligations	\$ 6,215,386	\$ -	\$ -
U S Treasury obligations	337,506	-	-
Corporate bonds			
Financial	-	7,737,451	-
Technology	-	2,121,923	-
Services	-	1,410,909	-
Utilities	-	580,333	-
Industrial goods	-	712,963	-
Consumer goods	-	333,953	-
Common stock			
Financial	1,039,407	-	-
Technology	1,275,664	-	-
Services	945,367	-	-
Utilities	598,454	-	-
Industrial goods	320,788	-	-
Consumer goods	801,896	-	-
Healthcare	457,691	-	-
Mutual funds			
Medium growth	519,000	-	-
Medium blend	898,339	-	-
Broad basket	306,153	-	-
Total assets	<u>\$ 13,715,651</u>	<u>\$ 12,897,532</u>	<u>\$ -</u>
Liabilities			
Interest rate swap agreement	<u>\$ -</u>	<u>\$ (110,212)</u>	<u>\$ -</u>

The fair values for government and U S Treasury obligations, corporate bonds, common stock, and mutual funds are determined by reference to quoted market prices. The fair value of the interest rate swap is based upon estimates of the related LIBOR swap rate during the term of the swap agreement.

#### **Note 14 - Electronic Health Record Incentive Payments**

St. Alexius recognized revenue of approximately \$2,226,000 for the year ended June 30, 2014 related to Medicare EHR incentive payments. These incentive payments are included in other revenue in the accompanying financial statements.

#### **Note 15 - Fair Value of Financial Instruments**

The following methods and assumptions are used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value:

##### **Cash Equivalents**

The carrying amount approximates fair value because of the short maturity of those instruments.

##### **Accounts Receivable and Accounts Payable**

Accounts receivable has been recorded at net realizable value which is believed to approximate fair value. Accounts payable approximates fair value because of the short time for which accounts payable are outstanding.

##### **Investments**

The fair value of U.S. Treasury, corporate, and government obligations is estimated based on quoted market prices for those or similar investments. For other investments, for which there are no quoted prices, a reasonable estimate of fair value could not be made without incurring excessive costs.

##### **Long-Term Debt**

The fair value of long-term debt is based on current traded value. Management has estimated the fair value of these obligations to be approximately \$102,951,000 and \$64,014,000 at June 30, 2014 and 2013.

#### **Note 16 - Commitment and Contingencies**

##### **Lease Agreements**

The Medical Center entered into a five-year lease and management agreement, renewable for up to three additional five-year terms, with Turtle Lake Community Hospital (Turtle Lake) during 1991. The current agreement with Turtle Lake expires in the year 2015.

### **Malpractice Insurance**

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

### **Self-Funded Health Insurance**

St. Alexius is self-insured for health and dental insurance. In connection therewith, St. Alexius charged to operations amounts representing the employer's portion of actual claims paid adjusted for the actuarially determined estimates of liabilities relating to claims resulting from services provided prior to the respective plan period. St. Alexius has a stop-loss policy that limits the organization's liability to \$75,000 per member. The liability relating to self-insured health and dental insurance was \$1,483,678 and \$1,084,583 at June 30, 2014 and 2013.

### **Litigations, Claims, and Disputes**

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

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

### **Note 17 - Subsequent Events**

St. Alexius has evaluated subsequent events through September 23, 2014, the date which the financial statements were available to be issued.

On August 20, 2014, the Medical Center entered into an Affiliation Agreement (Agreement) with Catholic Health Initiatives (CHI). The Agreement includes an Effective Date of October 1, 2014. In accordance with the Agreement, CHI will become the sole member of St. Alexius.

On September 22, 2014, the Medical Center entered into a mortgage agreement with Wells Fargo Bank, National Association. This agreement provides certain property and equipment of the Medical Center as collateral for the Series 2014A bonds issued during the year.



Consolidating and Supplementary Information  
June 30, 2014 and 2013

**St. Alexius Medical Center and Subsidiaries**



## **Independent Auditor's Report on Consolidating and Supplementary Information**

The Board of Directors  
St. Alexius Medical Center and Subsidiaries  
Bismarck, North Dakota

We have audited the consolidated financial statements of St. Alexius Medical Center and Subsidiaries as of and for the years ended June 30, 2014 and 2013, and our report thereon dated September 23, 2014, which expressed an unmodified opinion on those consolidated financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on such consolidated financial statements as a whole. The consolidating schedules on pages 27 through 34 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2014 and 2013 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of those consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements for the years ended June 30, 2014 and 2013, as a whole.

We also have previously audited, in accordance with auditing standards generally accepted in the United States of America, the consolidated balance sheets of St. Alexius Medical Center and Subsidiaries as of June 30, 2012, 2011, and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for each of those three years (none of which is presented herein), and we expressed unmodified opinions on those financial statements. Those audits were conducted for purposes of forming an opinion on the financial statements as a whole. The operational, statistical, and financial highlights on page 35 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2014, 2013, 2012, 2011, and 2010 financial statements. The operational highlights have been subjected to the auditing procedures applied in the audit of those financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the operational highlights are fairly stated in all material respects in relation to the basic financial statements from which it has been derived.

The statistical and financial highlights on page 35, which are the responsibility of management, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The statistical and financial highlights have not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on them.

A handwritten signature in cursive script that reads "Eide Bailly LLP".

Fargo, North Dakota  
September 23, 2014



(This page left blank intentionally )

---

St. Alexius Medical Center

---

	St. Alexius Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
<hr/>				
Assets				
Current Assets				
Cash and cash equivalents	\$ 39,180,221	\$ 196,615	\$ -	\$ 39,376,836
Assets limited as to use	3,121,170	-	-	3,121,170
Receivables				
Patient and resident, net	38,631,117	455,691	-	39,086,808
Other	4,320,003	-	(1,532,960)	2,787,043
Supplies	6,520,376	95,129	-	6,615,505
Prepaid expenses	1,377,065	45,715	-	1,422,780
	<hr/>	<hr/>	<hr/>	<hr/>
Total current assets	93,149,952	793,150	(1,532,960)	92,410,142
	<hr/>	<hr/>	<hr/>	<hr/>
Assets Limited as to Use				
Under bond indenture agreements	24,499,275	-	-	24,499,275
By Board for expansion and replacement	38,344,062	-	-	38,344,062
	<hr/>	<hr/>	<hr/>	<hr/>
Total assets limited as to use	62,843,337	-	-	62,843,337
	<hr/>	<hr/>	<hr/>	<hr/>
Property and Equipment, Net	<hr/> 130,715,967	<hr/> 1,369,092	<hr/> -	<hr/> 132,085,059
	<hr/>	<hr/>	<hr/>	<hr/>
Other Assets				
Rental property, net	4,763,239	-	-	4,763,239
Deferred financing costs, net	1,483,776	-	-	1,483,776
Estimated liability insurance receivable	42,500	-	-	42,500
Other investments	14,574,862	-	-	14,574,862
	<hr/>	<hr/>	<hr/>	<hr/>
Total other assets	20,864,377	-	-	20,864,377
	<hr/>	<hr/>	<hr/>	<hr/>
Total assets	<u>\$ 307,573,633</u>	<u>\$ 2,162,242</u>	<u>\$ (1,532,960)</u>	<u>\$ 308,202,915</u>

St. Alexius Medical Center and Subsidiaries  
Consolidating Balance Sheet – Assets  
June 30, 2014

Garrison Memorial Hospital	Heart and Lung	Total	Elimination Entries	Consolidated
\$ 138,449	\$ 70,927	\$ 39,586,212	\$ -	\$ 39,586,212
-	-	3,121,170	-	3,121,170
1,374,251	1,632,274	42,093,333	-	42,093,333
59,317	-	2,846,360	(475,190)	2,371,170
260,773	-	6,876,278	-	6,876,278
189,061	73,971	1,685,812	-	1,685,812
2,021,851	1,777,172	96,209,165	(475,190)	95,733,975
951,700	-	25,450,975	-	25,450,975
-	-	38,344,062	-	38,344,062
951,700	-	63,795,037	-	63,795,037
2,765,733	167,152	135,017,944	-	135,017,944
-	-	4,763,239	-	4,763,239
-	-	1,483,776	-	1,483,776
-	-	42,500	-	42,500
-	-	14,574,862	(1,938,647)	12,636,215
-	-	20,864,377	(1,938,647)	18,925,730
\$ 5,739,284	\$ 1,944,324	\$ 315,886,523	\$ (2,413,837)	\$ 313,472,686

	St. Alexius Medical Center			
	St. Alexius Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
Liabilities and Net Assets				
Current Liabilities				
Current maturities of long-term debt	\$ 3,394,951	\$ -	\$ -	\$ 3,394,951
Accounts payable				
Trade	10,655,354	-	-	10,655,354
Estimated third-party pay or settlements	3,189,252	294,000	-	3,483,252
Related parties	-	1,532,960	(1,532,960)	-
Construction payables	1,354,327	-	-	1,354,327
Accrued expenses				
Salaries and wages	6,414,750	-	-	6,414,750
Vacation pay	7,032,004	149,786	-	7,181,790
Professional fees	856,312	-	-	856,312
Interest	821,769	-	-	821,769
Payroll taxes and other	594,842	151,839	-	746,681
Self-funded health insurance reserve	1,483,678	-	-	1,483,678
Total current liabilities	35,797,239	2,128,585	(1,532,960)	36,392,864
Obligation Under Interest Rate Swap Agreement	69,833	-	-	69,833
Estimated Liability Claims Payable	42,500	-	-	42,500
Long-Term Debt, Less Current Maturities	96,859,391	-	-	96,859,391
Total liabilities	132,768,963	2,128,585	(1,532,960)	133,364,588
Net Assets				
Unrestricted	172,221,878	33,657	-	172,255,535
Temporarily restricted	2,333,821	-	-	2,333,821
Permanently restricted	248,971	-	-	248,971
Total net assets	174,804,670	33,657	-	174,838,327
Total liabilities and net assets	\$ 307,573,633	\$ 2,162,242	\$ (1,532,960)	\$ 308,202,915

St. Alexius Medical Center and Subsidiaries  
Consolidating Balance Sheet – Liabilities and Net Assets  
June 30, 2014

Garrison Memorial Hospital	Heart and Lung	Total	Elimination Entries	Consolidated
\$ 239,683	\$ -	\$ 3,634,634	\$ -	\$ 3,634,634
290,380	5,677	10,951,411	-	10,951,411
110,788	-	3,594,040	-	3,594,040
475,190	45,431,001	45,906,191	(45,906,191)	-
-	-	1,354,327	-	1,354,327
206,078	-	6,620,828	-	6,620,828
275,592	-	7,457,382	-	7,457,382
-	-	856,312	-	856,312
(1,101)	-	820,668	-	820,668
49,136	-	795,817	-	795,817
-	-	1,483,678	-	1,483,678
1,645,746	45,436,678	83,475,288	(45,906,191)	37,569,097
-	-	69,833	-	69,833
-	-	42,500	-	42,500
697,926	-	97,557,317	-	97,557,317
2,343,672	45,436,678	181,144,938	(45,906,191)	135,238,747
3,395,612	(43,492,354)	132,158,793	43,492,354	175,651,147
-	-	2,333,821	-	2,333,821
-	-	248,971	-	248,971
3,395,612	(43,492,354)	134,741,585	43,492,354	178,233,939
\$ 5,739,284	\$ 1,944,324	\$ 315,886,523	\$ (2,413,837)	\$ 313,472,686

	St Alexius Medical Center			
	St Alexius Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
Unrestricted Revenues, Gains and Other Support				
Net patient and resident service revenue	\$ 275,059,602	\$ 4,234,831	\$ -	\$ 279,294,433
Provision for bad debts	(10,552,595)	(14,137)	-	(10,566,732)
Net patient service revenue less provision for bad debts	264,507,007	4,220,694	-	268,727,701
Other revenue	13,060,112	93,263	-	13,153,375
Total revenues, gains and other support	277,567,119	4,313,957	-	281,881,076
Expenses				
Nursing services	47,733,720	1,376,122	-	49,109,842
Other professional services	141,744,302	1,298,465	-	143,042,767
General and administrative	43,220,078	1,002,938	-	44,223,016
Depreciation and amortization	18,964,591	147,178	-	19,111,769
Property and household	9,614,667	202,954	-	9,817,621
Dietary	3,324,427	211,179	-	3,535,606
Interest	3,257,990	-	-	3,257,990
Total expenses	267,859,775	4,238,836	-	272,098,611
Operating Income (Loss)	9,707,344	75,121	-	9,782,465
Other Income (Loss)				
Investment income	982,953	856	-	983,809
Gain (loss) on disposal of equipment	639,462	-	-	639,462
Loss on refinancing of long-term debt	(302,490)	-	-	(302,490)
Other	2,246,313	124,380	(200,357)	2,170,336
Other income (loss), net	3,566,238	125,236	(200,357)	3,491,117
Revenues in Excess of (Less Than) Expenses	13,273,582	200,357	(200,357)	13,273,582
Change in Unrealized Gains and Losses on Investments	1,298,572	-	-	1,298,572
Change in Fair Value of Interest Rate Swap Agreement	40,380	-	-	40,380
Contributions for Long-Lived Assets	125,950	-	-	125,950
Support to St Alexius	-	(200,357)	200,357	-
Increase (Decrease) in Unrestricted Net Assets	\$ 14,738,484	\$ -	\$ -	\$ 14,738,484

St. Alexius Medical Center and Subsidiaries  
Consolidating Statement of Operations  
Year Ended June 30, 2014

<u>Garrison Memorial Hospital</u>	<u>Heart and Lung</u>	<u>Total</u>	<u>Elimination Entries</u>	<u>Consolidated</u>
\$ 9,294,261 (415,761)	\$ 17,095,766 (1,302,941)	\$ 305,684,460 (12,285,434)	\$ - -	\$ 305,684,460 (12,285,434)
8,878,500 124,980	15,792,825 46,457	293,399,026 13,324,812	- 5,994,250	293,399,026 19,319,062
<u>9,003,480</u>	<u>15,839,282</u>	<u>306,723,838</u>	<u>5,994,250</u>	<u>312,718,088</u>
2,893,731	28,674	52,032,247	-	52,032,247
2,833,374	16,382,555	162,258,696	(723,570)	161,535,126
1,359,993	5,244,042	50,827,051	(71,800)	50,755,251
435,172	131,907	19,678,848	-	19,678,848
549,636	1,305,534	11,672,791	(516,310)	11,156,481
428,457	-	3,964,063	-	3,964,063
22,240	-	3,280,230	-	3,280,230
<u>8,522,603</u>	<u>23,092,712</u>	<u>303,713,926</u>	<u>(1,311,680)</u>	<u>302,402,246</u>
<u>480,877</u>	<u>(7,253,430)</u>	<u>3,009,912</u>	<u>7,305,930</u>	<u>10,315,842</u>
3,553	-	987,362	-	987,362
-	(52,500)	586,962	-	586,962
-	-	(302,490)	-	(302,490)
102,378	-	2,272,714	-	2,272,714
<u>105,931</u>	<u>(52,500)</u>	<u>3,544,548</u>	<u>-</u>	<u>3,544,548</u>
586,808	(7,305,930)	6,554,460	7,305,930	13,860,390
-	-	1,298,572	-	1,298,572
-	-	40,380	-	40,380
-	-	125,950	-	125,950
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>\$ 586,808</u>	<u>\$ (7,305,930)</u>	<u>\$ 8,019,362</u>	<u>\$ 7,305,930</u>	<u>\$ 15,325,292</u>

	St. Alexis Medical Center			
	St. Alexis Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
Unrestricted Net Assets				
Revenues in excess of (less than) expenses	\$ 13,273,582	\$ 200,357	\$ (200,357)	\$ 13,273,582
Changes in unrealized gains and losses on investments	1,298,572	-	-	1,298,572
Change in fair value of interest rate swap agreement	40,380	-	-	40,380
Contribution for long-lived assets	125,950	-	-	125,950
Support to St. Alexis	-	(200,357)	200,357	-
Increase in unrestricted net assets	14,738,484	-	-	14,738,484
Temporarily Restricted Net Assets				
Restricted contributions and interest	1,124,161	-	-	1,124,161
Net assets released from restrictions	(550,272)	-	-	(550,272)
Increase in temporarily restricted net assets	573,889	-	-	573,889
Permanently Restricted Net Assets				
Restricted contributions and interest	248,971	-	-	248,971
Change in Net Assets	15,561,344	-	-	15,561,344
Net Assets, Beginning of Year	159,243,326	33,657	-	159,276,983
Net Assets, End of Year	\$ 174,804,670	\$ 33,657	\$ -	\$ 174,838,327



St. Alexius Medical Center and Subsidiaries  
Consolidating Statement of Changes in Net Assets  
Year Ended June 30, 2014

<u>Garrison Memorial Hospital</u>	<u>Heart and Lung</u>	<u>Total</u>	<u>Elimination Entries</u>	<u>Consolidated</u>
\$ 586,808	\$ (7,305,930)	\$ 6,554,460	\$ 7,305,930	\$ 13,860,390
-	-	1,298,572	-	1,298,572
-	-	40,380	-	40,380
-	-	125,950	-	125,950
-	-	-	-	-
<u>586,808</u>	<u>(7,305,930)</u>	<u>8,019,362</u>	<u>7,305,930</u>	<u>15,325,292</u>
-	-	1,124,161	-	1,124,161
-	-	(550,272)	-	(550,272)
-	-	573,889	-	573,889
-	-	248,971	-	248,971
586,808	(7,305,930)	8,842,222	7,305,930	16,148,152
<u>2,808,804</u>	<u>(36,186,424)</u>	<u>125,899,363</u>	<u>36,186,424</u>	<u>162,085,787</u>
<u>\$ 3,395,612</u>	<u>\$ (43,492,354)</u>	<u>\$ 134,741,585</u>	<u>\$ 43,492,354</u>	<u>\$ 178,233,939</u>

---

St. Alexius Medical Center

---

	St. Alexius Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	\$ 36,622,644	\$ 203,719	\$ -	\$ 36,826,363
Assets limited as to use	2,085,722	-	-	2,085,722
Receivables				
Patient and resident, net	38,322,115	524,228	-	38,846,343
Other	3,484,843	23,979	(1,429,161)	2,079,661
Supplies	4,232,428	92,778	-	4,325,206
Prepaid expenses	1,435,158	58,507	-	1,493,665
Total current assets	86,182,910	903,211	(1,429,161)	85,656,960
Assets Limited as to Use Under Bond Indenture Agreements	-	-	-	-
By Board for expansion and replacement	36,305,927	-	-	36,305,927
Total assets limited as to use	36,305,927	-	-	36,305,927
Property and Equipment, Net	135,290,078	1,340,239	-	136,630,317
Other Assets				
Rental property, net	4,167,155	-	-	4,167,155
Deferred financing costs, net	881,745	-	-	881,745
Estimated liability insurance receivable	160,000	-	-	160,000
Other investments	13,313,508	-	-	13,313,508
Total other assets	18,522,408	-	-	18,522,408
Total assets	\$ 276,301,323	\$ 2,243,450	\$ (1,429,161)	\$ 277,115,612

St. Alexius Medical Center and Subsidiaries  
Consolidating Balance Sheet – Assets  
June 30, 2013

<u>Garrison Memorial Hospital</u>	<u>Heart and Lung</u>	<u>Total</u>	<u>Elimination Entries</u>	<u>Consolidated</u>
\$ 89,151	\$ 21,485	\$ 36,936,999	\$ -	\$ 36,936,999
-	-	2,085,722	-	2,085,722
1,208,149	2,441,868	42,496,360	-	42,496,360
30,904	109,500	2,220,065	(73,882)	2,146,183
208,127	-	4,533,333	-	4,533,333
42,073	70,620	1,606,358	-	1,606,358
<u>1,578,404</u>	<u>2,643,473</u>	<u>89,878,837</u>	<u>(73,882)</u>	<u>89,804,955</u>
800,806	-	800,806	-	800,806
-	-	36,305,927	-	36,305,927
<u>800,806</u>	<u>-</u>	<u>37,106,733</u>	<u>-</u>	<u>37,106,733</u>
<u>2,675,227</u>	<u>215,611</u>	<u>139,521,155</u>	<u>-</u>	<u>139,521,155</u>
-	52,500	4,219,655	-	4,219,655
-	-	881,745	-	881,745
-	-	160,000	-	160,000
-	77,389	13,390,897	(2,938,191)	10,452,706
<u>-</u>	<u>129,889</u>	<u>18,652,297</u>	<u>(2,938,191)</u>	<u>15,714,106</u>
<u>\$ 5,054,437</u>	<u>\$ 2,988,973</u>	<u>\$ 285,159,022</u>	<u>\$ (3,012,073)</u>	<u>\$ 282,146,949</u>

	St Alexius Medical Center			
	St Alexius Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
Liabilities and Net Assets				
Current Liabilities				
Notes payable to bank	\$ 15,800.000	\$ -	\$ -	\$ 15,800.000
Current maturities of long-term debt	4,332.612	-	-	4,332.612
Accounts payable				
Trade	10,475.007	-	-	10,475.007
Estimated third-party pay or settlements	6,678.287	512,328	-	7,190.615
Related parties	-	1,429,161	(1,429,161)	-
Construction payables	4,235.097	-	-	4,235.097
Accrued expenses				
Salaries and wages	5,829.901	-	-	5,829.901
Vacation pay	6,697.015	143,696	-	6,840.711
Professional fees	689.089	-	-	689.089
Interest	1,173.817	-	-	1,173.817
Payroll taxes and other	656.218	124,608	-	780.826
Self-funded health insurance reserve	1,084,583	-	-	1,084,583
Total current liabilities	57,651,626	2,209,793	(1,429,161)	58,432,258
Obligation Under Interest Rate Swap Agreement	110,212	-	-	110,212
Estimated Liability Claims Payable	160,000	-	-	160,000
Long-Term Debt, Less Current Maturities	59,136,159	-	-	59,136,159
Total liabilities	117,057,997	2,209,793	(1,429,161)	117,838,629
Net Assets				
Unrestricted	157,483,394	33,657	-	157,517,051
Temporarily restricted	1,759,932	-	-	1,759,932
Total net assets	159,243,326	33,657	-	159,276,983
Total liabilities and net assets	\$ 276,301,323	\$ 2,243,450	\$ (1,429,161)	\$ 277,115,612

St. Alexius Medical Center and Subsidiaries  
Consolidating Balance Sheet – Liabilities and Net Assets  
June 30, 2013

<u>Garrison Memorial Hospital</u>	<u>Heart and Lung</u>	<u>Total</u>	<u>Elimination Entries</u>	<u>Consolidated</u>
\$ -	\$ -	\$ 15,800,000	\$ -	\$ 15,800,000
232,035	-	4,564,647	-	4,564,647
127,385	50,782	10,653,174	-	10,653,174
350,000	-	7,540,615	-	7,540,615
73,882	39,124,615	39,198,497	(39,198,497)	-
-	-	4,235,097	-	4,235,097
207,806	-	6,037,707	-	6,037,707
272,273	-	7,112,984	-	7,112,984
-	-	689,089	-	689,089
57	-	1,173,874	-	1,173,874
51,770	-	832,596	-	832,596
-	-	1,084,583	-	1,084,583
1,315,208	39,175,397	98,922,863	(39,198,497)	59,724,366
-	-	110,212	-	110,212
-	-	160,000	-	160,000
930,425	-	60,066,584	-	60,066,584
2,245,633	39,175,397	159,259,659	(39,198,497)	120,061,162
2,808,804	(36,186,424)	124,139,431	36,186,424	160,325,855
-	-	1,759,932	-	1,759,932
2,808,804	(36,186,424)	125,899,363	36,186,424	162,085,787
\$ 5,054,437	\$ 2,988,973	\$ 285,159,022	\$ (3,012,073)	\$ 282,146,949

	St. Alexis Medical Center			
	St. Alexis Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
Unrestricted Revenues, Gains and Other Support				
Net patient and resident service revenue	\$ 265,216,210	\$ 3,990,143	\$ -	\$ 269,206,353
Provision for bad debts	(10,694,538)	(14,472)	-	(10,709,010)
Net patient service revenue less provision for bad debts	254,521,672	3,975,671	-	258,497,343
Other revenue	10,280,045	116,786	-	10,396,831
Total revenues, gains and other support	264,801,717	4,092,457	-	268,894,174
Expenses				
Nursing services	46,707,043	1,267,498	-	47,974,541
Other professional services	142,072,913	1,188,212	-	143,261,125
General and administrative	42,277,998	953,460	-	43,231,458
Depreciation and amortization	19,421,739	134,308	-	19,556,047
Property and household	9,459,348	194,575	-	9,653,923
Dietary	3,228,854	197,126	-	3,425,980
Interest	3,368,130	-	-	3,368,130
Total expenses	266,536,025	3,935,179	-	270,471,204
Operating Income (Loss)	(1,734,308)	157,278	-	(1,577,030)
Other Income (Loss)				
Investment income	211,325	600	-	211,925
Loss on disposal of equipment	(3,580,547)	-	-	(3,580,547)
Other	2,708,439	80,280	(238,158)	2,550,561
Other income, net	(660,783)	80,880	(238,158)	(818,061)
Revenues in Excess of (Less Than) Expenses	(2,395,091)	238,158	(238,158)	(2,395,091)
Change in Unrealized Gains and Losses on Investments	978,704	-	-	978,704
Change in Fair Value of Interest Rate Swap Agreement	57,024	-	-	57,024
Contributions for Long-Lived Assets	176,267	21,807	-	198,074
Support to St. Alexis	-	(238,158)	238,158	-
Increase (Decrease) in Unrestricted Net Assets	\$ (1,183,096)	\$ 21,807	\$ -	\$ (1,161,289)

St. Alexius Medical Center and Subsidiaries  
Consolidating Statement of Operations  
Year Ended June 30, 2013

<u>Garrison Memorial Hospital</u>	<u>Heart and Lung</u>	<u>Total</u>	<u>Elimination Entries</u>	<u>Consolidated</u>
\$ 8,739,029 (229,171)	\$ 17,230,299 (2,133,493)	\$ 295,175,681 (13,071,674)	\$ - -	\$ 295,175,681 (13,071,674)
8,509,858 117,552	15,096,806 37,503	282,104,007 10,551,886	- 6,156,621	282,104,007 16,708,507
<u>8,627,410</u>	<u>15,134,309</u>	<u>292,655,893</u>	<u>6,156,621</u>	<u>298,812,514</u>
2,599,314	41,198	50,615,053	-	50,615,053
2,981,601	16,132,520	162,375,246	(719,385)	161,655,861
1,327,068	5,015,076	49,573,602	(74,416)	49,499,186
403,773	101,594	20,061,414	-	20,061,414
490,866	1,310,653	11,455,442	(516,310)	10,939,132
378,881	-	3,804,861	-	3,804,861
25,316	-	3,393,446	-	3,393,446
<u>8,206,819</u>	<u>22,601,041</u>	<u>301,279,064</u>	<u>(1,310,111)</u>	<u>299,968,953</u>
<u>420,591</u>	<u>(7,466,732)</u>	<u>(8,623,171)</u>	<u>7,466,732</u>	<u>(1,156,439)</u>
3,471	-	215,396	-	215,396
(1,680)	-	(3,582,227)	-	(3,582,227)
25,351	-	2,575,912	-	2,575,912
<u>27,142</u>	<u>-</u>	<u>(790,919)</u>	<u>-</u>	<u>(790,919)</u>
447,733	(7,466,732)	(9,414,090)	7,466,732	(1,947,358)
-	-	978,704	-	978,704
-	-	57,024	-	57,024
-	-	198,074	-	198,074
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>\$ 447,733</u>	<u>\$ (7,466,732)</u>	<u>\$ (8,180,288)</u>	<u>\$ 7,466,732</u>	<u>\$ (713,556)</u>

	St. Alexis Medical Center			
	St. Alexis Medical Center	Turtle Lake Community Hospital	Intracompany Eliminations	Total
Unrestricted Net Assets				
Revenues in excess of (less than) expenses	\$ (2,395,091)	\$ 238,158	\$ (238,158)	\$ (2,395,091)
Change in unrealized gains and losses on investments	978,704	-	-	978,704
Change in fair value of interest rate swap agreement	57,024	-	-	57,024
Contribution for long-lived assets	176,267	21,807	-	198,074
Support to St. Alexis	-	(238,158)	238,158	-
Increase (decrease) in unrestricted net assets	(1,183,096)	21,807	-	(1,161,289)
Temporarily Restricted Net Assets				
Restricted contributions and interest	745,070	-	-	745,070
Net assets released from restrictions	(500,906)	-	-	(500,906)
Increase in temporarily restricted net assets	244,164	-	-	244,164
Change in Net Assets	(938,932)	21,807	-	(917,125)
Net Assets, Beginning of Year	160,182,258	11,850	-	160,194,108
Net Assets, End of Year	\$ 159,243,326	\$ 33,657	\$ -	\$ 159,276,983



St. Alexius Medical Center and Subsidiaries  
Consolidating Statement of Changes in Net Assets  
Year Ended June 30, 2013

<u>Garrison Memorial Hospital</u>	<u>Heart and Lung</u>	<u>Total</u>	<u>Elimination Entries</u>	<u>Consolidated</u>
\$ 447.733	\$ (7,466.732)	\$ (9,414.090)	\$ 7,466.732	\$ (1,947.358)
-	-	978.704	-	978.704
-	-	57.024	-	57.024
-	-	198.074	-	198.074
-	-	-	-	-
<u>447.733</u>	<u>(7,466.732)</u>	<u>(8,180.288)</u>	<u>7,466.732</u>	<u>(713.556)</u>
-	-	745.070	-	745.070
-	-	(500.906)	-	(500.906)
<u>-</u>	<u>-</u>	<u>244.164</u>	<u>-</u>	<u>244.164</u>
447.733	(7,466.732)	(7,936.124)	7,466.732	(469.392)
<u>2,361.071</u>	<u>(28,719.692)</u>	<u>133,835.487</u>	<u>28,719.692</u>	<u>162,555.179</u>
<u>\$ 2,808.804</u>	<u>\$ (36,186.424)</u>	<u>\$ 125,899.363</u>	<u>\$ 36,186.424</u>	<u>\$ 162,085.787</u>

St. Alexius Medical Center and Subsidiaries  
Operational, Statistical, and Financial Highlights  
Five Years Ended June 30, 2014

	2014	2013	2012 (\$000's omitted)	2011	2010
<b>Operational</b>					
<b>Unrestricted Revenues, Gains and Other Support</b>					
Patient and resident service revenue					
Inpatient services	\$ 312,142	\$ 319,368	\$ 302,362	\$ 268,770	\$ 266,738
Outpatient services	292,400	263,473	251,561	251,952	232,199
Home Care services	6,201	6,659	6,638	6,721	6,462
Rehabilitation services	8,931	9,195	9,956	9,435	9,516
Less charity care	(3,302)	(4,656)	(4,622)	(5,552)	(3,985)
Total patient and resident service revenue	616,372	594,039	565,895	531,326	510,930
Contractual adjustments	(310,688)	(298,863)	(288,653)	(272,481)	(266,341)
Net patient and resident service revenue	305,684	295,176	277,242	258,845	244,589
Provision for bad debts	(12,285)	(13,072)	(9,544)	(8,216)	(8,305)
Net patient service revenue less provision for bad debts	293,399	282,104	267,698	250,629	236,284
Other revenue	19,314	16,709	17,634	16,178	15,701
Total revenues, gains and other support	312,713	298,813	285,332	266,807	251,985
<b>Expenses</b>					
Salaries and wages	143,292	140,255	127,929	122,651	92,230
Supplies and other	136,146	136,259	126,221	117,016	134,350
Depreciation and amortization	19,679	20,061	18,343	14,937	13,723
Interest	3,280	3,394	2,863	2,557	2,533
Total expenses	302,397	299,969	275,356	257,161	242,836
Operating Income (Loss)	10,316	(1,156)	9,976	9,646	9,149
Other Income (Loss)	3,544	(791)	158	2,461	1,912
Revenues in Excess of (Less than) Expenses	\$ 13,860	\$ (1,947)	\$ 10,134	\$ 12,107	\$ 11,061
<b>Statistical (Unaudited)</b>					
Number of acute beds at year-end (staffed)	292	292	292	292	292
Available bed days	106,580	106,580	106,872	106,580	106,580
Patient days					
Acute	48,027	49,298	46,588	41,884	43,093
Swing bed	12,635	11,187	10,568	9,295	11,660
Percent of occupancy	56.9%	56.8%	53.5%	48.0%	51.4%
Number of nursing home beds	45	45	45	45	45
Available nursing bed days	16,425	16,425	16,470	16,425	16,425
Resident days	14,728	14,993	15,686	15,747	14,486
Percentage of occupancy	89.7%	91.3%	95.2%	95.9%	88.2%
Discharges (acute)	10,721	11,311	11,023	10,253	10,605
Average acute length of stay in days	4.5	4.4	4.2	4.1	4.1
<b>Financial (Unaudited)</b>					
Current ratio	2.5	1.5	1.6	1.6	2.2
Days revenue in patient and resident receivables	52	55	53	53	54