

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ST CLOUD HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1406 SIXTH AVENUE NORTH

City or town, state or province, country, and ZIP or foreign postal code
ST CLOUD, MN 563031901

D Employer identification number
41-0695596

E Telephone number
(320) 251-2700

G Gross receipts \$ 999,795,896

F Name and address of principal officer:
CRAIG BROMAN
1406 SIXTH AVENUE NORTH
ST CLOUD, MN 563031901

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CENTRACARE.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1962 **M** State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE'RE HERE FOR YOUR WHOLE LIFE - TO LISTEN THEN SERVE, TO GUIDE AND HEAL BECAUSE HEALTH MEANS EVERYTHING.

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	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	6,869
6 Total number of volunteers (estimate if necessary)	6	1,535
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,812
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,489,416	8,498,542
9 Program service revenue (Part VIII, line 2g)	903,118,738	943,131,084
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,815,359	37,920,481
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,853,529	2,285,920
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	950,277,042	991,836,027
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,353,906	2,072,589
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)	466,258,313	480,122,535
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	369,215,611	391,517,809
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	837,827,830	873,712,933
19 Revenue less expenses. Subtract line 18 from line 12	112,449,212	118,123,094
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,256,961,524	1,385,541,956
21 Total liabilities (Part X, line 26)	500,844,664	599,501,059
22 Net assets or fund balances. Subtract line 21 from line 20	756,116,860	786,040,897

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-05-08

MICHAEL A BLAIR CFO/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ RSM US LLP		2020-05-08		P01599614
Firm's address ▶ 801 NICOLLET MALL WEST TOWER STE 1100 MINNEAPOLIS, MN 554022526			Firm's EIN ▶ 42-0714325	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:

WE'RE HERE FOR YOUR WHOLE LIFE - TO LISTEN THEN SERVE, TO GUIDE AND HEAL BECAUSE HEALTH MEANS EVERYTHING.

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 \$ 794,122,269 including grants of \$ 2,040,919) (Revenue \$ 907,196,178)
See Additional Data

4b (Code:) (Expenses \$ 6,253,996 including grants of \$ 31,670) (Revenue \$ 35,896,094)
See Additional Data

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

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

4e Total program service expenses ▶ 800,376,265

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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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	
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	6,869		
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		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?					
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? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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 [X] 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: MICHAEL BLAIR 1406 SIXTH AVENUE NORTH ST CLOUD, MN 563031901 (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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							2,387,829	7,901,873	895,605

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 ▶ 449

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

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
CROTHALL HEALTHCARE INC 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HOUSEKEEPING/LAUNDRY SERVICES	3,538,048
AEGIS THERAPIES PO BOX 936653 ATLANTA, GA 311936653	CONTRACT REHAB SERVICES	1,790,890
HAYES LOCUMS 6700 N ANDREWS AVENUE SUITE 600 FORT LAUDERDALE, FL 33309	PHYSICIAN LOCUMS	1,586,671
HAMMEL GREEN AND ABRAHAMSON 420 NORTH 5TH STREET MINNEAPOLIS, MN 55401	ENGINEERING-DESIGN/ARCHITECT SERVICES	1,547,317
AIR HEALTHCARE SOLUTIONS 400 SELBY AVENUE SUITE D ST PAUL, MN 55102	BEHAVIORAL HEALTHCARE SOLUTIONS FOR EMPL	1,449,913

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 ▶ 80

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	4,270,326		
	e Government grants (contributions)	1e	4,089,341		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	138,875		
	g Noncash contributions included in lines 1a - 1f: \$ _____		138,000		
	h Total. Add lines 1a-1f		8,498,542		

Program Service Revenue			Business Code			
	2a PATIENT/RESIDENT SERVICES		621110	922,233,362	922,233,362	
b FOOD SALES		621110	5,198,723	5,198,723		
c DEPT EXP REIMBURSEMENT		621110	3,064,589	3,064,589		
d OTHER MISC REVENUE		621110	796,580	796,580		
e _____						
f All other program service revenue.			11,837,830	11,799,018	38,812	
g Total. Add lines 2a-2f			943,131,084			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			37,801,694			37,801,694	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
			3,601,160					
		b Less: rental expenses		3,601,160				
		c Rental income or (loss)		0				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			132,975					
		b Less: cost or other basis and sales expenses		14,188				
		c Gain or (loss)		118,787				
	d Net gain or (loss)				118,787		118,787	
	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							
		6,495,201						
	b Less: cost of goods sold	b		4,344,521				
c Net income or (loss) from sales of inventory				2,150,680		2,150,680		
Miscellaneous Revenue	Business Code							
11a PURCHASE DISCOUNTS	541200		135,240			135,240		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d				135,240				
12 Total revenue. See Instructions.				991,836,027	943,092,272	38,812	40,206,401	

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	1,970,226	1,970,226		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	102,363	102,363		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,484,733		1,484,733	
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	369,875,944	340,640,092	29,235,852	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,731,556	15,402,651	1,328,905	
9 Other employee benefits	66,372,572	60,923,955	5,448,617	
10 Payroll taxes	25,657,730	23,540,698	2,117,032	
11 Fees for services (non-employees):				
a Management				
b Legal	281,321	258,109	23,212	
c Accounting	13,138	12,054	1,084	
d Lobbying	25,569		25,569	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,358,270		1,358,270	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	71,015,121	65,155,630	5,859,491	
12 Advertising and promotion	375,676	344,679	30,997	
13 Office expenses	1,767,418	1,621,588	145,830	
14 Information technology	6,723,922	6,169,128	554,794	
15 Royalties				
16 Occupancy	9,626,856	8,832,540	794,316	
17 Travel	1,327,740	1,218,188	109,552	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,245,880	9,400,488	845,392	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,462,531	48,133,823	4,328,708	
23 Insurance	2,224,115	2,040,602	183,513	
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	149,805,860	149,805,860		
b MEDICAID/MN CARE	16,177,731	16,177,731		
c BAD DEBT	14,047,527	14,047,527		
d				
e All other expenses	54,039,134	34,578,333	19,460,801	
25 Total functional expenses. Add lines 1 through 24e	873,712,933	800,376,265	73,336,668	0
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	39,222,358	1	9,886,897
	2 Savings and temporary cash investments	13,420,128	2	0
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	135,141,293	4	165,345,129
	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	12,364,835	8	15,713,105
	9 Prepaid expenses and deferred charges	4,430,559	9	4,843,566
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,093,867,483		
	b Less: accumulated depreciation	569,939,988		
	11 Investments—publicly traded securities	434,383,155	11	461,529,866
	12 Investments—other securities. See Part IV, line 11	77,878,097	12	135,202,481
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,772,091	15	69,093,417
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,256,961,524	16	1,385,541,956	
Liabilities	17 Accounts payable and accrued expenses	89,421,383	17	112,676,509
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	354,001,667	23	416,595,542
	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	57,421,614	25	70,229,008
	26 Total liabilities. Add lines 17 through 25	500,844,664	26	599,501,059
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	756,116,860	27	786,040,897
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	756,116,860	33	786,040,897	
34 Total liabilities and net assets/fund balances	1,256,961,524	34	1,385,541,956	

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	991,836,027
2	Total expenses (must equal Part IX, column (A), line 25)	2	873,712,933
3	Revenue less expenses. Subtract line 2 from line 1	3	118,123,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	756,116,860
5	Net unrealized gains (losses) on investments	5	-26,585,938
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	-61,613,119
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	786,040,897

Part XII Financial Statements and Reporting

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

- 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
- 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
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-0695596

Name: ST CLOUD HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

CENTRACARE HEALTH IS PRIMARILY ENGAGED IN SUPPORTING AND DIRECTING HEALTHCARE DELIVERY THROUGH ITS AFFILIATED ENTITIES. CENTRACARE OPERATES AS THE PARENT CORPORATION TO THE SAINT CLOUD HOSPITAL WHICH STRIVES TO IMPROVE THE QUALITY AND EXPAND THE CLINICAL SCOPE OF, ENHANCE ACCESS TO, AND ASSURE AFFORDABILITY OF, HEALTH SERVICES FOR RESIDENTS IN THE ST. CLOUD AREA AND CENTRAL MINNESOTA. THESE AIMS ARE SUPPORTED BY CENTRACARE'S COMMITMENT TO ADVANCE MEDICAL EDUCATION, TRAINING AND RESEARCH. AS A HIGH QUALITY REGIONAL MEDICAL CENTER, ST CLOUD HOSPITAL PROVIDES A BROAD RANGE OF ACUTE INPATIENT SERVICES. WITH 489 LICENSED INPATIENT BEDS, ST CLOUD HOSPITAL CARED FOR 28,174 INPATIENT ADMISSIONS WITH 120,924 ASSOCIATED PATIENT DAYS DURING FISCAL 2019. INPATIENT SERVICES INCLUDE MEDICAL AND SURGICAL CARE, BIRTHING SERVICES, CHILDREN'S SERVICES INCLUDING NEONATAL INTENSIVE CARE AND PEDIATRIC INTENSIVE CARE, BEHAVIORAL HEALTH CARE SERVICES FOR ADULTS AND ADOLESCENTS, ALONG WITH SPECIALIZED CARE IN CARDIOLOGY, NEUROSCIENCES, NEUROSURGERY, ORTHOPEDICS AND REHABILITATION SERVICES.

Form 990, Part III, Line 4b:

AS PART OF THE ST CLOUD HOSPITAL, ST BENEDICTS SENIOR COMMUNITY PROVIDES RESIDENTIAL HEALTH CARE SERVICES INCLUDING INDEPENDENT LIVING, ASSISTED LIVING AND SHORT AND LONG TERM SKILLED NURSING SERVICES. IN FISCAL 2019 THERE WERE 198 SKILLED STAFFED BEDS AND RESIDENT DAYS OF 57,268. SHORT STAY SKILLED SERVICES INCLUDE AN EXTENSIVE REHABILITATIVE CARE PROGRAM WITH THE GOAL OF ENABLING RESIDENTS TO RETURN TO THEIR HOMES. IN FISCAL 2019 THERE WERE 383 HOUSING UNITS AND TENANT DAYS OF 121,340. ASSISTED LIVING AND INDEPENDENT LIVING COMMUNITIES ARE DESIGNATED AS HOUSING WITH SERVICES. HOMECARE SERVICES ARE PROVIDED TO THESE TENANTS ON A BASE RATE PLUS POINTS SYSTEM.

Form 990, Part III, Line 4c:

AS A HIGH QUALITY REGIONAL MEDICAL CENTER, ST CLOUD HOSPITAL PROVIDES A BROAD RANGE OF OUTPATIENT SERVICES. OUTPATIENT ENCOUNTERS DURING FISCAL YEAR 2019 WERE 307,431 AND INCLUDED EMERGENCY ROOM SERVICES, BEHAVIORAL HEALTH CARE, CANCER TREATMENT, DIALYSIS, IMAGING PROCEDURES, DIAGNOSTIC HEART PROCEDURES, REHABILITATION THERAPY, SAME DAY SURGERY AND OTHER AMBULATORY CARE SERVICES.

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

(A) Name and Title	(B) Average hours per week (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			
CRAIG J BROMAN PRESIDENT	37.00 3.00	X		X				1,380,622	0	36,391
MERRYN JOLKOVSKY MD DIRECTOR, PAST CHIEF OF STAFF	2.00 0.00	X		X				0	306,111	41,409
TODD SEVERNACK MD DIRECTOR, CHIEF OF STAFF	2.00 0.00	X		X				0	552,107	36,835
TIMOTHY WENSMAN DIRECTOR, CHAIR	2.00 0.00	X		X				0	0	0
FATHER THOMAS KNOBLACH DIRECTOR, VICE CHAIR	2.00 0.00	X		X				0	0	0
RYAN DANIEL DIRECTOR	2.00 0.00	X						0	0	0
EILEEN DAUER MD DIRECTOR	2.00 0.00	X						0	0	0
LISA FOSS DIRECTOR	2.00 0.00	X						0	0	0
RENEE FRAUENDIENST DIRECTOR	2.00 0.00	X						0	0	0
MELINDA GAU DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
WILLIE JETT DIRECTOR	2.00 0.00	X						0	0	0
RICHARD JOLKOVSKY MD DIRECTOR	2.00 0.00	X						0	589,578	20,625
ROBERT KOVELL DIRECTOR	2.00 0.00	X						0	0	0
EDWARD B MARTIN-CHAFFEE MD DIRECTOR	2.00 38.00	X						0	679,775	42,735
ALBERT MERCURI MD DIRECTOR	2.00 0.00	X						0	441,815	34,494
JENNIFER MROZEK DIRECTOR (UNTIL 7/1/18)	2.00 0.00	X						0	0	0
JAMES RUDOLPH DIRECTOR	2.00 0.00	X						0	0	0
JAMES SCHLENNER DIRECTOR (UNTIL 7/1/18)	2.00 0.00	X						0	0	0
PATRICIA SNIEZERK OSB DIRECTOR	2.00 0.00	X						0	0	0
ROBERT THUERINGER DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
COLLEEN QUINLIVAN OSB DIRECTOR	2.00 0.00	X						0	0	0
GREGORY R KLUGHERZ TREASURER/CFO	11.00 29.00			X				756,425	0	33,266
PAUL R HARRIS ESQ SECRETARY	10.00 30.00			X				0	573,539	309,499
SUSAN R KRATSKE VICE PRESIDENT	40.00 0.00				X			250,782	0	145,393
HANI S ALKHATIB MD PHYSICIAN	40.00 0.00					X		0	1,255,731	47,396
DAHLIA H ELKADI MB BCH PHYSICIAN	40.00 0.00					X		0	771,983	36,439
DONALD J JURGENS MD PHYSICIAN	40.00 0.00					X		0	910,755	36,439
CHRISTOPHER B MILLER MD PHYSICIAN	40.00 0.00					X		0	796,560	32,999
HILARY I UFEARO MD PHYSICIAN	40.00 0.00					X		0	1,023,919	41,685

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 _____
 - 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- 10 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 41-0695596

Name: ST CLOUD HOSPITAL

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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
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 ST CLOUD HOSPITAL	Employer identification number 41-0695596
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		25,569
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			25,569
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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	1
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	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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:	ST. CLOUD HOSPITAL AND ST. BENEDICTS SENIOR COMMUNITY PAID \$25,569 TO STATE AND NATIONAL ASSOCIATIONS TO CONDUCT LOBBYING ACTIVITIES ON ITS BEHALF, AS A MEMBER OF THE ASSOCIATIONS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		17,172,374		17,172,374
b Buildings		675,249,654	280,585,678	394,663,976
c Leasehold improvements				
d Equipment		392,731,498	289,335,050	103,396,448
e Other		8,713,957	19,260	8,694,697
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				523,927,495

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) FUNDS HELD BY TRUSTEE, WORKER'S COMP & FUTURE BUILDING	135,202,481	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	135,202,481	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LONG TERM LIABILITIES	70,229,008
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	70,229,008

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 41-0695596

Name: ST CLOUD HOSPITAL

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	CENTRACARE, THE CORPORATION, THE CLINIC, CCH - MELROSE, CCH - LONG PRAIRIE, CCH - SAUK CENTRE AND THE FOUNDATION HAVE BEEN DETERMINED TO QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CCH - MONTICELLO, CCH - PAYNESVILLE AND CARIS HEALTH, AS DISREGARDED LIMITED LIABILITY COMPANIES (LLCS) UNDER INTERNAL REVENUE SERVICE REGULATIONS, ACHIEVE TAX-EXEMPT TREATMENT BASED ON THE EXEMPT STATUS OF THEIR PARENT, CENTRACARE HEALTH SYSTEM. AT JUNE 30, 2019 AND 2018, THERE WERE NO UNCERTAIN TAX POSITIONS.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 ST CLOUD HOSPITAL

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 41-0695596

OMB No. 1545-0047
2018
Open to Public Inspection

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	Yes	
1b If "Yes," was it a written policy?	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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>17500.0000000000</u> %	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: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			1,527,005		1,527,005	0.180 %
b Medicaid (from Worksheet 3, column a)			142,657,781	106,380,880	36,276,901	4.220 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			144,184,786	106,380,880	37,803,906	4.400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,804,287	500	1,803,787	0.210 %
f Health professions education (from Worksheet 5)			4,722,039	2,322,460	2,399,579	0.280 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			249,339		249,339	0.030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,103,648		2,103,648	0.240 %
j Total. Other Benefits			8,879,313	2,322,960	6,556,353	0.760 %
k Total. Add lines 7d and 7j			153,064,099	108,703,840	44,360,259	5.160 %

Part II Community 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		600	24,003		24,003	0 %
2 Economic development						
3 Community support		300	30,141		30,141	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development		600	7,099		7,099	0 %
9 Other						
10 Total		1,500	61,243		61,243	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
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	14,047,527
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	301,944,790
6 Enter Medicare allowable costs of care relating to payments on line 5	6	281,142,855
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	20,801,935
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
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

Part IV Management 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				

Part V Facility Information**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?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	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

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)
ST CLOUD HOSPITAL

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?		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.		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. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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.		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):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C SUPPLEMENTAL INFORMATION FOR PART V, SECTION B</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> 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.	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? If "Yes" (list url): <u>SEE SECTION C SUPPLEMENTAL INFORMATION FOR PART V, SECTION B</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

ST CLOUD HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	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:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>175.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

ST CLOUD HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
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 nonpayment?	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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input type="checkbox"/> None of these actions or other similar actions were permitted			
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		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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?	21	Yes	
	If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ST CLOUD HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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.

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.

	Yes	No
23		No
24		No

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? 27

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	CENTRACARE HEALTH SYSTEM PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THAT INCLUDES ALL RELATED ORGANIZATIONS.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 14,047,527.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	THE ACTIVITIES INCLUDED IN COMMUNITY BUILDING ACTIVITIES INCLUDE COMMUNITY SUPPORT WHICH CONSISTS OF SEVERAL ST. CLOUD HOSPITAL DIRECTORS PARTICIPATING IN A VARIETY OF COMMITTEES SUCH AS THE BOARD OF BIG BROTHERS/BIG SISTERS, REHAB BOARD ETC. UNDER COMMUNITY HEALTH IMPROVEMENTS ADVOCACY, EMPLOYEES PARTICIPATED WITH CREATE COMMUNITY, WHICH IS A COLLABORATION TO BUILD INCLUSION AMONGST DIVERSE POPULATION AND SEVERAL COUNTY TASK FORCES TO ADVOCATE FOR MENTAL AND CHEMICAL HEALTH. FINALLY UNDER WORKFORCE DEVELOPMENT, AN EMPLOYEE IS A BOARD MEMBER OF THE STEARNS BENTON WORKFORCE COUNCIL AND STUDENTS WERE GIVEN TOURS OF THE HOSPITAL AND ATTENDED PRESENTATIONS ON CAREERS IN HEALTHCARE.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE FOLLOWING IS FROM THE "ACCOUNTS RECEIVABLE" PARAGRAPH INCLUDED IN NOTE 2 OF THE ORGANIZATION'S AUDITED FINANCIALS."CENTRACARE REPORTS PATIENT AND RESIDENT SERVICE REVENUE AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH CENTRACARE EXPECTS TO BE ENTITLED TO IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS AND THIRD-PARTY PAYORS (INCLUDING MEDICARE, MEDICAID, BLUE CROSS AND OTHER THIRD-PARTY PAYORS). CERTAIN REIMBURSEMENT ARRANGEMENTS INCLUDE VARIABLE CONSIDERATION FOR AMOUNTS SUBJECT TO RETROACTIVE AUDIT AND ADJUSTMENT. DIFFERENCES BETWEEN AMOUNTS ORIGINALLY RECORDED AND FINALLY SETTLED ARE INCLUDED IN OPERATIONS IN THE YEAR IN WHICH THE DIFFERENCES ARE KNOWN. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED."
PART III, LINE 8:	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, ALONG WITH KEY SECTIONS FROM THE HOME HEALTH, HOSPICE AND DIALYSIS SECTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THE COLLECTION POLICIES AT ST. CLOUD HOSPITAL REQUIRE COLLECTION STAFF TO OFFER CHARITY TO PATIENTS WHO INDICATE THAT PAYMENT MAY BE AN ISSUE. IF A PATIENT DOES QUALIFY FOR FULL CHARITY, ALL OTHER COLLECTION EFFORTS MUST CEASE. IF A PATIENT QUALIFIES FOR PARTIAL CHARITY, COLLECTION EFFORTS WILL CONTINUE ON THE BALANCE OF THE ACCOUNT. THESE PROVISIONS APPLY TO BOTH HOSPITAL EMPLOYED COLLECTION STAFF AND COLLECTION AGENCY STAFF. NO PATIENTS, WHETHER THEY QUALIFY FOR CHARITY OR NOT, ARE REPORTED TO CREDIT REPORTING AGENCIES.
PART VI, LINE 2:	ST. CLOUD HOSPITAL FOUNDATION HAS IN PLACE A COMMUNITY COLLABORATION COMMITTEE WHICH HAS A MEMBERSHIP OF OVER 30 MEMBERS. THIS COMMITTEE IS MADE UP OF COMMUNITY LEADERS FROM BOTH THE HEALTHCARE AND BUSINESS WORLD. THESE MEMBERS MEET MONTHLY TO ADDRESS COMMUNITY HEALTH ISSUES (SEE PROMOTION OF COMMUNITY HEALTH FOR MORE DETAIL). THESE IDENTIFIED HEALTH NEEDS ARE THEN COMMUNICATED TO ST. CLOUD HOSPITAL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	INPATIENTS WHO ARE SELF PAY ARE IDENTIFIED, AND A REPRESENTATIVE OF THE ORGANIZATION'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.
PART VI, LINE 4:	ST. CLOUD HOSPITAL'S IMMEDIATE SERVICE AREA CONSISTS OF STEARNS, BENTON AND SHERBURNE COUNTIES. COLLECTIVELY THEIR ESTIMATED POPULATION IN 2019 IS 305,531 AND IS PROJECTED TO GROW BY 3.9% IN 2024. THE PROJECTED POPULATION GROWTH BY AGE BRACKET FOR 2019 TO 2024 IS 0-24, 0.8%; 25-44, 4.4%; 45-64, -0.4% AND 65+ 18.5%. THE OTHER NINE COUNTIES LOCATED IN THE SERVICE AREA ARE CROW WING, DOUGLAS, KANDIYOHI, MEEKER, MILLE LACS, MORRISON, POPE, TODD AND WRIGHT. COLLECTIVELY THEIR POPULATION IN 2019 WAS 403,658 AND IS PROJECTED TO GROW BY 2.9% BY 2024. THAT 9-COUNTY PROJECTED POPULATION GROWTH TO 2024 BY AGE BRACKET ARE AS FOLLOWS: 0-24, 3.9%; 25-44, 8.6%; 45-64, -3.4% AND 65+ 14.3%. THE PROJECTED 2024 ETHNICITY BREAKDOWN FOR THE ENTIRE 12-COUNTY AREA IS AS FOLLOWS: WHITE 88.9%, BLACK 3.4%, ASIAN & PACIFIC ISLANDER 1.4%, HISPANIC 3.9% AND OTHER 2.4%. THE DEMOGRAPHIC INFORMATION IS UPDATED EVERY 2 YEARS BY THE ORGANIZATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	THE COMMUNITY COLLABORATION COMMITTEE (CCC), A STANDING COMMITTEE OF CENTRACARE HEALTH FOUNDATION, HAS A MEMBERSHIP OF OVER 15 PERSONS REPRESENTING HEALTHCARE AND COMMUNITY NEEDS ACROSS CENTRAL MINNESOTA. THE CCC MEETS QUARTERLY TO DISCUSS WAYS TO ADDRESS TYPICAL HEALTH ISSUES THROUGH AWARENESS BUILDING, EDUCATION AND ADVOCACY. THERE ARE SEVERAL COMMUNITY HEALTHY OUTREACH INITIATIVES THAT THE FOUNDATION IS INVOLVED WITH, THESE INITIATES INCLUDE:- GREATER ST. CLOUD DEVELOPMENT CORPORATION, WELLBEING 5 SURVEY A WORKPLACE ASSESSMENT TO ENGAGE 20,000 CENTRAL MINNESOTA EMPLOYEES IN THEIR OWN HEALTH AND WELLBEING.- FEELING GOOD MN ADVANCING HEALTH IN OUR COMMUNITIES BY BUILDING ON THE SUCCESS OF EXISTING HEALTH IMPROVEMENT PROGRAMS AND BRINGING EVERYONE TOGETHER TO COLLABORATE IN A WAY THAT WILL STRENGTHEN COMMUNITIES THROUGH POLICY, SYSTEMS, ENVIRONMENT (PSE) WORK:- BLEND CHILDHOOD OBESITY COALITION OF CENTRAL MINNESOTA - GOAL IS TO REDUCE THE INCIDENCE OF CHILDHOOD OBESITY.- CRAVE THE CHANGE - WORKING TO BUILD HEALTHY, TOBACCO-FREE COMMUNITIES FOR THE NEXT GENERATION-PROJECT BRAINSAFE - A COMMUNITY COLLABORATIVE AROUND THE PREVENTION AND TREATMENT OF CONCUSSIONS AND TRAUMATIC BRAIN INJURIES.-IHI INTEGRATED BEHAVIORAL HEALTH PROJECT - IMPROVING ACCESS AND CARE DELIVERY FOR OUR PATIENTS WITH BEHAVIORAL HEALTH NEEDS.
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.

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:****Software Version:****EIN:** 41-0695596**Name:** ST CLOUD HOSPITAL**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? 1		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	SAINT CLOUD HOSPITAL 1406 6TH AVENUE NORTH ST CLOUD, MN 563031901 WWW.CENTRACARE.COM/LOCATIONS/CENTRACARE 395453	X	X		X			X		REHAB, PSYCH, HOME HEALTH, HOSPICE, AND RENAL DIALYSIS	

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
ST. CLOUD HOSPITAL	PART V, SECTION B, LINE 3J: CENTRACARE HEALTH'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. 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.
ST. CLOUD HOSPITAL	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
ST. CLOUD HOSPITAL	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. EACH HOSPITAL PREPARED INDIVIDUAL ACTION PLANS TO THE CHNA BASED ON SPECIFIC INPUT FROM THOSE COMMUNITIES.
ST. CLOUD HOSPITAL	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.

Form and Line Reference	Explanation
ST. CLOUD HOSPITAL	<p>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 THE FOLLOWING SIX, BROAD COMMUNITY HEALTH ISSUES: 1 - ADULT OBESITY2 - ADULT DIABETES3 - OLDER ADULT PREVENTABLE HOSPITALIZATIONS4 - STROKE DEATHS5 - CORONARY HEART DISEASE DEATHS6 - CANCER DEATHSST. CLOUD HOSPITAL 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 ADAPTATIONS (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 WWW.CENTRACARE.COM/DOCUMENTS/ABOUT/2016-CENTRACARE-CHNA-AND-IMPELMENTATION-STRATEGIES.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.</p>
ST. CLOUD HOSPITAL	<p>PART V, SECTION B, LINE 13H: A NON-CITIZEN CAN BE DENIED CARE IF THEY CAME TO THE US SPECIFICALLY TO RECEIVE FREE CARE. PRESUMPTIVE ELIGIBILITY - IF PATIENTS FAIL TO SUPPLY SUFFICIENT INFORMATION TO SUPPORT FINANCIAL ASSISTANCE ELIGIBILITY, CENTRACARE HEALTH MAY REFER TO OR RELY ON EXTERNAL SOURCES AND/OR OTHER PROGRAM ENROLLMENT RESOURCES TO DETERMINE ELIGIBILITY WHEN:(A) PATIENT IS HOMELESS(B) PATIENT IS ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS(C) PATIENT IS ELIGIBLE FOR FOOD STAMPS OR SUBSIDIZED SCHOOL LUNCH PROGRAM(D) PATIENT IS ELIGIBLE FOR A STATE-FUNDED PRESCRIPTION MEDICATION PROGRAM(E) PATIENT'S VALID ADDRESS IS CONSIDERED LOW-INCOME OR SUBSIDIZED HOUSING(F) PATIENT RECEIVES FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO HOSPITAL FOR FURTHER TREATMENT</p>

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
ST. CLOUD HOSPITAL	PART V, SECTION B, LINE 16J: PATIENTS WHO ARE AT A SELF PAY STATUS RECEIVE FINANCIAL ASSISTANCE INFORMATION EITHER VIA A TELEPHONE CALL OR ON BILLING STATEMENTS.
ST. CLOUD HOSPITAL	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.

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
ST. CLOUD HOSPITAL:	PART V, SECTION B, LINES 7A AND 10A: THE HOSPITAL'S CHNA AND STRATEGY AND IMPLEMENTATION PLAN CAN BE FOUND ON ITS WEBSITE AT WWW.CENTRACARE.COM/DOCUMENTS/ABOUT/2016-CENTRACARE-CHNA-AND-IMPELMENTATION-STRATEGIES.PDF .

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 1 - SAINT BENEDICT'S SENIOR COMMUNITY 1810 MINNESOTA BLVD ST CLOUD, MN 56304	SKILLED NURSING FACILITY
1 2 - COBORN CANCER CENTER 1900 CENTRACARE CIRCLE ST CLOUD, MN 56303	OUTPATIENT CANCER
2 3 - MIDMINNESOTA FAMILY MEDICINE CENTER 1520 WHITNEY COURT SUITE 200 ST CLOUD, MN 56303	CLINIC SERVICES
3 4 - BEHAVIORAL HEALTH CLINIC 1900 CENTRACARE CIRCLE ST CLOUD, MN 56303	OUTPATIENT CLINIC
4 5 - RECOVERY PLUS 713 ANDERSON AVE ST CLOUD, MN 56303	OUTPATIENT SERVICES
5 6 - DIAGNOSTIC CENTER 1900 CENTRACARE CIRCLE ST CLOUD, MN 56303	OUTPATIENT RADIOLOGY
6 7 - ST CLOUD SLEEP CENTER 1586 COUNTY RD 134 ST CLOUD, MN 56303	OUTPATIENT SERVICES
7 8 - ST CLOUD PHYSICAL THERAPY 12800 ROLLING ROCK RIDGE RD BECKER, MN 55308	PHYSICAL THERAPY
8 9 - SARTELL PSYCHOLOGY 166 19TH ST S SARTELL, MN 56377	BEHAVIORAL HEALTH
9 10 - PASSAGE HOME 121 PARK AVE SO ST CLOUD, MN 56301	SUBSTANCE ABUSE
10 11 - JOURNEY HOME 1485 10TH AVE NE SAUK RAPIDS, MN 56379	SUBSTANCE ABUSE
11 12 - CLARA'S HOUSE 1564 COUNTY ROAD 134 ST CLOUD, MN 56303	ADOLESCENT MENTAL HEALTH
12 13 - ST CLOUD HOSPITAL WOUND CARE CENTER 2035 15TH ST NORTH SUITE 130 ST CLOUD, MN 56303	WOUND CARE
13 14 - ST CLOUD HOSPITAL PHYSICAL THERAPY - ALBA 320 3RD AVE ALBANY, MN 56307	PHYSICAL THERAPY
14 15 - RECOVERY PLUS RESIDENTIAL - ADOLESCENT 1572 CO RD 134 ST CLOUD, MN 563030346	BEHAVIORAL HEALTH

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 16 - RECOVERY PLUS WOMEN'S OUTPATIENT SERVICES 1428 2ND ST N SAUK RAPIDS, MN 563792533	BEHAVIORAL HEALTH
1 17 - DIALYSIS - LITCHFIELD 520 HWY 12 E SUITE 6 LITCHFIELD, MN 55355	DIALYSIS
2 18 - DIALYSIS - STAPLES 403 PRAIRIE AVE NE STAPLES, MN 56479	DIALYSIS
3 19 - DIALYSIS - BRAINERD 2024 6TH STREET BRAINERD, MN 56401	DIALYSIS
4 20 - DIALYSIS - ALEXANDRIA 111 17TH AVE E ALEXANDRIA, MN 56308	DIALYSIS
5 21 - DIALYSIS - PRINCETON 112 S RUM RIVER DR SUITE 10 PRINCETON, MN 55371	DIALYSIS
6 22 - DIALYSIS - BIG LAKE 16830 198TH AVE NW BIG LAKE, MN 55309	DIALYSIS
7 23 - DIALYSIS - LITTLE FALLS 808 3RD ST SSE LITTLE FALLS, MN 56345	DIALYSIS
8 24 - DIALYSIS - CAMBRIDGE 520 11TH AVE SW SOUTH BLD CAMBRIDGE, MN 55008	DIALYSIS
9 25 - DIALYSIS - OLIVIA 600 EAST PARK AVE SUITE 1 OLIVIA, MN 56277	DIALYSIS
10 26 - CENTRACARE PLAZA REHAB 1900 CENTRACARE CIRCLE ST CLOUD, MN 56303	PHYSICAL, OCCUPATIONAL, SPEECH THERAPY
11 27 - CENTRACARE SOUTHWAY REHAB 1301 33RD ST S ST CLOUD, MN 56301	PHYSICAL, OCCUPATIONAL, SPEECH THERAPY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
ST CLOUD HOSPITAL

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number
41-0695596

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HOME DELIVERED MEALS	204		102,363	BOOK COST	TO PROVIDE MEALS TO THE NEEDY.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	CENTRACARE HEALTH SYSTEM, INCLUDING ST. CLOUD HOSPITAL, HAS THE FOLLOWING POLICY REGARDING CHARITABLE CONTRIBUTIONS: CONTRIBUTIONS MUST BE IN KEEPING WITH THE MISSION OF CENTRACARE HEALTH, WHICH IS TO WORK TO IMPROVE THE HEALTH OF EVERY PATIENT, EVERY DAY. CONTRIBUTIONS WILL BE MADE TO ORGANIZATIONS RATHER THAN TO INDIVIDUALS WITHIN THE CENTRAL MINNESOTA REGION. CENTRACARE'S CHARITABLE FUNDS MAY NOT BE USED TO SUPPORT ANY ORGANIZATION OR EVENT THAT WOULD RESULT IN BENEFITS OF ANY KIND TO AN EMPLOYEE OF THE HEALTH SYSTEM OR A MEMBER OF THE VARIOUS BOARDS OF DIRECTORS, EITHER DIRECTLY OR INDIRECTLY. ONE EXCEPTION EXISTS TO THE GUIDELINE REGARDING BENEFIT TO EMPLOYEES: WE WILL SUPPORT, VIA SCHOLARSHIPS AND THE PURCHASE OF SUPPLIES, THE MEDICAL MISSION WORK OF OUR STAFF AND PHYSICIANS. THE CENTRACARE HEALTH CONTRIBUTIONS COMMITTEE IS MADE UP OF : ONE REPRESENTATIVE FROM CENTRACARE HEALTH FOUNDATION; ONE REPRESENTATIVE FROM ST. CLOUD HOSPITAL HUMAN RESOURCES/DIVERSITY COMMITTEE; THE DIRECTOR OF CENTRACARE HEALTH'S COMMUNICATION DEPARTMENT AND THE COMMUNICATIONS/MARKETING FOR ST. BENEDICT'S SENIOR COMMUNITY; THE DIRECTOR OF CENTRACARE HEALTH'S MARKETING DEPARTMENT; THE DIRECTOR OF ST. CLOUD HOSPITAL VOLUNTEER SERVICES; AND ST. CLOUD HOSPITAL'S DIRECTOR OF MISSION & SPIRITUAL CARE. THE COMMITTEE MEETS MONTHLY TO ENSURE A STREAMLINED, COORDINATED PROCESS OF REVIEWING REQUESTS AND DETERMINING FUNDING. THE COMMITTEE MAINTAINS A DATABASE TO TRACK ALL CONTRIBUTIONS. OTHER CENTRACARE ENTITIES, INCLUDING CENTRACARE HEALTH - LONG PRAIRIE, MELROSE, MONTICELLO, PAYNESVILLE AND SAUK CENTRE, MAY DEVELOP A BUDGET FOR APPROVAL AND IMPLEMENT THEIR OWN CONTRIBUTIONS DECISIONS WITHIN THE GUIDELINES OF THIS DOCUMENT. CONTRIBUTIONS MAY NOT EXCEED THE STATED BUDGET AND NO MULTI-YEAR COMMITMENTS TO ORGANIZATIONS MAY BE MADE WITHOUT APPROVAL FORM THE CENTRACARE HEALTH EXECUTIVE COUNCIL. INDIVIDUALS AND DEPARTMENTS FROM THROUGHOUT ST. CLOUD HOSPITAL AND CENTRACARE CLINIC SHOULD FORWARD ALL OUTSIDE FUNDING REQUESTS TO A MEMBER OF THE COMMITTEE FOR THE FULL GROUP'S CONSIDERATION. THOSE REQUESTING FUNDS SHOULD BE ASKED TO SUBMIT REQUESTS IN WRITING.

Additional Data

Software ID:
Software Version:
EIN: 41-0695596
Name: ST CLOUD HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRACARE HEALTH FOUNDATION 1406 6TH AVE N ST CLOUD, MN 56303	41-1855173	501(C)(3)	1,913,226				TO SUPPORT THE CENTRACARE FOUNDATION
ORDER OF SAINT BENEDICT INC 104 CHAPEL LANE ST ST JOSEPH, MN 56374	41-0693973	501(C)(3)	50,000				TO PAY FOR HEALTHCARE COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPS INTERNATIONAL 16610 DALLAS PKWY SUITE 2025 ADDISON, TX 75248	75-1966419	501(C)(3)	7,000				GUATEMALA MISSION TRIPS.

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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	<p>THE CORPORATIONS' EXECUTIVES ARE ELIGIBLE TO PARTICIPATE IN BENEFIT PLANS WHICH INCLUDE TAX DEFERRED NON-QUALIFIED INVESTMENT ACCOUNTS. THESE PLANS MAY PROVIDE, BUT ARE NOT CERTAIN TO PROVIDE, FOR PAYMENT OF TAX DEFERRED COMPENSATION TO THESE EXECUTIVES AT SOME TIME IN THE FUTURE. THE EXECUTIVE HAS NO LEGAL RIGHT TO THESE DOLLARS UNTIL, AND UNLESS, CERTAIN FUTURE EVENTS OCCUR. IN ACCORDANCE WITH THE INSTRUCTIONS TO FORM 990, THE AMOUNTS LISTED IN PART VII AND SCHEDULE J, PART II, COLUMN C, REFLECT TAX DEFERRED COMPENSATION. THIS COMPENSATION IS POTENTIALLY REPORTED TWICE ON FORM 990 - ONCE WHEN THE COMPENSATION IS DEFERRED OR ACCRUED AND AGAIN IF AND WHEN IT IS PAID TO THE EXECUTIVE. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE NON-QUALIFIED PLAN: CRAIG J BROMAN - PAID \$152,547; ACCRUED \$0 PAUL R HARRIS - PAID \$66,403; ACCRUED \$88,628 GREGORY R KLUGHERZ - PAID \$0; ACCRUED \$0 SUSAN KRATZKE - PAID \$0; ACCRUED \$39,360</p>

Return Reference	Explanation
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: 41-0695596
Name: ST CLOUD HOSPITAL

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				
CRAIG J BROMAN PRESIDENT	(i)	843,549	165,926	371,147	20,625	16,564	1,417,811	93,908
	(ii)	0	0	0	0	0	0	0
MERRYN JOLKOVSKY MD DIRECTOR, PAST CHIEF OF STAFF	(i)	0	0	0	0	0	0	0
	(ii)	281,657	14,628	9,826	19,350	24,888	350,349	0
TODD SEVERNACK MD DIRECTOR, CHIEF OF STAFF	(i)	0	0	0	0	0	0	0
	(ii)	519,511	29,024	3,572	20,625	17,531	590,263	0
RICHARD JOLKOVSKY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	498,747	84,212	6,619	20,625	2,828	613,031	0
EDWARD B MARTIN- CHAFFEE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	639,916	11,533	28,326	20,625	24,758	725,158	0
ALBERT MERCURI MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	408,715	23,274	9,826	15,734	22,161	479,710	0
GREGORY R KLUGHERZ TREASURER/CFO	(i)	622,849	113,782	19,794	16,500	17,607	790,532	0
	(ii)	0	0	0	0	0	0	0
PAUL R HARRIS ESQ SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	390,662	85,223	97,654	105,471	204,905	883,915	66,403
SUSAN R KRATSKE VICE PRESIDENT	(i)	203,972	40,567	6,243	44,613	101,657	397,052	0
	(ii)	0	0	0	0	0	0	0
HANI S ALKHATIB MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	1,226,994	16,533	12,204	20,625	29,508	1,305,864	0
DAHLIA H ELKADI MB BCH PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	727,064	16,533	28,386	20,625	18,551	811,159	0
DONALD J JURGENS MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	871,415	11,533	27,807	20,625	17,960	949,340	0
CHRISTOPHER B MILLER MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	531,396	235,169	29,995	11,939	23,655	832,154	0
HILARY I UFEARO MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	973,729	21,949	28,241	20,625	23,455	1,067,999	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CLOUD HOSPITAL

Employer identification number
41-0695596

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ULTRASOUND MACHINES</u>)	X	2	138,000	TRADE IN VALUE RECEI
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		No
-----------	--	----

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
------------	--	----

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ST CLOUD HOSPITAL

Employer identification number

41-0695596

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MERRYN JOLKOVSKY & RICHARD JOLKOVSKY - FAMILY RELATIONSHIP (MARRIED)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATE MEMBERS OF ST. CLOUD HOSPITAL ARE TWO REPRESENTATIVES OF THE SISTERS OF THE ORDER OF SAINT BENEDICT, TWO REPRESENTATIVES OF THE DIOCESE OF ST. CLOUD, AND FOUR OTHER CORPORATE MEMBERS APPOINTED BY THE FOUR REPRESENTATIVES. THE CORPORATE MEMBERS SERVE AS REPRESENTATIVES OF THE LOCAL CATHOLIC CHURCH OF SAINT CLOUD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CENTRACARE HEALTH (CCH) BOARD APPOINTS THE ST. CLOUD HOSPITAL (SCH) BOARD BASED ON RECOMMENDATION OF THE SCH JOINT NOMINATION COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION TO APPOINTING THE ST. CLOUD HOSPITAL BOARD, THE MEMBERS APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION, APPROVE DISSOLUTION OF THE HOSPITAL, AND SUPPORT AND ASSESS THE HOSPITAL'S ROMAN CATHOLIC IDENTITY AND MISSIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS HAS DELEGATED THE APPROVAL AUTHORITY OF THE FORM 990 TO THE AUDIT COMMITTEE. ANNUALLY, AT THE AUDIT COMMITTEE MEETING, PRIOR TO FILING WITH THE IRS, THE AUDIT COMMITTEE REVIEWS AND APPROVES FORM 990. A COPY OF FORM 990 IS THEN PROVIDED FOR THE FULL BOARD TO REVIEW PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE TWICE A YEAR. ALL STAFF SIGN CONFLICTS OF INTEREST FORMS ON AN ANNUAL BASIS. THE QUESTIONNAIRES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER AS WELL AS THE CORPORATE COMPLIANCE GROUP (A COMPLIANCE COMMITTEE WHICH INCLUDES INTERNAL MEMBERS AND OUTSIDE COUNSEL). THE RESPONSES TO THE 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/HER SELF 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	<p>THE COMPENSATION AND BENEFITS OF THE PRESIDENTS (NON-MEDICAL PROVIDERS) ARE SUBJECT TO FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES CONDUCTED BIENNIALLY BY A THIRD PARTY INDEPENDENT COMPENSATION CONSULTANT. HOWEVER, THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVAL. THE MOST RECENT FULL REVIEW WAS DONE IN MAY 2017. THE THIRD PARTY INDEPENDENT COMPENSATION CONSULTANT IS RETAINED BY ST. CLOUD HOSPITAL TO PERFORM SERVICES.</p> <p>LINE 15B: THE COMPENSATION AND BENEFITS OF THE VICE PRESIDENTS (NON-MEDICAL PROVIDERS) ARE ALSO PAID BY A RELATED ORGANIZATION AND SUBJECT TO FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES CONDUCTED BIENNIALLY BY A THIRD PARTY INDEPENDENT COMPENSATION CONSULTANT. HOWEVER, THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVAL. THE MOST RECENT FULL REVIEW WAS DONE IN MAY 2017. THE THIRD PARTY INDEPENDENT COMPENSATION CONSULTANT IS RETAINED BY ST. CLOUD HOSPITAL TO PERFORM THESE SERVICES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE HOSPITAL/CENTRACARE HEALTH SYSTEM DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE HOSPITAL/CENTRACARE HEALTH SYSTEM DOES RELEASE AN ANNUAL REPORT TO THE COMMUNITY IN WHICH FINANCIAL RESULTS ARE REPORTED TO AND DISCUSSED WITH THE PUBLIC. THIS REPORT IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ADJUSTMENTS TO FUNDED STATUS OF PENSION PLAN -13,544,146. NET EQUITY TRANSFERS TO AFFILIATED ORGANIZATIONS -48,068,973.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CLOUD HOSPITAL

Employer identification number

41-0695596

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

(a) Name, address, and EIN (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

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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	N/A									
(2) MONTICELLO SURGERY CENTER 1013 HART BLVD MONTICELLO, MN 55362 81-3593057	AMBULATORY SURGERY CENTER	MN	N/A									
(3) BENSON MEDICAL LLC 1228 ATLANTIC AVENUE BENSON, MN 56215 20-3149203	HEALTHCARE	MN	N/A									

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
(1) CENTRACARE HOLDINGS INC 1406 6TH AVE N ST CLOUD, MN 56303 47-2688595	INVESTMENTS/PHARMACY	MN	N/A	C					No
(2) AFFILIATED COMMUNITY MEDICAL CENTERS PA 301 BECKER AVE SW WILLMAR, MN 56201 82-3166379	HEALTH CARE SYSTEM	MN	N/A	C					No
(3) AFFILIATED COMMUNITY HEALTH NETWORK INC 101 WILLMAR AVE SW WILLMAR, MN 56201 41-0850702	HEALTH NETWORK	MN	N/A	C					No

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		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-0695596
Name: ST CLOUD HOSPITAL

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
1406 6TH AVENUE NORTH ST CLOUD, MN 56303 41-1813221	HEALTHCARE HOLDING COMPANY	MN	501(C)(3)	LINE 3	N/A		No
11 NORTH 5TH AVE WEST MELROSE, MN 56352 41-1865315	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM		No
50 CENTRACARE DRIVE LONG PRAIRIE, MN 56347 41-1924645	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM		No
425 ELM STREET NORTH SAUK CENTRE, MN 56378 45-2438973	ACUTE/LT CARE	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM		No
1200 6TH AVE NORTH ST CLOUD, MN 56303 41-1806657	MULTI-SPECIALTY	MN	501(C)(3)	LINE 3	CENTRACARE HEALTH SYSTEM		No
1406 6TH AVE N ST CLOUD, MN 56303 41-1855173	FUNDRAISING	MN	501(C)(3)	LINE 7	CENTRACARE HEALTH SYSTEM		No
1100 WEST ST GERMAIN STREET ST CLOUD, MN 56303 41-6019335	SUPPORT FOR RICE MEMORIAL HOSPITAL	MN	501(C)(3)	LINE 12A, I	RICE MEMORIAL HOSPITAL		No
301 BECKER AVE SW WILLMAR, MN 56303 41-1611555	SUPPORT FOR RICE MEMORIAL HOSPITAL	MN	501(C)(3)	LINE 12A, I	RICE MEMORIAL HOSPITAL		No