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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2008</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		C Name of organization ST CLOUD HOSPITAL		D Employer identification number 41-0695596	
Doing Business As		E Telephone number (320) 251-2700							
Number and street (or P O box if mail is not delivered to street address) Room/suite 1406 SIXTH AVENUE NORTH						G Gross receipts \$ 615,157,308			
City or town, state or country, and ZIP + 4 ST CLOUD, MN 563031901									
F Name and address of Principal Officer Craig Broman 1406 Sixth Ave North St Cloud, MN 563031901		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)							
J Web site: WWW CENTRACARE COM		H(c) Group Exemption Number 0928							
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1962		M State of legal domicile MN					

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities As a Catholic, regional hospital, we improve the health and quality of life for the people we serve in a manner that reflects the healing mission of Jesus		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of employees (Part V, line 2a)	5	5,613
	6	Total number of volunteers (estimate if necessary)	6	1,264
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	385,306
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-471,941
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,195,473	3,247,031
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	514,176,789	564,460,653
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,943,077	68,966
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,031,423	4,463,917
			529,346,762	572,240,567
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,328,677	3,716,734
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	270,403,312	283,296,075
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>19,279</u>)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	213,766,706	223,424,173
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	486,498,695	510,436,982
	19	Revenue less expenses Subtract line 18 from line 12	42,848,067	61,803,585
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	863,801,523	765,138,069
	21	Total liabilities (Part X, line 26)	520,370,813	509,653,544
	22	Net assets or fund balances Subtract line 21 from line 20	343,430,710	255,484,525

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-05-11</div> <div>Date</div> </div>	
	<div> <div></div> <div>GREG KLUGHERZ CHIEF FINANCIAL OFFICER</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		Date	<div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div>	Preparer's PTIN (See Gen Inst)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div>		<div> <div>ERNST & YOUNG US LLP</div> <div>190 CARONDELET PLAZA SUITE 1300</div> <div>CLAYTON, MO 63105</div> </div>		<div> <div>EIN</div> <div></div> </div>
					<div> <div>Phone no</div> <div>(314) 290-1000</div> </div>

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

Part IIStatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
As a Catholic, regional hospital, we improve the health and quality of life for the people we serve in a manner that reflects the healing mission of Jesus

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 447,628,167 including grants of \$ 3,716,734) (Revenue \$ 565,084,644)

SERVICES COMMON TO HOSPITAL AND LONG TERM CARE FACILITIES FOR THEIR PATIENTS AND RESIDENTS SEE Schedule O for the Community Benefit Report

4b

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

4c

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

4d

















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

4e






Total program service expenses \$ 447,628,167 Must equal Part IX, Line 25, column (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? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as 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 U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent 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> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a431		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a5,613		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>KS , GR</u> See the instructions for exceptions and 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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
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	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations.</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or 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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization?	Yes	
	Describe the process in Schedule O		
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. GREG KLUGHERZ 1406 SIXTH AVE NORTH St Cloud, MN 563031901 (320) 251-2700

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								6,433,482	503,860	901,668

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **159**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed online 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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ANESTHESIA ASSOCIATES OF ST CLOUD PO BOX 725 ST CLOUD, MN 56302	ANESTHESIA SERVICES	1,969,115
CENTRACARE CLINIC 1200 SIXTH AVENUE NORTH ST CLOUD, MN 56303	PHYSICIAN SERVICES	2,055,359
CENTRAL MINNESOTA EMERGENCY PHYSICI 1406 SIXTH AVENUE NORTH ST CLOUD, MN 56303	PHYSICIAN SERVICES	1,074,715
RUM RIVER HEALTH SERVICES INC 101 18th Avenue North PRINCETON, MN 55371	Management services	492,924
CROTHALL HEALTHCARE INC 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CLEANING/LAUNDRY SRV	2,565,115

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a126,107								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations . . .	1d19,106								
	e	Government grants (contributions)	1e2,915,179								
	f	All other contributions, gifts, grants, and similar amounts not included above	1f186,639								
	g	Noncash contributions included in lines 1a-1f \$									
	h	Total (Add lines 1a-1f)	3,247,031								
	Program Service Revenue	2a	PATIENT/RES SVCE					Business Code900,099	561,969,862	561,969,862	
b		RENTAL INCOME	531,120	2,490,791	2,490,791						
c											
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f									
		\$ 564,460,653									
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		0							
	4	Income from investment of tax-exempt bond proceeds		0							
	5	Royalties		0							
	6a	Gross Rents	(i) Real	(ii) Personal							
	b	Less rental expenses									
	c	Rental income or (loss)									
	d	Net rental income or (loss)									
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
				209,345							
			42,131,653	140,379							
			-42,131,653	68,966							
	d	Net gain or (loss)		68,966			-42,062,687				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a		0						
									b	Less direct expenses	b
									c	Net income or (loss) from fundraising events	
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a		0						
									b	Less direct expenses	b
									c	Net income or (loss) from gaming activities	
	10a	Gross sales of inventory, less returns and allowances	a		34,838			34,838			
									b	Less cost of goods sold	b
									c	Net income or (loss) from sales of inventory	
		Miscellaneous Revenue	Business Code								
	11a	INFORMATION&EDUCAT	900,099	246,826	246,826						
	b	BILLING & ACCOUNTI	541,200	417,406	304,063	113,343					
	c	FOOD SALES	722,100	3,419,782			3,419,782				
d	All other revenue		345,065	73,102	271,963						
e	Total. Add lines 11a-11d										
	\$ 4,429,079										
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		572,240,567	565,084,644	385,306	-38,608,067					

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
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 U S See Part IV, line 21	3,663,409	3,663,409		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	53,325	53,325		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,164,475		3,164,475	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	215,899,944	193,413,536		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,506,777	4,892,138	614,639	
9	Other employee benefits	43,079,239	37,981,989	5,097,250	
10	Payroll taxes	15,645,640	13,936,099	1,709,541	
11	Fees for services (non-employees)				
a	Management	930,182	492,924	437,258	
b	Legal	224,607	2,178	222,429	
c	Accounting	412,029	15,400	396,629	
d	Lobbying	121,677		121,677	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	797,563		797,563	
g	Other	10,326,722	10,326,722		
12	Advertising and promotion	529,079	529,079		
13	Office expenses	60,650,268	57,233,003	3,417,265	
14	Information technology	11,952,237	5,494,812	6,457,425	
15	Royalties	0			
16	Occupancy	6,769,976	5,985,533	782,063	2,380
17	Travel	755,787	633,210	122,577	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	1,697,088	712,497	984,591	
20	Interest	6,743,084	5,652,283	1,087,492	3,309
21	Payments to affiliates	1,751,709		1,751,709	
22	Depreciation, depletion, and amortization	19,689,813	16,795,180	2,881,211	13,422
23	Insurance	1,768,708	286,547	1,482,161	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	DRUGS	30,483,560	30,422,708	60,852	
b	CONTRACTED SERVICES	19,003,995	17,654,664	1,349,331	
c	MINN CARE TAX& MEDICAID SURCHG	9,535,533	9,535,533		
d	FOOD	8,589,554	6,857,253	1,732,301	
e	BAD DEBT	7,945,298	7,945,298		
f	All other expenses	22,745,704	17,112,847	5,632,689	168
25	Total functional expenses. Add lines 1 through 24f	510,436,982	447,628,167	62,789,536	19,279
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	35,827,790	1 46,897,668
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	69,190,851	4 75,500,886
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	4,729,878	8 4,928,884
	9	Prepaid expenses and deferred charges	36,711,061	9 3,323,746
	10a	Land, buildings, and equipment cost basis		
		10a 554,400,551		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 259,208,128	274,832,407	10c 295,192,423
	11	Investments—publicly traded securities	380,996,176	11 271,116,229
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	45,724,114	12 53,722,869
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13
14	Intangible assets		14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	15,789,246	15 14,455,364	
16	Total assets. Add lines 1 through 15 (must equal line 34)	863,801,523	16 765,138,069	
Liabilities	17	Accounts payable and accrued expenses	63,203,589	17 64,413,977
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	399,876,658	20 391,217,509
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	57,290,566	25 54,022,058
	26	Total liabilities. Add lines 17 through 25	520,370,813	26 509,653,544
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	343,408,081	27 255,469,494
	28	Temporarily restricted net assets	22,629	28 15,031
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, 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	343,430,710	33 255,484,525
	34	Total liabilities and net assets/fund balances	863,801,523	34 765,138,069

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ST CLOUD HOSPITAL	Employer identification number 41-0695596
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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 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	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	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 support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. 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		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. 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		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First 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						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 41-0695596
Name: ST CLOUD HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
CRAIG BROMAN , PRESIDENT	40 0	X		X				726,605	0	134,774
BOB WHITE , TRUSTEE-CHAIR	2 0	X						0	0	0
SISTER MIRIAM ARDOLF OSB , TRUSTEE-VICE CHAIR	2 0	X						0	0	0
ANTHONY AKUBUE ED D , TRUSTEE	2 0	X						0	0	0
JOAN BARRET-VOLKMUTH , TRUSTEE	2 0	X						0	0	0
MIKE BENUSA , TRUSTEE	2 0	X						0	0	0
TERESA BOHNEN , TRUSTEE	2 0	X						0	0	0
CHRIS COBORN , TRUSTEE	2 0	X						0	0	0
PAUL DORSHER MD , TRUSTEE	2 0	X						0	0	0
FATHER MARVIN ENNEKING , TRUSTEE	2 0	X						0	0	0
RONALD HANSON MD , TRUSTEE	2 0	X						0	0	0
RICHARD JOLKOVSKY MD , TRUSTEE- CHIEF OF MEDICAL STAFF	2 0	X						31,000	0	0
STEVE LARAWAY , TRUSTEE	2 0	X						0	0	0
CINDY JENSEN MELLOY MD , TRUSTEE	2 0	X						13,088	0	0
SANDY NEUTZLING , TRUSTEE	2 0	X						0	0	0
SISTER PAULA REVIER OSB , TRUSTEE	2 0	X						0	0	0
CHRIS TA CL MD , TRUSTEE	2 0	X						0	0	0
PASTOR THOMAS WRIGHT , TRUSTEE	2 0	X						0	0	0
GREGORY KLUGHERZ , TREASURER- CFO	40 0			X				167,776	0	8,800
PAUL HARRIS , SECRETARY	40 0			X				0	110,341	11,292
DANIEL WHITLOCK MD , VICE- PRESIDENT	40 0				X			532,982	0	101,916
CHARLES DOOLEY , VICE- PRESIDENT	40 0				X			401,580	0	77,604
LINDA CHMIELEWSKI RN , VICE- PRESIDENT	40 0				X			358,456	0	73,516
DUANE RASMUSSON , VICE- PRESIDENT	40 0				X			314,171	0	68,919
JIM DAVIS , VICE-PRESIDENT	40 0				X			0	393,519	32,314
LINDA DOERR , VICE-PRESIDENT	40 0				X			222,066	0	51,054
ROBERT JOHNSON , DIRECTOR	40 0				X			173,608	0	13,645
JON BOWAR MD , PHYSICIAN	40 0					X		376,203	0	42,842
LEONARD SULIK MD , PHYSICIAN	40 0					X		338,342	0	39,708
DAVID SEHR MD , PHYSICIAN	40 0					X		334,119	0	43,364

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
JOEL SPALDING MD , PHYSICIAN	40 0					X		263,207	0	41,012
DEAN WATKINS MD , PHYSICIAN	40 0					X		261,096	0	42,110
JOHN FROBENIUS , FORMER CEO	0 0						X	948,121	0	16,267
JOHN SECKINGER , FORMER CFO	0 0						X	481,513	0	21,529
JOSEPH BLONSKI MD , PHYSICIAN	40 0						X	248,927	0	37,485
CHRIS MOELLENTINE MD , PHYSICIAN	40 0						X	240,622	0	43,517

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization ST CLOUD HOSPITAL	Employer identification number 41-0695596
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is: 20% of the amount on line 1e			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		121,677
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			121,677
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure) ☐ Preservation of an historically importantly land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	14,745,720		14,745,720
b Buildings	0	289,773,295	113,450,558	176,322,737
c Leasehold improvements				
d Equipment	0	214,254,294	145,757,570	68,496,724
e Other	0	35,627,242		35,627,242
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				295,192,423

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other PRIVATE EQUITY PARTNERSHIPS	20,230,740	F
Other REAL ESTATE PARTNERSHIPS	16,592,613	F
Other OTHER NON PUBLIC PARTNERSHIPS	16,899,516	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	53,722,869	

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

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

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

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

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED EXECUTIVE BENEFITS	3,700,401
ARBITRAGE LIABILITY	197,035
LONG TERM SETTLEMENTS RESERVE	1,000,000
ASSET RETIREMENT OBLIGATION	381,908
FMV SWAP 2008ABC BONDS	10,046,174
FMV SWAP 1993 BONDS	8,823,399
SECURITIES LENDING AGREEMENT	13,294,050
ACCRUED PENSION LIABILITY	16,520,314
OTHER LONG TERM LIABILITIES	58,777
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	54,022,058

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
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 XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____ %</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____ %</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
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	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IVManagement Companies and Joint Ventures (Optional for 2008)

(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				
14				

[illegible]

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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.)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CLOUD HOSPITAL

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
41-0695596

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF THE ORDER OF SAINT BENEDICT104 Chapel Lane St Joseph, MN 563740220	41-0693973	501(C)(3)	100,000		FMV		To pay for healthcare costs for the sisters of the order of saint benedict
CENTRACARE FOUNDATION1406 Sixth Avenue North St Cloud, MN 563031901	41-1855173	501(C)(3)	3,501,844		fmv		To support the centracare foundation please see the centracare foundation 990 for further detail of donations
HELP INTERNATIONAL 15301 Dallas Parkway Addison, TX 75001	87-0683277	501(c)(3)	8,500		fmv		To pay for guatamala medical mission costs
THE MESSAGE PROGRAM 2311 10th Avenue South St Cloud, MN 56301	20-0293323	501(c)(3)		19,561	fmv	Med Equip & Supplies	Donation of medical equipment and supplies to organizations working to aid the poor

- 2

Enter total number of section 501(c)(3) and government organizations

4
- 3

Enter total number of other organizations

Part IIIGrants and Other Assistance to Individuals in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
HOME DELIVERED MEALS	238		53,325	FMV	to deliver meals

Part IVSupplemental Information.

Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
description of monitoring use of grant funds	Schedule I, part I, line 2	The Community Collaboration Committee, a standing committee of CentraCare Health Foundation, has a membership of over 30 persons representing healthcare and community needs across Central Minnesota This committee meets monthly to discuss ways to address typical health issues through awareness building, education and/or an intervention project Executive approval of fund requests and review of the financial statements of CentraCare Health Foundation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	<div>1b</div>	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	<div>2</div>	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" 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>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>	<div>4a</div>	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	<div>4b</div>	Yes
<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>	<div>4c</div>	No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</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>	<div>5a</div>	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	<div>5b</div>	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>	<div>6a</div>	Yes
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	<div>6b</div>	Yes
<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>	<div>7</div>	No
<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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	<div>8</div>	No

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Schedule J (Form 990) 2008

Software ID:
Software Version:
EIN: 41-0695596
Name: ST CLOUD HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CRAIG BROMAN	(i)	437,543	158,919	130,143	101,556	33,218	861,379	475,389
	(ii)	0	0	0	0	0	0	0
GREGORY KLUGHERZ	(i)	127,430	40,000	346	0	8,800	176,576	0
	(ii)	0	0	0	0	0	0	0
PAUL HARRIS	(i)	0	0	0	0	0	0	0
	(ii)	110,341	0	0	0	11,292	121,633	0
DANIEL WHITLOCK MD	(i)	344,112	100,726	88,144	71,436	30,480	634,898	337,524
	(ii)	0	0	0	0	0	0	0
CHARLES DOOLEY	(i)	252,039	76,084	73,457	54,679	22,925	479,184	264,311
	(ii)	0	0	0	0	0	0	0
LINDA CHMIELEWSKI RN	(i)	237,987	72,431	48,038	55,111	18,405	431,972	222,566
	(ii)	0	0	0	0	0	0	0
DUANE RASMUSSEN	(i)	208,275	58,747	47,149	43,030	25,889	383,090	202,790
	(ii)	0	0	0	0	0	0	0
JIM DAVIS	(i)	0	0	0	0	0	0	0
	(ii)	267,511	71,069	54,939	13,936	18,378	425,833	244,228
LINDA DOERR	(i)	158,872	42,694	20,500	33,912	17,142	273,120	137,417
	(ii)	0	0	0	0	0	0	0
ROBERT JOHNSON	(i)	150,612	17,748	5,248	13,120	525	187,253	0
	(ii)	0	0	0	0	0	0	0
JON BOWAR MD	(i)	322,916	37,787	15,500	16,929	25,913	419,045	209,746
	(ii)	0	0	0	0	0	0	0
LEONARD SULIK MD	(i)	310,913	11,929	15,500	17,789	21,919	378,050	184,206
	(ii)	0	0	0	0	0	0	0
DAVID SEHR MD	(i)	276,487	42,132	15,500	17,451	25,913	377,483	183,285
	(ii)	0	0	0	0	0	0	0
JOEL SPALDING MD	(i)	224,642	8,065	30,500	15,099	25,913	304,219	170,600
	(ii)	0	0	0	0	0	0	0
DEAN WATKINS MD	(i)	228,497	24,849	7,750	16,197	25,913	303,206	159,795
	(ii)	0	0	0	0	0	0	0
JOSEPH BLONSKI MD	(i)	226,529	6,898	15,500	16,564	20,921	286,412	0
	(ii)	0	0	0	0	0	0	0
CHRIS MOELLENTINE MD	(i)	165,148	44,474	31,000	17,604	25,913	284,139	0
	(ii)	0	0	0	0	0	0	0
JOHN FROBENIUS	(i)	0	0	948,121	0	16,267	964,388	948,121
	(ii)	0	0	0	0	0	0	0
JOHN SECKINGER	(i)	280,289	107,895	93,329	15,323	6,206	503,042	331,576
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization ST CLOUD HOSPITAL	Employer identification number 41-0695596
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Part I Bond Issues (Required for 2008)

(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	
						Yes	No	Yes	No
A CITY OF SAINT CLOUD	41-6005515	78916VAWO	02-12-2008	200,000,000	variable rate health care 2008ABC		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	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?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT INVENTORY REPORT	FORM 990, PART III-4A	<p>TABLE OF CONTENTS Executive Summary Report Highlights Description of the Numbers Summary of Quantifiable Benefits Calculation of Cost to Charge Ratio Estimated Cost of Traditional Charity Care Activity and Program Listing Narrative Report EXECUTIVE SUMMARY St Cloud Hospital contributes significantly and diversely to its community The Mission Statement charges St Cloud Hospital (as a collection of individuals and as a not-for-profit organization) "to improve the health and quality of life for the people of Central Minnesota" St Cloud Hospital responds to this challenge by providing high quality services to the broad community, charity care and outreach services to the poor and needy, assisting in the education of medical and health professionals and taking a leadership role in identifying and responding to health and health-related problems The Community Benefit Inventory for Social Accountability (CBISA) documents the resources St Cloud Hospital provides in fulfilling this mission of community service Too often the focus on providing community services rests solely on the amount of charity care provided by a not-for-profit hospital As a result, the total amount of community service that a hospital provides goes unnoticed or, at best, underestimated This CBISA Report includes not only charity care and other services for the poor, but also the full range of community services that are a part of St Cloud Hospital's mission of serving the health care needs of our community In fiscal year 2008-09, St Cloud Hospital provided a total of over \$79 million, or 16 2% of operating expenses, in benefit to the community This number represents the out-of-pocket costs The St Cloud Hospital incurred in providing programs and services for the benefit of the community Over \$15 8 million was used in providing uncompensated care Over \$56 3 million was used in off-setting the cost of providing care to patients w ho rely on public programs w here reimbursement does not cover the actual cost of providing care The remaining \$6 9 million was used in providing other benefits to the community described in the follow ing pages As a healthcare leader in Central Minnesota, St Cloud Hospital must be involved, caring and responsive to our community We have strong ties to our region and feel an obligation to meet the needs of the people w e serve We believe that providing quality health care means looking beyond our ow n walls to ensure that the region's health care needs are being met The resources necessary to meet many of these needs cost more than the hospital can reclaim in fees If St Cloud Hospital did not participate in implementing some of these needs-driven community services, our region w ould be left w ith a void in these areas that w ould harm the quality of life for many people in our community REPORT HIGHLIGHTS UNCOMPENSATED CARE In fiscal year 2008-09, the hospital provided uncompensated care to the people of Central Minnesota These services cost the hospital over \$15 8 million to provide UNPAID COST OF MEDICAID Medicaid does not fully reimburse the hospital for the cost of the care provided In fiscal year 2008-09, the hospital lost an estimated \$13 3 million in unpaid cost in treating Medicaid patients UNPAID COST OF MEDICARE Medicare does not fully reimburse the hospital for the cost of care provided In fiscal year 2008-09, the hospital lost an estimated \$43 million in unpaid costs in treating Medicare patients FAMILY MEDICINE CENTER AND FAMILY MEDICINE RESIDENCY The Family Medicine Center opened in September 1990, to service the primary health care needs of the estimated 19,000 uninsured and underinsured people w ithin a 30 mile radius of St Cloud The clinic has 8,500 patients enrolled, the majority of w hich are w omen and children Through Project H E A L (Health Education Access Link), St Cloud Hospital and several community partners offer free health screening clinics and basic care, utilizing volunteer medical teams, at community service sites in and around the St Cloud area These clinics occur on average 8 times per month These sites include *Salvation Army's outreach ministry to the area homeless *Catholic Charities Caritas emergency services food shelf *Casa Guadalupe an outreach to Hispanic populations in the Cold Spring area *St Mary's in Melrose an outreach ministry to the Hispanic population in that area *Centro Hispano an outreach ministry located in Waite Park Last year Project HEAL held 66 health screening clinics w ith 307 patient encounters serving over 236 individuals The University of Minnesota/St Cloud Hospital Family Medicine Residency Program was initiated in 1996 to help address the shortage of family practice physicians in rural Minnesota Despite funding from the state and federal agencies, the residency program required operating subsidies from the St Cloud Hospital Physicians provide medical care to inmates at the Stearns County Jail twice a month spending 1 5 to 2 5 hours at the jail each time they go During the calendar year 2008, Mid-Minnesota Family Medicine Center was reimbursed \$2,182 for these services Stearns County does not have records of the number of patients that w ere seen in 2008 but estimates 15-17 patients are seen each time a physician sees patients at the jail The hourly reimbursement does not cover physician costs Although the staff wages and hourly reimbursement are included in the financial statements, lost charges are not If these patients w ere seen in the clinic, an average charge of \$109 60 w ould be assessed for each visit for a total of \$42,095 Because of the service provided by Mid-Minnesota Family Medicine Center, the county and taxpayers saved \$39,913 St Cloud Hospital in fiscal year 2008-09, provided over \$1 5 million in cost subsidies for the Family Medicine Center and the Family Medicine Residency program</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT INVENTORY REPORT - CONTINUED	FORM 990, PART III-4A	<p>CASH DONATIONS TO THE NEEDY Many times patients and families do not have money for food or a ride home from the hospital. At staff discretion, hospital funds are available for such emergencies. Last year over \$22,300 in cash contributions were given to patients and families with an immediate need. During the months of September through May, local churches open their facilities for sleeping space for homeless people after shelters are full. Blankets are provided to them and laundered by the St. Cloud Hospital's laundry service once per week. During the coldest times of the year, the loads can total 250-300 blankets.</p> <p>CASH DONATIONS TO MEDICAL MISSIONS Each year the St. Cloud Hospital donates \$500 to each employee who participates in a medical mission such as HELPS International in Guatemala. The money is used by the employee for travel expenses to the mission or is donated directly by St. Cloud Hospital to the mission. In fiscal year 2009, approximately \$15,600 was donated to purchase supplies and to sponsor employees on medical missions to countries such as Guatemala and Honduras.</p> <p>FOUNDATION FUNDING St. Cloud Hospital is committed to supporting the CentraCare Foundation. In Fiscal Year 2008-09 St. Cloud Hospital subsidized the Foundation for more than \$3 million. This nongovernmental organization is dedicated to enhancing the health status in Central Minnesota as well as contributing to other Community projects. The Community Collaboration Committee, a standing committee of CentraCare Health Foundation, has a membership of over 30 persons representing healthcare and community needs across Central Minnesota. The CCC meets monthly to discuss ways to address typical health issues through awareness building, education and/or an intervention project. There are several community healthy outreach initiatives that the Foundation is involved with. These initiatives include: BLEND Childhood Obesity Coalition of Central Minnesota (goal is to reduce the incidence of childhood obesity by 2016); Take Heart - St. Cloud (an initiative to increase survival rates related to sudden cardiac arrest); Smoke Free Communities (Continued efforts to create clean indoor and outdoor air for all); QUITPLAN Clinics (Collaboration with CentraCare Clinics to help those trying to quit smoking); DESCRIPTION OF THE NUMBERS The financial summary cannot possibly tell the entire story. Many times the smallest service can be the turning point for those in need. In addition, there are likely community services missed by this report, because they were developed and carried out spontaneously, as the need arose.</p> <p>Summary of Quantifiable Benefits, found on the next page, lists the various categories of services. Total Costs reflects the expense St. Cloud Hospital incurred, either directly or indirectly, in providing the service. Direct Offsetting Revenue corresponding revenue received from providing the service. Un-sponsored Costs measures the extent to which the community services had no direct financing source; these programs were financed either through cross-subsidies or by a reduction in net hospital income. The following pages show the calculations used to estimate the unpaid costs of charity care, Medicare and Medicaid. In fiscal year 2008-09, St. Cloud Hospital had to absorb more than \$56.3 million in unpaid costs in providing services to patients participating in these government programs. Lastly, this statement provides descriptions of specific community services included in calculating the financial summary.</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT INVENTORY REPORT - CONTINUED	FORM 990, PART III-4A	<p>SUMMARY OF QUANTIFIABLE BENEFITS Direct Total Offsetting Un-sponsored Costs Revenue Costs BENEFITS FOR THE POOR Unpaid Cost of Medicaid \$28,240,471 \$24,501,278 \$3,739,193 Minnesota Care Tax \$5,353,213 \$0 \$5,353,213 Medicaid Surcharge \$4,170,880 \$0 \$4,170,880 Uncompensated Care \$15,819,805 \$0 \$15,819,805 Family Practice Center Family Practice Residency Program \$1,549,169 \$0 \$1,549,169 Non-billed Services for the Poor \$382,620 \$0 \$382,620 Cash & In-Kind Donation \$27,419 \$0 \$27,419 Benefits for the Poor \$55,543,57 \$24,501,278 \$31,042,299 BENEFITS FOR THE BROADER COMMUNITY Unpaid Cost of Medicare \$182,741,102 \$139,685,216 \$43,055,886 Community Health Services \$1,042,707 \$320,843 \$721,864 Cash & In-Kind Donation \$3,335,806 \$0 \$3,335,806 Medical Research \$471,001 \$158,791 \$312,210 Health Professional Education \$517,541 \$0 \$517,541 Subsidized Health Services \$71,473 \$0 \$71,473 Community Building \$29,149 \$0 \$29,149 Benefits for the Broader Community \$188,208,779 \$140,164,850 \$48,043,929 TOTAL BENEFITS \$243,752,356 \$164,666,128 \$79,086,228 CALCULATION OF COST TO CHARGE RATIO a Total Operating Expenses \$486,732,032 b Total Patient Service Charges \$1,144,921,194 c Ratio Calculation Operating Expenses / Patient Service Charges 42.5% ESTIMATED COSTS OF TRADITIONAL CHARITY CARE a Charity Care Charges \$12,519,405 b Ratio of Costs to Charges 42.5% c Calculated Costs of Charity Care (a x b) \$5,322,284 d Non-patient Revenue to Support Charity Care \$0 e Un-sponsored Charity Care (c-d) \$5,322,284 ACTIVITY AND PROGRAM LISTING NON-BILLED BENEFITS FOR THE POOR Persons Served Services for the Poor Mid Minnesota Clinic 8,500 Project HEAL 307 Total Nonbilled Services 8,807 Cash Donations for the Poor Special Needs Fund 5,000 Total Cash Donations 5,000 TOTAL NON-BILLED BENEFIT TO THE POOR 13,807* NON-BILLED BENEFITS FOR THE BROADER COMMUNITY Persons Served Services for the Broader Community AHCEM Board Member 80 Animal Assisted Therapy Program 150 Annual Cleft Craniofacial Picnic for Families of Children 60 Annual Education Night for Cleft Craniofacial Families 20 Art Therapy 20 Behavioral Health Community Presentations/Health Fairs 1,676 Blood Pathogen Training for Sauk Rapids Police Department 40 Bloodmobile Sponsorship 270 Breast Center Events 1,628 Breastfeeding 101 45 Breathsavers Support Group 364 Camp We-No-Wheeze 46 Car Seat Check-up Events 143 Cardiovascular Health and Prevention Services 4,693 Caregiver Night Out Caring for your loved one and caring for you 17 Chemical Health School Outreach Program 620 Child Passenger Safety 210 Childbirth Education Birth and Beginnings 799 Colorectal Cancer Screening 300 Community Service Clubs 500 Community Workforce Board 20 Cultural Considerations for Child Health Screenings 20 Day of Dance 500 Diabetes Support Group 70 Elder Network Peer Volunteer Counseling Training 6 Emergency Trauma Outreach 1,000 Employer Panel to help alumni and recent graduates of SCSU 50 External Communications 70,000 Financial Education Series 50 Food Allergy Classes 204 Services for the Broader Community, continued Free Blood Procurement for Area Law Enforcement 116 GERD 74 Grills, Guys and Good Health 10 Head to Toe Health Fair 2,000 Health fairs and presentations 949 Health Occupation Students of America (HOSA) Mega Conference 150 High School Scholarships, Career Presentations and Job Shadowing 91 Home Delivered Meals 238 Interpreter 8,623 Kids and Parent Expo 9 Lung Cancer Support Group 42 Lung Cancer Survivor Event 16 March of Dime Chef's Auction 1,000 Mended Hearts 25 New Parent Class 96 Newborn Hearing Screening in Minnesota 10 Newborn Resuscitation Program, Initial and Renewal Classes 129 Osteoporosis and You 26 Parent Support Group - weekly 110 Participation in Community Collaborative Efforts 300 Pediatric Hem/Onc Advisory Board 100 Plaza Park Bank Health Fair 50 Resolve through sharing bereavement group 120 Respiratory Care Presentations 100 Roosevelt Early Education - Health Care Project 1,000 SAGE Program with the State of Minnesota 394 Senior Helping Hands 1,200 Sibling Class 31 Sleep Center - Education and Support 2,720 Speakers Bureau 1,500 Stearns County Emergency Management Advisory Board 300,000 Straight Forward Stress Reduction Just for You 14 Successful Breastfeeding Class 371 Summer Picnic, Art Event, Tree of Hope, Parent Education Meeting 200 Survivorship Celebration for cancer survivors/families and newsletter 915 Heart Cookbook 480 Urology/Surgery Open House 250 Women's Health 101 450 Women's Health Expo 2,000 TOTAL NON-BILLED BENEFIT TO THE BROADER COMMUNITY 409,510* * This number is grossly understated. Because of the nature of many of the programs, it was impossible to accurately reflect the number of people served.</p> <p>NARRATIVE REPORT The quantitative nature of the Community Benefit Inventory for Social Accountability (CBISA) necessitates a separate section to highlight the human side of the valuable services that the hospital and its employees provide. There are two important details about the nature of the St. Cloud Hospital employees' and organizational community contributions that should be noted here. First, is that behind every community service activity listed in this report are the people who made that activity happen. These people have reached beyond their job description, set aside their important projects, and taken time away from their busy schedules to seek out worthy uses of hospital resources in order to make their community a healthier, safer place to live. The second detail is not reflected in the numbers above at all, but is nevertheless a paramount validation of the St. Cloud Hospital employees' dedication to the health of their community. This is the sum of all the personal time and financial resources that the St. Cloud Hospital's work force has invested in its community. Quantifying the thousands of volunteer hours given to the hundreds of various service organizations by the hospital employees is beyond the scope of this narrative. Examples of these volunteer activities include, but are not limited to: " Hospice volunteers " Skin cancer screening at Coborn's " Board meetings to plan for health care services in Honduras " Volunteering vacation time in Honduras performing numerous medical services ranging from general medicine to kidney dialysis " United Way volunteering (Big Brother/Sister, etc) " American Heart Association Heart Walk " Inservice to school nurses for children with diabetes " Coaching children in different sporting events " Assisting in classrooms with children activities. Probably the most salient collective example of the 4,200 St. Cloud Hospital employees pitching-in to support local common assets is the donation of over \$357,000 to the United Way and more than \$360,000 to the CentraCare Foundation in fiscal year 2008-09. These people, who balance their personal and professional lives in order to contribute positively to their community, are truly the foundations of a prosperous community. While the hospital cannot take credit for the time, effort and dollars its employees have given outside of work, it cannot help but reflect their commitment to the community. The Community Benefit Inventory for Social Accountability is a quantitative exercise to determine how the hospital benefits the community. The hospital is little more than a building, some equipment, and a collection of caring individuals. And it is clearly those individuals who are so selflessly dedicated to the betterment of their community as well as their careers, which make St. Cloud Hospital the invaluable community asset it is.</p>

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990, PART IV, LINE 12	THE SAINT CLOUD HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE CENTRA CARE HEALTH SYSTEM WHICH WERE PREPARED IN ACCORDANCE WITH GAAP. THESE FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM, AND THE CONSOLIDATED FINANCIAL STATEMENTS RECEIVED AN UNQUALIFIED OPINION FROM THE ACCOUNTING FIRM.

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, LINE 7A	ST. CLOUD HOSPITAL'S MEMBERS CONSIST EX OFFICIO REPRESENTATIVES OF THE DIOCESE OF ST. CLOUD AND THE SISTERS OF THE ORDER OF SAINT BENEDICT AND TWO TO FOUR MEMBERS APPOINTED BY THESE EX OFFICIO MEMBERS. THE MEMBERS APPOINT THE ST. CLOUD HOSPITAL BOARD. IN ADDITION TO APPOINTING THE ST. CLOUD HOSPITAL BOARD, THE MEMBERS APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION, APPROVE THE DISSOLUTION OF THE HOSPITAL, AND SUPPORT AND ASSESS THE HOSPITAL'S ROMAN CATHOLIC IDENTITY AND MISSIONS.

Identifier	Return Reference	Explanation
REVIEW PROCESS OF FORM 990 BY THE BOARD OF DIRECTORS	FORM 990, PART VI, LINE 10	ANNUALLY AT THE BOARD'S APRIL MEETING, PRIOR TO FILING, THE FULL BOARD HAS AN OPPORTUNITY TO REVIEW THE IRS FORM 990 WITH THE STAFF, TO ASK QUESTIONS AND SEEK CLARIFICATIONS, AND TO APPROVE THE FINAL DOCUMENT.

Identifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12c	THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICTS OF INTEREST QUESTIONNAIRE TWICE PER YEAR. ALL STAFF SIGN CONFLICTS OF INTEREST FORMS ON AN ANNUAL BASIS. THE QUESTIONNAIRES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER AS WELL AS THE CORPORATE COMPLIANCE GROUP (A COMPLIANCE COMMITTEE WHICH INCLUDES INTERNAL MEMBERS AND OUTSIDE COUNSEL). THE RESPONSES TO THE QUESTIONNAIRES ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD. THE CORPORATE COMPLIANCE OFFICER IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTERESTS RELATED TO BOARD AND STAFF, AND TO ALERT AFFECTED PARTIES WHEN A CONFLICT ARISES. WHEN AN ACTUAL CONFLICT ARISES, THE AFFECTED PARTY IS ASKED TO RECUSE HIM-OR HERSELF FROM THE DECISION MAKING PROCESS. THE CORPORATE COMPLIANCE OFFICER ATTENDS BOARD MEETINGS AND SPECIFIED BOARD COMMITTEE MEETINGS WHERE CONFLICT ISSUES MAY ARISE.

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINES 15a AND 15b	THE COMPENSATION AND BENEFITS OF THE PRESIDENT AND THE VICE PRESIDENTS (NON-MEDICAL PROVIDERS) ARE SUBJECT TO FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES CONDUCTED BIENNIALY BY A THIRD-PARTY INDEPENDENT COMPENSATION CONSULTANT. HOWEVER, THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVAL. THE MOST RECENT FULL REVIEW WAS DONE IN MAY 2008, AND THE MOST RECENT COMPENSATION REVIEW TOOK PLACE IN MAY 2009.

Identifier	Return Reference	Explanation
DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19	THE HOSPITAL/CENTRA CARE HEALTH SYSTEM DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE HOSPITAL/CENTRA CARE HEALTH SYSTEM DOES DO AN ANNUAL REPORT TO THE COMMUNITY IN WHICH FINANCIAL RESULTS ARE REPORTED TO AND DISCUSSED WITH THE PUBLIC. THIS REPORT IS AVAILABLE TO THE PUBLIC.

Identifier	Return Reference	Explanation
ADDITIONAL CUSIPS FOR 2008ABC BOND ISSUE	SCHEDULE K, PART I (C)	ADDITIONAL CUSIPS FOR 2008ABC BOND ISSUE 78916VAX8 and 78196VAV2

Identifier	Return Reference	Explanation
SCHEDULE R AFFILIATED ORGANIZATIONS	SCHEDULE R PARTS II & IV	ST CLOUD HOSPITAL IS RELATED TO CENTRACARE HEALTH SY STEM, AND THIS RELATIONSHIP IS REPORTED ON SCHEDULE R OF FORM 990 ST CLOUD HOSPITAL ALSO HAS A CLOSE CONNECTION WITH SEVERAL OTHER ORGANIZATIONS THROUGH ITS RELATIONSHIP WITH CENTRACARE HEALTH SY STEM THESE ORGANIZATIONS INCLUDE CENTRACARE CLINIC, CENTRACARE SURGERY CENTER, LLC, CENTRACARE HEALTH FOUNDATION, CENTRAL MINNESOTA EMERGENCY PHYSICIANS, CENTRACARE HEALTH SY STEM-MELROSE, AND CENTRACARE HEALTH SY STEM-LONG PRAIRIE (ALL TAX-EXEMPT ORGANIZATIONS) THIS CLOSE CONNECTION ALSO INCLUDES THE FOLLOWING ORGANIZATIONS WHITNEY COURT OWNERS' ASSOCIATION AND HEALTH PLAZA CONDOMINIUM ASSOCIATION (BOTH NONPROFIT CONDOMINIUM ASSOCIATIONS AND EXEMPT ORGANIZATIONS), AND ALSO, CENTRACARE PHARMACY SERVICES, INC , (A TAXABLE ORGANIZATION) THE FOREGOING ENTITIES ARE NOT CAPTURED ON SCHEDULE R OF THIS FORM 990 SINCE THE RELATIONSHIP BETWEEN THEM AND ST CLOUD HOSPITAL IS NOT ENCOMPASSED IN THE DEFINITIONS INCLUDED IN THE INSTRUCTIONS TO FORM 990 AND SCHEDULE R HOWEVER, ST CLOUD HOSPITAL BELIEVES THAT ITS CLOSE CONNECTION WITH THESE ENTITIES IS SIGNIFICANT AND SHOULD BE DISCLOSED IN ITS FORM 990

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(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
CENTRACARE HEALTH SYSTEM 1406 SIXTH AVENUE NORTH ST CLOUD, MN56303 41-1813221	HEALTH CARE	MN	501(c)(3)	11 TYPE III	NA

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

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]

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	CENTRACARE HEALTH SYSTEM	a (iv	13,144
(2)	CENTRACARE HEALTH SYSTEM	o	1,214,514
(3)	CENTRACARE HEALTH SYSTEM	p	3,251,454
(4)	CENTRACARE HEALTH SYSTEM	p	12,111,562
(5)	CENTRACARE HEALTH SYSTEM	p	8,235,629
(6)	CENTRACARE HEALTH SYSTEM	p	59,973
(7)	CENTRACARE HEALTH SYSTEM	p	2,066,668
(8)	CENTRACARE HEALTH SYSTEM	r	10,000,000

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
Sequence No **67**

Name(s) shown on return ST CLOUD HOSPITAL	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 41-0695596
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	31,380
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	31,380
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	