Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: [ ] Address change [X] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: WINONA HEALTH SERVICES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 855 MANKATO AVENUE

City or town, state or country, and ZIP + 4: WINONA, MN 55987

D Employer identification number: 41-0713914

E Telephone number: 507-454-3650

G Gross receipts $ 67,061,389.

F Name and address of principal officer RACHELLE HEISING-SCHUTLZ SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.WINONAHEALTH.ORG

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1894 **M** State of legal domicile: MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities HOSPITAL SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	845
6	Total number of volunteers (estimate if necessary)	6	329
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,087,137.	488,692.
	9	Program service revenue (Part VIII, line 2g)	63,056,993.	64,063,177.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	672,296.	382,424.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<64,306.>	<96,373.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,752,120.	64,837,920.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,400.	31,397.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,138,378.	34,946,123.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	29,629,593.	26,712,956.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,793,371.	61,690,476.
	19	Revenue less expenses Subtract line 18 from line 12	3,958,749.	3,147,444.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	95,957,764.	99,310,958.
	21	Total liabilities (Part X, line 26)	38,320,856.	38,488,764.
	22	Net assets or fund balances Subtract line 21 from line 20	57,636,908.	60,822,194.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ▶ Signature of officer ________ Date 8/12/10

▶ MIKE ALLEN, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KIM HUNWARDSEN, CPA Date 08/10/10 Check if self-employed ▶ [ ] Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP 5601 GREEN VALLEY DRIVE, STE 700 MINNEAPOLIS, MN 55437-1145

EIN ▶

Phone no. ▶ 952.944.6166

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED SEP 02 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

DEVOTED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR FAMILY, FRIENDS AND NEIGHBORS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes", describe these changes on Schedule O

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 54,545,617. including grants of $ 31,397.) (Revenue $ 64,063,177.)

WINONA HEALTH SERVICES (WHS), A 99-BED HOSPITAL, HAS A 115-YEAR HISTORY OF PROMOTING THE HEALTH OF ITS COMMUNITY BY PROVIDING A VARIETY OF HEALTHCARE SERVICES. IT IS DESIGNATED THE SOLE COMMUNITY PROVIDER IN THE WINONA, MINNESOTA, AREA. IN FISCAL YEAR 2009, WHS HAD 2,895 ADMISSIONS; 375 BIRTHS; 2,959 INPATIENT AND OUTPATIENT SURGERIES; AND 14,843 VISITS TO THE EMERGENCY ROOM.

ADDITIONAL PROGRAMS THAT BENEFIT THE COMMUNITY INCLUDE:

HEALTH PROFESSIONAL TRAINING: WINONA HEALTH SERVICES WORKS CLOSELY WITH NURSE EDUCATION PROGRAMS TRAINING LPNS AND RNS AS WELL AS PROGRAMS FOR STUDENTS GOING INTO THE FIELD OF ATHLETIC TRAINING, SOCIAL WORK,

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 54,545,617. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
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		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
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		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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	X	
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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		X
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		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
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	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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	X	
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	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					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	95			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	845			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

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

Section A. Governing Body and Management

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

			Yes	No
1a	Enter the number of voting members of the governing body	1a: 17		
b	Enter the number of voting members that are independent	1b: 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MN

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MIKE ALLEN - 507-454-3650

855 MANKATO AVENUE, WINONA, MN 55987

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GARY EVANS CHAIR	2.00	X		X				0.	0.	0.
PAUL BALLWEG DIRECTOR	2.00	X						0.	0.	0.
SCOTT BIESANZ DIRECTOR	2.00	X						0.	0.	0.
DR. SCOTT BIRDSALL DIRECTOR	2.00	X						0.	481,361.	52,545.
DR. MATTHEW BROGHAMMER DIRECTOR	2.00	X						0.	438,270.	57,833.
VICKI DECKER DIRECTOR	2.00	X						0.	0.	0.
DR. RICHARD FERRIS DIRECTOR	2.00	X						0.	267,252.	45,875.
JOSPEH GRESHIK DIRECTOR	2.00	X						0.	0.	0.
HERB HIGHUM DIRECTOR	2.00	X						0.	0.	0.
MARK JACOBS DIRECTOR	2.00	X						0.	0.	0.
KEN MOGREN DIRECTOR	2.00	X						0.	0.	0.
HUGH MILLER DIRECTOR	2.00	X						0.	0.	0.
KIM SCHWAB DIRECTOR	2.00	X						0.	0.	0.
DANIEL PARKER, MD DIRECTOR/CHIEF OF STAFF	2.00	X						0.	321,723.	49,634.
MARK WAGNER DIRECTOR	2.00	X						0.	0.	0.
JACK WALZ DIRECTOR	2.00	X						0.	0.	0.
RACHELLE HEISING-SCHULTZ CEO/PRESIDENT	27.00	X		X				0.	317,698.	52,754.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JODIE BYRNE SECRETARY/EXECUTIVE ASST	2.00			X				34,833.	0.	25,466.
MIKE ALLEN CFO/TREASURER	27.00			X				0.	204,449.	39,713.
CHRISTOPHER SCHUBERT ER PHYSICIAN	40.00					X		0.	279,050.	52,563.
CARLOS MORALES ER PHYSICIAN	40.00					X		0.	298,636.	47,918.
RUTH MOES ANESTHESIOLOGIST	40.00					X		0.	327,616.	61,077.
CARL SZEZESNIAK PATHOLOGIST	40.00					X		0.	336,259.	39,572.
SATYA GORTY ANESTHESIOLOGIST	40.00					X		0.	308,846.	33,479.
1b Total ▶								34,833.	3,581,160.	558,429.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 15

		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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
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		X

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
SODEXHO OPERATIONS LLC 4880 PAYSPHERE CIRCLE, CHICAGO, IL 60674	CONTRACTED HOSPITALITY SERVICES	1,172,294.
WINONA RADIOLOGY LLC 1727 EDGEWOOD RD, WINONA, MN 55987	CONTRACTED RADIOLOGISTS	667,409.
SCHWAB LLC 74 KANSAS STREET, WINONA, MN 55987	CONTRACTOR	603,823.
MAYO FOUNDATION ENH PO BOX 4006, ROCHESTER, MN 55903	CONTRACTED PHYSICIANS	485,275.
RADIOLOGY CONSULTANTS OF WINONA 23273 BLACKBERRY ROAD, WINONA, MN 55987	CONTRACTED RADIOLOGISTS	445,973.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 12

Part VIII Statement of Revenue

Line	Description	Box / Business Code	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts							
1 a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contributions)	1e					
f	All other contributions, gifts, grants, and similar amounts not included above	1f	488,692.				
g	Noncash contributions included in lines 1a-1f $						
h	**Total.** Add lines 1a-1f ▶			488,692.			
Program Service Revenue		Business Code					
2 a	NET PATIENT SERVICE RE	900099		57813796.	57813796.		
b	PURCHASED SERVICE REVE	900099		5,019,774.	5,019,774.		
c	OTHER REVENUE	900099		1,221,335.	1,221,335.		
d	INVESTMENT INCOME	900099		8,272.	8,272.		
e							
f	All other program service revenue						
g	**Total.** Add lines 2a-2f ▶			64063177.			
Other Revenue							
3	Investment income (including dividends, interest, and other similar amounts) ▶			476,581.			476,581.
4	Income from investment of tax-exempt bond proceeds ▶						
5	Royalties ▶						
		(i) Real	(ii) Personal				
6 a	Gross Rents	145,322.					
b	Less rental expenses	280,609.					
c	Rental income or (loss)	<135287.>					
d	Net rental income or (loss) ▶			<135,287.>			<135,287.>
		(i) Securities	(ii) Other				
7 a	Gross amount from sales of assets other than inventory	1848003.	700.				
b	Less cost or other basis and sales expenses	1942860.					
c	Gain or (loss)	<94,857.>	700.				
d	Net gain or (loss) ▶			<94,157.>			<94,157.>
8 a	Gross income from fundraising events (not including $ ________ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events ▶						
9 a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities ▶						
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11 a	INTEREST ON A/R	900099		38,914.			38,914.
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a-11d ▶			38,914.			
12	**Total Revenue** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			64837920.	64063177.	0.	286,051.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	31,397.	31,397.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	632,717.		632,717.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,364,845.	23,947,116.	2,417,729.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	757,614.	722,465.	35,149.	
9 Other employee benefits	5,313,230.	4,660,845.	652,385.	
10 Payroll taxes	1,877,717.	1,636,994.	240,723.	
11 Fees for services (non-employees)				
a Management				
b Legal	89,293.		89,293.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,153,163.	8,606,166.	546,997.	
12 Advertising and promotion	386,831.	247,447.	139,384.	
13 Office expenses	2,436,080.	2,202,069.	234,011.	
14 Information technology				
15 Royalties				
16 Occupancy	1,239,019.	1,230,092.	8,927.	
17 Travel	137,533.	107,740.	29,793.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	104,659.	104,659.		
20 Interest	1,732,777.		1,732,777.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,249,550.	3,974,094.	275,456.	
23 Insurance	447,381.	447,381.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL SUPPLIES	3,323,138.	3,323,138.		
b BAD DEBT	1,893,925.	1,893,925.		
c MN CARE TAX	888,635.	888,635.		
d MISCELLANEOUS	630,972.	521,454.	109,518.	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	61,690,476.	54,545,617.	7,144,859.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	5,165,614.	2	6,996,123.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,455,900.	4	8,166,983.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,161,582.	8	1,148,626.
	9	Prepaid expenses and deferred charges	477,785.	9	556,286.
	10a	Land, buildings, and equipment cost basis — 10a 83,854,590.			
	b	Less accumulated depreciation Complete Part VI of Schedule D — 10b 36,744,348.	48,787,903.	10c	47,110,242.
	11	Investments - publicly traded securities	12,250,342.	11	10,352,388.
	12	Investments - other securities See Part IV, line 11	361,108.	12	340,443.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	19,297,530.	15	24,639,867.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	95,957,764.	16	99,310,958.
Liabilities	17	Accounts payable and accrued expenses	6,672,392.	17	7,164,344.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	31,511,487.	20	31,170,250.
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	136,977.	25	154,170.
	26	**Total liabilities.** Add lines 17 through 25	38,320,856.	26	38,488,764.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	57,636,908.	27	60,822,194.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	57,636,908.	33	60,822,194.
	34	Total liabilities and net assets/fund balances	95,957,764.	34	99,310,958.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

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

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

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

832021 12-17-08

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

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

Section B. Total Support

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization WINONA HEALTH SERVICES

Employer identification number 41-0713914

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

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

a Board designated or quasi-endowment ▶ ________%

b Permanent endowment ▶ ________%

c Term endowment ▶ ________%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,111,674.		4,111,674.
b Buildings		50,966,831.	18,378,185.	32,588,646.
c Leasehold improvements				
d Equipment		27,403,131.	17,591,783.	9,811,348.
e Other		1,372,954.	774,380.	598,574.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				47,110,242.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

(a) Description	(b) Book value
RECEIVABLE FROM AFFILIATED ORGANIZATIONS	24,211,422.
DEFERRED BOND ISSUE COSTS, NET	428,445.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	24,639,867.

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

(a) Description of liability	(b) Amount
Federal income taxes	
ESTIMATED THIRD PARTY PAYOR SETTLEMENTS	154,170.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	154,170.

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

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	

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

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

Part XIV Supplemental Information

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

PART X: THE CORPORATION ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10 FOR THE YEAR ENDED SEPTEMBER 30, 2009. NO AMOUNTS WERE RECORDED AS A RESULT OF THE IMPLEMENTATION OF ASC 740-10. THE CORPORATION UNDERGOES AN ANNUAL ANALYSIS OF ITS VARIOUS TAX POSITIONS, ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UPON EXAMINATION WITH RELEVANT TAX AUTHORITIES, AS DEFINED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP).

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

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

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b If "Yes," is it a written policy?	1b		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
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 ☐ 100% ☐ 150% ☐ 200% ☐ Other ________ %	3a		
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ________ %	3b		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	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		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Does the organization prepare an annual community benefit report?	6a		
b If "Yes," does the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

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

Part V Facility Information *(Required for 2008)*

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)
WINONA HEALTH SERVICES 855 MANKATO AVENUE WINONA, MN 55987	X	X					X		
SARNIA SQUARE 420 E SARNIA WINONA, MN 55987									OUTPATIENT REHAB

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: WINONA HEALTH SERVICES
Employer identification number: 41-0713914

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINONA STATE UNIVERSITY FOUNDATION PO BOX 5838 WINONA, MN 55987	23-7079002	501(C)3)	10,000.	0.			DONATION
WINONA HEALTH FOUNDATION 855 MANKATO AVENUE WINONA, MN 55987	41-1879744	501(C)3)	16,360.	0.			DONATION

2 Enter total number of section 501(c)(3) and government organizations ▶ 2.

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

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

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

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

SCHEDULE I, PART I, LINE 2: WINONA HEALTH SERVICES WILL REVIEW SOLICITATIONS FROM OTHER LEGALLY RECOGNIZED, TAX-EXEMPT NONPROFIT ORGANIZATIONS WHOSE WORK BENEFITS THE COMMUNITY BASED ON THE FOLLOWING:

A. THE REQUEST ADDRESSES A COMMUNITY HEALTH OR WELLNESS ISSUE.

B. THE REQUEST BENEFITS AREA YOUTH IN THE AREAS OF HEALTH AND WELLNESS.

C. THE REQUEST SUPPORTS A PROJECT DIRECTLY BENEFITING THE COMMUNITY AND ALIGNED WITH WINONA HEALTH'S MISSIONS/VISION/VALUES.

D. THE REQUEST SUPPORTS KEY WINONA HEALTH BUSINESS AND MARKETING STRATEGIES.

Part IV Supplemental Information

E. PRIORITY WILL BE GIVEN TO LOCAL NONPROFIT ORGANIZATIONS.

F. TYPICALLY, ONLY ONE REQUEST WILL BE AWARDED TO A NONPROFIT IN A GIVEN YEAR.

ALL DONATION REQUESTS WILL BE DIRECTED TO THE MARKETING COMMUNICATIONS DEPARTMENT FOR PROCESSING.

A. STAFF WILL REVIEW THE REQUEST BASED ON THE ABOVE CRITERIA AND BUDGET PARAMETERS, WITH KEY DONATION DETERMINED YEARLY DURING THE BUDGETING PROCESS.

B. THE FOLLOWING PROCESSES WILL BE USED TO REVIEW DONATION REQUESTS:

1. STAFF MAY PROCESS ALL DONATIONS APPROVED DURING THE BUDGETING PROCESS AND THOSE THAT MEET THE CRITERIA AND ARE LESS THAN $500 WITHOUT ADDITIONAL APPROVAL.

2. REQUESTS MEETING THE CRITERIA AND BETWEEN $500-$1,000 OR THOSE REQUESTS THAT REQUIRE FURTHER REVIEW SHOULD BE DISCUSSED WITH THE PRESIDENT/CEO BEFORE RECEIVING APPROVAL.

3. DONATION REQUESTS ABOVE $1,000 OR REQUESTS FOR MULTI-YEAR FUNDING SHOULD GO TO THE BOARD OF DIRECTOR'S PR/MARKETING COMMITTEE FOR REVIEW AND APPROVAL.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

Part I Questions Regarding Compensation

			Yes	No
1a	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 ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	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	4c		X
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6b		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR. SCOTT BIRDSALL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	339,981.	141,380.	0.	31,834.	25,618.	538,813.	0.
DR. MATTHEW BROGHAMMER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	418,270.	20,000.	0.	37,930.	21,234.	497,434.	0.
DR. RICHARD FERRIS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,865.	70,387.	0.	25,972.	24,986.	318,210.	0.
DANIEL PARKER, MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	236,747.	84,976.	0.	29,667.	21,298.	372,688.	0.
RACHELLE HEISING-SCHULTZ	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	304,860.	0.	12,838.	30,242.	28,565.	376,505.	0.
MIKE ALLEN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	200,396.	0.	4,053.	17,551.	24,392.	246,392.	0.
CHRISTOPHER SCHUBERT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	250,450.	24,000.	4,600.	32,660.	21,324.	333,034.	0.
CARLOS MORALES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,636.	24,000.	0.	28,014.	23,993.	350,643.	0.
RUTH MOES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	327,616.	0.	0.	37,300.	25,197.	390,113.	0.
CARL SZEZESNIAK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,009.	0.	11,250.	20,700.	20,203.	377,162.	0.
SATYA GORTY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	308,846.	0.	0.	32,325.	2,484.	343,655.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

PART I, LINE 4B: THE FOLLOWING INDIVIDUALS RECEIVED EMPLOYER CONTRIBUTIONS TO A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

MATTHEW BROGHAMMER $17,230

SCOTT BIRDSALL $11,134

RICHARD FERRIS $5,271

DANIEL PARKER $8,966

CARLOS MORALES $7,314

RUTH MOES $16,600

SATYA GORTY $11,625

CHRISTOPHER SCHUBERT $11,960

THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IS AVAILABLE TO EXECUTIVES, PHYSICIANS, AND MID-LEVEL PROVIDERS AS DETERMINED BY THE BOARD OF DIRECTORS. IT IS FUNDED BY EMPLOYER CONTRIBUTIONS, AND EMPLOYEES ARE VESTED WITHIN FIVE YEARS. AN ALTERNATIVE PLAN IS AVAILABLE WHICH IS FUNDED BY EMPLOYEE CONTRIBUTIONS AND NOT SUBJECT TO FORFEITURE.

PART I, LINE 7: SOME PHYSICIANS WHO ARE DIRECTORS OR HIGHEST COMPENSATED EMPLOYEES ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION BASED ON

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

PRODUCTION OR QUALITY SATISFACTION TARGETS.

PART I, LINE 3:

THE ORGANIZATION RELIED ON WINONA HEALTH, A RELATED ORGANIZATION, WHICH USED ONE OR MORE OF THESE METHODS TO DETERMINE COMPENSATION.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990 To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a
Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	CITY OF WINONA	41-6005651	975232AY5	07/16/04	18978800.	EXPANSION PROJECT		X		X
B	CITY OF WINONA	41-6005651	975232BQ1	07/31/07	12779904.	EXPANSION PROJECT, REFUNDING OF PRIOR		X		X
C										
D										
E										

Part II Proceeds (Optional for 2008)

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

▶ 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 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
HIAWATHA BROADBAND COMMUNI	OWNED BY BOARD MEMB	115,646.	PURCHASE OF		X
SCHWAB LLC	OWNED BY BOARD MEMB	603,823.	PURCHASE OF		X
WINONA AGENCY	OWNED BY BOARD MEMB	290,033.	PURCHASE OF		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NUTRITION, LAB, RADIOLOGY, PHYSICAL THERAPY AND BIO MED. APPROXIMATELY 1,248 STUDENTS WORK WITH STAFF IN THE FOLLOWING DEPARTMENTS: MEDICAL/SURGICAL/PEDIATRIC UNIT, FAMILY BIRTH CENTER, INTENSIVE CARE UNIT, EMERGENCY DEPARTMENT, LAB, RADIOLOGY, SOCIAL WORKERS, PHYSICAL AND OCCUPATIONAL THERAPY AND BIO MED.

PREVENTIVE CARE: WINONA HEALTH SERVICES ENCOURAGES PREVENTIVE CARE THROUGH A NUMBER OF RESOURCES, INCLUDING ITS ONLINE PERSONAL HEALTH INVENTORY KNOWN AS WINONA'S HEALTH ON-LINE. THIS SECURED-MESSAGING SYSTEM ALLOWS MEMBERS TO DOCUMENT THEIR HEALTH HISTORY, ACCESS DIABETES AND ASTHMA MANAGEMENT PROGRAMS, RECEIVE LAB TEST RESULTS, AND COMMUNICATE WITH THEIR PHYSICIANS. IN ADDITION, THE HOSPITAL SPONSORS THE FOLLOWING FREE OR LOW-COST SCREENINGS FOR THE COMMUNITY ANNUALLY: PROSTATE CANCER, CHOLESTEROL, DEPRESSION, AND MAMMOGRAMS. IN ITS SECOND YEAR, HEALTHY KIDS CLUB STARTED AS A RESULT OF COMMUNITY FEEDBACK ON THE HEALTH AND WELL-BEING OF OUR CHILDREN. THIS CLUB FOCUSES ON HEALTHY HABITS FOR CHILDREN AGE 6-11 THROUGH PARTNERSHIPS WITH LOCAL SCHOOLS AND OTHER NONPROFIT ORGANIZATIONS. SINCE THE PROGRAM STARTED THROUGH FY09, IT HAS SERVED 2,662 CHILDREN AND THEIR FAMILIES.

EMERGENCY CARE: WHS PROVIDES 24-HOUR-A-DAY, 365-DAYS-PER-YEAR EMERGENCY CARE TO THE COMMUNITY. IT EMPLOYS FOUR FULL-TIME PHYSICIANS FOR THIS DEPARTMENT, SUPPLEMENTING WITH PART-TIME AND VISITING PROVIDERS AS NEEDED. A PRIMARY CARE FACILITY, WHS HAS GROUND AND AIR TRANSPORT AVAILABLE TO TWO NEIGHBORING TERTIARY CARE CENTERS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

COMMUNITY RELATIONS: WHS WORKS WITH AREA NONPROFIT ORGANIZATIONS TO SUPPORT HEALTH- AND YOUTH-RELATED ACTIVITIES. ITS INVOLVEMENT INCLUDES SENDING PROFESSIONALS TO SPEAK TO CIVIC AND SCHOOL GROUPS - IN FY09, STAFF SPOKE TO 736 INDIVIDUALS AND PROVIDED INFORMATION TO 306 STUDENTS THROUGH EDUCATIONAL GROUP TOURS AND CAREER EXPLORATION. WHS ALSO SPONSORED INFORMATIONAL PROGRAMMING, AND FUNDED SPECIFIC ACTIVITIES OR EVENTS. IN ADDITION, WHS STAFF DELIVERED MEALS TO COMMUNITY MEMBERS THROUGH A LOCAL MEAL DELIVERY PROGRAM AND DONATED THE USE OF LAND TO A LOCAL GARDEN GROUP WHICH ALLOWED FOR 30 GARDEN PLOTS FOR COMMUNITY MEMBERS TO GROW THEIR OWN FOOD. STAFF MEMBERS ARE ALSO INVOLVED IN SEVERAL NON-PROFIT COMMITTEES, DONATING THEIR TIME TO HELP OUR COMMUNITY. IN FY 09, 1,209 PEOPLE WERE SERVED THROUGH IN-HOUSE FUNDRAISING EFFORTS AND DONATING ITEMS FOR SILENT AUCTIONS AND MEDICAL SUPPLIES.

COMMUNITY EDUCATION: WHS'S COMMUNITY EDUCATION PROGRAMMING INCLUDES CLASSES ON THE CHILDBIRTH EXPERIENCE, A WEEKLY SUPPORT GROUP FOR BREASTFEEDING, CARDIO-PULMONARY RESUSCITATION, HEALTH CARE DIRECTIVES DIABETES PREVENTION, FIRST AID, SMOKING CESSATION AND FREE COMMUNITY HEALTH TALKS ON TOPICS SUCH AS TREATMENT FOR CATARACTS AND OPTIONS FOR URINARY INCONTINENCE. IN FY09, WHS SERVED 482 INDIVIDUALS THROUGH THESE CLASSES. STAFF AT LOCAL HEALTH FAIRS SERVED 417 INDIVIDUALS, OFTEN OFFERING FREE BLOOD SUGAR AND BLOOD PRESSURE SCREENINGS.

CHARITY CARE: WINONA HEALTH SERVICES PROVIDES MEDICAL CARE TO THE

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Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

COMMUNITY REGARDLESS OF INDIVIDUAL'S ABILITY TO PAY. TOTAL CHARITY CARE COST WAS $259,375 FOR FY09.

FORM 990, PART VI, SECTION A, LINE 1: 1. THE WINONA HEALTH EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR TRANSACTING THE BUSINESS OF THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN MEETINGS OF THE FULL BOARD SUBJECT TO THE CONTRAL AND DIRECTION OF THE BOARD.

2. THE COMMITTEE SHALL ACT ON MATTERS WHICH CANNOT REASONABLE AWAIT ACTION BY THE FULL BOARD OF DIRECTORS.

3. OTHER MATTERS MAY BE DELEGATED TO THE EXECUTIVE COMMITTEE BY THE BOARD OF DIRECTORS, FOR EXAMPLE:

* RECRUITMENT, SELECTION AND EVALUATION OF THE CEO;
* REVIEW AND APPROVAL OF A SENIOR EXECUTIVE DEVELOPMENT PLAN AND A CEO SUCCESSION PLAN;
* REVIEW AND APPROVAL OF THE INCENTIVE EXPECTATIONS FOR THE EXECUTIVE STAFF;
* REVIEW AND APPROVAL OF THE EXECUTIVE COMPENSATION COMMITTEE'S RECOMMENDATIONS;

4. CONDUCT OTHER ACTIVITIES WITHIN THE SCOPE OF THE COMMITTEE'S PURPOSE AND AUTHORITY AS THE WINONA HEALTH BOARD MAY FROM TIME TO TIME DETERMINE;

5. PERIODICALLY REVIEW THE COMMITTEE CHARTER AND MAKE RECOMMENDATIONS TO THE WINONA HEALTH BOARD WITH REGARD TO ANY CHANGES TO THE CHARTER THAT THE COMMITTEE BELIEVES WOULD BE DESIRABLE.

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING INDIVIDUALS HAVE BUSINESS RELATIONSHIPS DUE TO SERVING ON THE BOARD OF DIRECTORS OF ANOTHER

SCHEDULE O
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Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

ORGANIZATION:

SCOTT BIESANZ WITH KEN MOGREN

STEVE BLUE WITH KEN MOGREN, RACHELLE HEISING-SCHULTZ AND MIKE ALLEN

GARY EVANS WITH HUGH MILLER, KEN MOGREN AND MARK JACOBS

SCOTT BIRDSALL WITH RACHELLE HEISING-SCHULTZ

RACHELLE HEISING-SCHULTZ WITH KEN MOGREN AND MIKE ALLEN.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION UPDATED ITS ARTICLES OF INCORPORATION TO REFLECT THE CHANGE OF ITS NAME TO WINONA HEALTH SERVICES.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE CORPORATION SHALL CONSIST OF WINONA HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A: WINONA HEALTH IS THE SOLE VOTING MEMBER.

FORM 990, PART VI, SECTION A, LINE 10: THE RETURN IS REVIEWED INITIALLY BY THE CFO AND DIRECTOR OF FINANCIAL OPERATIONS. IT IS THEN REVIEWED BY THE EXECUTIVE COMMITTEE BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY COVERS SENIOR LEADERS, DIRECTORS, AND BOARD MEMBERS. THE POLICY IS SIGNED ANNUALLY AND REVIEWED BY THE CEO FOR CONFLICTS. IF THERE ARE CONFLICTS THE BOARD WILL REVIEW. IF THE BOARD MEMBER HAS ANY POTENTIAL CONFLICTS THEY MUST ABSTAIN FROM VOTING.

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Supplemental Information to Form 990

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Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF WINONA HEALTH EVERY 2-3 YEARS WILL WORK WITH AN OUTSIDE CONSULTANT OF THEIR CHOICE TO GATHER 3RD PARTY DATA AND DETERMINE THE REASONABLENESS OF COMPENSATION. THIS WAS LAST UNDERTAKEN AT THE END OF 2007 AND COMPLETED EARLY 2008. THIS COMMITTEE HAS ITS OWN CHARTER/CONFLICT POLICY. THE COMMITTEE REPORTS TO THE BOARD WITH ANY ADJUSTMENTS THAT WERE MADE. IN BETWEEN CONSULTANT YEARS, THE COMMITTEE WILL LOOK AT MARKET DATA AND REVIEW THE BENEFITS STRUCTURE. THE BOARD MAINTAINS A WRITTEN POLICY AND EXECUTIVE TOTAL COMPENSATION POLICY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CITY OF WINONA

(F) DESCRIPTION OF PURPOSE:

EXPANSION PROJECT, REFUNDING OF PRIOR REVENUE BONDS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HIAWATHA BROADBAND COMMUNICATIONS, INC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF TELEPHONE AND CABLE SERVICES

(A) NAME OF PERSON: SCHWAB LLC

SCHEDULE O (Form 990)

Department of the Treasury
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Supplemental Information to Form 990

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Name of the organization: WINONA HEALTH SERVICES

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(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY BOARD MEMBER'S SPOUSE

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF CONSTRUCTION SERVICES

(A) NAME OF PERSON: WINONA AGENCY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF INSURANCE

FORM 990, PART IV, LINE 12:

FORM 990, PART IX, LINE 12B:

THE ORGANIZATION RECEIVED AUDITED FINANCIAL STATEMENTS AS PART OF THE CONSOLIDATED AUDIT REPORT FOR WINONA HEALTH, A RELATED ORGANIZATION.

FORM 990, PART VII, SECTION A:

IN ADDITION TO THE HOURS SERVED AT WINONA HEALTH SERVICES, THE FOLLOWING INDIVIDUALS ALSO HAD HOURS AT A RELATED ORGANIZATION:

RACHELLE HEISING-SCHULTZ 13 HOURS

MIKE ALLEN 13 HOURS

SCOTT BIRDSALL, MD 40 HOURS

MATT BROGHAMMER, DO 40 HOURS

RICHARD FERRIS, MD 40 HOURS

DANIEL PARKER, MD 40 HOURS

SCHEDULE R (Form 990)
Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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Name of the organization: WINONA HEALTH SERVICES

Employer identification number: 41-0713914

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
WINONA HEALTH - 41-1588205 855 MANKATO AVENUE WINONA, MN 55987	MANAGEMENT AND SUPPORT	MINNESOTA	501(C)(3)	N/A	N/A
WINONA SENIOR SERVICES - 41-1936536 855 MANKATO AVENUE WINONA, MN 55987	LONG-TERM CARE	MINNESOTA	501(C)(3)	3	N/A
WINONA HEALTH PHYSICIAN CLINICS - 41-1767741 855 MANKATO AVENUE WINONA, MN 55987	HEALTH CARE SERVICES	MINNESOTA	501(C)(3)	9	N/A
WINONA HEALTH FOUNDATION - 41-1879744 855 MANKATO AVENUE WINONA, MN 55987	FUNDRAISING	MINNESOTA	501(C)(3)	7	N/A

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

832161
12-23-08

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PARKVIEW PHARMACY - 41-1552964 825 MANKATO AV WINONA, MN 55987	PHARMACY	MN	N/A	C CORP	N/A	N/A	N/A
WINONA CLINIC, LTD - 41-1227030 825 MANKATO AV WINONA, MN 55987	HEALTH CARE SERVICES	MN	N/A	C CORP	N/A	N/A	N/A

Part V Transactions With Related Organizations

		Line	Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) WINONA HEALTH	N	4,157,271.
(2) WINONA HEALTH	Q	11,894,702.
(3) WINONA HEALTH	R	542,304.
(4) PARKVIEW PHARMACY	P	724,476.
(5) PARKVIEW PHARMACY	N	420,860.
(6) PARKVIEW PHARMACY	Q	296,300.

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?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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12-23-08

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
WINONA AREA AMBULANCE, INC. - 41-1845488 370 W 2ND STREET WINONA, MN 55987	EMERGENCY MEDICAL SERVICES AND TRANSPORTATION	MINNESOTA	501(C)(3)	9	N/A

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) WINONA SENIOR SERVICES, INC	N	84,686.
(8) WINONA SENIOR SERVICES, INC	Q	4,477,803.
(9) WINONA SENIOR SERVICES, INC	R	5,440,425.
(10) WINONA HEALTH PHYSICIANS CLINIC	N	109,799.
(11) WINONA HEALTH PHYSICIANS CLINIC	Q	6,669,844.
(12) WINONA HEALTH PHYSICIANS CLINIC	R	8,244,133.
(13) WINONA HEALTH FOUNDATION	C	437,704.
(14) WINONA HEALTH FOUNDATION	N	106,855.
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		