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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
CENTRACARE HEALTH FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1406 6TH AVE NORTH

Room/suite

City or town, state or country, and ZIP + 4
ST CLOUD, MN 56303

D Employer identification number
41-1855173

E Telephone number
(320) 251-2700

G Gross receipts $ 10,199,445

F Name and address of principal officer
MARK LARKIN
1406 6TH AVE NORTH
ST CLOUD, MN 56303

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CENTRACARE COM/FOUNDATION

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

L Year of formation 1996

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR RELIGIOUS, EDUCATIONAL AND CHARITABLE PURPOSES, AS CONTEMPLATED AND PERMITTED BY SECTIONS 170(C)(2) AND 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 WITHIN THE FRAMEWORK OF THE FOREGOING, THE PURPOSE FOR WHICH THE CORPORATION IS FORMED, AND THE BUSINESS AND THE OBJECTS TO BE CARRIED ON BY IT, IS TO PROVIDE A MEANS OF IMPROVING THE HEALTH OF THE COMMUNITIES SERVED BY THE SAINT CLOUD HOSPITAL AND CENTRACARE, PRINCIPALLY AS FOLLOWS (A) ENGAGING IN ACTIVITIES TO PROMOTE THE GENERAL HEALTH OF ALL MEMBERS OF THE COMMUNITY AND IMPROVE THE DELIVERY OF HEALTH CARE SERVICES (B) PROMOTING AND FURTHERING THE PROVISION OF HEALTH AND MEDICAL CARE SERVICES TO INDIVIDUALS WITH LIMITED OR NO FINANCIAL ABILITY TO PAY FOR SUCH SERVICES (C) PROMOTING HEALTH EDUCATION (D) PROMOTING HEALTH AND MEDICAL RESEARCH (E) PROMOTING MEDICAL AND ALLIED HEALTH EDUCATION (F) SOLICITING GRANTS AND GIFTS FROM PRIVATE AND PUBLIC

Activities & Governance

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**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total 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

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,341,461	9,024,829
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,384	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	590,930	766,317
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,946,775	9,791,146

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,199,414	3,410,592
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 955,325		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,960,666	2,035,869
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,160,080	5,446,461
19	Revenue less expenses Subtract line 18 from line 12	2,786,695	4,344,685

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	35,224,571	45,294,900
21	Total liabilities (Part X, line 26)	1,642,117	2,747,492
22	Net assets or fund balances Subtract line 21 from line 20	33,582,454	42,547,408

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

****** 2012-05-08
Signature of officer Date

MARK LARKIN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RODNEY M HEISER CPA	RODNEY M HEISER CPA		☐	

Firm's name ▶ MILLER WELLE HEISER & CO LTD — Firm's EIN ▶

Firm's address ▶ 4170 THIELMAN LANE PO BOX 159
ST CLOUD, MN 563020159 — Phone no ▶ (320) 253-9505

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR RELIGIOUS, EDUCATIONAL AND CHARITABLE PURPOSES, AS CONTEMPLATED AND PERMITTED BY SECTIONS 170(C)(2) AND 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 WITHIN THE FRAMEWORK OF THE FOREGOING, THE PURPOSE FOR WHICH THE CORPORATION IS FORMED, AND THE BUSINESS AND THE OBJECTS TO BE CARRIED ON BY IT, IS TO PROVIDE A MEANS OF IMPROVING THE HEALTH OF THE COMMUNITIES SERVED BY THE SAINT CLOUD HOSPITAL AND CENTRACARE, PRINCIPALLY AS FOLLOWS (A) ENGAGING IN ACTIVITIES TO PROMOTE THE GENERAL HEALTH OF ALL MEMBERS OF THE COMMUNITY AND IMPROVE THE DELIVERY OF HEALTH CARE SERVICES (B) PROMOTING AND FURTHERING THE PROVISION OF HEALTH AND MEDICAL CARE SERVICES TO INDIVIDUALS WITH LIMITED OR NO FINANCIAL ABILITY TO PAY FOR SUCH SERVICES (C) PROMOTING HEALTH EDUCATION (D) PROMOTING HEALTH AND MEDICAL RESEARCH (E) PROMOTING MEDICAL AND ALLIED HEALTH EDUCATION (F) SOLICITING GRANTS AND GIFTS FROM PRIVATE AND PUBLIC

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 $ 3,754,751 including grants of $ 3,410,592) (Revenue $)

ACTIVITIES INCLUDED CHARITABLE, EDUCATIONAL, AND SCIENTIFIC ACTIVITIES FOR THE BENEFIT OF THE COMMUNITIES SERVED BY THE ST CLOUD HOSPITAL AND CENTRACARE

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** ▶ $ 3,754,751

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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	Yes	
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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	21		
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b Yes	
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 Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e Yes	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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		No
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		No
	If "Yes" to line 15a or 15b, 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 ▶

MARK LARKIN
1406 6TH AVE NORTH
ST CLOUD, MN 56303
(320) 251-2700

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BARB CASPERS CHAIR	1 00	X		X				0	0	0
(2) DWIGHT JAEGER MD DIRECTOR	1 00	X						0	0	0
(3) MARK KREBSBACH DIRECTOR	1 00	X						0	0	0
(4) JOHN MAHOWALD DIRECTOR	1 00	X						0	0	0
(5) JOHN MCDOWALL DIRECTOR	1 00	X						0	0	0
(6) MARILYN OBERMILLER DIRECTOR	1 00	X						0	0	0
(7) JOHN SCHMITZ MD DIRECTOR	1 00	X						0	248,538	44,192
(8) KIM SPAULDING MD DIRECTOR	1 00	X						0	0	0
(9) WENDY VERKINNES DIRECTOR	1 00	X						0	0	0
(10) LOREN VIERE DIRECTOR	1 00	X						0	0	0
(11) MARY WEITZEL DIRECTOR	1 00	X						0	0	0
(12) BRAD WHEELOCK DIRECTOR	1 00	X						0	0	0
(13) CRAIG BROMAN EX-OFFICIO	1 00	X						0	691,213	139,394
(14) TOM CRESS MD EX-OFFICIO	1 00	X						0	1,300	0
(15) JIM DAVIS EX-OFFICIO	1 00	X						0	488,017	27,731
(16) AL HORN MD EX-OFFICIO	1 00	X						0	472,107	111,677

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) TERENCE PLADSON MD EX-OFFICIO	1 00	X						0	845,093	189,776
(18) CHRIS SHORBA VICE CHAIR	1 00	X		X				0	0	0
(19) BARB ANDERSON DIRECTOR	1 00	X						0	0	0
(20) STACIA ANDERSON MD DIRECTOR	1 00	X						0	315,775	43,211
(21) MARK COBORN DIRECTOR	1 00	X						0	0	0
(22) NANCY FERCHE DIRECTOR	1 00	X						0	0	0
(23) LINDA FEULING DIRECTOR	1 00	X						0	0	0
(24) JEFF GAU DIRECTOR	1 00	X						0	0	0
(25) MARC SANDERSON DIRECTOR	1 00	X						0	0	0
(26) MARK LARKIN EXECUTIVE DIRECTOR	40 00				X			0	242,799	56,694
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	3,304,842	612,675

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 ▶0

		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 or individual 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

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 ▶0

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 2,894,886				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 6,129,943				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	9,024,829			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶				
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 1,174,616				
	b	Less direct expenses . . . b 408,299				
	c	Net income or (loss) from fundraising events . . ▶	766,317			766,317
	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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	9,791,146	0	0	766,317

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,358,667	3,358,667		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	51,925	51,925		
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				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting	16,010	3,362	6,580	6,068
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	98,402			98,402
13 Office expenses	64,689	13,585	26,587	24,517
14 Information technology				
15 Royalties				
16 Occupancy	91,766	19,271	37,716	34,779
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,710		14,710	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,295		1,295	
23 Insurance	1,423		1,423	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a FEES FOR EMPLOYEES OF A	1,466,385	307,941	602,684	555,760
b CONTRACTED SERVICES	235,799			235,799
c OTHER	45,390		45,390	
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	5,446,461	3,754,751	736,385	955,325
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		335,754	1	2,924,464
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		12,172,168	3	13,130,788
	4	Accounts receivable, net			4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 19,429			
	b	Less accumulated depreciation	10b 4,904	15,821	10c	14,525
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		21,817,661	12	28,292,183
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		883,167	15	932,940
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		35,224,571	16	45,294,900
Liabilities	17	Accounts payable and accrued expenses		980,178	17	2,058,388
	18	Grants payable			18	
	19	Deferred revenue		12,880	19	10,400
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		649,059	25	678,704
	26	**Total liabilities.** Add lines 17 through 25		1,642,117	26	2,747,492
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		21,121,843	27	29,061,208
	28	Temporarily restricted net assets		12,190,501	28	13,216,090
	29	Permanently restricted net assets		270,110	29	270,110
		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		33,582,454	33	42,547,408
	34	Total liabilities and net assets/fund balances		35,224,571	34	45,294,900

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,791,146
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,446,461
3	Revenue less expenses Subtract line 2 from line 1	3	4,344,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	33,582,454
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,620,269
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	42,547,408

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2010

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH FOUNDATION

Employer identification number
41-1855173

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 described in **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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,364,876	5,678,813	11,304,676	6,341,461	9,024,829	39,714,655
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	7,364,876	5,678,813	11,304,676	6,341,461	9,024,829	39,714,655
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)						2,335,689
6 **Public Support.** Subtract line 5 from line 4						37,378,966

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,364,876	5,678,813	11,304,676	6,341,461	9,024,829	39,714,655
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,915,015	138,673	208,821	14,384		3,276,893
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						42,991,548

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 2010 (line 6 column (f) divided by line 11 column (f))	**14**	86 940 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	87 150 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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

2010

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH FOUNDATION

Employer identification number
41-1855173

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	20	
2	Aggregate contributions to (during year)	21,795	
3	Aggregate grants from (during year)	5,053	
4	Aggregate value at end of year	1,316,037	

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	270,110	270,110	207,762		
b Contributions			62,348		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	270,110	270,110	270,110		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		19,429	4,904	14,525
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				14,525

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH & CASH EQUIVALENTS	579,252	F
(B) MARKETABLE EQUITY SECURITIES	25,770,846	F
(C) IRREVOCABLE TRUSTS	1,114,587	F
(D) REAL ESTATE PARTNERSHIPS	791,450	F
(E) CORPORATE DEBT SECURITIES	35,841	F
(F) OTHER INVESTMENTS	207	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	28,292,183	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITIES PAYABLE	678,704
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	678,704

2. Fin 48 (ASC 740) 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 (ASC740)

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	9,791,146
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,446,461
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,344,685
4	Net unrealized gains (losses) on investments	4	4,427,212
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	193,057
9	Total adjustments (net) Add lines 4 - 8	9	4,620,269
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,964,954

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	14,819,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,427,212		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	193,057		
e	Add lines **2a** through **2d**			2e	4,620,269
3	Subtract line **2e** from line **1**			3	10,199,445
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	-408,299		
c	Add lines **4a** and **4b**			4c	-408,299
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,791,146

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

1	Total expenses and losses per audited financial statements			1	5,854,760
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	408,299		
e	Add lines **2a** through **2d**			2e	408,299
3	Subtract line **2e** from line **1**			3	5,446,461
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,446,461

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	BENEFACTORS ENTRUST THE CENTRACARE HEALTH FOUNDATION WITH CHARITABLE FUNDS THE BOARD BY POLICY AND AT ITS DISCRETION DESIRES TO EFFECTIVELY SECURE, MANAGE AND DISTRIBUTE THESE CHARITABLE FUNDS OF THE FOUNDATION THIS POLICY GOVERNS THE DISTRIBUTION FROM ALL COMPONENT FUNDS OF THE FOUNDATION STAFF SHALL ADOPT PROCEDURES TO CARRY OUT THE STATED FUND DISTRIBUTION POLICY A BENEFACTOR OR THE BOARD OF DIRECTORS MAY CHOOSE TO CREATE EITHER A GROWTH OR EXPENDABLE FUND A GROWTH FUND - THE PRINCIPAL IS ENDOWED OR AVAILABLE, BUT INTENDED TO BE HELD ON A LONG-TERM BASIS TO PRODUCE INCOME THE FOUNDATION BOARD OF DIRECTORS HAS ESTABLISHED A "SPENDING POLICY" FOR GROWTH FUNDS THE SPENDING POLICY OUTLINES THE PERCENTAGE THAT WILL BE TRANSFERRED ANNUALLY FROM THE GROWTH FUND B EXPENDABLE FUND - THE PRINCIPAL IS INTENDED TO BE SPENT FOR THE STATED CHARITABLE PURPOSE FUNDS FOR DISTRIBUTION ARE AVAILABLE UNDER FOUR PRIMARY CATEGORIES 1) UNRESTRICTED, 2) FIELD OF INTEREST, 3) ADVISED AND 4) DESIGNATED THESE CATEGORIES OF FUNDS ARE EITHER GROWTH OR EXPENDABLE A DEFINITION OF EACH FUND CATEGORY IS PROVIDED 1 UNRESTRICTED CENTRACARE HEALTH FOUNDATION BOARD OF DIRECTORS HAS COMPLETE DISCRETION TO MAKE CHARITABLE GRANTS TO MEET THE GREATEST NEEDS THAT THE FOUNDATION IDENTIFIES 2 FIELD OF INTEREST DISTRIBUTIONS ARE RESTRICTED TO A CHARITABLE PURPOSE SPECIFIED BY THE BENEFACTOR (FOR EXAMPLE, A FUND FOR MEDICAL MISSION WORK OR A PEDIATRIC FUND TO HELP ALL CHILDREN WHO ARE ILL) 3 ADVISED FUND THE BENEFACTOR (OR PERSON OR COMMITTEE DESIGNATED BY THE BENEFACTOR) CAN ADVISE CENTRACARE HEALTH FOUNDATION ON CHARITABLE DISTRIBUTIONS THE RECOMMENDATIONS ARE ONLY ADVISORY THE BOARD OF DIRECTORS OF THE FOUNDATION HAS LEGAL CONTROL OVER ALL DISTRIBUTIONS 4 DESIGNATED DISTRIBUTIONS ARE RESTRICTED TO A SPECIFIC PROGRAM, SERVICE OR PURPOSE THAT WAS NAMED BY THE BENEFACTOR AT THE TIME THE CONTRIBUTION WAS MADE TO THE FOUNDATION (FOR EXAMPLE, THE CENTRAL MINNESOTA HEART CENTER FUND OR BREAST CENTER FUND)
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE TAX POSITIONS FOR THE FOUNDATION AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF TRUSTS 193,057
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF TRUSTS 193,057
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT & GAMING EXPENSES -408,299
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT & GAMING EXPENSES 408,299

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH FOUNDATION

Employer identification number
41-1855173

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 HOLLY BALL (event type)	(b) Event #2 GROCERS ON THE GREEN (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	588,460	278,044	297,092	1,163,596
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	588,460	278,044	297,092	1,163,596
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	11,134		1,600	12,734
	7 Food and beverages	62,515	1,820	14,965	79,300
	8 Entertainment	12,800		2,850	15,650
	9 Other direct expenses	87,543	111,657	91,625	290,825
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				398,509
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				765,087

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH FOUNDATION

Employer identification number
41-1855173

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 11

3 Enter total number of other organizations . . . ▶ 3

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
(1) SCHOLARSHIPS FOR HEALTH CARE EDUCATION	48	27,755			
(2) PATIENT MEDICAL EXPENSE ASSISTANCE	33	24,170			

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 THE CENTRACARE HEALTH FOUNDATION REVIEWS GRANT APPLICATIONS AND MAKES AWARDS FOUR TIMES A YEAR GRANTS ARE REVIEWED BY THE GRANTS COMMITTEE AND RECOMMENDATIONS ARE SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THE FOUNDATION BOARD OF DIRECTORS, IN EVALUATING GRANT APPLICATIONS, WILL BE GUIDED BY THE FOLLOWING GENERAL PRINCIPLES 1 PROPOSALS MUST BE CONSISTENT WITH THE MISSION STATEMENT OF THE CENTRACARE HEALTH FOUNDATION 2 GRANTS WILL BE MADE TO PROJECTS WHICH WILL HAVE PRIMARY IMPACT IN THE FOLLOWING CENTRAL MINNESOTA COUNTIES BENTON, CROW WING, DOUGLAS, KANDIYOHI, MEEKER, MILLE LACS, MORRISON, POPE, SHERBURNE, STEARNS, TODD, WADENA AND WRIGHT 3 THE FOUNDATION IS RELUCTANT TO PROVIDE FUNDING FOR ONGOING OPERATIONAL SUPPORT OR GENERAL ADMINISTRATIVE EXPENSES FOR EXISTING PROGRAMS PROPOSALS THAT ADDRESS HEALTH ISSUES THROUGH PARTNERSHIPS WITH MULTIPLE INDIVIDUALS AND ORGANIZATIONS ARE ENCOURAGED 4 ALL DECISIONS REGARDING FUNDING WILL BE MADE WITHOUT REGARD TO RACE, COLOR, CREED, SEX, HANDICAP, RELIGION, OR NATIONAL ORIGIN OF THE GRANT SEEKER, AND WITHOUT REGARD TO AN APPLICANT'S RELATIONSHIP WITH THE CENTRACARE SYSTEM OR ITS SUBSIDIARIES ADDITIONAL SPECIFIC ACTIONS ARE TAKEN TO REVIEW AND MONITOR SPECIFIC REQUESTS INCLUDING 1 PROJECTS OF A TECHNICAL OR SCIENTIFIC NATURE WILL BE REFERRED TO A PHYSICIAN BOARD MEMBER FOR EVALUATION AND RECOMMENDATION, OR FOR FURTHER REFERRAL IF APPROPRIATE 2 AT THE MEETING OF THE BOARD OF DIRECTORS, AN ADMINISTRATIVE REPORT AND RECOMMENDATION WILL BE MADE AND, IF APPROPRIATE, A TECHNICAL REPORT WILL ALSO BE GIVEN 3 NOTIFICATION WILL BE MADE FOLLOWING THE BOARD DECISION 4 IF A GRANT APPLICATION IS APPROVED, ARRANGEMENTS FOR PAYMENT AND OTHER DETAILS WILL BE ARRANGED BY THE GRANT RECIPIENT WITH THE FOUNDATION'S ADMINISTRATIVE OFFICE 5 PROGRESS REPORTS WILL BE REQUIRED ON AT LEAST A SEMI-ANNUAL BASIS, WITH A FINAL REPORT REQUIRED AT THE CONCLUSION OF THE PROJECT 6 IN THE EVENT A GRANT APPLICATION IS ACCEPTED, AND THE APPLICANT IS NOTIFIED, BUT THE APPLICANT MAKES NO REQUEST FOR THE FUNDS OR FOR THE DEFERRAL OF THE PROJECT IN THE SUCCEEDING 12 MONTHS, THEN THE APPLICANT MUST RESUBMIT A NEW PROPOSAL FOR CONSIDERATION 7 IF AN ACCEPTED PROJECT IS TO HAVE TWO SEPARATE YEARLY GRANTS, THE SECOND ALLOCATION WILL NOT BE MADE WITHOUT ADEQUATE REPORTING OF THE FIRST YEAR'S ACTIVITY AND THE USE OF GRANT MONEYS A FORMAL GRANT APPLICATION TO CCHF WILL INCLUDE THE FOLLOWING INFORMATION 1 THE NAME OF THE APPLICANT, ADDRESS, TELEPHONE NUMBER, NAME OF PERSON PREPARING THE APPLICATION, AND THE NAME OF THE PERSON RESPONSIBLE FOR CARRYING OUT THE PROJECT 2 A BRIEF HISTORY OF THE ORGANIZATION OR THE BACKGROUND AND RELEVANT EXPERIENCE OF AN INDIVIDUAL APPLICANT 3 A DETAILED DESCRIPTION OF THE PROPOSED PROJECT WITH A NEEDS ASSESSMENT, AN OUTLINE OF THE PROJECT GOALS AND OBJECTIVES, AND THE PLAN FOR MEETING THOSE GOALS AND OBJECTIVES 4 FOR RESEARCH PROJECTS, OR WHERE OTHERWISE APPROPRIATE, EVIDENCE OF LITERATURE SEARCH USING GENERALLY ACCEPTED RESEARCH METHODOLOGY 5 THE GEOGRAPHIC AND POPULATION SCOPE OF THE PROJECT 6 A DESCRIPTION OF THE ANTICIPATED IMPACT THE PROJECT WILL HAVE ON THE REGION 7 A DESCRIPTION OF HOW THE PROGRAM DOES NOT DUPLICATE EXISTING PROGRAMS, OR WHAT DISTINGUISHES THE PROJECT FROM PROGRAMS ALREADY IN EXISTENCE 8 LIST INDIVIDUALS OR ORGANIZATIONS THAT ARE PARTNERS WITH YOUR PROJECT 9 THE TIME PERIOD TO BE COVERED BY THE GRANT 10 THE PROJECT BUDGET, INCLUDING SOURCES OF INCOME AND ANTICIPATED COSTS THE GRANTS COMMITTEE MAY REQUEST AN ANNUAL AUDIT, IF APPROPRIATE 11 ANTICIPATED SOURCES OF INCOME AND BUDGET FOR THREE YEARS FOLLOWING THE FOUNDATION GRANT, IF APPROPRIATE

Additional Data Return to Form

Software ID:
Software Version:
EIN: 41-1855173
Name: CENTRACARE HEALTH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ANNA MARIE'S ALLIANCE PO BOX 367 ST CLOUD,MN 56302	41-1344743	501(C)(3)	10,000				ANNA MARIE'S EMERGENCY CLINIC
APOLLO HIGH SCHOOL 1000 44TH AVE NORTH ST CLOUD,MN 56303	41-6003926		5,832				SMOKING CESSATION PROGRAM
CENTRACARE CLINIC1200 6TH AVENUE NORTH ST CLOUD,MN 56303	41-1806657	501(C)(3)	603,962				GENERAL SUPPORT
CENTRACARE HEALTH SYSTEM - LONG PRAIRIE20 SE NINTH STREET LONG PRAIRIE,MN 56347	41-1924645	501(C)(3)	22,281				MEDICAL EQUIPMENT
CENTRACARE HEALTH SYSTEM - MELROSE525 5TH AVE W MELROSE,MN 56352	41-1865315	501(C)(3)	48,579				GENERAL SUPPORT
GOODWILLEASTER SEAL 553 FAIRVIEW AVE NORTH ST PAUL,MN 55104	41-0706171	501(C)(3)	10,000				GOODWILL EASTER SEAL EXPANSION
HEARTLAND PHARMACY 1520 WHITNEY COURT ST CLOUD,MN 56303	41-1620618		7,804				PRESCRIPTION ASSISTANCE FOR PATIENTS WITH FINANCIAL NEED
LUTHERAN SOCIAL SERVICES1205 6TH AVE S 2 ST CLOUD,MN 56301	41-0872993	501(C)(3)	15,000				ST CLOUD CRISIS NURSERY
SENIOR HELPING HANDS 713 ANDERSON AVE ST CLOUD,MN 56303	41-0695596	501(C)(3)	10,000				GENERAL SUPPORT
ST BENEDICT'S SENIOR COMMUNITY1810 MINNESOTA BLVD SE ST CLOUD,MN 56304	41-1321978	501(C)(3)	205,799				GENERAL SUPPORT
ST CLOUD AREA FAMILY YMCA1530 NORTHWAY DRIVE ST CLOUD,MN 56303	41-0952420	501(C)(3)	48,830				WELLNESS DIRECTOR
ST CLOUD HOSPITAL1406 6TH AVENUE NORTH ST CLOUD,MN 56303	41-0695596	501(C)(3)	1,060,845				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ST CLOUD STATE UNIVERSITYBUSINESS OFFICE-AS122 720 FOURTH AVE SOUTH ST CLOUD,MN 56301	41-1687554		30,050				PSYCHIATRIC SERVICES & HEALTH & WELLNESS PROGRAMS
QUIET OAKS HOSPICE HOUSEPO BOX 1241 ST CLOUD,MN 56302	20-3905841	501(C)(3)	158,000				GENERAL SUPPORT

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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

2010

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH FOUNDATION

Employer identification number
41-1855173

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 from the organization or a related organization?	**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**	Yes	
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 duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
(1) JOHN SCHMITZ MD	(i)	0	0	0	0	0	0	0
	(ii)	206,600	41,758	180	15,365	28,827	292,730	0
(2) CRAIG BROMAN	(i)	0	0	0	0	0	0	0
	(ii)	464,302	139,273	87,638	100,961	38,433	830,607	82,313
(3) JIM DAVIS	(i)	0	0	0	0	0	0	0
	(ii)	271,356	45,939	170,722	13,396	14,335	515,748	165,316
(4) AL HORN MD	(i)	0	0	0	0	0	0	0
	(ii)	333,845	114,022	24,240	81,010	30,667	583,784	18,646
(5) TERENCE PLADSON MD	(i)	0	0	0	0	0	0	0
	(ii)	647,383	187,422	10,288	166,348	23,428	1,034,869	0
(6) STACIA ANDERSON MD	(i)	0	0	0	0	0	0	0
	(ii)	269,738	45,763	274	17,664	25,547	358,986	0
(7) MARK LARKIN	(i)	0	0	0	0	0	0	0
	(ii)	182,422	33,359	27,018	26,710	29,984	299,493	25,561
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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	FURTHER EXPLANATION OF THE OFFICERS' COMPENSATION LISTED IN SECTION VII OF FORM 990 AND ON SCHEDULE J THE CORPORATIONS' EXECUTIVES ARE ELIGIBLE TO PARTICIPATE IN BENEFIT PLANS WHICH INCLUDE TAX DEFERRED NON QUALIFIED INVESTMENT ACCOUNTS THESE PLANS MAY PROVIDE, BUT ARE NOT CERTAIN TO PROVIDE, FOR PAYMENT OF TAX DEFERRED COMPENSATION TO THESE EXECUTIVES AT SOME TIME IN THE FUTURE THE EXECUTIVE HAS NO LEGAL RIGHT TO THESE DOLLARS UNTIL, AND UNLESS, CERTAIN FUTURE EVENTS OCCUR IN ACCORDANCE WITH THE INSTRUCTIONS TO THE FORM 990, THE AMOUNTS LISTED IN SECTION VII AND IN SCHEDULE J REFLECT THIS TAX DEFERRED COMPENSATION THIS COMPENSATION IS POTENTIALLY REPORTED TWICE ON THE FORM 990, ONCE WHEN THE COMPENSATION IS DEFERRED OR ACCRUED AND AGAIN IF IT IS PAID TO THE EXECUTIVE THIS WILL BE REPORTED IN SCHEDULE J, PART II, COLUMN (F) TERENCE PLADSON RECEIVED 0 ACCRUED 147,973 CRAIG BROMAN RECEIVED 82,313 ACCRUED 85,458 JIM DAVIS RECEIVED 165,316 ACCRUED 0 ALLEN HORN, MD RECEIVED 18,646 ACCRUED 51,135 MARK LARKIN RECEIVED 25,561 ACCRUED 10,711
	PART I, LINE 6	THE ORGANIZATION PROVIDES INCENTIVE COMPENSATION TO DESIGNATED INDIVIDUALS BASED ON THREE DISCRETE AREAS A COMPARISON BETWEEN BUDGETED AND ACTUAL NET OPERATING INCOME FROM CENTRACARE HEALTH FOUNDATION, ACHIEVEMENT OF IMPROVEMENT IN OVERALL EMPLOYMENT ENGAGEMENT SCORES, AND ACHIEVEMENT OF UP TO THREE INDIVIDUAL GOALS WHICH ARE TIED TO THE CENTRACARE HEALTH FOUNDATION'S STRATEGIC PLAN

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH FOUNDATION

Employer identification number
41-1855173

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		THE ORGANIZATION DELEGATES INVESTMENTS TO AN INVESTMENT COMMITTEE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTANT WITH THE ASSISTANCE OF THE ORGANIZATION'S PERSONNEL ONCE COMPLETE, THE 990 IS PRESENTED TO THE BOARD MEMBERS WHERE IT IS REVIEWD, APPROVED, AND SIGNED

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR IS SUBJECT TO BIENNIAL FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES BY AN OUTSIDE, INDEPENDENT CONSULTANT THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMMITTEE AND BOARD REVIEW THE LAST FULL REVIEW WAS DONE IN MAY 2010, THE COMPENSATION REVIEW IN MAY 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,427,212 CHANGE IN VALUE OF TRUSTS 193,057 TOTAL TO FORM 990, PART XI, LINE 5 4,620,269

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
CONTINUATION OF THE ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1	(G) PROMOTING THE MEDICAL, NURSING, SPIRITUAL, PHYSICAL, SOCIAL, OR PSYCHOLOGICAL CARE AND SERVICES, INCLUDING HOUSING AND OUTREACH SERVICES, FOR THE ELDERLY AND OTHER PERSONS WHO DO NOT REQUIRE ACUTE HOSPITAL CARE (H) PROMOTING THE INTERESTS OF ANY NONPROFIT AND FEDERALLY TAX-EXEMPTED ORGANIZATION, PROVIDED HOWEVER, THE PURPOSES OF SUCH ORGANIZATION ARE CONSISTENT WITH THOSE OF THE CORPORATION

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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

2010

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH FOUNDATION

Employer identification number
41-1855173

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CENTRACARE HEALTH SYSTEM 1406 6TH AVE NO ST CLOUD, MN 56303 41-1813221	TO OPERATE AN INTEGRATED MULTI-ORGANIZATIONAL HEALTH SYSTEM	MN	501(C)(3)	11C	N/A		No
(2) CENTRACARE HEALTH SYSTEM - LONG PRAIRIE 20 SE 9TH SE LONG PRAIRIE, MN 56347 41-1924645	OPERATION OF ACUTE AND LONG TERM CARE FACILITIES	MN	501(C)(3)	3	N/A		No
(3) CENTRACARE HEALTH SYSTEM - MELROSE 11 NORTH 5TH AVE WEST MELROSE, MN 56352 41-1865315	OPERATION OF ACUTE AND LONG TERM CARE FACILITIES	MN	501(C)(3)	3	N/A		No
(4) CENTRAL MINNESOTA EMERGENCY PHYSICIANS 1406 6TH AVE NO ST CLOUD, MN 56303 41-1708142	OPERATION OF A MULTI SPECIALTY PHYSICIAN CLINIC	MN	501(C)(3)	3	N/A		No
(5) CENTRACARE CLINIC 1406 6TH AVE NO ST CLOUD, MN 56303 41-1806657	OPERATION OF A MULTI SPECIALTY PHYSICIAN CLINIC	MN	501(C)(3)	3	N/A		No

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) Disproprtionate 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	(k) Percentage ownership

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
(1) CENTRACARE PHARMACY SERVICES INC 1406 6TH AVE NO ST CLOUD, MN56303 41-1620618	OPERATION OF RETAIL PHARMACIES	MN	N/A	C			

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
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	Yes	
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		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CENTRACARE HEALTH SYSTEM - LONG PRAIRIE	C	50,000	NEGOTIATED BASED ON ACTUAL EXP
(2)			
(3)			
(4)			
(5)			
(6)			

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation