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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the :	2008 ca	lendar yea	r, or tax year begin		and ending 06-30-20	09			
B Ch	eck ıf a	pplicable	Please	C Name of organization St Mary's Regional H					D Employer i	dentification number
	dress ch		use IRS label or	Doing Business As					41-16203 E Telephone	
☐ Nai	me cha	nge	print or type. See	St Mary's Innovis He	alth					
Init	ıal retu	rn	Specific Instruc-			not delivered to street addr	ress) Room	/suite	(218) 847	-5611 pts \$ 55,104,183
Ter	mınatıo	n	tions.	1027 WASHINGTON	AVE					, 10
☐ Am	ended	return		City or town, state of DETROIT LAKES, MN		4	•			
M App	olication	pending		DETROIT BAKES, FAI	30301					
				ne and address of P	rıncıpal Officer		H(a)	Is this	a group retu	
				s Thompson Vashington Ave				affiliat	es?	ΓYes Γ Nο
			Detroit	Lakes, MN 56501			Н(ь)	Are all	affiliates inclu	ded?
I Ta	x-exem	pt status	▽ 501(c)) (3) ◀ (insert no)	4947(a)(1) or	527		(If"N	o," attach a lıs	st See instructions)
J W	eb sit	e: 🕨 WW	W TRUSTE	DCAREFORLIFE C	RG		H(c)	Grou	o Exemption N	lumber ► 0928
К Тур	e of org	janization	Corporat	ion trust associat	on other 🟲		L Yea	r of For	mation	M State of legal domicile
Pa	rt I	Sumi	mary							
	1	Briefly o	describe th	e organization's mis	ssion or most sig	nıfıcant actıvıtıes				
2		SEE SC	HEDULE O)						
ĕ										
E E	2	Chackt	his hox [if the organization (discontinued its	operations or disposed	of more t	han 2	5% of its asse	ats
Governance	3		,			t VI, line 1a)				11
	4		_	_		ng body (Part VI, line 1				9
ties	5			nployees (Part V , lı			•		5	714
Activities &	6	Total nu	umber of vo	lunteers (estimate	ıfnecessary) .				6	185
¥	7a	Total gr	oss unrela	ted business reven	ue from Part VII	I, line 12, column (C)			7a	0
	ь	Net unr	elated busi	ness taxable incom	ne from Form 990)-T, line 34			7b	0
								Prio	r Year	Current Year
an a	8			d grants (Part VIII,	•				137,524	82,463
enue	9	-		,			•		43,406,413	-
Revent	10					, and 7d) , 9c, 10c, and 11e)			1,862,203	-3,080,111
	11 12		-			art VIII, column (A), lii	ne ——		217,918	200,759
		12)							45,624,058	51,261,900
	13	Grants	and simila	ar amounts paid (Pa	rt IX, column (A), lines 1–3)			0	0
	14		•	r for members (Par	, , , , , , , , , , , , , , , , , , , ,	•			0	0
88	15	Salarie 10)	es, other co	ompensation, emplo	yee benefits (Pa	rt IX, column (A), lines	5 –		23,471,724	23,696,130
Š.	16a	•	sional fund	raising fees (Part I	X, column (A), lır	ne 11e)			0	0
Expenses	ь	(Total fu	undraising exp	penses, Part IX, column	(D), line 25 ⁰)				
ш	17	Other	expenses ((Part IX, column (A), lines 11a–11d	, 11f-24f)			23,972,327	29,970,769
	18	Total e	expenses—	add lines 13-17 (n	nust equal Part I	X, lıne 25, column (A))			47,444,051	53,666,899
	19	Reven	ue less exp	enses Subtract lin	e 18 from line 12	2			-1,819,993	-2,404,999
Not Assets or Fund Balances							В	eginni	ng of Year	End of Year
Set Jakar	20	Total a	assets (Par	t X, line 16)					80,930,111	79,584,970
A A	21	Totall	ıabılıtıes (F	Part X, line 26)					48,130,890	52,344,517
<u> ŽŽ</u>	22	Netas	sets or fun	d balances Subtra	ct line 21 from lii	ne 20			32,799,221	27,240,453
Pai	rt II		ature Blo							
						eturn, including accompanyin er (other than officer) is bas				o the best of my knowledge arer has any knowledge
Plea		.						2010-	05-12	
Sign Here		Signa	ature of office	er				Date		
пет	=		MAS THOMPS							
		Гуре	e or print nam	e and title		<u> </u>				
		Preparer' signature				Date	Check If self-		Preparer's PTI	N (See Gen Inst)
Paid			<u>, </u>				empolyed	<u> </u>		
Preparent Use (arer's		ame (or yours nployed),	ERNST & YOUNG U	JS LLP				EIN Þ	
U36 (Jilly		and ZIP + 4	190 CARONDELET	PLAZA SUITE 1300				Dhana *	(214) 200 1000
				CLAYTON, MO 63					Prione no	(314) 290-1000
May	the IR	S discus	s this retu	rn with the preparer	shown above? (See instructions) .				┌Yes ┌No

Part III Statement of Program Service Accomplishments (See the instructions.)

 Did the organization undertake any significant program services during the year which the prior Form 990 or 990-EZ?	Yes No s any program Yes No st program services by expenses the amount of grants and allocations to 0) (Revenue \$ 46,608,431) ures a 12-bed women's unit with four birthing rooms, three 7,000 hospital patient days during the fiscal year ended June
the prior Form 990 or 990-EZ?	Yes No s any program Yes No st program services by expenses the amount of grants and allocations to 0) (Revenue \$ 46,608,431) ures a 12-bed women's unit with four birthing rooms, three 7,000 hospital patient days during the fiscal year ended June
 Did the organization cease conducting or make significant changes in how it conducts services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three large Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report 	st program services by expenses the amount of grants and allocations to 0) (Revenue \$ 46,608,431) ares a 12-bed women's unit with four birthing rooms, three 17,000 hospital patient days during the fiscal year ended June
Describe the exempt purpose achievements for each of the organization's three large Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report	the amount of grants and allocations to 0) (Revenue \$ 46,608,431) ares a 12-bed women's unit with four birthing rooms, three 7,000 hospital patient days during the fiscal year ended June
	rres a 12-bed women's unit with four birthing rooms, three 7,000 hospital patient days during the fiscal year ended June
4a (Code) (Expenses \$ 40,591,019 including grants of \$ St Mary's Regional Health Center's hospital is a modern facility licensed for 87 beds. The hospital featu operating rooms, 24 hour CRNA services, x-ray, CT, mobile MRI, & lab. The hospital provided for over 30, 2009. During FY 2009, St Mary's Regional Health Center's was certified as a Level III Trauma Hosp training. St Mary's Regional Health Center Clinic provides a wide range of services including family practases surgeons and physical and occupational therapists, to help with specific treatment needs. The clinic 130, 2009.	ctice doctors to care for the whole family and specialists, such
4b (Code) (Expenses \$ 5,426,681 including grants of \$ St Mary's Nursing Center provides a loving atmosphere where all residents are treated with the utmost therapists, social workers, & chaplains. The Memory Care Program promotes a calm & therapeutic envitheir families dealing with progressive dementia. Resident days were over 30,000 during the fiscal year.	ironment tailored to meet the unique needs of individuals &
their families dealing with progressive dementia. Resident days were over 30,000 during the riscal year	r ended June 30, 2009
4c (Code) (Expenses \$ 1,656,939 including grants of \$ St Mary's Regional Health Center's assisted living offers independent living with assistance & senior hot. The secure apartments provide a modern, comfortable living environment supported by services & amortically and the secure apartments provide a modern, comfortable living environment supported by services & amortically and the secure apartments provide a modern.	
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (4e Total program service expenses \$ 47,674,639 Must equal Part IX, Line .	(Revenue \$)

art IV	Checkl	ist of	Required	Schedules
	CIICCKI	131 01	IXC GGII CG	Schoules

			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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	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		Νο
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 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{3}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		N o
	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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</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		Νο
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		No
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		No
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	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
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 VI

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			
а	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)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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? If "Yes." complete Schedule R.	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	30			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
·	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this	2a	714			
h	return					
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this	_		
	return?			3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?		ł	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	on of \$75 or	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		· ·	_		
	file Form 8282?			7c		N o
a	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	/ prem	nums on a personal	_		
_	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f _		No
g	For all contributions of qualified intellectual property, did the organization file Form 8		ŀ	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F 	orm 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
9	year?					
	Did the organization make any taxable distributions under section 4966?			9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person		ľ	9a 9b		
10	Section 501(c)(7) organizations. Enter	•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities		I			
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	/ ·		I		l l	

Section A. Governing Body and Management

Νo

Νo

10

11

Yes

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

Does the organization have local chapters, branches, or affiliates?

must describe in Schedule O the process, if any, the organization uses to review the Form 990 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

			Yes	No
	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.			
а	Enter the number of voting members of the governing body 11			
b	Enter the number of voting members that are independent 1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? \cdot .	4		No
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
	Does the organization have members or stockholders?	6		Νo
а	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MN
- 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 own website. another's website. 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 RYAN HILL

1027 WASHINGTON AVE DETROIT LAKES, MN 56501 (218) 847-0852

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Foin ghest con mployee Key employee Coffic Coffic Institution Inclindual or Director		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations				
							_			

Part VII Continued

			() ition that a			all			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Officer Institutional Trustee		Former Highest compensated employee Key employee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1							
			-	\vdash			\vdash			
1b Total						-	•	1,475,825	2,085,450	494,366
2 Total number of individuals (including	those in 1	a) who	recei	ved	mor	e thai	n \$1	00.000 in reportabl	e	•

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►9

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

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
Comstock Construction Inc of Minne PO Box 396 1003 Progress Dr FERGAS FALLS, MN 56538	Construction	5,338,403
ECHC 503 E 3rd Street Suite 400 DULUTH, MN 55802	Support Services	1,058,880
SISU Medical Systems 5 West 1st Street Suite 200 DULUTH, MN 55802	Software Support	648,876
Brenan's 921 4th Ave North FARGO, ND 58102	Laundry	155,709
Total number of independent contractors (including those in 1) who recommend the organization.		4

Part Statement of Revenue VIII

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
					Exempt Function	Business Revenue	Excluded from Tax under IRC
	1a	Federated campaigns 1	a		Revenue		512, 513, or 514
mts nts	b	Membership dues					
Contributions, gifts, grants and other similar amounts	С	fundraising events	_				
a∰s ar a	d	1 Related organizations 1					
% <u>`</u> ≣	e	Government grants (contributions) 16	13,654				
utior Yer S	f	All other contributions, gifts, grants, and similar amounts not included above					
nt rib d off	g	Noncash contributions included i					
ខ្លួក		lines 1a-1f \$		82,463			
	h	Total (Add lines 1a-1f)	<u> </u>				
<u>a</u>	2a	HOSPITAL/CLINIC SERVICES	Business Code 621,110	46,608,031	46,608,031		
renn	ь	NURSING CENTER SERVICES	623,000		5,708,427		
æ	c	ASSISTED & INDEPENDENT LIVING	623,000		1,736,331		
МСе	d	SERVICES	-	-,,	_,,		
<i>.</i>	e		-				
Program Serwce Revenue	f	All other program service revenu	e				
Š	g	Total. Add lines 2a-2f					
	3	► \$ 54,052,789 Investment income (including div	idends interest				
		other similar amounts)	·	390,257			390,257
	4	Income from investment of tax-exempt	bond proceeds	0			
	5		•	0			
	5	Royalties	(II) Personal				
	6a	Gross Rents 2,067					
	b	Less rental expenses					
	c	Rental income 2,067 or (loss)					
	d	Net rental income or (loss)		2,067	400		1,667
	l_	(i) Securities Gross amount 371,915	(II) O ther				
	7a	from sales of assets other					
	١.	than inventory Less cost or 2,015,558	1,826,725				
	Ь	other basis and sales expenses	1,820,723				
	С	Gain or (loss) -1,643,643	-1,826,725				
	d	Net gain or (loss)	. •	-3,470,368			-3,470,368
	8a	Gross income from fundraising events (not including					
ψ.		\$ of contributions reported on line					
듄		1c) See Part IV, line 18					
je ve		Attach Schedule G if total exceeds \$15,000	,				
# #	ь	Less direct expensesI	,				
Other Revenue	С	Net income or (loss) from fundrai	sing events	0			
•	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expenses					
	c	Net income or (loss) from gaming	activities	0			
	10a	Gross sales of inventory, less	<u> </u>				
		returns and allowances .					
	ь	Less cost of goods sold I					
	c	Net income or (loss) from sales of		О			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722,210	132,410			132,410
	Ь	LIFELINE EMERGENCY ALARMS	621,610	72,282			72,282
	С						
		All other revenue					
	d e	Total. Add lines 11a-11d					
	12	Takal Barrana (1997)	\$ 204,692	51,261,900	54,053,189		-2,873,752
	12	Total Revenue. Add lines 1h, 2g, 8c,		31,201,900	24,022,109		-2,0/3,/32
	1	9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

—— A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	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	0	·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
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	98,915		98,915	
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	19,263,083	17,888,246		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	814,186	754,089	60,097	
9	Other employee benefits	2,152,725	1,968,829	183,896	
10	Payroll taxes	1,367,221	1,263,724	103,497	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	141,409		141,409	
c	Accounting	37,041		37,041	
d	Lobbying	1,275		1,275	
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	73,494		73,494	
g	Other	9,531,827	7,088,672	2,443,155	
12	Advertising and promotion	197,894	197,455	439	
13	Office expenses	7,412,090	7,115,700	296,390	
14	Information technology	744,427	19,647	724,780	
15	Royalties	0			
16	Occupancy	1,127,940	1,127,940		
17	Travel	85,544	84,764	780	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	91,842	64,635	27,207	
20	Interest	1,073,176	1,073,176		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,286,984	3,286,984		
23	Insurance	509,631	509,631		
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)				
а	PROVISION FOR UNCOLLECTIBLE	3,427,700	3,427,700		
ь	MEDICAL CARE SURCHARGE	556,119	556,119		
c	REPAIRS & MAINTENANCE	497,062	484,072	12,990	
d	MINNESOTA CARE TAX	492,283	492,283		
e	DUES & FEES	220,747	61,342	159,405	
	All other expenses	462,284	209,631	252,653	
25	Total functional expenses. Add lines 1 through 24f	53,666,899	47,674,639	5,992,260	0
26	Joint Costs. Check 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		. , -	. , .	

Dart V	Balance	Shoot
Part X	Balance	Sheet

Cash—non-interest-bearing 5.008.143 1 4.4576 2 3.028 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5.788.323 4 9.9815 5.788.323						(A) Beginning of ye	ar	(B) End of year
Pledges and grants receivable, net		1	Cash—non-interest-bearing					<u>'</u>
Pledges and grants receivable, net		2	Savings and temporary cash investments			134,6	⁷ 4 2	3,026,120
Security receivable, net 5,788,322 4 9,915		3					3	
other related parties. Complete Part II of Schedule L. 6 Receivables from other disqualified persons (as defined under section 49 \$8 (f)(1)) and persons described in section 49 \$8 (c)(3) (B) Complete Part II of Schedule L. 7 Notes and loans receivable, net. 9 9:300 7 3.38. 8 Inventions for sale or use. 1 1,056 560 8 1.441, 100 25.842,935 9 151, 100 25.842,935 40,012,505 100 43.319. 110 Less accumulated depreciation Complete Part VI of Schedule D. 11 Investments—publicity traded securities. 11 Investments—publicity traded securities. 12 Investments—publicity traded securities. 13 Investments—publicity traded securities. 13 Investments—publicity traded securities. 14 Interpolate Part VII of Schedule D. 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Interpolate Part II of Schedule D. 15 Total assets. See Part IV, line 11 Complete Part IV III of Schedule D. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grafts payable and accrued expenses. 19 Defired revenue. 19 Defired revenue. 20 Tax axempt band liabilities. 21 Escrow account liability Complete Part IV of Schedule D. 22 Payable to current and former officers, directors, frustees, key employees, inquises compensated employees, and disqualified persons Complete Part II of Schedule D. 22 Payable to current and former officers, directors, frustees, key employees, inquises compensated employees, and disqualified persons Complete Part II of Schedule D. 23 1,232 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 25 1,724, 10,332, 26 1,724, 10,332, 26 1,724, 10,332, 26 1,724, 10,332, 26 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,332, 27 1,724, 10,		4				5,788,3	23 4	9,915,589
Processing the property of the disqualified persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(3)(8) Complete Part II of Schedule L		5					5	
7 Notes and loans receivable, net 90,300 7 38.		6	Receivables from other disqualified persons (as defined under s	ection	4958(f)(1)) aı	nd	6	
100 Prepaid expenses and deferred charges 92,599 9 151.		7				99,3	09 7	38,000
10a		8	Inventories for sale or use			1,069,8	90 8	1,441,316
Less accumulated depreciation Complete Part VI of Schedule D 10b 23,542,936 40,012,506 10c 43,319,	20	9	Prepaid expenses and deferred charges			92,5	9 9	151,893
b Less accumulated depreciation Complete Part VI of Schedule D. 10b 23.542,936 40,012,506 10c 43,319, 11 Investments—publicly traded securities	tssei	10a	Land, buildings, and equipment cost basis	_{10a}	66.862	.867		
11 Investments—publicly traded securities 11.175.083 11 686. 12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D 12 Investments—program—related See Part IV, line 11 Complete Part VIII of Schedule D 13 Investments—program—related See Part IV, line 11 Complete Part VIII of Schedule D 14 Intengible assets 14 Intengible assets 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D 16 Other Part IX of Schedule D 17 Accounts payable and accrued expenses 2.2,844,884 17 2,931. 18 Grants payable 3.18 Other assets 34,102.254 20 33,180. 19 Deferred revenue 19 Deferred revenue 34,102.254 20 33,180. 21 Escrow account liabilities 34,102.254 20 33,180. 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 22 Very employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 321.252 25 1,724. 23 Secured mortgages and notes payable to unrelated third parties 0 23 4.215. 24 Unsecured notes and loans payable 10,862,500 24 10,312. 25 Other liabilities Complete Part X of Schedule D 321.252 25 1,724. 26 Total liabilities Add Innes 17 through 25 . 48,130,890 26 52,344. 27 Unrestricted net assets . 30,962,089 27 27,240. 28 Temporarily restricted net assets . 30,962,089 27 27,240. 29 Permanently restricted net assets . 30,962,089 27 27,240. 30 Capital stock or trust principal, or current funds . 30 mortal parties and the distribution of the Part IV of Schedule D . 31 paid-in or capital surplus, or land, building or equipment fund . 31 paid-in or capital surplus, or land, building or equipment fund . 32 Paid-in or capital surplus, or land, building or equipment fund . 32 Paid-in or capital surplus, or land, building or equipment fun	**	b	· · · · · · · · · · · · · · · · · · ·		,		06 100	43,319,931
12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D 12 15,577 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D 13 14 11 11 15 14 15 15 15		11						
13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D 14 11 13 13 14 11 11 11			Investments—other securities See Part IV, line 11 Complete Part IV	art VII	of		00	15,577,697
14		13	Investments—program-related See Part IV, line 11 Complete P	Part VI	I			
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 15 15 15 15 15 15 15 1		14			_	-		
16 Total assets. Add lines 1 through 15 (must equal line 34) 80,930.111 16 79,584. 17 Accounts payable and accrued expenses 2,844,884 17 2,931. 18 Grants payable 18 19 19 Deferred revenue 34,102,254 20 33,160. 20 Tax-exempt bond liabilities 34,102,254 20 33,160. 21 Escrow account liability Complete Part IV of Schedule D 21 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortages and notes payable to unrelated third parties 0 23 4,215. 24 Unsecured notes and loans payable 10,862,500 24 10,312. 25 Other liabilities. Complete Part X of Schedule D 321,252 25 1,724. 26 Total liabilities. Add lines 17 through 25 48,130,890 26 52,344. Organizations that follow SFAS 117, check here ✓ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 30,962,098 27 27,240. 28 Temporarily restricted net assets 30,962,098 27 27,240. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 32 32 33 32,799,221 33 27,240. 31 Total net assets or fund balances 32,799,221 33 27,240. 32 Retained earnings, endowment, accumulated income, or other funds 32,799,221 33 27,240. 33 Total net assets or fund balances 32,799,221 33 27,240. 34 Total liabilities and net assets/fund balances 80,930,111 34 79,584.			Other assets See Part IV , line 11 Complete Part IX of Schedule	2,627,6		741,313		
17		16				80.930.1	_	
18 Grants payable 18 18 19 Deferred revenue 19 19 19 19 19 19 19 1							+=-	· · · · ·
19 Deferred revenue 19 19							18	
Tax-exempt bond liabilities		19	• •				19	i
Escrow account liability Complete Part IV of Schedule D 21		20				34,102,2	54 20	33,160,723
23 Secured mortgages and notes payable to unrelated third parties	e)	21					21	
23 Secured mortgages and notes payable to unrelated third parties	biliti	22	Payable to current and former officers, directors, trustees, key					
24 Unsecured notes and loans payable	Ę		persons Complete Part II of Schedule L		•		22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties				0 23	4,215,811
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable			10,862,5	00 24	. 10,312,500
Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			321,2	52 25	1,724,173
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			48,130,8	90 26	52,344,517
29 Permanently restricted net assets	-se		•	lete li	nes 27			
29 Permanently restricted net assets	anc	27				30,962,0	98 27	27,240,453
29 Permanently restricted net assets	<u>က</u> ထ	28	Temporarily restricted net assets			1,837,1	23 28	0
Second	<u> </u>	29	Permanently restricted net assets		29	1		
30 Capital stock or trust principal, or current funds			•					
31 Paid-in or capital surplus, or land, building or equipment fund		30					30	
33 Total net assets or fund balances 32,799,221 33 27,240,	Š	31			31			
33 Total net assets or fund balances 32,799,221 33 27,240,	AS	32	Retained earnings, endowment, accumulated income, or other fu		32	:		
34 Total liabilities and net assets/fund balances		33	Total net assets or fund balances	32,799,2	21 33	27,240,453		
	_	34	Total liabilities and net assets/fund balances			80,930,1	11 34	. 79,584,970
Part XI Financial Statements and Reporting	Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
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		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493134039060

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Open to Public Inspection

St Ma	ry's Reg	gional Health Ce	enter									
									-1620386			
	rt I			harity Status (to be co	•				Instruct	ions)		
Γhe	organı: —		•	ation because it is (Please				-				
1	<u> </u>	•		iurches, or association of ch			Section :	170(b)(1)	(A)(i).			
2		A school de	escribed in Sect	: ion 170(b)(1)(A)(ii). (Attad	ch Schedu	ıle E)						
3	✓	A hospital	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Г	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	O(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or fron	n the gene	eral public	
		described i	n Sect ion 170(o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ıs, membe	rship fees	, and gros	s
		receipts fro	m activities rel	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331,	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	less sectio	on 511 tax	() from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	e instruc	tions)	
11	Γ	An organiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	es of
				orted organizations describe						Section 5	09(a)(3).	Check
				type of supporting organiza					_		III - Oth	
_	_	a ∏T				- Function			d	' ''		
е	ı	•		rtify that the organization is agers and other than one or			•			•		
		section 50		agers and other than one or	more pub	iiciy supp	orteu orga	IIIZations .	aescribed	ili sectioi	1303(4)(1	, 01
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organiza	ition,
		check this										Г
g		Since Augu following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	!			
				r indirectly controls, either a	alone or to	oaether wi	th persons	s describe	d in (ii)		Yes	No No
			•	ng body of the the supported		-			()	11g	-	
			· -	erson described in (i) above	_					11g(
				ty of a person described in (hove?				11g(
h				nation about the organizatio			sunnorts			1-9(,	
			. Tollowing Illion	nation about the organization		gamzaron	очррония					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mo	ount of
		oorted	, ,	(described on lines 1-9	organiz	ation in	the orga	nızatıon	l	atıon ın	suppo	
	Orgar	nization		above or IRC section		listed in		i) of your	col (i) o			
				(See Instructions))		verning ment?	supp	oort?	in the	US?		
						1	Vac	No.	Yes	N.		
					Yes	No	Yes	No	1 65	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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public

ınternai	Revenue Service					Inspection
lf the	e organization ans	swered "Ye	s," to Form 990, Part IV, Line 3, o	r Form 990-EZ, Pa	art VI, line 46 (Political	
			mplete Parts I-A and B Do not comple			
	, , ,		01(c)(3)) organizations complete Pa	rts I-A and C below	/ Do not complete Part I-	В
	ction 527 organization	•	Part FA only s," to Form 990, Part IV, Line 4, o	r Form 000E7 Do	rt \/ line 47 / ebbyin	. Activities
	=		have filed Form 5768 (election unde		, -	•
	, , , , -		have NOT filed Form 5768 (election		•	•
	, ,, ,		s," to Form 990, Part IV, Line 5 (P	,	,, ,	•
	1 /1 // //	. , ,	zations complete Part III			
	me of the organizat 1ary's Regional Health (Employer id	dentification number
	,				41-16203	86
Par			y all organizations exempt e the instructions for Schedule		501(c) and section	on 527
1	Provide a descrip	tion of the org	ganızatıon's dırect and ındırect polit	ıcal campaıgn actı	vities in Part IV	
2	Political expendit	ures				\$
3	V olunteer hours					-
Par		ompleted b dule C for de	y all organizations exempt etails.)	under section	501(c)(3). (See th	e instructions
1	Enter the amount	of any excise	tax incurred by the organization ur	ider section 4955		\$
2	Enter the amount	of any excise	tax incurred by organization mana	gers under section	4955	\$
3	If the organization	n incurred in a	a section 4955 tax, did it file Form	1720 for this year	?	┌ Yes
4a	Was a correction	made?				┌ Yes
ь	If "Yes," describe	ın Part IV				
Par			y all organizations exempt for Schedule C for details.)	under section	501(c), except se	ection 501(c)(3).
1	Enter the amount	directly expe	nded by the filing organization for s	ection 527 exemp	t function activities	\$
2	Enter the amount	of the filing o	rganization's internal funds contribi	uted to other organ	nizations for section	
	527 exempt funtion			J		\$
3			mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	
	1120-POL, line 1					\$
4			orm 1120-POL for this year?			☐ Yes ☐ No
5	were made Enter political contribut	the amount p tions received	nd Employer Identification Number (aid and indicate if the amount was j I and promptly and directly delivere ction committee (PAC) If additions	paid from the filing d to a separate po	organization's own inter litical organization, sucl	rnal funds or were h as a separate
	(a) Name		(b) Address	(c) EIN	(d) A mount paid fror filing organization's internal funds If non enter - 0 -	contributions received
				1	1	i

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	Check If the filing organization			
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to 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	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		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 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- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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))					
С	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	A mount	
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				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes		364	
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV	Yes		911	
j	Total lines 1c through			1,275	
	1)		-		
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo		
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?		No		
Dai	+ TII-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.)

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).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
С	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

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
SCHEDULE C SUPPLEMENTAL INFORMATION	, , , , , , , , , , , , , , , , , , , ,	POSTERS AND LETTER WRITING CAPAIGN CONCERNING GMAC FUNDING CUTS LETTER AND POSTER WERE HAND DELIVERED TO THE STATE CAPITAL MEMBER OF MINNESOTA HOSPITAL ASSOCIATION A PERCENTAGE OF MEMBERSHIP FEES IS RELATED TO LOBBYING EXPENSE

1 \$

Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Employer identification number Name of the organization St Mary's Regional Health Center 41-1620386 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

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

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Collections of A	rt, His	tori	cal Treası	ires, or Othe	r Similar Ass	ets (c	ontinued)
3	Using the organization's accession and other records, check a items (check all that apply)	any of th	ne fol	owing that ar	e a significant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	plaın hov	w the	y further the o	organization's ex	kempt purpose in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a						Yes	Г No
Par	Trust, Escrow and Custodial Arrangements Part IV, line 9, or reported an amount on Form				anızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X? $$	mediary	for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following ${\sf t}$	able						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, \boldsymbol{I}	lıne 21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if the organizat							
4_	(a)Current Year	(b	Prior `	rear (c) iw	o Years Back (d)	Three Years Back (e) Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
с	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 hel	— Id as						
a	Board designated or quasi-endowment							
b	Permanent endowment							
c 3a	Term endowment \(\) Are there endowment funds not in the possession of the organ	nization	that a	are held and a	administered for	the		
Ju	organization by	112411011	ciiac (ire nela ana e	ammistered for	tiic	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations		•			3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as requi					3b		
4	Describe in Part XIV the intended uses of the organization's							
Par	VI Investments—Land, Buildings, and Equipm	nent. S		•	•	T T		
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a L	and				4,265,276	,		4,265,276
b B	uildings				47,043,985	14,263,273	3	32,780,712
c L	easehold improvements							
d E	quipment				13,417,231	8,981,190		4,436,041
	ther				2,136,375	· ·		1,837,902
Total	Add lines 1a-1e (Column (d) should equal Form 990, Part X, co	lumn (B)), line	10(c).)		▶	4	3,319,931
						Schedule D (Form 9	90) 2008

Part VIII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products	107,515	Coord. Cha or your market value
losely-held equity interests		
ther POOLED INVESTMENT FUND	15,470,182	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	15,577,697	
art VIII Investments—Program Related. S	Soo Form 990 Part V June 13	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(4) 503.		(B) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) lir		
Part X Other Liabilities. See Form 990, Par		
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
ON CURRENT SWAP LIABILITY	1,356,131	
SSET RETIREMENT OBLIGATION	252,372	
MOUNTS OWED TO RELATED TAX EXEMPT	115,670	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,724,173	

Pat	rt XI Reconciliation of Change in Net Assets from Form 990 to Financia	al 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		6	
7	Investment expenses	7	
	Prior period adjustments	<u> </u>	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
.0	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
	t XII Reconciliation of Revenue per Audited Financial Statements With		eturn
•	Total revenue, gains, and other support per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	<u>2e</u>	
	Subtract line 2e from line 1	3	
	A mounts 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)		
С	Add lines 4a and 4b		
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		
	Reconciliation of Expenses per Audited Financial Statements Wit		Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	<u>2e</u>	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
3	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		
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
हा	T XIV Supplemental Information		

Ident if ier	Return Reference	Explanation
SCHEDULE D SUPPLEMENTAL INFORMATION		St Mary's Regional Health Centers financial statements were audited by an independent accountant as part of Essentia Healths consolidated financial statements. During 2008, Essentia adopted FASB Interpretation No. 48, Accounting for Uncertainty in Income Tax an interpretation of FASB Statement. No. 109, Accounting for Income Taxes. The adopting of this interpretation had no material impact on the consolidated financial statements.

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As Filed Data -

DLN: 93493134039060

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization St Mary's Regional Health Center

Employer identification number 41-1620386 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 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals 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 free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Зh
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 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 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 If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5c **6a** Does the organization prepare an annual community benefit report? **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 Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education

(from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . . .

	programs (optional) building expens		(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 20	08)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST MARY'S REGIONAL HEALTH CENTER									
1027 WASHINGTON AVE DETROIT LAKES,MN 56501	Х	X					×		

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493134039060

OMB No 1545-0047

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.

Open to Public Inspection

	-	•	
Name of the organization			Employer identification number
St Mary's Regional Health Center			
			l

41-1620386 **Questions Regarding Compensation** Νo Yes 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 First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III

Νo

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	J	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Daniel McGinty	(1) (11)	0 326,332	'I UI	0 50,988	0 71,336	0 28,266	0 5 568,441	215,17
Thomas Thompson	(1) (11)	0 284,820	0 27,500	0 24,687	0 46,761	0 28,516	0 6 412,284	147,74
A bigail Ring MD	(1) (11)	0 200,343	0 7,610	0	0 16,158	0 29,103	0 3 253,214	108,51
James Christensen MD	(1) (11)	0 250,340	0 62,460	0	0 10,775	0 15,061	0 . 338,636	
George Portilla MD	(1) (11)	0 390,754	0 32,684	0 0	0 7,500	0 16,261	0 . 447,199	
Bradley Refsland MD	(ı) (ıı)	0 154,358	0	0 0	0 12,569	0 14,437	0 181,364	
Blair Nelson MD	(ı) (ıı)	294,055 0	6,846 0	0	14,206 0	17,193 0	332,300	142,72
Richard Martin MD	(ı) (ıı)	270,260 0	0	0	16,127 0	20,733 0	307,120	128,83
Mark Lindquist MD	(ı) (ıı)	234,150 0	0	0 0	14,270 0	20,132 0	2 268,552	112,30
Carl Kaster MD	(ı) (ıı)	219,094 0	0	0 0	0	1,159 0	220,253	
Wendy Stephens MD	(ı) (ıı)	147,447 0	0	0 0	0	18,790 0	166,237	
Jean Evans	(ı) (ıı)	121,956 0	0	0	6,883 0	4,302 0	133,141	57,49
Jane Wasvick	(ı) (ıı)	0	0	133,654	8,313 0	14,122 0	156,089	72,04
	(ii)							-
	(ii)				, 		†	1

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SCHEDULE J SUPPLEMENTAL INFORMATION		SCHEDULE J, PART I, LINE 3 ST MARY'S REGIONAL HEALTH CENTER RELIED ON ECHC'S SUPPORTING ORGANIZATION OF ST MARY'S REGIONAL HEALTH CENTER, METHODS FOR ESTABLISHING ST MARY'S REGIONAL HEALTH CENTER'S CEO'S COMPENSATION A COMPENSATION COMPENSATION COMPENSATION COMPENSATION COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTE SCHEDULE J, PART I, LINE 4A FORMER KEY EMPLOYEE, JANE WASVICK, RECEIVED A SEVERANCE PAYMENT TOTALING \$156,088 22 IN TAX YEAR 2008 THE SEVERANCE TERMS ARE FROM JANUARY 2, 2008 UNTIL DECEMBER 31, 2008 MS WASVICK WILL RECEIVE SEVERANCE PAY TOTALING \$133,653 59 & BENEFITS TOTALING \$22,434 63 OVER ONE YEAR SCHEDULE J, PART I, LINE 4B THE FOLLOWING INDIVUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR DANIEL MCGINTY (ECHC) \$50,451 THOMAS THOMSPSON (ECHC) \$24,260 ECHC'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO ECHC EXECUTIVES THERE IS A MINIMUM TWO YEAR VESTING DATE BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING, AND BENEFITS ARE PAYABLE FROM ECHC'S GENERAL ASSETS
-		

Software ID: Software Version:

EIN: 41-1620386

Name: St Mary's Regional Health Center

Form 990, Schedule J, P	Part I	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, and	Highest Compens	sated Employees	,	
(A) Name			of W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Daniel McGinty	(1) (11)		0 91,519	0 50,988	0 71,336	0 28,266	0 568,441	0 215,170
Thomas Thompson	(ı) (ıı)		0 27,500	0 24,687	0 46,761	0 28,516	0 412,284	0 147,745
A bigail Ring M D	(1) (11)		0 7,610	0	0 16,158	0 29,103	0 253,214	0 108,513
James Christensen MD	(ı) (ıı)		0 62,460	0	0 10,775	0 15,061	0 338,636	0
	(1)							

James Christensen MD	(1)		0	0	0	0	0	C
	(11)	250,340	62,460	0	10,775	15,061	338,636	C
George Portılla MD	(1)	0	o	0	0	0	0	C
George Fortilla MD	(11)	390,754	32,684	0	7,500	16,261	447,199	C
Donalla Dafaland MD	(1)	0	0	0	0	0	0	C
Bradley Refsland MD	(11)	154,358	0	0	12,569	14,437	181,364	C
Blair Nelson MD	(1)	294,055	6,846	0	14,206	17,193	332,300	142,725
Biair Neison MD	(11)	0	O	0	, o	, 0	O	, c
Richard Martin MD	(1)	270,260	0	0	16,127	20,733	307,120	128,830
RICHAID MAITH MD	(11)	0	0	0	, o	, o	O	, c
Mark Lindauist MD	(1)	234,150	О	0	14,270	20,132	268,552	112,301
Mark Lindquist MD	(11)	0	0	0	, o	0	O	, c
Carl Kaster MD	(1)	219,094	О	0	0	1,159	220,253	Ó
Call Raster MD	(11)	0	0	0	0	0	0	C
Wanda Charles MD	(1)	147,447	0	0	0	18,790	166,237	(
Wendy Stephens MD	(11)	0	0	0	0	0	0	C
Jan Evans	(1)	121,956	0	0	6,883	4,302	133,141	57,493
Jean Evans	(11)	_	o	0	0	0	0	- 1 , 1 2
Jama Manuali	(1)	0	0	133,654	8,313	14,122	156,089	72,041
Jane Wasvick	(ii)		o	0	0	0	0	,

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DLN: 93493134039060

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

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.

Open to Public **Inspection** Employer identification number

Schedule K (Form 990) 2008

St N	1ary's Regional Health Center									41-1620	386			
P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	MINNESOTA AGRICULTURAL AND ECONOMIC DEVELOPMENT BD	41-6007162	604920X94	03-04-	2008	179,	125,000	REFUND SE BONDS	RIES 2004	& 1999A		х		x
Pa	Proceeds (Optional for 2	2008)			!									
1	Total Proceeds of Issue			-	Α		3	•		D			E	
2	Gross Proceeds in Reserve Funds					1								
3	Proceeds in Refunding or Defeasan	ce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	Proceeds												
7	Capital Expenditures from Proceed	s												
8	Year of Substantial Completion							·						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
9	Were the bonds issued as part of a	current refunding iss	ue?											
10	Were the bonds issued as part of a	n advance refunding i	issue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain add	equate books and rec	ords to support the											
Pa	rt IIII Private Business Use (Optional for 2008))				•						<u> </u>	
					A	I	3	<u> </u>		D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u> </u>	No
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,											
2	Are there any lease arrangements which may result in private busines	•	nanced property											

Cat No 50193E

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	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?										
3с	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?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		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?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	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?										

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DLN: 93493134039060

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
 ► To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

	t he organization Regional Health Center					Er	nploy	er ide	ent if icat	tion nu	umber	
St mary 5 i	Regional ficatal center					41	1-162	0380	6			
Part I	Excess Benefit Transacti	ions (sec	 ction 501(<i>i</i>	c)(3) and section 501	(c)(4)							
	To be completed by organization									, Part	V, line	40b
1	(a) Name of disqualified	1 nerson		(h) Des	cription o	ftranca	sation			((c) Corr	ected?
<u>.</u>	(a) italiis of aloqua		<u> </u>	(u) Des	Сприон о	II LI a II S a	CLIOII				Yes	No
										\dashv	\longrightarrow	
											\longrightarrow	
										$-\!\!\!+$	\longrightarrow	
										L		
	er the amount of tax ımposed on t	-		• •	ons durir	ng the y	earur	nder				
	tion 4958								\$			
	er the amount of tax, if any, on line							<u> </u>	\$			
Part II	Loans to and/or From											
	To be completed by organizat	ions that a	answered "Y	/es" on Form 990, Part T	IV, line 2	6, or Fo	orm 9	90-E			38a T	
		(b) Loan	to or		(d)Balance due		(e)	In	(f	-	(g)Wi	rittan
(a) Na	ame of interested person and	from th		(c)Original principal amount			1 ' '		by boa		agreer	
	purpose	organizat	:ion /						comm	committee?		
		То	From		<u> </u>		Yes	No	Yes	No	Yes	No
		<u> </u>									↓	
		<u> </u>			<u> </u>						 	<u> </u>
		<u> </u>			<u> </u>					<u> </u>	↓	<u> </u>
		 								<u> </u>	—	<u> </u>
		<u> </u>			<u> </u>						 	
				<u> </u>								
otal .												
Part III	Grants or Assistance Be To be completed by organ				iOO Dart	· TV lun	27					
	10 be completed by organ			p between interested pe		. IV, IIII	E 27					
(s	a) Name of interested person	ן (טיי		the organization	rson	(c) A m	ount c	of gra	nt or ty	pe of a	ıssısta	nce
		+										
		$\overline{}$										

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	etween interested person and the (c) A mount of transaction (d) Description of transaction		organiz	aring of zation's nues?
	organization			Yes	No
ROSEMARIE MCGUIRE	RELATED TO DR REFSLAND	92,434	EMPLOYEE OF SMRHC		No

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(Form 990)

SCHEDULE 0

Department of the Treasury Internal Revenue Service

Name of the organization

St Mary's Regional Health Center

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

DLN: 93493134039060 OMB No 1545-0047

Open to Public Inspection

Employer identification number

41-1620386

ldentifier	Return Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION		PART I, LINE 1 St Mary's Regional Health Center is created & organized exclusively for charitable, religious, educational & scientific purposes. St Mary's Regional Health Center is created & organized to owin, maintain, operate & conduct, directly or indirectly, & to assist & coordinate activities of facilities for health care, education, care for the aged & social services in accordance with the charitable works tradition of the Roman Catholic Church. In keeping with this specific purpose, all works shall be carried out in accordance with the charism of the Benedictine Sisters Benevolent Association, a Minnesota nonprofit corporation. St Mary's Regional Health Center employs over 400 full time equivalents. St Mary's Regional Health Center provided over \$130,000 in charity care as well as an additional \$3,400,000 of costs incurred in excess of Medicaid payments received and over \$188,000 in discounts to uninsured patients during the fiscal year ended June 30, 2009. Further community benefits provided during the fiscal year include community service of over \$108,000, subsidized health services of over \$55,000, education and workforce development of ever \$25,000, and each & in kind denotions of ever \$23,000.

		provided over \$130,000 in charity care as well as an additional \$3,400,000 of costs incurred in excess of Medicaid payments received and over \$188,000 in discounts to uninsured patients during the fiscal year ended June 30, 2009. Further community benefits provided during the fiscal year include community services of over \$108,000, subsidized health services of over \$55,000, education and workforce development of over \$35,000, and cash & in-kind donations of over \$22,000.
ldentifier	Return Reference	Explanation
FORM 990 SUPPLEMENTAL INFORMATION		PART IL, LNE 2 During FY 2009, St. Mary's Regional Health Center formed an effizient on with innoves health acquiring a cline department See Form 990, Part II, une 4 for or a detable description of the clinic services PART VI, LNE 2 Laurie Lew andow ski, current director, 8 Paul Niedler, current director, have a business relationship in SL-Phendrius PART VI, LNE 78 St. Mary's Regional Health Center is a subsidiary of Sesentia Health whose Board of Directors has reserved powers with respect to this corporation and dis subsidiaries, and all of the other direct and indirect subsidiaries of Sesentia Health whose Board of Directors are as follows. Strategic and Business Plans. Authority to create, and to approve, the mission purpose and vision statements for all entities in the Systemity the affirmative vote of at least 67% of the Essentia Health Health's reserved powers and a single part of the control of the neutrino of the neutrino del delib by and the creation of all mortgages, lens, and the proposed of the control of the control of the control of the proposed of the neutrino proposed of the control

ldentifier	Return Reference	Explanation
FORM 990 SUPPLEMENTAL INFORMATION		Form 900, Part VI, Line 10 The 2008 Form 900 including all schedules were reviewed by St. Mary's Regional Health Center's management and governing body on Monay, 19 (10), 2010 prior to filing with the Internal Revenue Service Each current director of the governing body, as listed in Tart VII Section A. Inc. 1s. Letter 19 (11) and 19 (11) an

DLN: 93493134039060

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization

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.

St Mary's Regional Health Center				41-1620386	
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 Organizat	ions	1			
(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 stati (if section 501(c)(3)	(F) US Direct controlling entity
See Additional Data Table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	55Y		Schedule R (Form 990) 2008

art III Identification of			(C)				(6)	(H	1)	(7)	()	
(A) Name, address, and EIN of related organization	(B) Primary ad	ctivity	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	Disproj alloca	prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral o agıng ner?
								Yes	No		Yes	No
Part IV Identification of	Related Org	ganizations	Taxable	as a Corporation	or Trust							
(A) Name, address, and EIN of related	organızatıon	(B) Primary acti	vity	(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 ind	ome	Sh end	are of Perc	(H) entage nership	
ESSENTIA HEALTH INSURANCE SERVICES BUCKINGHAM SQ 720 W BAY RD POB 69 GR CYMN, CAYMAN ISLANDS KY1 CJ	SPC	INSURANCE		CJ	NA	FOREIGN CORP		0		0 0%		

(5)

(6)

Part V	Transactions with Related Organization	ns
--------	--	----

Pa	art V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with on	e or more related organizations listed in Pa	rts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
Ь	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
е	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	n Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organization	n(s)		1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization((s)		11	Yes	
m	m Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	n Sharing of paid employees			1n	Yes	
0	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			1p	Yes	
q	Other transfer of cash or property to other organization(s)			1 q	Yes	
r	Other transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	st complete this line, including covered rel	ationships and transaction thresholds			
	(A)	(B)	(C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1))					
See						
Add Dat	Iditional ata					
Tab						
(2)						
(3)	,					
(3)	'					
(4))					
(-)	4)					

Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(E) Share of end-of-year assets (F) Disproprtionate allocations? amount of the control of the		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		

(F) Direct Controlling

(E)

Public charity

Exempt Code

Software ID: **Software Version:**

EIN: 41-1620386

Name: St Mary's Regional Health Center

(B)

Primary Activity

(C)

Legal Domicile

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A)
Name, address, and EIN of related organization

Name, address, and EIN of related organization	Primary Activity	(State or Foreign Country)	section	status (if 501(c)(3))	Direct Controlling Entity
Brainerd Lakes Integrated Health System 2024 S 6th St Brainerd, MN56401 37-1532145	Supporting	MN	501(c)(3)	11 Type II	ECHC
Brainerd Meidcal Center Inc 2024 S 6th St Brainerd, MN56401 37-1532148	Clinic	MN	501(c)(3)	3	BLIHS
Bridges Medical Center 201 9th St W ADA, MN56510 20-0479568	Clinic/Hosp	MN	501(c)(3)	3	ECHC
Clearwater Valley Hospital and Clinics 301 Cedar Ave Orofino, ID83544 82-0497771	Clinic/Hosp	ID	501(c)(3)	3	ECHC
Divine Medical Services 709 N Lincoln Jerome, ID83338 20-2773717	Emergency Srv	ID	501(c)(3)	3	SBFMC
DL Surgery Center 1027 Washington Ave Detroit Lakes, MN56501 26-3837203	ASC	MN	501(c)(3)	3	ECHC
ECHC Foundation 502 E 2nd St Duluth, MN55805 26-3359418	Foundation	MN	501(c)(3)	11 Type I	ECHC
ECHC 503 E 3rd St Ste 400 Duluth, MN55805 26-1219624	Supporting	MN	501(c)(3)	11 Type II	Essentia
St Benedict's Family Medical Center 709 N Linoln Jerome, ID83338 82-0227163	Clinic/Hosp	ID	501(c)(3)	3	ECHC
St Joseph's Medical Center 523 N 3rd St Brainerd, MN56401 41-0695602	Hospital	MN	501(c)(3)	3	BLIHS
St Mary's EMS 1027 Washington Ave Detroit Lakes, MN56501 41-1805811	Emergency Srv	MN	501(c)(3)	9	SMRHC
St Mary's Hospital & Clinics Inc PO Box 137 Cottonwood, ID83522 82-0226453	Clinic/Hosp	ID	501(c)(3)	3	ECHC
St Mary's Innovis Health 1027 Washington Ave Detroit Lakes, MN56501 26-2861321	Clinic	MN	501(c)(3)	3	ECHC
Essentia Health 502 E 2nd St Duluth, MN55805 20-0360007	Supporting	MN	501(c)(3)	11 Type III	N A
Innovis Health LLC (11108-63009) 1702 S University Dr Fargo, ND58103 26-1175213	Clinic/Hosp	DE	501(c)(3)	3	Essentia
Midwest Medical Equipment & Supply Inc 4418 Haines Rd Duluth, MN55811 41-1674021	Medical Equip	MN	501(c)(3)	9	SMDC
SMDC Medical Center 502 E 2nd St Duluth, MN55805 41-1878730	Clinic/Hosp	MN	501(c)(3)	3	SMDC
Pine Medical Center 109 Court Ave S Sandstone, MN55072 41-1884597	Clinic/Hosp	MN	501(c)(3)	3	SMDC
Polinsky Medical Rehabilitation Center 530 E 2nd St Duluth, MN55805 41-0691275	Clinic/Hosp	MN	501(c)(3)	3	SMMC
St Mary's Duluth Clinic Foundation 400 E 3rd St Duluth, MN55805 41-2016979	Foundation	MN	501(c)(3)	7	SMDC
St Mary's Duluth Clinic Health System 407 E 3rd St Duluth, MN55805 41-1836633	Clinic/Hosp	MN	501(c)(3)	3	Essentia
St Mary's Hospital of Superior 3500 Tower Ave Superior, WI54880 41-1811073	Clinic/Hosp	WI	501(c)(3)	3	SMMC
St Mary's Medical Center 407 E 3rd St Duluth, MN55805 41-0695604	Clinic/Hosp	MN	501(c)(3)	3	SMDC
The Duluth Clinic Ltd 400 E 3rd St Duluth, MN55805 41-0883623	Clinic/Hosp	MN	501(c)(3)	3	SMDC

Form 990, Schedule R, Part V - Transactions with Related Organizations	
(A)	
Name of other organization	

(9)

(10)

St Marys Innovis Health

St Marys Innovis Health

101111	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	ECHC	I	1,014,732
(2)	ECHC	0	4,682,604
(3)	Essentia Health	0	60,310
(4)	St Mary's EMS	Р	132,007
(5)	St Mary's Foundation (Assoc of ECHC Fdn)	С	766,751
(6)	St Mary's Foundation (Assoc of ECHC Fdn)	n	50,696
(7)	St Mary's Foundation (Assoc of ECHC Fdn)	р	77,177
(8)	St Marys Innovis Health	n	1,777,728

3,245,548

525,000

0

q

Software ID: Software Version:

EIN: 41-1620386

Name: St Mary's Regional Health Center

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
		Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Paul Nistler , Board Chair	5 0	Х		Х				48	0	0
Rhonda Hooper , Board Vice Chair	5 0	Х		Х				48	0	0
Sister Luella Wegscheid , Board Secretary/Treasurer	5 0	x		х				0	0	0
Cyndı Anderson , Board Dırector	5 0	Х						48	0	0
Laurie Lewandowski , Board Director	5 0	Х						48	1,200	0
Bruce Hein , Board Director	5 0	Х						48	0	0
Lois Solheim , Board Director	5 0	Х						48	0	0
Sister Pauline Micke , Board Director	5 0	Х						0	0	0
Kevin Mann , Board Director	5 0	Х						48	0	0
Daniel McGinty , Board Director	5 0	X						0	468,839	99,602
Thomas Thompson , CEO/Board Director	60 0	Х		Х				0	337,007	75,277
Jım Anderson , Board Dırector	5 0	X						48	1,500	0
Janell Powell MD , Board Director	5 0	Х						0	0	0
Knute Thorsgard MD , Board Director	5 0	Х						48	112,189	27,476
Ryan Hill , Chief Financial Officer	60 0			Х				47,931	66,166	13,917
A bigail Ring MD, Chief Medical Officer	20 0				Х			0	207,953	45,261
James Christensen MD , Senior Administrative Leader	16 0				x			0	312,800	25,836
George Portilla MD , Senior Administrative Leader	16 0				х			0	423,438	23,761
Bradley Refsland MD , Senior Administrative Leader	16 0				х			0	154,358	27,006
Blair Nelson MD , Physician	47 0					Х		300,901	0	31,399
Richard Martin MD , Physician	44 0					Х		270,260	0	36,860
Mark Lindquist MD , Physician	34 0					Х		234,150	0	34,402
Carl Kaster MD , Physician	34 0					Х		219,094	0	1,159
Wendy Stephens MD , Physician	22 0					Х		147,447	0	18,790
Jean Evans , Director of Human Resources	60 0						Х	121,956	0	11,185
Jane Wasvick , Former Pat Svc Dir	0 0						Х	133,654	0	22,435