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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
Winona Health Services

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
855 Mankato Avenue

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

D Employer identification number
41-0713914

E Telephone number
(507) 454-3650

G Gross receipts $ 91,660,031

F Name and address of principal officer
Rachelle Heising-Schultz
855 Mankato Avenue
Winona, MN 55987

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www winonahealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Hospital Services

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of employees (Part V, line 2a)	5	1,026
6	Total number of volunteers (estimate if necessary)	6	358
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	488,692	575,221
9	Program service revenue (Part VIII, line 2g)	64,063,177	87,924,220
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	382,424	265,961
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-96,373	36,259
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,837,920	88,801,661
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,397	25,062
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,946,123	53,318,397
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	26,712,956	34,339,817
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	61,690,476	87,683,276
19	Revenue less expenses Subtract line 18 from line 12	3,147,444	1,118,385
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	99,310,958	90,332,194
21	Total liabilities (Part X, line 26)	38,488,764	40,527,151
22	Net assets or fund balances Subtract line 21 from line 20	60,822,194	49,805,043

Part II Signature Block

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

Sign Here

****** | 2011-08-05
Signature of officer | Date

Michael Allen CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kim Hunwardsen CPA	Date 2011-08-08	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Eide Bailly LLP 5601 Green Valley Drive Ste 700 Minneapolis, MN 554371145			EIN ▶ Phone no ▶ (952) 944-6166

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Devoted to improving the health and well-being of our family, friends and neighbors

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 $ 76,968,263 including grants of $ 25,062) (Revenue $ 87,924,220)

Winona Health Services (WHS), a 99-bed hospital, has a 116-year history of promoting the health of its community by providing a variety of healthcare services It is designated the sole community provider in the Winona, Minnesota, area In Fiscal Year 2010, WHS had 2,905 admissions, 345 births, 3,042 inpatient and outpatient surgeries, and 14,949 visits to the Emergency Room Additional programs that benefit the community include Health Professional Training Winona Health Services works closely with nurse education programs training LPNs and RNs as well as programs for students going into the field of athletic training, social work, nutrition, lab, radiology, physical therapy and bio med Approximately 536 students work with staff in the following departments Medical/Surgical/Pediatric Unit, Family Birth Center, Intensive Care Unit, Emergency Department, Lab, Radiology, Social Workers, Physical and Occupational Therapy and Bio Med Preventive Care Winona Health Services encourages preventive care through a number of resources, including its online personal health inventory known as Winona's Health On-line This secured-messaging system allows members to document their health history, access diabetes and asthma management programs, receive lab test results, and communicate with their physicians In addition, the hospital sponsors the following free or low-cost screenings for the community annually prostate cancer, cholesterol, depression, and mammograms Winona Health was also a host and main sponsor for the community wide Diabetes Expo In its third year, Healthy Kids Club started as a result of community feedback on the health and well-being of our children This club focuses on healthy habits for children age 6-11 through partnerships with local schools and other nonprofit organizations Since the program started through FY 2010, it has served 3,273 children and their families dedicating $87,364 in organizational resources since the program started Emergency Care WHS provides 24-hour-a-day, 365-days-per-year emergency care to the community It employs four full-time physicians for this department, supplementing with part-time and visiting providers as needed A primary care facility, WHS has ground and air transport available to two neighboring tertiary care centers Community Relations WHS works with area nonprofit organizations to support health and youth-related activities Its involvement includes sending professionals to speak to civic and school groups In FY 2010, staff spoke to 618 individuals through our speakers bureau Winona Health vaccinated 730 individuals through free H1N1 clinics In addition, Winona Health also set up a flu hotline for community members to call if they had questions about flu symptoms The hotline responded to 718 calls which resulted in $2,610 of staff time spent on this resource WHS also sponsored informational programming, and funded specific activities or events In addition, WHS staff delivered meals to community members through a local meal delivery program and donated the use of land to a local garden group which allowed for 40 garden plots for community members to grow their own food Staff members are also involved in several non-profit committees, donating their time to help our community In FY 2010, Winona Health staff formed a team for Habitat for Humanity "Women Build" donating $2,004 in staff time to build a house for a local family Community Education WHS's community education programming includes classes on the childbirth experience, a weekly support group for breastfeeding, cardio-pulmonary resuscitation, health care directives diabetes prevention, First Aid, smoking cessation and free Community Health Talks on topics such as Pain Management and Sports Concussions In FY 2010, WHS served 436 individuals through these classes Staff at local health fairs served 568 individuals, often offering free blood sugar and blood pressure screenings Charity Care Winona Health Services provides medical care to the community regardless of individual's ability to pay Total charity care cost was $765,434 for FY 2010

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

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

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

4e **Total program service expenses** ▶ $ 76,968,263

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		No
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, line10? *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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	85		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,026		
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)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		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	15		
b	Enter the number of voting members that are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		No
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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

Michael Allen
855 Mankato Avenue
Winona, MN 55987
(507) 454-3650

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(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			
See add'l data										

1b Total . . . . . ▶	40,683	3,423,744	539,253

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 ▶ 26

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
Radiology Consultants of Winona 23273 Blackberry Road Winona, MN 55987	Contracted radiologists	1,211,683
Sodexho Inc and Affiliates 4880 Paysphere Circle Chicago, IL 60674	Contracted food and environmental servic	966,082
Sarnia Realty PO Box 1096 Winona, MN 55987	Space leasing	674,934
Cardinal HealthPharmacy Management 21377 Network Place Chicago, IL 60673	Contracted pharmacy management	425,490
BMA Inc 100 Springdale Road Cherry Hill, NJ 08003	Consultants	341,656
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 ▶ 12		

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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	531,008			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	44,213			
	g	Noncash contributions included in lines 1a-1f $ 1,790					
	h	**Total.** Add lines 1a-1f		575,221			
Program Service Revenue			Business Code				
	2a	Net patient service re	622,110	83,698,147	83,698,147		
	b	Purchased Service Reve	900,099	2,838,618	2,838,618		
	c	Other supporting reven	900,099	1,328,786	1,328,786		
	d	Inv-Winona Area Ambula	900,099	58,669	58,669		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		87,924,220			
	3	Investment income (including dividends, interest and other similar amounts)		296,732			296,732
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	35,522				
	b	Less rental expenses	34,535				
	c	Rental income or (loss)	987				
	d	Net rental income or (loss)		987			987
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,783,789	9,275			
	b	Less cost or other basis and sales expenses	2,787,548	36,287			
	c	Gain or (loss)	-3,759	-27,012			
	d	Net gain or (loss)		-30,771			-30,771
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Interest on A/R	900,099	35,272			35,272
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		35,272			
	12	**Total revenue.** See Instructions		88,801,661	87,924,220	0	302,220

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	25,062	25,062		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,235,805	1,372,426	863,379	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,955,958	35,733,722	4,222,236	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,284,378	1,016,009	268,369	
9	Other employee benefits	7,094,279	5,745,812	1,348,467	
10	Payroll taxes	2,747,977	2,368,744	379,233	
11	Fees for services (non-employees)				
a	Management				
b	Legal	73,765		73,765	
c	Accounting	74,652		74,652	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	10,873,851	10,380,388	493,463	
12	Advertising and promotion	275,032	150,050	124,982	
13	Office expenses	3,921,483	3,415,047	506,436	
14	Information technology	14,426		14,426	
15	Royalties				
16	Occupancy	2,436,370	2,425,659	10,711	
17	Travel	427,011	348,701	78,310	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,002	23,002		
20	Interest	1,757,128		1,757,128	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,880,499	4,381,043	499,456	
23	Insurance	778,158	778,158		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Medical supplies	5,409,557	5,409,557		
b	Bad debt	2,251,267	2,251,267		
c	MN Care tax	1,131,679	1,131,679		
d	Miscellaneous	11,937	11,937		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	87,683,276	76,968,263	10,715,013	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		6,996,123	2	9,645,034
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,166,983	4	10,708,641
	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		1,148,626	8	1,479,301
	9	Prepaid expenses and deferred charges		556,286	9	671,300
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 85,940,653			
	b	Less accumulated depreciation	10b 40,763,587	47,110,242	10c	45,177,066
	11	Investments—publicly traded securities		10,352,388	11	13,382,947
	12	Investments—other securities See Part IV, line 11		340,443	12	399,112
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	1,802,788
	15	Other assets See Part IV, line 11		24,639,867	15	7,066,005
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		99,310,958	16	90,332,194
Liabilities	17	Accounts payable and accrued expenses		7,164,344	17	8,769,023
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		31,170,250	20	31,475,098
	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		154,170	25	283,030
	26	**Total liabilities.** Add lines 17 through 25		38,488,764	26	40,527,151
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		60,822,194	27	49,805,043
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		60,822,194	33	49,805,043
	34	Total liabilities and net assets/fund balances		99,310,958	34	90,332,194

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		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	3b		

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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
Winona Health Services

Employer identification number
41-0713914

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

The organization is not a private foundation because it is (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 331/3% 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 331/3% 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?

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

h Provide the following information about the 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 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 ▶

b **33 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 ▶

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

Part IV **Supplemental Information.** 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

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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
Winona Health Services

Employer identification number
41-0713914

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ▶ $ _____

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

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

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

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

Part V Endowment Funds. Complete if 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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,141,674		4,141,674
b Buildings		51,243,335	20,426,149	30,817,186
c Leasehold improvements				
d Equipment		29,341,784	19,594,123	9,747,661
e Other		1,213,860	743,315	470,545
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				45,177,066

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

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

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

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

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

(a) Description	(b) Book value
Receivable from affiliated organizations	6,656,380
Deferred bond issue costs, net	409,625
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,066,005

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Estimated third party payor settlements	283,030
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	283,030

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	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
Part X	Description of Uncertain Tax Positions Under FIN 48	The Corporation undergoes an annual analysis of its various tax positions, assessing the likelihood of those positions being upheld upon examination with relevant tax authorities No amounts were recorded as a result of this analysis during the years ended September 30, 2010 and 2009 The Corporation will recognize future accrued interest and penalties related to unrecognized tax liabilities in income tax expense, if incurred The Corporation believes it is no longer subject to Federal and state tax examinations by tax authorities for the years before 2007

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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
Winona Health Services

Employer identification number
41-0713914

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 ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	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		No
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 eligibile 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)		555	765,434		765,434	0 900 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			16,920,808	14,022,808	2,898,000	3 390 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		555	17,686,242	14,022,808	3,663,434	4 290 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	19	4,505	98,064	8,784	89,280	0 100 %
f Health professions education (from Worksheet 5)	7	565	118,176		118,176	0 140 %
g Subsidized health services (from Worksheet 6)	5		23,608,488	22,255,397	1,353,091	1 580 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	4	459	54,443		54,443	0 060 %
j **Total** Other Benefits	35	5,529	23,879,171	22,264,181	1,614,990	1 880 %
k **Total.** Add lines 7d and 7j	35	6,084	41,565,413	36,286,989	5,278,424	6 170 %

Part II Community 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
1	Physical improvements and housing	2	40	6,583		6,583	0 010 %
2	Economic development						
3	Community support	1	149	1,984		1,984	0 %
4	Environmental improvements						
5	Leadership development and training for community members	1	15	92		92	0 %
6	Coalition building	1	555	8,920		8,920	0 010 %
7	Community health improvement advocacy						
8	Workforce development	1	54	182		182	0 %
9	Other						
10	**Total**	6	813	17,761		17,761	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,375,074		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	458,358		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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	10,998,751		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	12,589,014		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,590,263		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management 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					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Winona Health Services 855 Mankato Avenue Winona, MN 55987	X	X					X		
Watkins Manor 175 E Wabasha Street Winona, MN 55987									Assisted Living

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

See additional data

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)

See additional data

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 communites 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: 41-0713914
Name: Winona Health Services

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

Part I, Line 7 Charity care expense was converted to cost on line 7a based on an overall cost to charge ratio addressing all patient segments Unreimbursed Medicaid on line 7b was calculated using the costing methods to prepare the cost reports Community health improvement services, line 7e, health professions education, line 7f, and cash and in-kind donations, line 7i were compiled using the CBISA software The cost for subsidized health services reported on line 7g was determined using the Medicare Cost Report Total community benefit expense as a percentage of total expenses is 47%

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

Part I, Line 7g Costs of $21,516,447 were included in subsidized health services reported on line 7g These are costs to operate 3 physician clinics

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

Part I, Line 7f The amount of bad debt expense removed from total expenses to determine the percentage was $2,251,267

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

Part III, Line 4 The organization's bad debt expense at cost was calculated using the expense reported on the financial statements and applying an overall cost-to-charge ratio addressing all patient segments Winona Health Services determines bad debt expense by estimating what may not be collectible from patient balances after taking into account appropriate discounts and payments (uninsured discount, eligible charity care discounts/adjustments, and payments received and expected to be received) Payments on accounts that were written off as bad debt reduces bad debt expense Winona Health Services is estimating that one-third of bad debt accounts would likely qualify for the organization's charity care guidelines if the patient would have been identified and followed through on the application process This percentage is based on historical knowledge on those being provided applications and those actually completing the applications to qualify The carrying amount of patient and resident receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients, residents, and third-party payors Management reviews patient and resident receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients and residents due to bad debts Management considers historical write off and recovery information in determining the estimated bad debt provision

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

Part III, Line 8 Winona Health Services provides services to patients under the Medicare program knowing they will not recover all the costs associated with providing these services Providing these services is essential to these patients and the community and increases their access to healthcare services Therefore, the entire Medicare shortfall is considered a community benefit The organization reported only those allowable costs and Medicare reimbursements reported in the Medicare Cost Report for the year Total revenue received from Medicare is the gross reimbursement plus settlement Both total revenue received from Medicare and the Medicare allowable costs are reported from the Medicare Cost Report

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

Part III, Line 9b In keeping with the mission, vision and values of Winona Health, our organization is committed to giving a patient every opportunity to pay their medical debt in full or to make arrangements based on organizational policy When a patient is in the process of applying for financial assistance, whether charity care or an interest free payment plan, there will be no collection efforts Collection efforts include phone contacts, letters, patient interviews, and filing a judgement against the patient and potential garnishment of wages After a determination of financial assistance, any personal portion due follows the same collection procedures as other accounts

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

Part V The organization also has the following types of facilities other than those required to be licensed as a healthcare facility in the state of Minnesota 1 Outpatient Rehab2 Family practice clinics1 Urgent care

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Winona Health (WH) uses a variety of I/I methods to listen to its customers, and the methodologies vary by customer groups The development of most major services includes the seating of a community advisory group to assess operations and plans and provide recommendations to the leadership team WH also uses point of care feedback, comment cards, focus groups, advisory committees comprised of community individuals, and web and consumer newsletter surveys to capture feedback from patients/residents and community Immediate feedback is obtained from patients/residents through pre- and post-service calls, rounding, and informal surveys Winona Health also works with local non-profit organizations gathering feedback from local agencies and their boards to ensure community needs are being met As a result of feedback and the economy, Winona Health, Winona County and Winona State University recently opened a free community health clinic on our campus for those without insurance This free clinic is open quarterly, but if the demand increases, may be open more frequently In 2010, Winona Health, United Way of the Greater Winona Area and Winona Area Community Foundation worked together gathering information for a Community Needs Assessment

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

Part VI, Line 3 Winona Health places pamphlets that contain information about our charity care programs and policies throughout the organization, including all patient access areas In addition, information can be found on our website or by calling the WH business office either locally or toll-free WH also sends out a cover letter with all first time self-pay statements which explains options for charity care, government program assistance, and our uninsured discount program In addition, the WH Social Services department and/or a contracted Patient Advocate may meet with in-house or recently discharged patients to go over all the payment options which include charity care, governmental programs, or other alternative payment options Finally, WH works with the County to help initiate a screening process for applying for governmental programs by offering the patients an opportunity to lock in an effective date for those programs if subsequently found eligible

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

Part VI, Line 4 Winona Health defines its primary service area as the zip code of Winona and the immediate surrounding area with a population base of approximately 35,000 residents Its secondary service area encompasses a 20-mile radius from Winona representing another 12,000 residents Winona Health is located between two large, well-known tertiary health care centers Mayo and Gundersen Lutheran Winona Health has focused on fulfilling its community need a full primary care facility Winona Health defines itself as a primary care health system and provides its patient and resident connections to tertiary level services to meet their needs regionally or nationally, as the patient chooses In 2008 Winona had a per capita personal income of $34,499 The majority of our patients live in Winona which has a population of nearly 28,000 people Approximately 20% of our patients are uninsured and/or Medicaid recipients

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

Part VI, Line 5 Programs like Healthy Kids Club involve several community partners to address this health issue in our community, without putting the focus specifically on weight loss Healthy Kids Club is a free, fun, community-wide program designed to encourage children ages 6 to 11 to live healthy-from making healthful food choices to maintaining active lifestyles Area schools and nine area nonprofit organizations such as the Family YMCA, Winona County Parks and Recreation and United Way of the Greater Winona Area are strong community partners Staff involvement in building a home for Habitat for Humanity compliments our mission to take care of those in our community and promotes team building within the organization Involvement with local schools through career exploration and tours of our organization promotes the importance of healthcare and serving our community We exist to care for those who need us and share this message with students thinking of entering the healthcare field Our staff worked closely with Winona Workforce Center to help train their clients and supervising them in various jobs Staff also spent time at the SE Regional Hospital Consortium at Mayo learning how to prepare for community emergencies Community outreach is something encouraged for all staff because it's not only the right thing to do, but it's part of our mission as well

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Winona Health Services offers emergency and urgent care, primary care for all ages, surgical and specialty care, inpatients care, and senior services Our board is comprised of physicians and primarily community members The board and medical staff are involved in our strategic planning which focuses on the health of our community members To meet the needs of our community, the hospital extends privileges to medical staff that are qualified through licensure in the state of Minnesota We are involved in several on-site and off-site health fairs offering free blood pressure checks, glucose screenings and staff expertise on health questions We also provide free Community Health Talks for community members on certain health topics Excess funds are reinvested and used for patient care and facility upgrades

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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
Winona Health Services

Employer identification number
41-0713914

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ 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
Winona State University FoundationPO Box 5838 Winona,MN 55987	237079002	501(c)(3)	10,000				Health and Wellness Center addition

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Winona Health Services will review solicitations from other legally recognized, tax-exempt nonprofit organizations whose work benefits the community based on the following A The request addresses a community health or wellness issue B The request benefits area youth in the areas of health and wellness C The request supports a project directly benefiting the community and aligned with Winona Health's Missions/Vision/Values D The request supports key Winona Health business and marketing strategies E Priority will be given to local nonprofit organizations F Typically, only one request will be awarded to a nonprofit in a given year All donation requests will be directed to the Marketing Communications Department for processing A Staff will review the request based on the above criteria and budget parameters, with key donation determined yearly during the budgeting process B The following processes will be used to review donation requests 1 Staff may process all donations approved during the budgeting process and those that meet the criteria and are less than $500 without additional approval 2 Requests meeting the criteria and between $500-$1,000 or those requests that require further review should be discussed with the President/CEO before receiving approval 3 Donation requests above $1,000 or requests for multi-year funding should go to the Board of Director's PR/Marketing Committee for review and approval

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Winona Health Services

Employer identification number
41-0713914

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
Scott Birdsall MD	(i)	0	0	0	0	0	0	0
	(ii)	316,074	2,300	0	22,637	22,069	363,080	0
Matthew Broghammer MD	(i)	0	0	0	0	0	0	0
	(ii)	352,884	69,424	0	31,015	16,518	469,841	0
Richard Ferris MD	(i)	0	0	0	0	0	0	0
	(ii)	181,838	9,726	0	17,241	16,518	225,323	0
Daniel Parker MD	(i)	0	0	0	0	0	0	0
	(ii)	182,698	32,824	0	19,397	17,724	252,643	0
Rachelle Heising-Schultz	(i)	0	0	0	0	0	0	0
	(ii)	315,423	0	12,722	34,919	25,060	388,124	0
Michael Allen	(i)	0	0	0	0	0	0	0
	(ii)	207,337	0	3,553	20,821	20,541	252,252	0
Sara Gabrick	(i)	0	0	0	0	0	0	0
	(ii)	147,523	0	2,584	13,141	21,372	184,620	0
Brett Whyte MD	(i)	0	0	0	0	0	0	0
	(ii)	272,425	30,000	4,320	22,050	16,518	345,313	0
Carlos Morales MD	(i)	0	0	0	0	0	0	0
	(ii)	286,726	30,000	0	22,050	16,518	355,294	0
Ruth Moes MD	(i)	0	0	0	0	0	0	0
	(ii)	340,860	0	0	45,301	19,934	406,095	0
Carl Szezesniak MD	(i)	0	0	0	0	0	0	0
	(ii)	337,356	0	5,625	29,250	15,631	387,862	0
Scott Turner MD	(i)	0	0	0	0	0	0	0
	(ii)	256,522	23,000	0	38,550	15,313	333,385	0

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
	Part I, Line 4b	The following individuals received employer contributions to a supplemental non-qualified retirement plan Matthew Broghammer $8,965 Scott Birdsall $ 587 Carl Szezesniak $7,200 Ruth Moes $6,751 The supplemental nonqualified retirement plan is available to executives, physicians, and mid-level providers as determined by the Board of Directors It is funded by employer contributions, and employees are vested within five years An alternative plan is available which is funded by employee contributions and not subject to forfeiture
Supplemental Information	Part III	Part I, Line 3 The CEO is compensated by Winona Health through 12/31/09 and compensated by Winona Health Services as of 1/1/10 As the governing boards are the same for related organizations, the process for determining CEO compensation is noted in Schedule J, Part I, Line 3

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Winona Health Services

Employer identification number
41-0713914

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	City of Winona	41-6005651	975232AY5	07-16-2004	18,978,800	Expansion project		X		X
B	City of Winona	41-6005651	975232BQ1	07-31-2007	12,779,904	Expansion project, refunding of prior revenue bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	18,978,800	12,779,904			
2	Gross proceeds in reserve funds	1,661,100	927,950			
3	Proceeds in refunding or defeasance escrows	6,344,845	6,344,845			
4	Other unspent proceeds					
5	Issuance costs from proceeds	277,820	167,030			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	17,039,880	5,340,000			
8	Year of substantial completion	2006	2007			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

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2009

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Employer identification number
41-0713914

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Hiawatha Broadband Communications Inc	One board member is owner, one board member is a board director of business	135,163	Purchase of telephone and cable services		No
Winona Agency	Owned by Board Member	218,819	Purchase of insurance		No

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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

Open to Public Inspection

Name of the organization
Winona Health Services

Employer identification number
41-0713914

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		1 The Executive Committee shall be responsible for transacting the business of the board of directors in the interim between meetings of the full board subject to the control and direction of the board 2 The Committee shall act on matters which cannot reasonable await action by the full board of directors 3 Other matters may be delegated to the Executive Committee by the Board of Directors, for example * Recruitment, selection and evaluation of the CEO, * Review and approval of a senior executive development plan and a CEO succession plan, * Review and approval of the incentive expectations for the executive staff, * Review and approval of the executive compensation committee's recommendations, 4 Conduct other activities within the scope of the Committee's purpose and authority as the Board may from time to time determine, 5 Periodically review the committee charter and make recommendations to the Board with regard to any changes to the charter that the Committee believes would be desirable

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		The following individuals have business relationships due to serving on the Board of Directors of another organization Scott Biesanz with Ken Mogren Gary Evans with Hugh Miller Scott Birdsall with Rachelle Heising-Schultz

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole member of the organization is Winona Health

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Winona Health, the sole voting member, has authority to elect all at-large directors to the Corporation's Board of Directors and removing them, with or without cause The sole member also has the right to appoint the Chair and the President/CEO of the Corporation, and removing them, with or without cause, subject to any contract rights that may apply

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The following decisions of the Board of Directors is subject to approval by Winona Health, the sole member (c) Approving the amendment of the articles of incorporation of the Corporation and bylaws (d) Approving all mission and/or vision statements and all strategic or long-term plans of the Corporation (e) Approving the creation or acquisition of any and all subsidiaries or controlled affiliates, any mergers or consolidations, any permanent or long-term affiliations, and all joint ventures of the Corporation involving capital investments in excess of One Hundred Thousand Dollars ($100,000) (f) Approving the sale or encumbrance of all or substantially all the assets of the Corporation and all long-term debt in excess of One Hundred Thousand Dollars ($100,000) (g) Approving the Corporation's annual operating and capital budgets and any material amendments thereto or deviations there from (h) Approving the dissolution of the Corporation or any partial or complete liquidation of its assets

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The return is reviewed initially by the CFO and Director of Financial Operations It is then reviewed by the Executive Committee before it is filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest policy applies to all senior leaders, directors, officers, and board committee members The policy is signed annually and reviewed by the CEO for conflicts Any conflicts are brought to the board for discussion If a board member has a potential conflict, they must abstain from voting

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive committee has a process in place for determining compensation for the CEO and CFO based on results of a compensation study, approval and documentation by the board/committee members and the use of independent consultatn every 3 years The board reviews compensation for these individuals annually

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

Identifier	Return Reference	Explanation
		Schedule K Schedule K includes the allocable share of the Series 2007 Tax-Exempt Bond The remaining share is reported on related organization Schedule K, Winona Senior Services, EIN - 41-1936536

Identifier	Return Reference	Explanation
		Form 990, Schedule R, Part V, Line 2 The method used to determine the amounts on Part V are the actual amounts on the organization's books

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		The following individuals devoted time providing services related organizations Gary Evans 5 hours per week Jodie Byrne 6 hours per week Scott Biesanz 5 hours per week Scott Birdsall, MD 5 hours per week Matthew Broghammer, MD 5 hours per week Vickie Decker 5 hours per week Richard Ferris, MD 5 hours per week Herb Highum 5 hours per week Mark Jacobs 5 hours per week Ken Mogren 6 hours per week Hugh Miller 5 hours per week Kim Schwab 5 hours per week Daniel Parker, MD 5 hours per week Mark Wagner 5 hours per week Steve Blue 6 hours per week Paul Ballweg 5 hours per week Rachelle Heising-Schultz 13 hours per week Michael Allen 13 hours per week

Identifier	Return Reference	Explanation
Form 990, Part IX, Line 5		Prior to 1/1/10, officers, directors, and key employees were compensated by Winona Health As of 1/1/10, officers, directors and key employees were compensated by Winona Health Services

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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
Winona Health Services

Employer identification number
41-0713914

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
Winona Health 855 Mankato Avenue Winona, MN 55987 41-1588205	Management and support	MN	501(c)(3)	N/A	N/A
Winona Senior Services 855 Mankato Avenue Winona, MN 55987 41-1936536	Long-term care	MN	501(c)(3)	3	N/A
Winona Health Physician Clinics 855 Mankato Avenue Winona, MN 55987 41-1767741	Health care services	MN	501(c)(3)	9	N/A
Winona Health Foundation 855 Mankato Avenue Winona, MN 55987 41-1879744	Fundraising	MN	501(c)(3)	7	N/A
Winona Area Ambulance Inc 855 Mankato Avenue Winona, MN 55987 41-1845488	Emergency medical services and transportation	MN	501(c)(3)	9	N/A

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (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
Parkview Pharmacy 825 Mankato Avenue Winona, MN55987 41-1552964	Pharmacy	MN	N/A	C			
Winona Clinic Ltd 825 Mankato Avenue Winona, MN55987 41-1227030	Health care services	MN	N/A	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	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) Winona Senior Services Inc	R	5,983,064
(2) Winona Senior Services Inc	N	127,242
(3) Winona Senior Services Inc	Q	5,180,468
(4) Winona Health	Q	2,771,938
(5) Winona Health	N	2,317,770
(6) Winona Health Physician Clinics		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-0713914
Name: Winona Health Services

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Winona Senior Services Inc	R	5,983,064
(1)	Winona Senior Services Inc	N	127,242
(2)	Winona Senior Services Inc	Q	5,180,468
(3)	Winona Health	Q	2,771,938
(4)	Winona Health	N	2,317,770
(5)	Winona Health Physician Clinics		

Additional Data

Software ID:
Software Version:
EIN: 41-0713914
Name: Winona Health Services

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			
Gary Evans Chair	2 00	X		X				0	0	0
Scott Biesanz Director	2 00	X						0	0	0
Scott Birdsall MD Director	42 00	X						0	318,374	40,002
Matthew Broghammer MD Director	42 00	X						0	422,308	46,507
Vicki Decker Director	2 00	X						0	0	0
Richard Ferris MD Director	42 00	X						0	191,564	32,733
Herb Highum Director	2 00	X						0	0	0
Mark Jacobs Director	2 00	X						0	0	0
Ken Mogren Director	2 00	X						0	0	0
Hugh Miller Director	2 00	X						0	0	0
Kim Schwab Director	2 00	X						0	0	0
Daniel Parker MD Director/Chief of Staff	42 00	X						0	215,522	36,096
Mark Wagner Director	2 00	X						0	0	0
Steve Blue Director	2 00	X						0	0	0
Paul Ballweg Director until 12/2009	2 00	X						0	0	0
Rachelle Heising-Schultz President/CEO	33 00	X		X				0	328,145	54,266
Michael Allen CFO/Treasurer	33 00			X				0	210,890	39,526
Jodie Byrne Secretary/Exec Asst	38 00			X				40,683	0	20,628
Sara Gabrick CNO	40 00				X			0	150,107	33,506
Brett Whyte MD ER Physician	40 00					X		0	306,745	37,543
Carlos Morales MD ER Physician	40 00					X		0	316,726	37,543
Ruth Moes MD Anesthesiologist	40 00					X		0	340,860	64,209
Carl Szezesniak MD Pathologist	40 00					X		0	342,981	43,856
Scott Turner MD ER Physician	40 00					X		0	279,522	52,838