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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 private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016		D Employer identification number 41-1813221	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization CENTRACARE HEALTH SYSTEM		E Telephone number (320) 251-2700
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1406 6TH AVENUE NORTH		
	City or town, state or province, country, and ZIP or foreign postal code ST CLOUD, MN 56303		G Gross receipts \$ 163,854,415
F Name and address of principal officer KENNETH D HOLMEN MD 1406 6TH AVENUE NORTH ST CLOUD, MN 56303		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ► WWW.CENTRACARE.COM		H(c) Group exemption number ►	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of formation 1995	M State of legal domicile MN

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE CENTRACARE HEALTH SYSTEM WORKS TO IMPROVE THE HEALTH OF EVERY PATIENT, EVERY DAY		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,269	
6 Total number of volunteers (estimate if necessary)	6	162	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	951,179	
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)	177,151	79,633
	9 Program service revenue (Part VIII, line 2g)	176,778,976	163,727,195
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,028,925	1,869,058
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	665,361	-6,482,051
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,592,563	159,193,835
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,049	0
	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)	109,306,522	91,427,299
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶40,347</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,219,962	74,660,800
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	192,527,533	166,088,099
	19 Revenue less expenses Subtract line 18 from line 12	-15,934,970	-6,894,264
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		185,298,098	173,191,160
21 Total liabilities (Part X, line 26)		94,146,535	87,735,972
22 Net assets or fund balances Subtract line 21 from line 20		91,151,563	85,455,188

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	*****			2017-04-27	
	Signature of officer			Date	
	GREGORY R KLUGHERZ VICE PRESIDENT/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TODD A JACKSON		Preparer's signature TODD A JACKSON		Date 2017-04-27
	Check ☐ if self-employed		PTIN P00092672		
	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 801 NICOLLET MALL SUITE 1100 MINNEAPOLIS, MN 55402			Phone no (612) 332-4300		

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization's mission

THE MISSION OF CENTRACARE HEALTH SYSTEM (CCHS) IS TO OPERATE AN INTEGRATED MULTI-ORGANIZATIONAL HEALTH CARE SYSTEM DESIGNED TO PROVIDE ACCESS TO QUALITY HEALTH CARE SERVICES AT AN AFFORDABLE PRICE

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 72,120,112 including grants of \$) (Revenue \$ 68,317,830)

CENTRACARE HEALTH SYSTEM (CCHS) IS AN INTEGRATED HEALTH SYSTEM, COMPRISED OF FIVE CRITICAL ACCESS HOSPITALS, ONE ACUTE CARE HOSPITAL, A MULTI-SPECIALTY CLINIC, SURGICAL CENTER, RETAIL PHARMACY NETWORK, NURSING HOME AND A FOUNDATION CCHS SERVES ITS PATIENTS IN 4 MAIN AREAS MONTICELLO HOSPITAL IS CONSIDERED A DISREGARDED ENTITY FOR PURPOSES OF 990 REPORTING, THUS IT IS INCLUDED WITH THIS 990 FILING MONTICELLO HOSPITAL IS A 25 BED CRITICAL ACCESS HOSPITAL AND ALSO OPERATES A 10 BED ACUTE REHAB UNIT IN FISCAL YEAR 2016, THEY HAD 4,612 PATIENT DAYS, 33,400 OUTPATIENT VISITS AND 12,385 EMERGENCY ROOM VISITS WHICH GENERATED \$68,317,830 OF PROGRAM REVENUE AND \$59,204,921 OF PROGRAM EXPENSES

4b

(Code) (Expenses \$ 32,688,973 including grants of \$) (Revenue \$ 37,347,593)

CENTRACARE HEALTH - PAYNESVILLE HOSPITAL IS CONSIDERED A DISREGARDED ENTITY FOR PURPOSES OF 990 REPORTING, THUS IT IS INCLUDED WITH THIS 990 FILING CENTRACARE HEALTH - PAYNESVILLE HOSPITAL IS A 25 BED CRITICAL ACCESS HOSPITAL IN FISCAL YEAR 2016 THEY HAD 2,585 PATIENT DAYS, 32,888 OUTPATIENT VISITS AND 3,524 EMERGENCY ROOM VISITS IN FISCAL YEAR 2016, PAYNESVILLE GENERATED \$37,347,593 OF PROGRAM REVENUE AND \$32,688,973 OF PROGRAM EXPENSE

4c

(Code) (Expenses \$ 24,107,012 including grants of \$) (Revenue \$ 37,406,262)

CENTRACARE LABORATORY SERVICES ALL HOSPITALS UNDER ITS UMBRELLA AS WELL AS CENTRACARE CLINIC IT ALSO PERFORMS TESTS FOR VARIOUS FACILITIES IN THE REGION CENTRACARE LABORATORY PERFORMED 1 99 MILLION TESTS IN FISCAL YEAR 2016 IN FISCAL YEAR 2016 CENTRACARE LABORATORY GENERATED \$37,406,262 IN PROGRAM REVENUE AND INCURRED \$24,107,012 OF EXPENSES

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 7,497,416 including grants of \$) (Revenue \$ 7,700,559)

4e

Total program service expenses ▶ 136,413,513

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 instructions)?	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 Yes	
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
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, line 10? 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 Yes	
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> 	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	253	
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	2,269	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
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 or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 13		
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its 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 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?	10a Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b Yes	
11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b Yes	
If "Yes" to line 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 Yes	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b Yes	

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 made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
►GREGORY R KLUGHERZ 1406 SIXTH AVENUE 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 or note to any line 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. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) KENNETH D HOLMEN MD PRESIDENT/CEO	21 00 19 00	X		X				926,091	0	202,356
(2) GENE WINDFELDT DIRECTOR, CHAIR	2 00	X		X				4,500	0	0
(3) MIKE BENUSA DIRECTOR, VICE CHAIR	2 00	X		X				2,000	0	0
(4) CHRISTIAN SCHMIDT MD DIRECTOR & SURGEON	1 00 39 00	X						0	524,266	43,906
(5) CHRISTOPHER COBORN DIRECTOR	2 00 2 00	X						1,500	0	0
(6) DAVID AGERTER MD DIRECTOR	2 00 2 00	X						1,000	0	0
(7) DENISE ROSEN DIRECTOR	2 00 2 00	X						1,000	0	0
(8) STEVE LARAWAY DIRECTOR	2 00	X						1,500	0	0
(9) TERESA BOHNEN DIRECTOR	2 00 2 00	X						1,000	0	0
(10) MOHAMED YASSIN MD DIRECTOR	2 00	X						1,500	0	0
(11) MARY JO WILLIAMSON DIRECTOR	2 00	X						2,500	0	0
(12) JOSEPH UPHUS DIRECTOR	2 00	X						2,000	0	0
(13) ROBERT STOCKER MD DIRECTOR & OB/GYN	2 00 38 00	X						0	548,379	19,875
(14) GREGORY R KLUGHERZ TREASURER/CFO	25 00 15 00			X				0	693,473	137,676

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) PAUL R HARRIS ESQ CORPORATE SECRETARY	25 00 15 00			X				489,145	0	102,612
(16) JOSEPH D HELLIE VICE PRESIDENT	37 00 3 00				X			257,654	0	61,273
(17) AMY M PORWOLL VICE PRESIDENT	20 00 20 00				X			217,231	143,676	77,678
(18) DUANE A RASUMUSSON VICE PRESIDENT	20 00 20 00				X			232,138	162,698	87,633
(19) NELSON L ADAMSON MD PHYSICIAN	40 00					X		0	567,569	46,668
(20) LAWRENCE G STRATE MD PHYSICIAN	40 00					X		0	399,437	43,219
(21) RANDALL J ZIMMERMAN MD PHYSICIAN	40 00					X		0	389,424	45,447
(22) HEATHER K SWANSON MD PHYSICIAN	40 00					X		0	373,421	45,494
(23) TIMOTHY L MALLING MD PHYSICIAN	40 00					X		0	349,726	43,672
(24) TERENCE R PLADSON MD FORMER OFFICER/TRUSTEE (CEO, RETIRED 12/31/2014)	0 00 0 00						X	391,780	0	4,938
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,532,539	4,152,069	962,447

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 87			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		Yes	No
		3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		Yes	
		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? <i>If "Yes," complete Schedule J for such person</i>			No
		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 Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
CENTRACARE CLINIC 1200 6TH AVE NORTH ST CLOUD, MN 56303		PHYSICIAN SERVICES	9,812,562
MAYO MEDICAL LABORATORIES PO BOX 4100 ROCHESTER, MN 559034100		LABORATORY SERVICES	3,807,015
CENTRAL MINNESOTA EMERGENCY PHYSICIANS 1406 6TH AVE NORTH ST CLOUD, MN 56303		EMERGENCY COVERAGE	2,643,822
SENN DELANEY 7755 CENTER AVE SUITE 900 HUNTINGTON BEACH, CA 92647		CULTURE TRANSFORMATION	2,180,363
METRO ANESTHESIA CONSULTANT 9855 AETNA AVE NE MONTICELLO, MN 55362		ANESTHESIA SERVICES	2,088,142
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 30		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	59,873			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,760			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		79,633			
Program Service Revenue	2a	PATIENT & SERVICE REVENUE	Business Code 900099	149,040,601	148,089,422	951,179	
	b	SHARED/LEGAL SYSTEM REVENUE	900099	10,364,005	10,364,005		
	c	OTHER SERVICES PERFORMED	900099	2,938,773	2,938,773		
	d	403(B) PROGRAM	900099	677,652	677,652		
	e	OTHER REVENUE	900099	112,722	112,722		
	f	All other program service revenue		593,442	593,442		
	g	Total. Add lines 2a-2f		163,727,195			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,896,018		1,896,018
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	5,709,715			
			(ii) Personal				
			b	Less rental expenses	4,548,078		
			c	Rental income or (loss)	1,161,637		
d		Net rental income or (loss)		1,161,637		1,161,637	
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	38,897			
			b	Less cost or other basis and sales expenses	65,857		
			c	Gain or (loss)	-26,960		
d		Net gain or (loss)		-26,960		-26,960	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a	33,256			
			b	Less cost of goods sold	46,645		
			c	Net income or (loss) from sales of inventory	-13,389		-13,389
	Miscellaneous Revenue		Business Code				
11a	REVENUE FROM JOINT VENTURES	900099	399,903	399,903			
b	ALL OTHER REVENUE	900099	45,202	45,202			
c	LOSS ON DEBT REFINANCING	900099	-8,075,404		-8,075,404		
d	All other revenue						
e	Total. Add lines 11a-11d		-7,630,299				
12	Total revenue. See Instructions		159,193,835	163,221,121	951,179	-5,058,098	

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).

Check if Schedule O contains a response or note to any line in this Part IX



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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,966,759		4,966,759	
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	69,061,751	61,997,147	7,037,038	27,566
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,746,511	3,424,258	319,910	2,343
9	Other employee benefits	9,309,639	8,272,266	1,032,785	4,588
10	Payroll taxes	4,342,639	3,779,327	561,429	1,883
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,765,282	2,217	1,763,065	
c	Accounting	226,560	24,891	201,669	
d	Lobbying	28,923	2,743	26,174	6
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	223,788		223,788	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,457,760	19,424,298	6,033,462	
12	Advertising and promotion	495,799	122,307	373,466	26
13	Office expenses	2,725,657	1,923,321	801,588	748
14	Information technology	2,695,121	362,326	2,332,795	
15	Royalties				
16	Occupancy	5,615,979	4,513,312	1,102,667	
17	Travel	136,119	66,780	68,122	1,217
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	551,498	244,046	307,406	46
20	Interest	1,880,958	1,724,185	156,773	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,089,017	4,016,234	1,072,783	
23	Insurance	59,832	59,832		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	DRUGS/MEDICAL SUPPLIES	18,430,644	18,330,484	100,160	
b	BAD DEBT	2,972,661	2,972,661		
c	MEDICAID SURCHARGE/MN C	2,296,589	2,296,589		
d					
e	All other expenses	4,008,613	2,854,289	1,152,400	1,924
25	Total functional expenses. Add lines 1 through 24e	166,088,099	136,413,513	29,634,239	40,347
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			17,126,130	1	14,981,246
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			20,382,978	3	17,502,640
	4	Accounts receivable, net			1,031,106	4	1,446,655
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other 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). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			2,960,793	8	3,024,467
	9	Prepaid expenses and deferred charges			1,414,651	9	7,463,200
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	199,604,581			
	b	Less—accumulated depreciation	10b	111,074,901	84,438,634	10c	88,529,680
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			26,122,345	12	21,612,051
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			31,821,461	15	18,631,221
16	Total assets. Add lines 1 through 15 (must equal line 34)			185,298,098	16	173,191,160	
Liabilities	17	Accounts payable and accrued expenses			38,990,118	17	36,712,668
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			44,638,396	20	40,726,314
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other 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			6,497,227	23	6,946,003
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			4,020,794	25	3,350,987
	26	Total liabilities. Add lines 17 through 25			94,146,535	26	87,735,972
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			91,151,563	27	85,455,188
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			91,151,563	33	85,455,188
	34	Total liabilities and net assets/fund balances			185,298,098	34	173,191,160

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,193,835
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,088,099
3	Revenue less expenses Subtract line 2 from line 1	3	-6,894,264
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,151,563
5	Net unrealized gains (losses) on investments	5	-822,514
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,020,403
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,455,188

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 41-1813221

Name: CENTRACARE HEALTH SYSTEM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	7,497,416	including grants of \$	) (Revenue \$	7,700,559)
CENTRACARE SURGICAL CENTER PROVIDES ELECTIVE SURGERY PROCEDURES TO PATIENTS IN THE CENTRAL MN REGION IN FY 2016, THE CENTER PERFORMED 3,519 SURGERIES AND GENERATED \$7,700,559 OF PROGRAM REVENUE AND \$7,497,416 OF PROGRAM EXPENSE					

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRACARE HEALTH SYSTEM

Employer identification number

41-1813221

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 (Form 990 or 990-EZ))
- 3

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

7
- g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total7					39,633,256	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						☐
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						☐
b 10%-facts-and-circumstances test—2014.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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		No
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	Yes	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		No

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☒ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Yes	

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART IV, SECTION E, LINE 3B	CENTRACARE HEALTH SYSTEM, AS THE PARENT AND SOLE CORPORATE MEMBER OF EACH OF ITS SUPPORTED ORGANIZATIONS, HAS THE AUTHORITY TO APPROVE CERTAIN GOVERNANCE DECISIONS, AS OUTLINED IN EACH ORGANIZATION'S BYLAWS
FORM 990, SCHEDULE A, PART IV, SECTION E, LINE 3A	CENTRACARE HEALTH SYSTEM, AS THE PARENT AND SOLE CORPORATE MEMBER OF EACH OF ITS SUPPORTED ORGANIZATIONS, HAS THE AUTHORITY TO APPOINT OR ELECT A MAJORITY OF THE SUPPORTED ORGANIZATION'S BOARD OF DIRECTORS, AS OUTLINED IN EACH ORGANIZATION'S BYLAWS

Additional Data

Software ID:
Software Version:
EIN: 41-1813221
Name: CENTRACARE HEALTH SYSTEM

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) ST CLOUD HOSPITAL	410695596		Yes		27,846,059	0
(A) CENTRACARE CLINIC	411806657		Yes		7,847,990	0
CENTRACARE HEALTH SYSTEM - (B) MELROSE	411865315		Yes		1,118,327	0
(C) CENTRACARE HEALTH SYSTEM - LONG PRAIRIE	411924645		Yes		1,090,183	0
CENTRAL MINNESOTA EMERGENCY (D) PHYSICIANS	411708142		Yes		535,085	0
(E) CENTRACARE HEALTH FOUNDATION	411855173		Yes		76,952	0
(F) CENTRACARE HEALTH SYSTEM - SAUK CENTRE	452438973		Yes		1,118,660	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization CENTRACARE HEALTH SYSTEM	Employer identification number 41-1813221
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

1

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a

Volunteers?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total Add lines 1c through 1i

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

b

If "Yes," enter the amount of any tax incurred under section 4912

c

If "Yes," enter the amount of any tax incurred by organization managers under section 4912

d

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

(a)

Yes

(b)

No

Amount

No

No

No

No

No

No

No

Yes

28,923

No

28,923

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

3

Part III-B

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

1

Dues, assessments and similar amounts from members

2

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a

Current year

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

5

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	CCHS PAYS DUES TO SEVERAL ASSOCIATIONS AND GROUPS INCLUDING THE FOLLOWING THE MINNESOTA HOSPITAL ASSOCIATION (MHA), AMERICAN MEDICAL GROUP (AMA), AND THE AMERICA HOSPITAL ASSOCIATION (AHA), A PORTION OF WHICH RELATES TO LOBBYING ACTIVITIES. FOR FY 2016, MHA HAS DETERMINED THAT 3 7% OR \$6,430 OF ITS MEMBERSHIP DUES WERE USED FOR LOBBYING PURPOSES. THE AMERICAN MEDICAL GROUP HAS DETERMINED THAT 22% OR \$2,975 OF ITS MEMBERSHIP DUES WERE USED FOR LOBBYING PURPOSES. THE AMERICAN HOSPITAL ASSOCIATION HAD DETERMINED 22 12% OR \$9,430 OF ITS MEMBERSHIP DUES ARE RELATED TO LOBBYING. THE REMAINING LOBBYING EXPENSE WAS INCURRED WITH SEVERAL OTHER ORGANIZATIONS. THE TOTAL LOBBYING EXPENSES FOR FY16 TOTALED \$28,923.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CENTRACARE HEALTH SYSTEM	Employer identification number 41-1813221
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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" on 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 education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, 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" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), 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)	Revenue included on 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 (ASC 958) relating to these items	
a	Revenue included on 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 acquisition, 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 XIII

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		9,335,911		9,335,911
b Buildings		133,191,359	66,780,124	66,411,235
c Leasehold improvements				
d Equipment		55,126,691	44,270,923	10,855,768
e Other		1,950,620	23,854	1,926,766
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				88,529,680

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CENTRACARE HEALTH SYSTEM	Employer identification number 41-1813221
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other 17500 0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☒ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			394,028	0	394,028	0 370 %
b Medicaid (from Worksheet 3, column a)			20,383,538	16,047,287	4,336,251	4 110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			20,777,566	16,047,287	4,730,279	4 480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			265,968	0	265,968	0 250 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			26,065	0	26,065	0 020 %
j Total. Other Benefits			292,033		292,033	0 270 %
k Total. Add lines 7d and 7j			21,069,599	16,047,287	5,022,312	4 750 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

2,392,636

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

29,821,054

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

29,859,092

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-38,038

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Schedule H (Form 990) 2015

Section A. Hospital Facilities

2

See Additional Data Table

Facility reporting group									
Other (Describe)									
ER--other									
ER--24 hours									
Research facility									
Critical access hospital									
Teaching hospital									
Children's hospital									
General medical & surgical									
Licensed hospital									

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

CENTRACARE HEALTH - MONTICELLO

Name of hospital facility or letter of facility reporting group				
Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):		1		
		Yes	No	
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)				
a ☒ A definition of the community served by the hospital facility				
b ☒ Demographics of the community				
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community				
d ☒ How data was obtained				
e ☒ The significant health needs of the community				
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups				
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs				
h ☐ The process for consulting with persons representing the community's interests				
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs				
j ☒ Other (describe in Section C)				
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes	
a ☒ Hospital facility's website (list url) WWW.CENTRACARE.COM				
b ☐ Other website (list url)				
c ☒ Made a paper copy available for public inspection without charge at the hospital facility				
d ☒ Other (describe in Section C)				
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) WWW.CENTRACARE.COM				
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$				

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRACARE HEALTH - MONTICELLO

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 % b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☐ Medical indigency e ☒ Insurance status f ☐ Underinsurance discount g ☐ Residency h ☒ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) WWW CENTRACARE COM/PRICING-FINANCIAL-ASSISTANCE b ☒ The FAP application form was widely available on a website (list url) WWW CENTRACARE COM/PRICING-FINANCIAL-ASSISTANCE c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW CENTRACARE COM/PRICING-FINANCIAL-ASSISTANCE d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☒ Actions that require a legal or judicial process d ☒ Other similar actions (describe in Section C) e ☐ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

CENTRACARE HEALTH - MONTICELLO

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	Yes	
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☒ Actions that require a legal or judicial process			
d	☒ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☒ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☒ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

CENTRACARE HEALTH - PAYNESVILLE

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☐ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>WWW.CENTRACARE.COM</u>		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>WWW.CENTRACARE.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRACARE HEALTH - PAYNESVILLE

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 % b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☐ Medical indigency e ☒ Insurance status f ☐ Underinsurance discount g ☐ Residency h ☒ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) WWW CENTRACARE COM/PRICING-FINANCIAL-ASSISTANCE b ☒ The FAP application form was widely available on a website (list url) WWW CENTRACARE COM/PRICING-FINANCIAL-ASSISTANCE c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW CENTRACARE COM/PRICING-FINANCIAL-ASSISTANCE d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ Other (describe in Section C)	16	Yes	
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☒ Actions that require a legal or judicial process d ☒ Other similar actions (describe in Section C) e ☐ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

CENTRACARE HEALTH - PAYNESVILLE

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	Yes	
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☒ Actions that require a legal or judicial process			
d	☒ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☒ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21		No
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☒ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 1 - MONTICELLO CARE CENTER 1104 EAST RIVER STREET MONTICELLO, MN 55362	SKILLED NURSING FACILITY
2 2 - MONTICELLO CLINIC 1001 HART BLVD STE 100 MONTICELLO, MN 55362	CLINIC
3 3 - KORONIS MANOR CARE CENTER 200 WEST FIRST STREET PAYNESVILLE, MN 56362	SKILLED NURSING FACILITY
4 4 - CCH PAYNESVILLE- BELGRADE CLINIC 505 NELSON AVENUE BELGRADE, MN 56312	CLINIC
5 5 - CCH PAYNESVILLE - COLD SPRING CLINIC 308 FIFTH AVENUE SOUTH COLD SPRING, MN 56320	CLINIC
6 6 - CCH PAYNESVILLE - EDEN VALLEY CLINIC 405 MEEKER AVENUE EDEN VALLEY, MN 56362	CLINIC
7 7 - CCH PAYNESVILLE - PAYNESVILLE CLINIC 200 WEST FIRST STREET PAYNESVILLE, MN 56362	CLINIC
8 8 - CCH PAYNESVILLE - RICHMOND CLINIC 130 FIRST STREET NE RICHMOND, MN 56368	CLINIC
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 6A	CENTRACARE HEALTH SYSTEM PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THAT INCLUDES ALL RELATED ORGANIZATIONS

Form and Line Reference	Explanation
PART 1, LINE 7	THE HOSPITALS' TOTAL EXPENSES (NET OF BAD DEBT) WERE REDUCED BY OTHER OPERATING REVENUE (NET OF HER INCENTIVE REVENUE) AND ALSO BY MEDICAID SURCHARGE AND TAXES, AND THEN DIVIDED BY TOTAL PATIENT REVENUE TO DETERMINE COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 2	THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS

Form and Line Reference	Explanation
PART III, LINE 4	THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON THE HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, CENTRACARE FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY CENTRACARE

Form and Line Reference	Explanation
PART III, LINE 8	THE SHORTFALL OF \$38,038 IN TREATING MEDICARE PATIENTS SHOULD BE CONSIDERED A COMMUNITY BENEFIT IN ITS ENTIRETY THE HOSPITALS PROVIDES AN EXCELLENT LEVEL OF CARE TO THE PEOPLE IN THE COMMUNITY DESPITE THE SHORTFALL IN REIMBURSEMENT FORM MEDICARE, THE HOSPITALS CONTINUES TO PROVIDE ESSENTIAL HEALTHCARE SERVICES TO THE POPULATION THE AMOUNT ON LINE 7 OF PART III WAS DETERMINED BY UTILIZING THE MEDICARE COST REPORT UTILIZING KEY SECTIONS OF THAT REPORT, PRIMARILY THE D SERIES AND E SERIES

Form and Line Reference	Explanation
PART III, LINE 9B	THE COLLECTION POLICIES AT THE HOSPITALS REQUIRE COLLECTION STAFF TO OFFER CHARITY TO PATIENTS WHO INDICATE THAT PAYMENT MAY BE AN ISSUE IF A PATIENT DOES QUALIFY FOR FULL CHARITY, ALL OTHER COLLECTION EFFORTS MUST CEASE, IF A PATIENT QUALIFIES FOR PARTIAL CHARITY, COLLECTION EFFORTS WILL CONTINUE ON THE BALANCE OF THE ACCOUNT THESE PROVISIONS APPLY TO BOTH HOSPITAL EMPLOYED COLLECTION STAFF AND COLLECTION AGENCY STAFF NO PATIENTS, WHETHER THEY QUALIFY FOR CHARITY OR NOT, ARE REPORTED TO CREDIT RATING AGENCIES

Form and Line Reference	Explanation
PART VI, LINE 2	THE ORGANIZATIONS' STRATEGIC PLANNING ASSESSES THE NEEDS OF THE COMMUNITY AND PATIENTS THROUGH PATIENT SATISFACTION SURVEYS, COMMENT CARDS, COMMUNITY ASSESSMENTS AND A DIVERSE OPERATING COMMITTEE THAT REPRESENTS THE COMMUNITY AND BRINGS TO THE TABLE ISSUES, CONCERNS AND RECOMMENDATIONS FOR HEALTH CARE SERVICES

Form and Line Reference	Explanation
PART VI, LINE 3	INPATIENTS WHO ARE SELF PAY ARE IDENTIFIED, AND A REPRESENTATIVE OF MONTICELLO'S OR PAYNESVILLE'S BILLING DEPARTMENT EXPLAINS THE CHARITY CARE POLICY TO PATIENTS THEY ALSO EXPLAIN THE SELF PAY DISCOUNT AND SCREENS THE PATIENT FOR ELIGIBILITY FOR ANY STATE OR FEDERAL PROGRAMS THEY ALSO ASSIST THE PATIENT WITH ANY PAPERWORK REQUIRED TO APPLY FOR SUCH PROGRAMS OUTPATIENTS WHO ARE SELF PAY RECEIVE AN AUTOMATIC SELF PAY DISCOUNT IF THE PATIENT DOES NOT REMIT PAYMENT, COLLECTION STAFF ATTEMPT TO REACH THE PATIENT BY PHONE PATIENTS ARE TOLD ABOUT THE CHARITY PROGRAM FOR BOTH INPATIENTS AND OUTPATIENTS, ALL STATEMENTS CONTAIN A LETTER REGARDING THE AVAILABILITY OF CHARITY CARE ALSO ALL PRECOLLECTION LETTERS HAVE THIS SAME LANGUAGE INDICATING THE AVAILABILITY AND PROCESS OF OBTAINING CHARITY CARE

Form and Line Reference	Explanation
PART VI, LINE 4	CENTRACARE HEALTH - MONTICELLO IS LOCATED IN CENTRAL MINNESOTA IN WRIGHT COUNTY THE ESTIMATED 2016 CENSUS SHOWS A POPULATION OF 18,964, WITH A PROJECTED 2021 GROWTH PERCENTAGE OF 4 3% TO 19,784 POPULATION LEVEL THIS AREA OF THE STATE IS SHOWING A SIGNIFICANT INCREASE IN POPULATION AND IS EXPECTED TO CONTINUE INTO THE FUTURE THE AGE DEMOGRAPHICS OF THE REGION ARE AS FOLLOWS 0-24 5 8%, 25-44 -5 0%, 45-64 6 6%, 65+ 17 8% THE ESTIMATED 2016 CENSUS DATA ETHNICITY BREAKDOWN FOR MONTICELLO, MN WAS AS FOLLOWS CAUCASIAN 92 1%, ASIAN 1 0%, AFRICAN AMERICAN 1 4%, MULTIPLE RACES 2 35%, OTHER 3 15% CENTRACARE HEALTH - PAYNESVILLE IS LOCATED IN CENTRAL MINNESOTA IN STEARNS COUNTY THE ESTIMATED 2016 CENSUS SHOWS A POPULATION OF 6,061 AND IS PROJECTED TO DECREASE TO 6,024 BY 2021 WHICH REPRESENTS A 60% DECREASE THIS AREA OF THE STATE IS SHOWING A SLIGHT DECREASE IN POPULATION AND IS EXPECTED TO CONTINUE INTO THE FUTURE THE AGE DEMOGRAPHICS OF THE REGION ARE AS FOLLOWS 0-24 -1 4%, 25-44 4 1%, 45-64 -10 0%, 65+ 7 1% THE ESTIMATED 2016 CENSUS DATA ETHNICITY BREAKDOWN FOR PAYNESVILLE, MN WAS AS FOLLOWS CAUCASIAN 97 5%, ASIAN 4%, AND AFRICAN AMERICAN 3%, MULTIPLE RACES 1 0%, OTHER 8%

Form and Line Reference	Explanation
PART VI, LINE 5	THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY IN SEVERAL IMPORTANT WAYS ONE OF THESE WAYS IS THROUGH THE COMMUNITY COLLABORATION COMMITTEE (CCC), A STANDING COMMITTEE OF THE CENTRACARE HEALTH FOUNDATION THE CCC HAS A MEMBERSHIP OF OVER 30 PERSONS REPRESENTING HEALTHCARE AND COMMUNITY NEEDS ACROSS CENTRAL MINNESOTA THE CCC MEETS MONTHLY TO DISCUSS WAYS TO ADDRESS TYPICAL HEALTH ISSUES THROUGH AWARENESS BUILDING, EDUCATION AND/OR AN INTERVENTION PROJECT THERE ARE SEVERAL COMMUNITY HEALTH OUTREACH INITIATIVES THAT THE FOUNDATION IS INVOLVED WITH THESE INITIATIVES INCLUDE 1) BLEND CHILDHOOD OBESITY COALITION OF CENTRAL MINNESOTA (GOAL IS TO REDUCE THE INCIDENCE OF CHILDHOOD OBESITY BY 2016), 2) SMOKE FREE COMMUNITIES (CONTINUED EFFORTS TO CREATE CLEAN INDOOR AND OUTDOOR AIR FOR ALL), 3) TOBACCO CESSATION SERVICES CLINICS (COLLABORATION WITH CLINIC, 4) CENTRACARE CLINIC TEAM BASED CARE PILOT, 5) ST CLOUD HOSPITAL - TRANSITION OF CARE PILOT (CREATE MORE SEAMLESS INTEGRATION FROM CARE SETTING TO CARE SETTING, AND 6) CLINIC - DIVERSITY AND CULTURAL COMPETENCY TRAINING

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION IS PART OF CENTRACARE HEALTH SYSTEM (CCHS) WHICH PROVIDES A BROAD RANGE OF HEALTH CARE SERVICES TO THE PATIENTS OF CENTRAL MINNESOTA CCHS IS DEDICATED TO IMPROVING THE HEALTH OF PEOPLE LIVING AND WORKING IN THE COMMUNITIES IT SERVES TO ACCOMPLISH ITS GOALS IT WORKS ACTIVELY WITH ITS AFFILIATE HEALTH CARE ORGANIZATIONS CCHS CONTINUES TO FOCUS ON PROVIDING THE BEST CARE POSSIBLE AND IN REINVESTING INTO THE COMMUNITY CCHS ALSO PROMOTES WELLNESS BY SPONSORING PROGRAMS AND EVENTS IN LOCAL COMMUNITIES THAT FOCUS ON HEALTHY EATING AND EXERCISE, AND BY CONDUCTING SCREENINGS FOR CONDITIONS SUCH AS HIGH BLOOD PRESSURE

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	M N

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 41-1813221
Name: CENTRACARE HEALTH SYSTEM

Form 990 Schedule H, Part V Section A. Hospital Facilities**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address,
 and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CENTRACARE HEALTH - MONTICELLO 1013 HART BLVD MONTICELLO,MN 55362	X	X			X		X		DISTINCT PART REHAB	
2	CENTRACARE HEALTH - PAYNESVILLE 200 WEST FIRST STREET PAYNESVILLE,MN 56362	X	X			X		X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 3J CENTRACARE HEALTH SYSTEM'S (CCH) CHNA PRIMARY NEEDS WERE IDENTIFIED USING THE CENTER FOR DISEASE CONTROL'S COMMUNITY HEALTH STATUS INDICATORS (CHSI) THE PROCESS ALSO CONSIDERED SECONDARY DATA FROM THE DARTMOUTH ATLAS, ROBERT WOOD JOHNSON, MINNESOTA DEPARTMENT OF HEALTH, US CENSUS BUREAU, MINNESOTA HOSPITAL ASSOCIATION, AND PUBLIC HEALTH DEPARTMENTS FROM APPROPRIATE COUNTIES AND ADDITIONAL FEDERAL AND STATE ENTITIES CCH DID NOT RECEIVE ANY INPUT OR COMMENTS FROM THE PUBLIC ON THE 2013 CHNA SURVEY THE CHNA WAS INFORMED BY A COLLABORATIVE AND ONGOING COMMUNITY HEALTH SURVEY JOINTLY FUNDED AND MANAGED WITH A NUMBER OF AREA COUNTIES WHO WERE JOINTLY CONDUCTING COMMUNITY SURVEYS TO INFORM THEIR COMMUNITY HEALTH ASSESSMENTS IN SUPPORT OF DEVELOPMENT OF THEIR COMMUNITY HEALTH IMPROVEMENT PLANS LACK OF CURRENT PUBLIC HEALTH DATA WAS A SIGNIFICANT INFORMATION GAP IN THE CHNA AS THE SURVEY COULD NOT BE COMPLETED IN TIME TO INCLUDE ITS DATA IN THE CCH CHNA CCH HAS COMMITTED TO A CONTINUING EFFORT WITH PUBLIC HEALTH OFFICIALS TO JOINTLY DEVELOP PRIORITIES WITH THE COUNTIES AS A PART OF ITS ACTION PLANS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 3j CENTRACARE HEALTH SYSTEM'S (CCH) CHNA PRIMARY NEEDS WERE IDENTIFIED USING THE CENTER FOR DISEASE CONTROL'S COMMUNITY HEALTH STATUS INDICATORS (CHSI) THE PROCESS ALSO CONSIDERED SECONDARY DATA FROM THE DARTMOUTH ATLAS, ROBERT WOOD JOHNSON, MINNESOTA DEPARTMENT OF HEALTH, US CENSUS BUREAU, MINNESOTA HOSPITAL ASSOCIATION, AND PUBLIC HEALTH DEPARTMENTS FROM APPROPRIATE COUNTIES AND ADDITIONAL FEDERAL AND STATE ENTITIES CCH DID NOT RECEIVE ANY INPUT OR COMMENTS FROM THE PUBLIC ON THE 2013 CHNA SURVEY THE CHNA WAS INFORMED BY A COLLABORATIVE AND ONGOING COMMUNITY HEALTH SURVEY JOINTLY FUNDED AND MANAGED WITH A NUMBER OF AREA COUNTIES WHO WERE JOINTLY CONDUCTING COMMUNITY SURVEYS TO INFORM THEIR COMMUNITY HEALTH ASSESSMENTS IN SUPPORT OF DEVELOPMENT OF THEIR COMMUNITY HEALTH IMPROVEMENT PLANS LACK OF CURRENT PUBLIC HEALTH DATA WAS A SIGNIFICANT INFORMATION GAP IN THE CHNA AS THE SURVEY COULD NOT BE COMPLETED IN TIME TO INCLUDE ITS DATA IN THE CCH CHNA CCH HAS COMMITTED TO A CONTINUING EFFORT WITH PUBLIC HEALTH OFFICIALS TO JOINTLY DEVELOP PRIORITIES WITH THE COUNTIES AS A PART OF ITS ACTION PLANS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 5 DATA WAS OBTAINED FROM LOCAL COUNTY PUBLIC HEALTH DEPARTMENTS, INCLUDING THEIR MOST RECENT HEALTH ASSESSMENTS AND COMMUNITY REPORTS IN ADDITION, HEALTH-RELATED INFORMATION WAS COLLECTED FROM AREA NONPROFIT ORGANIZATIONS THAT REGULARLY CONDUCT ASSESSMENTS AND EVALUATIONS OF THE SERVICES THEY PROVIDE AND THEIR TARGETED DEMOGRAPHICS USEFUL MATERIAL WAS GATHERED FROM THE LOCAL UNITED WAY, CATHOLIC CHARITIES, THE CENTRAL MINNESOTA COUNCIL ON AGING, AND THE TRI-COUNTY ACTION PROGRAM (TRI-CAP) THESE ORGANIZATIONS SUPPORT A BROAD RANGE OF CONSTITUENTS WITH DIVERSE HEALTH-RELATED NEEDS, THEY REPRESENT DEMOGRAPHICS THAT ARE STATISTICALLY MORE LIKELY TO ENCOUNTER HEALTH-RELATED BARRIERS CCH ALSO CONDUCTED A SERIES OF FOCUS GROUPS THAT INFORMED ITS CHNA SPECIFICALLY, THE FOCUS GROUPS REPRESENTED POPULATIONS OF COLOR, RECENT IMMIGRANT POPULATIONS, CULTURAL MINORITIES, THOSE WHO WERE AUDIBLY CHALLENGED AND OTHERS WHO WERE DEEMED TO BE UNDER-REPRESENTED OR UNDER-SERVED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 5 DATA WAS OBTAINED FROM LOCAL COUNTY PUBLIC HEALTH DEPARTMENTS, INCLUDING THEIR MOST RECENT HEALTH ASSESSMENTS AND COMMUNITY REPORTS IN ADDITION, HEALTH-RELATED INFORMATION WAS COLLECTED FROM AREA NONPROFIT ORGANIZATIONS THAT REGULARLY CONDUCT ASSESSMENTS AND EVALUATIONS OF THE SERVICES THEY PROVIDE AND THEIR TARGETED DEMOGRAPHICS USEFUL MATERIAL WAS GATHERED FROM THE LOCAL UNITED WAY, CATHOLIC CHARITIES, THE CENTRAL MINNESOTA COUNCIL ON AGING, AND THE TRI-COUNTY ACTION PROGRAM (TRI-CAP) THESE ORGANIZATIONS SUPPORT A BROAD RANGE OF CONSTITUENTS WITH DIVERSE HEALTH-RELATED NEEDS, THEY REPRESENT DEMOGRAPHICS THAT ARE STATISTICALLY MORE LIKELY TO ENCOUNTER HEALTH-RELATED BARRIERS CCH ALSO CONDUCTED A SERIES OF FOCUS GROUPS THAT INFORMED ITS CHNA SPECIFICALLY, THE FOCUS GROUPS REPRESENTED POPULATIONS OF COLOR, RECENT IMMIGRANT POPULATIONS, CULTURAL MINORITIES, THOSE WHO WERE AUDIBLY CHALLENGED AND OTHERS WHO WERE DEEMED TO BE UNDER-REPRESENTED OR UNDER-SERVED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 6A CCH CONDUCTED ITS CHNA JOINTLY WITH ALL OF ITS 501(C) (3) HOSPITALS AS OF THE BEGINNING OF ITS FISCAL 2016 THOSE FACILITIES INCLUDED ST CLOUD HOSPITAL, CENTRACARE HEALTH - MELROSE, CENTRACARE HEALTH - LONG PRAIRIE, CENTRACARE HEALTH - SAUK CENTRE, CENTRACARE HEALTH - MONTICELLO AND CENTRACARE HEALTH - PAYNESVILLE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 6A CCH CONDUCTED ITS CHNA JOINTLY WITH ALL OF ITS 501(C) (3) HOSPITALS AS OF THE BEGINNING OF ITS FISCAL 2016 THOSE FACILITIES INCLUDED ST CLOUD HOSPITAL, CENTRACARE HEALTH - MELROSE, CENTRACARE HEALTH - LONG PRAIRIE, CENTRACARE HEALTH - SAUK CENTRE, CENTRACARE HEALTH - MONTICELLO AND CENTRACARE HEALTH - PAYNESVILLE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 7D IN ADDITION TO MAKING ITS CHNA AVAILABLE TO THE PUBLIC ON ITS WEB SITE AND AT ITS BUSINESS OFFICE, CCH HAS SHARED COPIES OF THE CHNA WITH COUNTY PUBLIC HEALTH OFFICIALS AND, INTERNALLY, WITH INDIVIDUALS WORKING ON QUALITY IMPROVEMENT AND COMMUNITY HEALTH INITIATIVES CCH HAS ALSO PUBLISHED CONTACT INFORMATION FOR ITS DIRECTOR OF COMMUNITY & GOVERNMENT RELATIONS TO RESPOND TO QUESTIONS OR CONCERNS ABOUT THE CHNA THE DIRECTOR HAS ALSO PRESENTED RESULTS OF THE CHNA TO COMMUNITY GROUPS AND TO REPRESENTATIVES OF LOCAL FUNDING GROUPS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 2 EFFECTIVE OCTOBER 1, 2013, CENTRACARE AND PAYNESVILLE AREA HEALTH CARE SYSTEM EXECUTED A LEASE AND AFFILIATION AGREEMENT AND FORMED CENTRACARE HEALTH - PAYNESVILLE, LLC (DBA CCH - PAYNESVILLE), A MINNESOTA LIMITED LIABILITY COMPANY WITH CENTRACARE AS ITS SOLE MEMBER

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 11 THE NEEDS IDENTIFIED BY THE CHNA ARE CURRENTLY IN ORGANIZATIONAL WORK PLANS AND ARE UNDER IMPLEMENTATION TO PRIORITIZE IDENTIFIED NEEDS, CHNA ADVISORY TASK FORCE MEMBERS DEVISED A SET OF CRITERIA THE CRITERIA USED WERE COMMUNITY IMPACT, POTENTIAL FOR CHANGE, ECONOMIC FEASIBILITY, COMMUNITY ASSETS, AND VALUE AND MISSION THE PRIORITIZATION PROCESS IDENTIFIED PROCESS IDENTIFIED THE FOLLOWING SIX, BROAD COMMUNITY HEALTH ISSUES 1 - ADULT OBESITY2 - ADULT DIABETES3 - OLDER ADULT PREVENTABLE HOSPITALIZATIONS4 - STROKE DEATHS5 - CORONARY HEART DISEASE DEATHS6 - CANCER DEATHSCENTRACARE HEALTH WILL MAINTAIN ITS ENGAGEMENTS WITH THE CHNA ADVISORY TASK FORCE TO ENSURE EFFECTIVE COLLABORATION AND COMMUNICATION WITH THE OTHER CENTRACARE HOSPITALS THE CHNA ADVISORY TASK FORCE WILL CONTINUE TO MEET DURING THE THREE-YEAR PERIOD IN WHICH THE IMPLEMENTATION STRATEGY WILL UNFOLD DURING THIS TIME THE GROUP WILL - IDENTIFY WHAT OTHER COMMUNITY ORGANIZATION ARE DOING IN REGARD TO HEALTH PRIORITY AREAS,- DEVELOP SPECIFIC GOALS AND METRICS TO MONITOR AND MEASURE PROGRESS AND OUTCOMES,- COMMUNICATE SHORT-TERM AND LONG-TERM RESULTS OF ACTION PLANS WITHIN THE COMMUNITY BASED ON THE FINDINGS AND PRIORITIES ESTABLISHED BY THE CHNA, AND AFTER HAVING REVIEWED THE COMMUNITY BENEFITS ACTIVITIES THAT CURRENTLY EXIST, ST CLOUD HOSPITAL WILL CONTINUE TO SUPPORT THE SYSTEM-WIDE INITIATIVES OUTLINED BELOW AND WILL PARTICIPATE IN LOCALIZED ADAPIONS (AS DESCRIBED IN THE ACTION STEPS) OF THESE PROGRAMS WITH REGARD TO THE SPECIFIC NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL TO SEE THE SPECIFIC ACTION PLAN FOR EACH OF THE SIX PRIORITY HEALTH AREAS SEE THE FULL IMPLEMENTATION STRATEGY FOR FISCAL YEAR 2016 - 2018 LOCATED ON THE WEBSITE AT HTTP //WWW CENTRACARE COM/APP/FILES/PUBLIC/5221/COMMUNITY-HEALTH-NEEDS-ASSESSMENT---CENTRACARE-HEALTH-SYSTEM PDF PER GUIDANCE FROM THE IRS, REGULATION 1 501(R)-3(C), THE CHNA FOR CCH ELECTED NOT TO DIRECTLY ADDRESS SEVERAL DETERMINANTS OF HEALTH THAT IT IDENTIFIED IN ITS PROCESS WHICH WERE NOT WITHIN THE ORGANIZATION'S CAPABILITIES OR CORE COMPETENCIES EXAMPLES OF ISSUES NOT SPECIFICALLY ADDRESSED IN THE CHNA ACTION PLANS INCLUDE HIGH SCHOOL GRADUATION RATES, AFFORDABLE HOUSING OR SUPPORTED HOUSING (CCH DID SUPPORT AN EFFORT OF THE CITY OF ST CLOUD TO CONDUCT A HOUSING ASSESSMENT AS A RESULT OF THE CHNA PROCESS AND IS ALREADY THE LARGEST AREA PROVIDER OF SUPPORTED HOUSING DUE TO ITS EXTENSIVE CHEMICAL DEPENDENCY PROGRAMS AND SENIOR HOUSING PROGRAMS)

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 11 THE NEEDS IDENTIFIED BY THE CHNA ARE CURRENTLY IN ORGANIZATIONAL WORK PLANS AND ARE UNDER IMPLEMENTATION TO PRIORITIZE IDENTIFIED NEEDS, CHNA ADVISORY TASK FORCE MEMBERS DEvised A SET OF CRITERIA THE CRITERIA USED WERE COMMUNITY IMPACT, POTENTIAL FOR CHANGE, ECONOMIC FEASIBILITY, COMMUNITY ASSETS, AND VALUE AND MISSION THE PRIORITIZATION PROCESS IDENTIFIED PROCESS IDENTIFIED THE FOLLOWING SIX, BROAD COMMUNITY HEALTH ISSUES 1 - ADULT OBESITY2 - ADULT DIABETES3 - OLDER ADULT PREVENTABLE HOSPITALIZATIONS4 - STROKE DEATHS5 - CORONARY HEART DISEASE DEATHS6 - CANCER DEATHSCENTRACARE HEALTH WILL MAINTAIN ITS ENGAGEMENTS WITH THE CHNA ADVISORY TASK FORCE TO ENSURE EFFECTIVE COLLABORATION AND COMMUNICATION WITH THE OTHER CENTRACARE HOSPITALS THE CHNA ADVISORY TASK FORCE WILL CONTINUE TO MEET DURING THE THREE-YEAR PERIOD IN WHICH THE IMPLEMENTATION STRATEGY WILL UNFOLD DURING THIS TIME THE GROUP WILL - IDENTIFY WHAT OTHER COMMUNITY ORGANIZATION ARE DOING IN REGARD TO HEALTH PRIORITY AREAS,- DEVELOP SPECIFIC GOALS AND METRICS TO MONITOR AND MEASURE PROGRESS AND OUTCOMES,- COMMUNICATE SHORT-TERM AND LONG-TERM RESULTS OF ACTION PLANS WITHIN THE COMMUNITY BASED ON THE FINDINGS AND PRIORITIES ESTABLISHED BY THE CHNA, AND AFTER HAVING REVIEWED THE COMMUNITY BENEFITS ACTIVITIES THAT CURRENTLY EXIST, ST CLOUD HOSPITAL WILL CONTINUE TO SUPPORT THE SYSTEM-WIDE INITIATIVES OUTLINED BELOW AND WILL PARTICIPATE IN LOCALIZED ADAPIONS (AS DESCRIBED IN THE ACTION STEPS) OF THESE PROGRAMS WITH REGARD TO THE SPECIFIC NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL TO SEE THE SPECIFIC ACTION PLAN FOR EACH OF THE SIX PRIORITY HEALTH AREAS SEE THE FULL IMPLEMENTATION STRATEGY FOR FISCAL YEAR 2016 - 2018 LOCATED ON THE WEBSITE AT HTTP //WWW CENTRACARE COM/APP/FILES/PUBLIC/5221/COMMUNITY-HEALTH-NEEDS-ASSESSMENT---CENTRACARE-HEALTH-SYSTEM PDF PER GUIDANCE FROM THE IRS, REGULATION 1 501(R)-3(C), THE CHNA FOR CCH ELECTED NOT TO DIRECTLY ADDRESS SEVERAL DETERMINANTS OF HEALTH THAT IT IDENTIFIED IN ITS PROCESS WHICH WERE NOT WITHIN THE ORGANIZATION'S CAPABILITIES OR CORE COMPETENCIES EXAMPLES OF ISSUES NOT SPECIFICALLY ADDRESSED IN THE CHNA ACTION PLANS INCLUDE HIGH SCHOOL GRADUATION RATES, AFFORDABLE HOUSING OR SUPPORTED HOUSING (CCH DID SUPPORT AN EFFORT OF THE CITY OF ST CLOUD TO CONDUCT A HOUSING ASSESSMENT AS A RESULT OF THE CHNA PROCESS AND IS ALREADY THE LARGEST AREA PROVIDER OF SUPPORTED HOUSING DUE TO ITS EXTENSIVE CHEMICAL DEPENDENCY PROGRAMS AND SENIOR HOUSING PROGRAMS)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 13H PER AGREEMENT WITH THE MINNESOTA ATTORNEY GENERAL, THE ORGANIZATION PROVIDES A DISCOUNT TO THE UNINSURED EQUAL TO THE AVERAGE DISCOUNT OF OUR LARGEST (BY VOLUME) NON-GOVERNMENTAL PAYOR THE HOSPITALS OF CENTRACARE HEALTH ALSO OFFER A DISCOUNT TO UNINSURED PATIENTS THERE IS A SEPARATE UNINSURED DISCOUNT POLICY

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Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 16I PATIENTS WHO ARE AT A SELF PAY STATUS RECEIVE CHARITY CARE INFORMATION EITHER VIA A TELEPHONE CALL OR A LETTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 18D THE ORGANIZATION EMPLOYS THE USE OF COLLECTION AGENCIES TO COLLECT A PATIENT'S BALANCE AFTER THOSE EFFORTS ARE EXHAUSTED, THE ORGANIZATION DOES UTILIZE LAWSUITS AND LIENS ON RESIDENCES AS WELL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 19D THE ORGANIZATION CONTRACTS WITH SEVERAL COLLECTION AGENCIES TO ATTEMPT TO COLLECT PATIENT BALANCES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 20E OUR CREDIT COLLECTION AGENCIES ARE REQUIRED TO PROVIDE CHARITY CARE INFORMATION AS PART OF THEIR COLLECTION PROCESS PRIOR TO ANY CONSIDERATION OF LEGAL ACTION AGAINST A PATIENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 22D FOR ALL HOSPITALS OF CENTRACARE WITH FINANCIAL ASSISTANCE, ELIGIBLE INDIVIDUALS WILL NOT BE CHARGED MORE FOR EMERGENT AND MEDICALLY NECESSARY CARE, USING THE LOOK BACK METHOD OF (AVERAGE GENERALLY BILLED) AGB AS DESCRIBED IN THE 501(R) REGULATIONS, THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WITH INSURANCE COVERING EMERGENCY AND MEDICALLY NECESSARY CARE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 22D FOR ALL HOSPITALS OF CENTRACARE WITH FINANCIAL ASSISTANCE, ELIGIBLE INDIVIDUALS WILL NOT BE CHARGED MORE FOR EMERGENT AND MEDICALLY NECESSARY CARE, USING THE LOOK BACK METHOD OF (AVERAGE GENERALLY BILLED) AGB AS DESCRIBED IN THE 501(R) REGULATIONS, THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WITH INSURANCE COVERING EMERGENCY AND MEDICALLY NECESSARY CARE

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRACARE HEALTH SYSTEM

Employer identification number
41-1813221

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on 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," on line 5a or 5b, describe in Part III.			
6 For persons listed on 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	Yes	
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on 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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	THE CORPORATIONS' EXECUTIVES ARE ELIGIBLE TO PARTICIPATE IN BENEFIT PLANS WHICH INCLUDE TAX DEFERRRED 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. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE NON-QUALIFIED PLAN: KENNETH D HOLMEN - PAID \$0, ACCRUED \$185,139; GREGORY R KLUGHERZ - PAID \$99,007, ACCRUED \$105,517; PAUL R HARRIS - PAID \$42,887, ACCRUED \$58,473; AMY M PORWOLL - PAID \$0, ACCRUED \$31,794; DUANE A RASMUSSEN - PAID \$39,155, ACCRUED \$48,443; JOSEPH D HELLIE - PAID \$0, ACCRUED \$18,419; TERENCE R PLADSON - PAID \$10,438, ACCRUED \$0.
PART I, LINE 6	THE ORGANIZATION PROVIDES INCENTIVE COMPENSATION TO DESIGNATED INDIVIDUALS BASED ON FOUR DISCRETE AREAS: STEWARDSHIP, THROUGH A COMPARISON BETWEEN BUDGETED AND ACTUAL NET OPERATING INCOME FOR SAINT CLOUD HOSPITAL AND/OR CENTRACARE HEALTH SYSTEM AS WELL THROUGH ACHIEVING METRICS FOR AN IDENTIFIED COST REDUCTION PROGRAM, QUALITY, THROUGH ACHIEVING SAINT CLOUD HOSPITAL AND SYSTEM QUALITY METRICS, PATIENT EXPERIENCE, THROUGH ACHIEVEMENT OF PATIENT SATISFACTION GOALS AS COMPARED TO NATIONAL AND BASELINE RANKINGS, AND PEOPLE/EMPLOYEES, THROUGH ACHIEVEMENT OF SPECIFIED EMPLOYMENT SATISFACTION GOALS AND HIRING AND/OR RETENTION GOALS. THE INCENTIVE COMPENSATION PAID OUT IS NOT A PORTION OR PERCENTAGE OF ACTUAL NET EARNINGS OF ANY CENTRACARE HEALTH SYSTEM AFFILIATE, HOWEVER NET EARNINGS GOALS ARE REQUIRED TO BE MET BEFORE THE INCENTIVE COMPENSATION IS PAID.

Additional Data

Software ID:

Software Version:

EIN: 41-1813221

Name: CENTRACARE HEALTH SYSTEM

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KENNETH D HOLMEN MD PRESIDENT/CEO	(i)	779,021	131,040	16,030	185,139	22,096	1,133,326	0
	(ii)	0	0	0	0	-	-	0
1CHRISTIAN SCHMIDT MD DIRECTOR & SURGEON	(i)	0	0	0	0	0	0	0
	(ii)	449,472	53,987	20,807	19,875	-	-	0
2ROBERT STOCKER MD DIRECTOR & OB/GYN	(i)	0	0	0	0	0	0	0
	(ii)	451,994	94,449	1,936	19,875	-	-	0
3GREGORY R KLUGHERZ TREASURER/CFO	(i)	0	0	0	0	0	0	0
	(ii)	459,245	109,050	125,178	121,417	-	-	99,007
4PAUL R HARRIS ESQ CORPORATE SECRETARY	(i)	341,435	83,490	64,220	75,984	35,840	600,969	42,887
	(ii)	0	0	0	0	-	-	0
5JOSEPH D HELLIE VICE PRESIDENT	(i)	207,659	47,840	2,155	36,794	26,473	320,921	0
	(ii)	0	0	0	0	-	-	0
6AMY M PORWOLL VICE PRESIDENT	(i)	147,880	66,846	2,505	27,924	13,368	258,523	0
	(ii)	143,386	0	290	25,676	-	-	0
7DUANE A RASUMUSSON VICE PRESIDENT	(i)	163,881	59,325	8,932	40,549	10,458	283,145	0
	(ii)	123,293	0	39,405	29,834	-	-	39,155
8NELSON L ADAMSON MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	498,830	60,945	7,794	20,702	-	-	0
9LAWRENCE G STRATE MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	355,221	42,209	2,007	21,102	-	-	0
10RANDALL J ZIMMERMAN MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	339,428	48,466	1,530	19,781	-	-	0
11HEATHER K SWANSON MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	324,272	48,015	1,134	20,827	-	-	0
12TIMOTHY L MALLING MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	302,548	45,994	1,184	20,153	-	-	0
13TERENCE R PLADSON MD FORMER OFFICER/TRUSTEE (CEO, RETIRED)	(i)	103,772	144,822	143,186	3,242	2,226	397,248	10,438
	(ii)	0	0	0	0	-	-	0

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

CENTRACARE HEALTH SYSTEM

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

41-1813221

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE CITY OF ST CLOUD	41-6005515	78916VBB5	08-10-2009	201,078,369	HEALTH CARE REVENUE BONDS 2008D	X			X		X
B THE CITY OF ST CLOUD	41-6005515	78916VBX7	02-03-2010	187,558,690	HEALTH CARE REVENUE BONDS 2010AB	X			X		X
C THE CITY OF ST CLOUD	41-6005515		12-28-2011	10,000,000	HEALTH CARE REVENUE BONDS 2011A		X		X		X
D THE CITY OF ST CLOUD	41-6005515		12-28-2011	31,445,000	HEALTH CARE REVENUE BONDS 2011B		X		X		X

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired				121,425,000	47,760,000				
2	Amount of bonds legally defeased				80,000,000	76,700,000				
3	Total proceeds of issue				201,078,369	187,558,690	10,000,000	31,445,000		
4	Gross proceeds in reserve funds					2,797,296				
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds				1,954,596	2,076,662	150,000			
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds						9,850,000			
11	Other spent proceeds				199,123,773	182,684,732		31,445,000		
12	Other unspent proceeds									
13	Year of substantial completion				2013	2010	2015	2012		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X
16	Has the final allocation of proceeds been made?				X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶					1 710 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	0 410 %		2 190 %				0 720 %	
6 Total of lines 4 and 5	0 410 %		2 190 %		1 710 %		0 720 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME THE CITY OF ST CLOUD DATE THE REBATE COMPUTATION WAS PERFORMED 05/12/2016 ISSUER NAME THE CITY OF ST CLOUD DATE THE REBATE COMPUTATION WAS PERFORMED 05/01/2014

Employer identification number

41-1813221

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE CITY OF ST CLOUD	41-6005515	78916VCZ1	11-19-2014	48,876,925	HEALTH CARE REVENUE BONDS 2014B		X		X		X
B THE CITY OF ST CLOUD	41-6005515		08-01-2014	128,310,000	HEALTH CARE REVENUE BONDS 2014		X		X		X
C THE CITY OF ST CLOUD	41-6005515	78916VDR8	05-12-2016	216,598,436	HEALTH CARE REVENUE BONDS, SERIES 2016A		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue	48,876,925		128,310,000		216,598,436					
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows					178,686,745					
7	Issuance costs from proceeds	550,981				1,760,260					
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			15,000,000		1,312,900					
11	Other spent proceeds	48,325,944		113,310,000							
12	Other unspent proceeds					51,697,867					
13	Year of substantial completion	2010		2016							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X				
15	Were the bonds issued as part of an advance refunding issue?	X			X	X					
16	Has the final allocation of proceeds been made?	X		X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use											
				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		X		X			

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X			X	X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	2 350 %		0 610 %		0 820 %			
6 Total of lines 4 and 5	2 350 %		0 610 %		0 820 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X			X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X	X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
CENTRACARE HEALTH SYSTEM

Employer identification number

41-1813221

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	ANNUALLY AT THE BOARD'S APRIL MEETING, PRIOR TO FILING WITH THE IRS, THE FULL BOARD HAS AN OPPORTUNITY TO REVIEW THE IRS FORM 990 WITH THE STAFF, TO ASK QUESTIONS AND SEEK CLARIFICATIONS, AND TO APPROVE THE FINAL DOCUMENT
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 QUESTIONNAIRES ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD. THE CORPORATE COMPLIANCE OFFICER IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTERESTS RELATED TO BOARD AND STAFF AND TO ALERT AFFECTED PARTIES WHEN A CONFLICT ARISES. WHEN AN ACTUAL CONFLICT ARISES, THE AFFECTED PARTY IS ASKED TO RECUSE HIM/HERSELF FROM THE DECISION MAKING PROCESS. THE CORPORATE COMPLIANCE OFFICER ATTENDS BOARD MEETINGS AND SPECIFIED BOARD COMMITTEE MEETINGS WHERE CONFLICT ISSUES MAY ARISE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION AND BENEFITS OF THE PRESIDENT AND THE VICE PRESIDENTS (NON-MEDICAL PROVIDERS) ARE SUBJECT TO FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES CONDUCTED BIENNIALY BY A THIRD PARTY INDEPENDENT COMPENSATION CONSULTANT HOWEVER, THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVAL
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT REQUIRED BY LAW TO BE MADE AVAILABLE TO THE PUBLIC AND CENTRA CARE HEALTH SYSTEM DOES NOT MAKE THEM AVAILABLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MISCELLANEOUS PROGRAM SERVICE EXPENSES 12,144,947 MANAGEMENT AND GENERAL EXPENSES 4,641,740 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,786,687 CONTRACTED SERVICES/PURCH SVCS PROGRAM SERVICE EXPENSES 7,279,351 MANAGEMENT AND GENERAL EXPENSES 1,391,722 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,671,073
FORM 990, PART XI, LINE 9	PENSION PLAN ADJUSTMENT -119,697 NET EQUITY TRANSFERS BTWN RELATED ORGS 1,746,048 NON-CO NTROLLING INTEREST DISTRIBUTION -400,000 NON-CONTROLLING INTEREST NET INCOME 794,052

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRACARE HEALTH SYSTEM

Employer identification number
41-1813221

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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
(1) CENTRACARE SURGERY CENTER LLC 1406 6TH AVE N ST CLOUD, MN 56303 61-1514974	SURGICAL CENTER	MN	7,717,596	3,584,817	CENTRACARE HEALTH SYSTEM
(2) CENTRACARE HEALTH - MONTICELLO 1013 HART BLVD MONTICELLO, MN 55362 46-1584944	HEALTHCARE	MN	69,222,032	61,228,753	CENTRACARE HEALTH SYSTEM
(3) CENTRACARE HEALTH - PAYNESVILLE 200 WEST FIRST STREET PAYNESVILLE, MN 56362 43-3298651	HEALTHCARE	MN	39,303,929	27,265,177	CENTRACARE HEALTH SYSTEM
(4) CENTRAL MINNESOTA HEALTH NETWORK LLC 1406 6TH AVE N ST CLOUD, MN 56303 47-3924684	CLINICAL INEGRATED NETWORK	MN	-62,796	-62,796	CENTRACARE HEALTH SYSTEM
(5) CENTRAL MINNESOTA ACO LLC 1406 6TH AVE N ST CLOUD, MN 56303 47-4591476	ACCREDITED CARE ORGANIZATION	MN	-55,426	-55,426	CENTRACARE HEALTH SYSTEM

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 chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST CLOUD HOSPITAL 1406 6TH AVE N ST CLOUD, MN 56303 41-0695596	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
(2) CENTRACARE HEALTH-MELROSE 11 NORTH 5TH AVE WEST MELROSE, MN 56352 41-1865315	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
(3) CENTRACARE HEALTH-LONG PRAIRIE 20 SE 9TH STREET LONG PRAIRIE, MN 56347 41-1924645	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
(4) CENTRACARE HEALTH-SAUK CENTRE 425 ELM STREET NORTH SAUK CENTRE, MN 56378 45-2438973	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
(5) CENTRAL MINNESOTA EMERGENCY PHYSICIANS 1406 6TH AVE N ST CLOUD, MN 56303 41-1708142	EMERGENCY PHYSICIANS	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
(6) CENTRACARE CLINIC 1200 6TH AVE NORTH ST CLOUD, MN 56303 41-1806657	MULTI-SPECIALTY	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
(7) CENTRACARE HEALTH FOUNDATION 1406 6TH AVE N ST CLOUD, MN 56303 41-1855173	FUNDRAISING	MN	501(C)(3)	LINE 7	CENTRACARE HEALTH SYSTEM	Yes	

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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MONTICELLO CANCER CENTER 1001 HART BLVD STE 50 MONTICELLO, MN 55362 26-1909519	RADIATION & ONCOLOGY SERVICES	MN	CENTRACARE HEALTH SYSTEM - MONTICELLO	RELATED	4,247,258	37,817,412		No		Yes		60 000 %
(2) NORTH STAR SURGICAL SERVICES LLC 6339 E SPEEDWAY BLVD SUITE 201 TUCSON, AZ 85710 20-1585814	LITHOTRIPSY SERVICES	AZ	N/A	N/A				No			No	
(3) MONTICELLO SURGERY CENTER LLC 1013 HART BOULEVARD MONTICELLO, MN 55362 81-3593057	AMBULATORY SURGERY CENTER	MN	CENTRACARE HEALTH SYSTEM	RELATED		250,708		No		Yes		38 460 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CENTRACARE PHARMACY (1) SERVICES 1406 6TH AVE N ST CLOUD, MN 56303 41-1620618	RETAIL PHARMACIES	MN	CENTRACARE HEALTH SYSTEM	C	2,752,176	4,298,153	100 000 %	Yes	
(2) CENTRACARE HOLDINGSINC 1406 6TH AVE N ST CLOUD, MN 56303 47-2688595	HOLDING COMPANY	MN	CENTRACARE HEALTH SYSTEM	C	52,101	1,776,422	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 41-1813221
Name: CENTRACARE HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ST CLOUD HOSPITAL 1406 6TH AVE N ST CLOUD, MN 56303 41-0695596	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
CENTRACARE HEALTH-MELROSE 11 NORTH 5TH AVE WEST MELROSE, MN 56352 41-1865315	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
CENTRACARE HEALTH-LONG PRAIRIE 20 SE 9TH STREET LONG PRAIRIE, MN 56347 41-1924645	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
CENTRACARE HEALTH-SAUK CENTRE 425 ELM STREET NORTH SAUK CENTRE, MN 56378 45-2438973	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
CENTRAL MINNESOTA EMERGENCY PHYSICIANS 1406 6TH AVE N ST CLOUD, MN 56303 41-1708142	EMERGENCY PHYSICIANS	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
CENTRACARE CLINIC 1200 6TH AVE NORTH ST CLOUD, MN 56303 41-1806657	MULTI-SPECIALTY	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM	Yes	
CENTRACARE HEALTH FOUNDATION 1406 6TH AVE N ST CLOUD, MN 56303 41-1855173	FUNDRAISING	MN	501(C)(3)	LINE 7	CENTRACARE HEALTH SYSTEM	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CENTRACARE HEALTH - LONG PRAIRIE	A	128,099	ARMS LENGTH
(1)	CENTRACARE PHARMACY SERVICES INC	A	117,418	ARMS LENGTH
(2)	CENTRACARE CLINIC	A	3,914,849	ARMS LENGTH
(3)	ST CLOUD HOSPITAL	A	16,813	ARMS LENGTH
(4)	CENTRACARE HEALTH - LONG PRAIRIE	D	2,212,608	ARMS LENGTH
(5)	CENTRACARE PHARMACY SERVICES INC	D	74,119	ARMS LENGTH
(6)	CENTRACARE CLINIC	O	505,721	ARMS LENGTH
(7)	ST CLOUD HOSPITAL	O	371,145	ARMS LENGTH
(8)	CENTRACARE CLINIC	P	7,327,494	ARMS LENGTH
(9)	ST CLOUD HOSPITAL	P	1,937,073	ARMS LENGTH
(10)	CENTRACARE HEALTH - LONG PRAIRIE	Q	2,549,450	ARMS LENGTH
(11)	CENTRACARE HEALTH - MELROSE	Q	2,691,184	ARMS LENGTH
(12)	CENTRACARE PHARMACY SERVICES INC	Q	204,404	ARMS LENGTH
(13)	CENTRACARE HEALTH - SAUK CENTRE	Q	2,608,597	ARMS LENGTH
(14)	CENTRACARE FOUNDATION	Q	2,075,309	ARMS LENGTH
(15)	CENTRACARE CLINIC	Q	22,238,153	ARMS LENGTH
(16)	CMEP	Q	365,025	ARMS LENGTH
(17)	ST CLOUD HOSPITAL	Q	72,496,862	ARMS LENGTH
(18)	CENTRACARE CLINIC	R	31,583,825	ARMS LENGTH
(19)	CENTRACARE PHARMACY SERVICES INC	R	1,570,128	ARMS LENGTH
(20)	CENTRACARE HEALTH - LONG PRAIRIE	S	953,749	ARMS LENGTH
(21)	CENTRACARE HEALTH - SAUK CENTRE	S	590,758	ARMS LENGTH
(22)	CENTRACARE HEALTH - MELROSE	S	2,248,542	ARMS LENGTH
(23)	ST CLOUD HOSPITAL	S	31,196,493	ARMS LENGTH