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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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1 Briefly describe the organization's mission

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

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

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

If "Yes," describe these changes on Schedule O

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












4a	(Code) (Expenses \$ 471,630,981 including grants of \$ 2,906,559) (Revenue \$ 593,150,077)
	SERVICES COMMON TO HOSPITAL AND LONG TERM CARE FACILITIES FOR THEIR PATIENTS AND RESIDENTS SEE SCHEDULE O FOR THE COMMUNITY BENEFIT REPORT

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	404	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	5,343	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country: KS , DA , IT , NO See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	18	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GREG KLUGHERZ 1406 SIXTH AVE NORTH St Cloud, MN 563031901 (320) 251-2700

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

• 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

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

Form 990 (2009)

1b	Total	5,949,720	716,547	974,692
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶226

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PERKINS WILL INC 84 10TH STREET SOUTH STE 200 MINNEAPOLIS, MN 55403	ARCHITECT	4,293,215
CROTHALL HEALTHCARE 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HOUSEKEEPING/LAUNDRY	2,952,034
ANESTHESIOLOGY ASSOCIATES PO BOX 725 ST CLOUD, MN 56302	ANESTHESIOLOGY SVCS	2,040,857
CENTRACARE CLINIC 1200 SIXTH AVENUE NORTH ST CLOUD, MN 56303	PHYSICIAN SERVICES	1,894,819
EXECUTIVE HEALTH RESOURCES 15 CAMPUS BLVD STE 200 NEWTOWN SQUARE, PA 19073	EHR CONSULTING SVCS	1,016,755

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶24

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	48,729				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	336				
	e	Government grants (contributions)	1e	3,369,991				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	127,558				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						3,546,614
Program Service Revenue			Business Code					
	2a	PATIENT/RES SVCS	900,099	590,029,004	590,029,004			
	b	RENTAL INCOME	531,120	2,514,226	2,514,226			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			592,543,230			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				0				
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		2,743,048		126,521				
				111,149				
		2,743,048		15,372				
	d	Net gain or (loss)			2,758,420			2,758,420
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18			0			
		a						
		b						
	b	Less direct expenses		b				
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19			0				
	a							
	b							
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances			86,389			86,389	
	a		714,758					
	b		628,369					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	INFORMATION & EDUCATION		900,099	226,293	226,293			
b	BILLING AND ACCOUNTING		541,200	429,368	313,200	116,168		
c	FOOD SALES		722,100	3,713,039			3,713,039	
d	All other revenue			1,304,359	67,354	1,237,005		
e	Total. Add lines 11a-11d			5,673,059				
12	Total revenue. See Instructions			604,607,712	593,150,077	1,353,173	6,557,848	

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	2,745,780	2,745,780		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	160,779	160,779		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,941,654		3,941,654	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	221,266,909	199,105,273	22,161,636	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,164,334	7,263,325	901,009	
9	Other employee benefits	46,168,342	40,713,697	5,454,509	136
10	Payroll taxes	16,159,636	14,415,530	1,744,106	
11	Fees for services (non-employees)				
a	Management	1,741,666	694,109	1,047,557	
b	Legal	658,906	3,172	655,734	
c	Accounting	425,990	16,171	409,819	
d	Lobbying	67,122		67,122	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	224,220		224,220	
g	Other	17,814,157	12,823,007	4,991,150	
12	Advertising and promotion	579,301	339,975	239,326	
13	Office expenses	73,790,659	70,091,404	3,699,255	
14	Information technology	3,634,257		3,634,257	
15	Royalties	0			
16	Occupancy	5,926,056	5,267,023	656,966	2,067
17	Travel	672,722	560,003	112,719	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,660,029	751,184	908,845	
20	Interest	9,197,325	7,831,378	1,361,663	4,284
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	28,995,076	24,314,971	4,665,891	14,214
23	Insurance	1,725,900	315,651	1,410,249	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Drugs	34,746,947	34,679,966	66,981	
b	Contracted Services	19,167,520	18,223,296	944,224	
c	Bad Debt	9,904,208	9,904,208		
d	Maintenance Contracts	6,604,831	3,942,897	2,661,934	
e	Minnesota Care Tax	5,842,361	5,842,361		
f	All other expenses	17,904,971	11,625,821	6,279,150	
25	Total functional expenses. Add lines 1 through 24f	539,891,658	471,630,981	68,239,976	20,701
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			46,897,668	1	23,510,117
	2	Savings and temporary cash investments			0	2	5,404,871
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			75,500,886	4	84,750,059
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			4,928,884	8	5,622,823
	9	Prepaid expenses and deferred charges			3,323,746	9	4,345,409
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	603,759,031			
	b	Less accumulated depreciation	10b	278,352,519	295,192,423	10c	325,406,512
	11	Investments—publicly traded securities			271,116,229	11	339,790,034
	12	Investments—other securities See Part IV, line 11			53,722,869	12	8,348,922
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,455,364	15	11,706,666
	16	Total assets. Add lines 1 through 15 (must equal line 34)			765,138,069	16	808,885,413
Liabilities	17	Accounts payable and accrued expenses			455,631,486	17	461,455,706
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			54,022,058	25	51,132,565
	26	Total liabilities. Add lines 17 through 25			509,653,544	26	512,588,271
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			255,469,494	27	296,288,327
	28	Temporarily restricted net assets			15,031	28	8,815
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			255,484,525	33	296,297,142
	34	Total liabilities and net assets/fund balances			765,138,069	34	808,885,413

Part XI **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization St Cloud Hospital	Employer identification number 41-0695596
---	--

Part I

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 41-0695596

Name: St Cloud Hospital

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG BROMAN PRESIDENT	40 0	X		X				707,058	0	138,304
SISTER MIRIAM ARDOLF OSB TRUSTEE - CHAIR	2 0	X						0	0	0
ANTHONY AKUBUE ED D TRUSTEE	2 0	X						0	0	0
JOAN BARRET-VOLKMUTH TRUSTEE	2 0	X						0	0	0
MIKE BENUSA TRUSTEE	2 0	X						0	0	0
TERESA BOHNEN TRUSTEE	2 0	X						0	0	0
CHRIS COBORN TRUSTEE	2 0	X						0	0	0
PAUL DORSHER MD TRUSTEE	2 0	X						0	0	0
FATHER MARVIN ENNEKING TRUSTEE	2 0	X						0	0	0
RONALD HANSON MD TRUSTEE	2 0	X						0	0	0
KARA HENNES OSB TRUSTEE	2 0	X						0	0	0
STEVE LARAWAY TRUSTEE - VICE CHAIR	2 0	X						0	0	0
CINDY JENSEN MELLO Y MD TRUSTEE	2 0	X						15,645	0	0
SANDY NEUTZLING TRUSTEE	2 0	X						0	0	0
BRETT PINKERTON MD TRUSTEE - CHIEF OF STAFF	2 0	X						1,875	0	0
JAMES SCHLENNER TRUSTEE	2 0	X						0	0	0
CHRIS TACL MD TRUSTEE	2 0	X						0	0	0
PASTOR THOMAS WRIGHT TRUSTEE	2 0	X						0	0	0
GREGORY KLUGHERZ TREASURER-CFO	40 0			X				387,711	0	94,773
PAUL HARRIS SECRETARY	40 0			X				0	290,502	74,792
DANIEL WHITLOCK MD VICE-PRESIDENT	40 0				X			563,141	0	43,897
CHARLES DOOLEY VICE-PRESIDENT	40 0				X			431,528	0	120,953
LINDA CHMIELEWSKI RN VICE-PRESIDENT	40 0				X			328,590	0	72,793
DUANE RASMUSSON VICE-PRESIDENT	40 0				X			318,027	0	65,928
JIM DAVIS VICE-PRESIDENT	40 0				X			0	426,045	35,225

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA DOERR VICE-PRESIDENT	40 0				X			241,047	0	55,176
ROBERT JOHNSON DIRECTOR	40 0				X			196,247	0	17,121
JON BOWAR MD PHYSICIAN	40 0					X		465,376	0	49,663
DAVID SEHR MD PHYSICIAN	40 0					X		294,644	0	34,630
JOEL SPALDING MD PHYSICIAN	40 0					X		340,876	0	54,649
CHRIS MOELLENTINE MD PHYSICIAN	40 0					X		259,544	0	48,344
JOHN SCHMITZ MD PHYSICIAN	40 0					X		330,070	0	52,177
JOHN FROBENIUS FORMER CEO	0 0						X	519,720	0	16,267
JOHN SECKINGER FORMER CFO	0 0						X	548,621	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Drugs	34,746,947	34,679,966	66,981	
Contracted Services	19,167,520	18,223,296	944,224	
Bad Debt	9,904,208	9,904,208		
Maintenance Contracts	6,604,831	3,942,897	2,661,934	
Minnesota Care Tax	5,842,361	5,842,361		

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization St Cloud Hospital	Employer identification number 41-0695596
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

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

2

Political expenditures

▶ \$ _____

3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1

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

▶ \$ _____

2

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

▶ \$ _____

3

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

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1

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

▶ \$ _____

2

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

▶ \$ _____

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$ _____

4

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

☐ Yes ☐ No

5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				116,067
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Cloud Hospital

Employer identification number
41-0695596

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	14,939,247		14,939,247
b Buildings	0	319,231,905	124,190,195	195,041,710
c Leasehold improvements				
d Equipment	0	224,556,422	154,162,324	70,394,098
e Other	0	45,031,457	0	45,031,457
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				325,406,512

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	Other losses 	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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Cloud Hospital

Employer identification number
41-0695596

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>175 %</u></div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____</div>	3b	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
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)			5,116,413	0	5,116,413	0 970 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			90,305,773	80,641,397	9,664,376	1 820 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			95,422,186	80,641,397	14,780,789	2 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,392,522	345,018	1,047,504	0 200 %
f Health professions education (from Worksheet 5)			3,424,598	1,011,910	2,412,688	0 460 %
g Subsidized health services (from Worksheet 6)			661,624	0	661,624	0 120 %
h Research (from Worksheet 7)			417,673	223,493	194,180	0 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			2,383,307	0	2,383,307	0 450 %
j Total Other Benefits			8,279,724	1,580,421	6,699,303	1 260 %
k Total. Add lines 7d and 7j			103,701,910	82,221,818	21,480,092	4 050 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support	3	200	12,960	0	12,960	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy	3	20	29,966	0	29,966	0 010 %
8Workforce development	2	80	973	0	973	0 %
9Other						
10Total	8	300	43,899	0	43,899	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		
2Enter the amount of the organization's bad debt expense (at cost)	23,816,497		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	387,692		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	157,981,185
6	Enter Medicare allowable costs of care relating to payments on line 5	6	167,141,831
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-9,160,646
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

St Cloud Hospital's Foundation has in place a Community Collaboration Committee which has a membership of over 30 members This committee is made up of community leaders from both the healthcare and business world These members meet monthly to address community health issues through awareness building, education and/or intervention projects These needs are communicated to St Cloud Hospital

- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

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

See additional data

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

See additional data

- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Other events St Cloud Hospital and St Benedict's Senior Community jointly sponsor to promote the health of the community include Caregiver's Support Group for Seniors, Benedict's Senior Community Speaker's Series, Sartell Apple Duathlon, Family Bereavement Support Project, POWER Fitness and Health Program, Eating Disorders Program, Nursing Assistant Certification, and Caregiver Support Programs All of these programs are geared to promote the health of the community

- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

MN

Additional Data

Software ID:
Software Version:
EIN: 41-0695596
Name: St Cloud Hospital

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

St Cloud provides charity care to it's patient population based on the patient's ability to pay, along with other factors. It provides 100% charity as well as partial charity on the remaining deductible and coinsurance on patient's bills. In 2010, St Cloud Hospital provided over \$13 million in charity care. The cost of this charity care was approximately \$3.3 million.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization provides subsidized health services in two areas. The first is a program called SAGE which provides women low cost services for mammograms and is operated in conjunction with the State of Minnesota. This benefit is estimated at \$85,000. The organization also subsidized its behavioral health program so the mentally ill population needs may be met. This benefit is estimated at \$577,000.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The amount of bad debt expense subtracted from the denominator before calculating column (f) is \$9,904,208. The University of Minnesota/St. Cloud Family Medicine Residency Program was initiated in 1996 to help address the shortage of physicians in rural Minnesota. Despite funding from the state and federal agencies, the residency required subsidies from the organization. During the 2009-2010 year, the organization provided \$1.1 million in subsidies for the program. The organization also operates a Clinical Pastoral Education program which allows chaplains to gain the knowledge and experience necessary to provide spiritual care and support to patients and their families in their time of need. The program receives federal funding from Medicare, but the organization subsidized this program in the amount of \$224,000. Finally, the organization operates a Radiologic Technologist program. This program gives students an opportunity to train in a high demand field. This program is subsidized by the organization in the amount of \$141,000.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON THE HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, CENTRACARE FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY CENTRACARE "CENTRACARE" REFERS TO POLICIES OF CENTRACARE HEALTH SYSTEM, WHICH ST CLOUD HOSPITAL ALSO ADHERES TO BAD DEBT AT COST WAS DETERMINED BY USING AMOUNTS WRITTEN OFF AS BAD DEBT EXPENSE (WHICH WERE CHARGES) AND MULTIPLYING BY THE INTERNALLY DEVELOPED COST TO CHARGE RATIO

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE SHORTFALL OF \$9,160,646 OF TREATING MEDICARE PATIENTS SHOULD BE CONSIDERED A COMMUNITY BENEFIT IN ITS ENTIRETY THE HOSPITAL PROVIDES AN EXCELLENT LEVEL OF CARE TO THE PEOPLE IN THE COMMUNITY DESPITE THE SHORTFALL IN REIMBURSEMENT FROM MEDICARE, THE HOSPITAL CONTINUES TO PROVIDE ESSENTIAL HEALTHCARE SERVICES TO THE POPULATION THE AMOUNT ON LINE 6 OF PART III WAS DETERMINED BY UTILIZING THE MEDICARE COST REPORT UTILIZING KEY SECTIONS OF THAT REPORT, NAMELY WORKSHEET D-1 AND D PT V

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COLLECTION POLICIES AT ST CLOUD HOSPITAL REQUIRE COLLECTION STAFF TO OFFER CHARITY TO PATIENTS WHO INDICATE THAT PAYMENT MAY BE AN ISSUE IF A PATIENT DOES QUALIFY FOR FULL CHARITY, ALL OTHER COLLECTION EFFORTS MUST CEASE IF A PATIENT QUALIFIES FOR PARTIAL CHARITY, COLLECTION EFFORTS WILL CONTINUE ON THE BALANCE OF THE ACCOUNT THESE PROVISIONS APPLY TO BOTH HOSPITAL EMPLOYED COLLECTION STAFF AND COLLECTION AGENCY STAFF NO PATIENTS, WHETHER THEY QUALIFY FOR CHARITY OR NOT, ARE REPORTED TO CREDIT RATING AGENCIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Inpatients who are self pay are identified, and a representative of St Cloud's billing department explains the charity care policy to them. They also explain the self pay discount and screen the patient for eligibility for any State or Federal programs. They also assist the patient with any paperwork required to apply for such programs. Outpatients who are self pay receive an automatic self pay discount. If the patient does not remit payment, collection staff attempt to reach the patient by phone. Patients are told about the charity program. For both inpatients and outpatients, all statements contain a letter regarding the availability of charity care. Also all precollection letters have this same language indicating the availability and process of obtaining charity care.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

St. Cloud Hospital's immediate service area consists of Stearns, Benton and Sherburne counties. Collectively their population in 2010 is 291,918 and is projected to grow by 8.3% in 2015. The age breakdown for 2010 is 0-24, 5.0%, 25-44, 5.1%, 45-64, 13.1% and 65+ 18.5%. The other nine counties located in the service area are Crow Wing, Douglas, Kandiyohi, Meeker, Mille Lacs, Morrison, Pope, Todd and Wright. Collectively their population in 2010 was 397,866 and is projected to grow by 6.0% by 2015. That nine county age demographics are as follows: 0-24, 6.8%, 25-44, 2.4%, 45-64, 5.5% and 65+ 11.9%. The 2015 ethnicity breakdown for the entire 12-county area is as follows: White - 91.9%, Hispanic - 2.7%, African American - 1.3%, Asian - 1.2%, Two or more races - 1.3%, Other - 1.6%.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

The activities included in community building activities include Community Support which consists of several St Cloud Hospital directors participating in a variety of committees such as the Board of Big Brothers/Big Sisters, Rehab Board etc Under Community Health Improvement Advocacy, employees participated with Create Community which is a collaboration to build inclusion among diverse populations and several county task forces to advocate for mental and chemical health Finally under Workforce Development, an employee is a Board member of the Stearns Benton Workforce Council and students were given tours of the hospital and attended presentations on careers in healthcare

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
St Cloud Hospital

Employer identification number
41-0695596

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF THE ORDER OF SAINT BENEDICT104 CHAPEL LANE ST ST JOSEPH,MN 563740220	410693973	501(c)(3)	100,000		FMV		TO PAY FOR HEALTHCARE COSTS
CENTRACARE HEALTH FOUNDATION1406 SIXTH AVE NORTH ST CLOUD,MN 563031901	411855173	501(c)(3)	2,580,152		FMV		TO SUPPORT THE CENTRACARE FOUNDATION
THE MESSAGE PROGRAM 2311 10TH AVE SOUTH ST ST CLOUD,MN 56301	200293323	501(c)(3)		10,676	FMV	MED EQUIP & SUPPLIES	DONATION OF MEDICAL EQUIPMENT AND SUPPLIES
HELPS INTERNATIONAL 15301 DALLAS PKWY STE 200 ADDISON,TX 75001	870683277	501(c)(3)	6,500		FMV		GUATEMALA MEDICAL MISSION COSTS

2

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

4

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
St Cloud Hospital

Employer identification number
41-0695596

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN SCHEDULE J PART I, LINE 4(B) CRAIG BROMAN RECEIVED 67,262 ACCRUED 86,974, LINDA CHMIELEWSKI RECEIVED 0 ACCRUED 34,337, DUANE RASMUSSEN RECEIVED 19,776 ACCRUED 22,656, CHARLES DOOLEY RECEIVED 66,438 ACCRUED 77,091, LINDA DOERR RECEIVED 0 ACCRUED 18,551, DANIEL WHITLOCK RECEIVED 104,209 ACCRUED 0, GREGORY KLUGHERZ RECEIVED 0 ACCRUED 71,653, JIM DAVIS RECEIVED 70,384 ACCRUED 0, JOHN SECKINGER RECEIVED 548,621 ACCRUED 0, JOHN FROEBINUS RECEIVED 519,720 ACCRUED 0 OFFICER'S COMPENSATION EXPLANATION SCHEDULE J AND PART VII THE CORPORATION'S EXECUTIVES ARE ELIGIBLE TO PARTICIPATE IN BENEFIT PLANS WHICH INCLUDE TAX DEFERRED NON QUALIFIED INVESTMENT ACCOUNTS THESE PLANS MAY PROVIDE BUT ARE NOT CERTAIN TO PROVIDE, FOR PAYMENT OF TAX DEFERRED COMPENSATION TO THESE EXECUTIVES AT SOME TIME IN THE FUTURE. THE EXECUTIVE HAS NO LEGAL RIGHT TO THESE DOLLARS UNTIL, AND UNLESS, CERTAIN FUTURE EVENTS OCCUR. IN ACCORDANCE WITH THE INSTRUCTIONS TO THE FORM 990, THE AMOUNTS IN SECTION VII AND IN SCHEDULE J REFLECT THIS TAX DEFERRED COMPENSATION. THIS COMPENSATION IS POTENTIALLY REPORTED TWICE ON THE FORM 990. ONCE WHEN THE COMPENSATION IS DEFERRED OR ACCRUED AND AGAIN IF IT IS PAID TO THE EXECUTIVE.

Software ID:
Software Version:
EIN: 41-0695596
Name: St Cloud Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CRAIG BROMAN	(i)	479,491	156,682	70,885	100,871	37,433	845,362	67,262
	(ii)	0	0	0	0	0	0	0
GREGORY KLUGHERZ	(i)	316,483	68,055	3,173	71,653	23,120	482,484	0
	(ii)	0	0	0	0	0	0	0
PAUL HARRIS	(i)	0	0	0	0	0	0	0
	(ii)	231,551	57,200	1,751	49,500	25,292	365,294	0
DANIEL WHITLOCK MD	(i)	378,034	73,598	111,509	15,734	28,163	607,038	40,642
	(ii)	0	0	0	0	0	0	0
CHARLES DOOLEY	(i)	287,545	75,050	68,933	95,312	25,641	552,481	66,438
	(ii)	0	0	0	0	0	0	0
LINDA CHMIELEWSKI RN	(i)	272,932	52,923	2,735	51,411	21,382	401,383	0
	(ii)	0	0	0	0	0	0	0
DUANE RASMUSSEN	(i)	243,565	52,810	21,652	39,365	26,563	383,955	19,406
	(ii)	0	0	0	0	0	0	0
JIM DAVIS	(i)	0	0	0	0	0	0	0
	(ii)	280,037	70,260	75,748	14,537	20,688	461,270	28,427
LINDA DOERR	(i)	189,432	49,711	1,904	35,767	19,409	296,223	0
	(ii)	0	0	0	0	0	0	0
ROBERT JOHNSON	(i)	170,617	18,589	7,041	14,796	2,325	213,368	0
	(ii)	0	0	0	0	0	0	0
JON BOWAR MD	(i)	358,353	16,195	90,828	19,945	29,718	515,039	0
	(ii)	0	0	0	0	0	0	0
DAVID SEHR MD	(i)	224,028	9,455	61,161	10,803	23,827	329,274	0
	(ii)	0	0	0	0	0	0	0
JOEL SPALDING MD	(i)	237,897	21,496	81,483	22,431	32,218	395,525	0
	(ii)	0	0	0	0	0	0	0
JOHN FROBENIUS	(i)	0	0	519,720	0	16,267	535,987	0
	(ii)	0	0	0	0	0	0	0
JOHN SECKINGER	(i)	0	0	548,621	0	0	548,621	0
	(ii)	0	0	0	0	0	0	0
CHRIS MOELLENTINE MD	(i)	188,285	30,897	40,362	17,126	31,218	307,888	0
	(ii)	0	0	0	0	0	0	0
JOHN SCHMITZ MD	(i)	247,642	18,100	64,328	22,260	29,917	382,247	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	OMB No 1545-0047
		2009
	Name of the organization St Cloud Hospital	

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT INVENTORY REPORT	FORM 990, PART III-4A	<p>EXECUTIVE SUMMARY ST CLOUD HOSPITAL CONTRIBUTES SIGNIFICANTLY AND DIVERSELY TO ITS COMMUNITY THE MISSION STATEMENT CHARGES ST CLOUD HOSPITAL (AS A COLLECTION OF INDIVIDUALS AND AS A NOT-FOR-PROFIT ORGANIZATION) "TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR THE PEOPLE OF CENTRAL MINNESOTA " ST CLOUD HOSPITAL RESPONDS TO THIS CHALLENGE BY PROVIDING HIGH QUALITY SERVICES TO THE BROAD COMMUNITY, CHARITY CARE AND OUTREACH SERVICES TO THE POOR AND NEEDY, ASSISTING IN THE EDUCATION OF MEDICAL AND HEALTH PROFESSIONALS AND TAKING A LEADERSHIP ROLE IN IDENTIFYING AND RESPONDING TO HEALTH AND HEALTH-RELATED PROBLEMS THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) SOFTWARE DOCUMENTS THE RESOURCES ST CLOUD HOSPITAL PROVIDES IN FULFILLING THIS MISSION OF COMMUNITY SERVICE TOO OFTEN THE FOCUS ON PROVIDING COMMUNITY SERVICES RESTS SOLELY ON THE DOLLAR AMOUNT OF CHARITY CARE PROVIDED BY A NOT-FOR-PROFIT HOSPITAL AS A RESULT, THE TOTAL AMOUNT OF COMMUNITY SERVICE THAT A HOSPITAL PROVIDES GOES UNNOTICED OR, AT BEST, UNDERESTIMATED THIS CBISA REPORT INCLUDES NOT ONLY CHARITY CARE AND OTHER SERVICES FOR THE POOR, BUT ALSO THE FULL RANGE OF COMMUNITY SERVICES THAT ARE A PART OF ST CLOUD HOSPITAL'S MISSION OF SERVING THE HEALTH CARE NEEDS OF OUR COMMUNITY AS A HEALTHCARE LEADER IN CENTRAL MINNESOTA, ST CLOUD HOSPITAL MUST BE INVOLVED, CARING AND RESPONSIVE TO OUR COMMUNITY WE HAVE STRONG TIES TO OUR REGION AND FEEL AN OBLIGATION TO MEET THE NEEDS OF THE PEOPLE WE SERVE WE BELIEVE THAT PROVIDING QUALITY HEALTH CARE MEANS LOOKING BEYOND OUR OWN WALLS TO ENSURE THAT THE REGION'S HEALTH CARE NEEDS ARE BEING MET THE RESOURCES NECESSARY TO MEET MANY OF THESE NEEDS COST MORE THAN THE HOSPITAL CAN RECLAIM IN FEES IF ST CLOUD HOSPITAL DID NOT PARTICIPATE IN IMPLEMENTING SOME OF THESE NEEDS-DRIVEN COMMUNITY SERVICES, OUR REGION WOULD BE LEFT WITH A VOID IN THESE AREAS THAT WOULD HARM THE QUALITY OF LIFE FOR MANY PEOPLE IN OUR COMMUNITY REPORT HIGHLIGHTS - FAMILY MEDICINE CENTER AND FAMILY MEDICINE RESIDENCY THE FAMILY MEDICINE CENTER OPENED IN SEPTEMBER 1990, TO SERVICE THE PRIMARY HEALTH CARE NEEDS OF THE ESTIMATED 19,000 UNINSURED AND UNDERINSURED PEOPLE WITHIN A 30 MILE RADIUS OF ST CLOUD THE CLINIC HAS 8,900 PATIENTS ENROLLED, THE MAJORITY OF WHICH WERE WOMEN AND CHILDREN THROUGH PROJECT HEAL (HEALTH EDUCATION ACCESS LINK), ST CLOUD HOSPITAL AND SEVERAL COMMUNITY PARTNERS OFFER FREE HEALTH SCREENING CLINICS AND BASIC CARE, UTILIZING VOLUNTEER MEDICAL TEAMS, AT COMMUNITY SERVICE SITES IN AND AROUND THE ST CLOUD AREA SIXTY-SIX PROJECT HEAL CLINICS WERE HELD IN FISCAL YEAR 2010 THE SITES INCLUDE SALVATION ARMY'S OUTREACH MINISTRY TO THE AREA HOMELESS, PLACE OF HOPE MINISTRIES OUTREACH TO THE HOMELESS, CATHOLIC CHARITIES CARITAS EMERGENCY SERVICES FOOD SHELF, REYNOLDS BAPTIST CHURCH AN OUTREACH TO AMISH WOMEN IN THE LONG PRAIRIE AREA FOR PRENATAL CARE, ST MARY'S IN MELROSE AN OUTREACH MINISTRY TO THE HISPANIC POPULATION IN THAT AREA AND CENTRO HISPANO AN OUTREACH MINISTRY LOCATED IN WAITE PARK THESE COMMUNITY SERVICE SITES HOST A PROJECT HEAL SCREENING CLINIC ONCE OR TWICE PER MONTH WITH 459 PATIENT ENCOUNTERS SERVING OVER 306 INDIVIDUALS THE UNIVERSITY OF MINNESOTA/ST CLOUD HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM WAS INITIATED IN 1996 TO HELP ADDRESS THE SHORTAGE OF FAMILY PRACTICE PHYSICIANS IN RURAL MINNESOTA DESPITE FUNDING FROM THE STATE AND FEDERAL AGENCIES, THE RESIDENCY PROGRAM REQUIRED OPERATING SUBSIDIES FROM THE ST CLOUD HOSPITAL ST CLOUD HOSPITAL IN FISCAL YEAR 2009-10, PROVIDED OVER \$1.1 MILLION IN COST SUBSIDIES FOR THE FAMILY MEDICINE CENTER AND THE FAMILY MEDICINE RESIDENCY PROGRAM - CASH DONATIONS TO THE NEEDY MANY TIMES PATIENTS AND FAMILIES DO NOT HAVE MONEY FOR FOOD OR A RIDE HOME FROM THE HOSPITAL AT STAFF DISCRETION, HOSPITAL FUNDS ARE AVAILABLE FOR SUCH EMERGENCIES LAST YEAR OVER \$17,700 IN CASH CONTRIBUTIONS WERE GIVEN TO PATIENTS AND FAMILIES WITH AN IMMEDIATE NEED DURING THE MONTHS OF SEPTEMBER THROUGH MAY, LOCAL CHURCHES OPEN THEIR FACILITIES FOR SLEEPING SPACE FOR HOMELESS PEOPLE AFTER SHELTERS ARE FULL BLANKETS ARE PROVIDED TO THEM AND LAUNDERED BY THE ST CLOUD HOSPITAL'S LAUNDRY SERVICE ONCE PER WEEK DURING THE COLDEST TIMES OF THE YEAR, THE LOADS CAN TOTAL 250-300 BLANKETS - CASH DONATIONS TO MEDICAL MISSIONS EACH YEAR THE ST CLOUD HOSPITAL DONATES \$500 DOLLARS TO EACH EMPLOYEE WHO PARTICIPATES IN A MEDICAL MISSION SUCH AS HELPS INTERNATIONAL THE MONEY IS USED FOR TRAVEL EXPENSES OR IS DONATED DIRECTLY TO THE MISSION THE MONEY GIVEN IS TO U.S. CHARITIES INVOLVED WITH MEDICAL MISSIONS OVERSEAS LAST YEAR, APPROXIMATELY \$ 22,445 WAS DONATED TO SPONSOR EMPLOYEES ON MEDICAL MISSIONS AND SUPPLIES TO COUNTRIES SUCH AS GUATEMALA AND HONDURAS - FOUNDATION FUNDING ST CLOUD HOSPITAL IS COMMITTED TO SUPPORTING THE CENTRA CARE FOUNDATION IN FISCAL YEAR 2009-10 ST CLOUD HOSPITAL SUBSIDIZED THE FOUNDATION FOR MORE THAN \$2.1 MILLION THIS NONPROFIT</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT INVENTORY REPORT	FORM 990, PART III-4A	<p>RNMENTAL ORGANIZATION (NGO) IS DEDICATED TO ENHANCING THE HEALTH STATUS IN CENTRAL MINNESOTA AS WELL AS CONTRIBUTING TO OTHER COMMUNITY PROJECTS. THE COMMUNITY COLLABORATION COMMITTEE, A STANDING COMMITTEE OF CENTRA CARE HEALTH FOUNDATION, HAS A MEMBERSHIP OF OVER 30 PERSONS REPRESENTING HEALTHCARE AND COMMUNITY NEEDS ACROSS CENTRAL MINNESOTA. THE CCC MEETS MONTHLY TO DISCUSS WAYS TO ADDRESS TYPICAL HEALTH ISSUES THROUGH AWARENESS BUILDING, EDUCATION AND/OR AN INTERVENTION PROJECT. THERE ARE SEVERAL COMMUNITY HEALTHY OUTREACH INITIATIVES THAT THE FOUNDATION IS INVOLVED WITH, THESE INITIATIVES INCLUDE:</p> <ul style="list-style-type: none">* BLEND CHILDHOOD OBESITY COALITION OF CENTRAL MINNESOTA (GOAL IS TO REDUCE THE INCIDENCE OF CHILDHOOD OBESITY BY 2016)* TAKE HEART - ST. CLOUD (AN INITIATIVE TO INCREASE SURVIVAL RATES RELATED TO SUDDEN CARDIAC ARREST)* SMOKE FREE COMMUNITIES (CONTINUED EFFORTS TO CREATE CLEAN INDOOR AND OUTDOOR AIR FOR ALL)* QUITPLAN CLINICS (COLLABORATION WITH CENTRA CARE CLINICS TO HELP THOSE TRYING TO QUIT SMOKING) <p>NARRATIVE REPORT THE QUANTITATIVE NATURE OF THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) SOFTWARE NECESSITATES A SEPARATE SECTION TO HIGHLIGHT THE HUMAN SIDE OF THE VALUABLE SERVICES THAT THE HOSPITAL AND ITS EMPLOYEES PROVIDE. THERE ARE TWO IMPORTANT DETAILS ABOUT THE NATURE OF THE ST. CLOUD HOSPITAL EMPLOYEES' AND ORGANIZATIONAL COMMUNITY CONTRIBUTIONS THAT SHOULD BE NOTED HERE FIRST, BEHIND EVERY COMMUNITY SERVICE ACTIVITY LISTED IN THIS REPORT ARE THE PEOPLE WHO MADE THAT ACTIVITY HAPPEN. THESE PEOPLE HAVE REACHED BEYOND THEIR JOB DESCRIPTION, SET ASIDE THEIR IMPORTANT PROJECTS, AND TAKEN TIME AWAY FROM THEIR BUSY SCHEDULES TO SEEK OUT WORTHY USES OF HOSPITAL RESOURCES IN ORDER TO MAKE THEIR COMMUNITY A HEALTHIER, SAFER PLACE TO LIVE. THE SECOND DETAIL IS NOT REFLECTED IN THE NUMBERS ABOVE AT ALL, BUT IS NEVERTHELESS A PARAMOUNT VALIDATION OF THE ST. CLOUD HOSPITAL EMPLOYEES' DEDICATION TO THE HEALTH OF THEIR COMMUNITY. THIS IS THE SUM OF ALL THE PERSONAL TIME AND FINANCIAL RESOURCES THAT THE ST. CLOUD HOSPITAL'S WORK FORCE HAS INVESTED IN ITS COMMUNITY. QUANTIFYING THE THOUSANDS OF VOLUNTEER HOURS GIVEN TO THE HUNDREDS OF VARIOUS SERVICE ORGANIZATIONS BY THE HOSPITAL EMPLOYEES IS BEYOND THE SCOPE OF THIS NARRATIVE. EXAMPLES OF THESE VOLUNTEER ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO:</p> <ul style="list-style-type: none">* HOSPICE VOLUNTEERS* SKIN CANCER SCREENING AT COBORNS* BOARD MEETINGS TO PLAN FOR HEALTH CARE SERVICES IN HONDURAS* VOLUNTEERING VACATION TIME IN HONDURAS PERFORMING NUMEROUS MEDICAL SERVICES RANGING FROM GENERAL MEDICINE TO KIDNEY DIALYSIS* UNITED WAY VOLUNTEERING (BIG BROTHER/SISTER, ETC.)* AMERICAN HEART ASSOCIATION HEART WALK* INSERVICE TO SCHOOL NURSES FOR CHILDREN WITH DIABETES* COACHING CHILDREN IN DIFFERENT SPORTING EVENTS* ASSISTING IN CLASSROOMS WITH CHILDREN ACTIVITIES <p>PROBABLY THE MOST SALIENT COLLECTIVE EXAMPLE OF THE 4,200 ST. CLOUD HOSPITAL EMPLOYEES PITCHING-IN TO SUPPORT LOCAL COMMON ASSETS IS THE DONATION OF OVER \$356,000 TO THE UNITED WAY AND MORE THAN \$491,000 TO THE CENTRA CARE FOUNDATION IN FISCAL YEAR 2009-10. THESE PEOPLE, WHO BALANCE THEIR PERSONAL AND PROFESSIONAL LIVES IN ORDER TO CONTRIBUTE POSITIVELY TO THEIR COMMUNITY, ARE TRULY THE FOUNDATIONS OF A PROSPEROUS COMMUNITY. WHILE THE HOSPITAL CANNOT TAKE CREDIT FOR THE TIME, EFFORT AND DOLLARS ITS EMPLOYEES HAVE GIVEN OUTSIDE OF WORK, IT CANNOT HELP BUT REFLECT THEIR COMMITMENT TO THE COMMUNITY. THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY IS A QUANTITATIVE EXERCISE TO DETERMINE HOW THE HOSPITAL BENEFITS THE COMMUNITY. THE HOSPITAL IS LITTLE MORE THAN A BUILDING, SOME EQUIPMENT, AND A COLLECTION OF CARING INDIVIDUALS. AND IT IS CLEARLY THOSE INDIVIDUALS WHO ARE SO SELFLESSLY DEDICATED TO THE BETTERMENT OF THEIR COMMUNITY AS WELL AS THEIR CAREERS, WHICH MAKE ST. CLOUD HOSPITAL THE INVALUABLE COMMUNITY ASSET IT IS.</p>

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		<p>AUDITED FINANCIAL STATEMENTS FORM 990, PART IV, LINE 12A ST CLOUD HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE CENTRACARE HEALTH SYSTEM, WHICH WERE PREPARED IN ACCORDANCE WITH GAAP THESE FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM THE CONSOLIDATED FINANCIAL STATEMENTS RECEIVED AN UNQUALIFIED OPINION FROM THE ACCOUNTING FIRM DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THE IR RIGHTS FORM 990, PART VI, QUESTIONS 6, 7A & 7B ST CLOUD HOSPITAL'S MEMBERS CONSIST OF EX-OFFICIO REPRESENTATIVES OF THE DIOCESE OF ST CLOUD AND THE SISTERS OF THE ORDER OF SAINT BENEDICT AND TWO TO FOUR MEMBERS APPOINTED BY THESE EX-OFFICIO MEMBERS THE MEMBERS APPOINT THE ST CLOUD HOSPITAL BOARD IN ADDITION TO APPOINTING THE ST CLOUD HOSPITAL BOARD, THE MEMBERS APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION, APPROVE THE DISSOLUTION OF THE HOSPITAL, AND SUPPORT AND ASSESS THE HOSPITAL'S ROMAN CATHOLIC IDENTIFY AND MISSIONS DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11A MANAGEMENT REVIEWS THE 990 TAX RETURN REGULARLY DURING THE PREPARATION PROCESS, THEY FIELD QUESTIONS FROM STAFF AND MANAGE DEADLINES WHICH MUST BE MET THEY ARE ALSO ACTIVELY INVOLVED WITH THE THIRD PARTY FIRM WHO ASSISTS IN THE FINAL COMPILATION OF THE REPORT ONCE A COMPLETED 990 REPORT HAS BEEN PRODUCED, ANNUALLY AT THE BOARD'S APRIL MEETING, PRIOR TO FILING, THE FULL BOARD HAS AN OPPORTUNITY TO REVIEW THE IRS FORM 990 WITH THE STAFF, TO ASK QUESTIONS AND SEEK CLARIFICATIONS, AND TO APPROVE THE FINAL DOCUMENT DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE TWICE A YEAR ALL STAFF SIGN CONFLICTS OF INTEREST FORMS ON AN ANNUAL BASIS THE QUESTIONNAIRES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER AS WELL AS THE CORPORATE COMPLIANCE GROUP (A COMPLIANCE COMMITTEE WHICH INCLUDES INTERNAL MEMBERS AND OUTSIDE COUNSEL) THE RESPONSES TO THE QUESTIONNAIRE ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD THE CORPORATE COMPLIANCE OFFICER IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTERESTS RELATED TO BOARD AND STAFF AND TO ALERT AFFECTED PARTIES WHEN A CONFLICT ARISES WHEN AN ACTUAL CONFLICT ARISES, THE AFFECTED PARTY IS ASKED TO RECUSE HIM/HERSELF FROM THE DECISION MAKING PROCESS THE CORPORATE COMPLIANCE OFFICER ATTENDS BOARD MEETINGS AND SPECIFIED BOARD COMMITTEE MEETINGS WHERE CONFLICT ISSUES MAY ARISE OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15A & 15B THE COMPENSATION AND BENEFITS OF THE PRESIDENT AND THE VICE PRESIDENTS (NON-MEDICAL PROVIDERS) ARE SUBJECT TO FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES CONDUCTED BIENNIALY BY A THIRD PARTY INDEPENDENT COMPENSATION CONSULTANT HOWEVER, THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVAL THE MOST RECENT FULL REVIEW WAS DONE IN MAY 2010 A VAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 THE HOSPITAL/CENTRACARE HEALTH SYSTEM DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC CENTRACARE HEALTH SYSTEM PREPARES AN ANNUAL REPORT TO THE COMMUNITY IN WHICH FINANCIAL RESULTS ARE REPORTED TO AND DISCLOSED TO THE PUBLIC ST CLOUD HOSPITAL IS INCLUDED IN THIS REPORT</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Cloud Hospital

Employer identification number
41-0695596

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CENTRACARE HEALTH SYSTEM 1406 SIXTH AVENUE NORTH ST CLOUD, MN 56303 41-1813221	HEALTH CARE	MN	501(c)(3)	11 TYPE III	NA

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k No

1l No

1m No

1n No

1o Yes

1p Yes

1q No

1r Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 41-0695596

Name: St Cloud Hospital

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	CENTRACARE HEALTH SYSTEM	A (IV	13,144
(2)	CENTRACARE HEALTH SYSTEM	O	1,165,859
(3)	CENTRACARE HEALTH SYSTEM	P	4,322,402
(4)	CENTRACARE HEALTH SYSTEM	P	73,162
(5)	CENTRACARE HEALTH SYSTEM	P	12,704,612
(6)	CENTRACARE HEALTH SYSTEM	P	9,808,088
(7)	CENTRACARE HEALTH SYSTEM	P	68,179
(8)	CENTRACARE HEALTH SYSTEM	P	2,011,187
(9)	CENTRACARE HEALTH SYSTEM	R	10,000,000

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

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

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

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

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13		

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

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

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

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	37,602
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	37,602
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	