

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

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

**C** Name of organization  
CENTRACARE HEALTH FOUNDATION

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code  
ST CLOUD, MN 56303

**D** Employer identification number  
41-1855173

**E** Telephone number  
(320) 251-2700

**F** Name and address of principal officer:  
BRAD KONKLER  
1406 6TH AVE NORTH  
ST CLOUD, MN 56303

**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)

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

**J** Website: WWW.CENTRACARE.COM/FOUNDATION

**H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1996 **M** State of legal domicile: MN

**Part I Summary**

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

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

|  |    |    |
|--|----|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 3  | 22 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 16 |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | 5  | 0  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6  | 0  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | 7b | 0  |

|  | Prior Year | Current Year |
|--|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                     | 6,489,468  | 4,096,950    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                      | 0          | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 4,053,089  | 1,931,782    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 658,173    | 400,080      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,200,730 | 6,428,812    |

|   |            |            |
|---|------------|------------|
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 10,067,952 | 7,546,613  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0          |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0          | 0          |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0          |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,281,037              |            |            |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 2,418,085  | 2,487,515  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 12,486,037 | 10,034,128 |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | -1,285,307 | -3,605,316 |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 56,870,984                | 48,664,989  |
| <b>21</b> Total liabilities (Part X, line 26)                        | 4,120,897                 | 1,758,260   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 52,750,087                | 46,906,729  |

**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: 2021-05-11

BRAD KONKLER VICE PRESIDENT, FOUNDATION  
Type or print name and title

**Paid Preparer Use Only**

|  |                          |                    |   |                   |
|--|--------------------------|--------------------|---|-------------------|
| Print/Type preparer's name   | Preparer's signature     | Date<br>2021-05-10 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01625727 |
| Firm's name ▶ MILLER WELLE HEISER & CO LTD                               | Firm's EIN ▶ 41-1334380  |                    |   |                   |
| Firm's address ▶ 4170 THIELMAN LANE PO BOX 159<br>ST CLOUD, MN 563020159 | Phone no. (320) 253-9505 |                    |   |                   |

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the 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 \$ 7,845,212 including grants of \$ 7,546,613 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 7,845,212

**Part IV Checklist of Required Schedules**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | Yes |    |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | Yes |    |
| <b>3</b>   | 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  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> 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   |     | No |
| <b>5</b>   | 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   |     | No |
| <b>6</b>   | 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  | Yes |    |
| <b>7</b>   | 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  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | No |
| <b>9</b>   | 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             |     | No |
| <b>10</b>  | 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  | Yes |    |
| <b>11</b>  | 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.   |     |    |
| <b>11a</b> | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | Yes |    |
| <b>11b</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   | Yes |    |
| <b>11c</b> | 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   |     | No |
| <b>11d</b> | 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  |     | No |
| <b>11e</b> | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | Yes |    |
| <b>11f</b> | 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  | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | Yes |    |
| <b>12b</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   | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>14b</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 |     | No |
| <b>15</b>  | 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  |     | No |
| <b>16</b>  | 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  |     | No |
| <b>17</b>  | 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)   |     | No |
| <b>18</b>  | 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  | Yes |    |
| <b>19</b>  | 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  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | No |
| <b>20b</b> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b>  | 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   | Yes |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . 2a 0
2b 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
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 4a No
4b If "Yes," enter the name of the foreign country: 4b
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
5c 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 Yes
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b Yes
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7a Yes
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Yes
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7c No
7d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Yes
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f Yes
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g
7h 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 No
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . 9a No
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b No
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders . . . . . 11a
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b 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.
13a Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13a
13b 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
13c 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
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . 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? . . . . . 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . 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 (22), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
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: BRAD KONKLER 1406 6TH AVE NORTH ST CLOUD, MN 56303 (320) 251-2700

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

Check if Schedule O contains a response 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.

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
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|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
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|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|--|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants, and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |  |   |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |  |   |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            |  |   |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>            | 269,034  |   |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>            |  |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 3,827,916  |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a - 1f:\$                             | <b>1g</b>            | 163,669  |   |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 4,096,950  |   |  |

| <b>Program Service Revenue</b> |   |  | Business Code |  |  |  |
|--------------------------------|---|--|---------------|--|--|--|
|                                | <b>2a</b>                                   |  |               |  |  |  |
|                                | <b>b</b>                                    |  |               |  |  |  |
|                                | <b>c</b>                                    |  |               |  |  |  |
|                                | <b>d</b>                                    |  |               |  |  |  |
|                                | <b>e</b>                                    |  |               |  |  |  |
|                                | <b>f</b> All other program service revenue. |  |               |  |  |  |
|                                | <b>g Total.</b> Add lines 2a-2f. . . . .    |  |               |  |  |  |

|   |  |               |   |               |           |         |           |         |
|---|--|---------------|---|---------------|-----------|---------|-----------|---------|
| <b>Other Revenue</b>                                | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |               |   | 1,935,846     |           |         | 1,935,846 |         |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |               |   |               |           |         |           |         |
|   | <b>5</b> Royalties . . . . .   |               |   |               |           |         |           |         |
|   | <b>6a</b> Gross rents  | <b>6a</b>     | (i) Real  | (ii) Personal |           |         |           |         |
|   |  |               | <b>b</b> Less: rental expenses                                  | <b>6b</b>     |           |         |           |         |
|   |  |               | <b>c</b> Rental income or (loss)                                | <b>6c</b>     |           |         |           |         |
|   |  |               | <b>d</b> Net rental income or (loss) . . . . .                  |               |           |         |           |         |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | <b>7a</b>     | (i) Securities  | (ii) Other    | 149,947   |         |           |         |
|   |  |               | <b>b</b> Less: cost or other basis and sales expenses           | <b>7b</b>     | 154,011   |         |           |         |
|   |  |               | <b>c</b> Gain or (loss)   | <b>7c</b>     | -4,064    |         |           |         |
|   |  |               | <b>d</b> Net gain or (loss) . . . . .                           |               |           | -4,064  |           | -4,064  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>     |   |               | 1,070,985 |         |           |         |
|   |  |               | <b>b</b> Less: direct expenses . . . . .                        | <b>8b</b>     | 670,905   |         |           |         |
|   |  |               | <b>c</b> Net income or (loss) from fundraising events . . . . . |               |           | 400,080 |           | 400,080 |
|   | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  | <b>9a</b>     |   |               |           |         |           |         |
|   |  |               | <b>b</b> Less: direct expenses . . . . .                        | <b>9b</b>     |           |         |           |         |
|   |  |               | <b>c</b> Net income or (loss) from gaming activities . . . . .  |               |           |         |           |         |
|   | <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>10a</b>    |   |               |           |         |           |         |
|   |  |               | <b>b</b> Less: cost of goods sold . . . . .                     | <b>10b</b>    |           |         |           |         |
|   |  |               | <b>c</b> Net income or (loss) from sales of inventory . . . . . |               |           |         |           |         |
| <b>11a</b> Miscellaneous Revenue                    |  | Business Code |   |               |           |         |           |         |
| <b>b</b>  |  |               |   |               |           |         |           |         |
| <b>c</b>  |  |               |   |               |           |         |           |         |
| <b>d</b> All other revenue . . . . .                |  |               |   |               |           |         |           |         |
| <b>e Total.</b> Add lines 11a-11d . . . . .         |  |               |   |               |           |         |           |         |
| <b>12 Total revenue.</b> See instructions . . . . . |  |               |   | 6,428,812     | 0         | 0       | 2,331,862 |         |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 7,513,294                    | 7,513,294                              |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 33,319                       | 33,319                                 |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   |                              |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   |                              |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  |                              |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .  |                              |  |   |                                    |
| <b>10</b> Payroll taxes . . . . .   |                              |  |   |                                    |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   |                              |  |   |                                    |
| <b>b</b> Legal . . . . .  |                              |  |   |                                    |
| <b>c</b> Accounting . . . . .   | 11,285                       | 1,572                                  | 4,534   | 5,179                              |
| <b>d</b> Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   |                              |  |   |                                    |
| <b>12</b> Advertising and promotion . . . . .   | 61,296                       |  |   | 61,296                             |
| <b>13</b> Office expenses . . . . .   | 55,671                       | 7,755                                  | 22,369  | 25,547                             |
| <b>14</b> Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 179                          | 25                                     | 72  | 82                                 |
| <b>17</b> Travel . . . . .  |                              |  |   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 9,153                        |  | 9,153   |                                    |
| <b>20</b> Interest . . . . .  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 10,428                       |  | 10,428  |                                    |
| <b>23</b> Insurance . . . . .   | 3,003                        |  | 3,003   |                                    |
| <b>24</b> 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.)                                       |                              |  |   |                                    |
| <b>a</b> FEES FOR EMPLOYEES OF A  | 2,076,430                    | 289,247                                | 834,309                                       | 952,874                            |
| <b>b</b> CONTRACTED SERVICES  | 236,059                      |  |   | 236,059                            |
| <b>c</b> OTHER  | 24,011                       |  | 24,011  |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 10,034,128                   | 7,845,212                              | 907,879                                       | 1,281,037                          |
| <b>26</b> 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)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 972,222                  | <b>1</b>   | 1,356,893          |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>   |                    |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 7,651,556                | <b>3</b>   | 4,693,961          |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   |                    |
|   | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>   |                    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 183,825       |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 25,694        | 25,963     | <b>10c</b> 158,131 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 46,929,030               | <b>12</b>  | 41,098,537         |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 1,292,213                | <b>15</b>  | 1,357,467          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 56,870,984   | <b>16</b>                | 48,664,989 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 3,817,145                | <b>17</b>  | 1,504,153          |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .   | 7,390                    | <b>19</b>  | 20,521             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
|   | <b>25</b> 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  | 296,362                  | <b>25</b>  | 233,586            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 4,120,897                | <b>26</b>  | 1,758,260          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 44,746,964               | <b>27</b>  | 41,845,992         |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 8,003,123                | <b>28</b>  | 5,060,737          |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>  |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 52,750,087   | <b>32</b>                | 46,906,729 |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 56,870,984   | <b>33</b>                | 48,664,989 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 6,428,812  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 10,034,128 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -3,605,316 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 52,750,087 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -2,248,777 |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 10,735     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 46,906,729 |

**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 |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1855173

**Name:** CENTRACARE HEALTH FOUNDATION

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

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

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

| (A)<br>Name and Title                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DIANE WOJTANOWICZ<br>.....<br>DIRECTOR | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROSE WINDSCHITL<br>.....<br>DIRECTOR   | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHAD ROGGEMAN<br>.....<br>DIRECTOR     | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DEB VOGT<br>.....<br>EX-OFFICIO        | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MIKE STOEBE<br>.....<br>DIRECTOR       | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BERNIE PERRYMAN<br>.....<br>DIRECTOR   | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PAM RADEN<br>.....<br>DIRECTOR         | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TOM D ST HILAIRE<br>.....<br>DIRECTOR  | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ELAINA LEE MD<br>.....<br>DIRECTOR     | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 216,823  | 26,846  |
| PETER SPANIOL<br>.....<br>DIRECTOR     | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| NANCY ANDERSON<br>.....<br>EX-OFFICIO               | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BRAD KONKLER<br>.....<br>VICE PRESIDENT, FOUNDATION | 40.00<br>.....   | X   |                       | X       |              |                              |        | 0   | 323,506  | 77,544  |
| KENNETH HOLMEN MD<br>.....<br>EX-OFFICIO            | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 1,320,489  | 36,738  |
| JANET HANDRIGAN MD<br>.....<br>EX-OFFICIO           | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 203,512  | 36,872  |
| LIZ POHLMANN<br>.....<br>EX-OFFICIO                 | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOE FRANCIS<br>.....<br>DIRECTOR                    | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LINDA MIELKE<br>.....<br>EX-OFFICIO                 | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICHAEL BENUSA<br>.....<br>EX-OFFICIO               | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 5,000  | 0   |
| DOUG SCHMIDT<br>.....<br>DIRECTOR                   | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| NICHOLAS REUTER MD<br>.....<br>DIRECTOR             | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 82,164   | 3,570   |

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

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DAVID SMITH MD<br>CHAIR                  | 1.00   |   |                       | X       |              |                              |        | 0   | 0  | 0   |
| PAUL RADEKE<br>VICE CHAIR                | 1.00   |   |                       | X       |              |                              |        | 0   | 0  | 0   |
| MARK S MATTHIAS MD<br>VICE PRESIDENT     | 0.00   |   |                       |         | X            |                              |        | 0   | 581,059  | 53,428  |
| THOMAS SCHRUP MD<br>VICE PRESIDENT       | 0.00   |   |                       |         | X            |                              |        | 0   | 498,952  | 83,765  |
| AMY M PORWOLL<br>VICE PRESIDENT          | 0.00   |   |                       |         | X            |                              |        | 0   | 447,532  | 106,960   |
| JOSEPH M BLONSKI MD<br>VICE PRESIDENT    | 0.00   |   |                       |         | X            |                              |        | 0   | 444,405  | 96,658  |
| GEORGE A MORRIS MD<br>VICE PRESIDENT     | 0.00   |   |                       |         | X            |                              |        | 0   | 421,201  | 86,805  |
| CHRISTOPHER BOELTER MD<br>VICE PRESIDENT | 0.00   |   |                       |         | X            |                              |        | 0   | 537,390  | 23,549  |
| JOSEPH H KALKMAN<br>VICE PRESIDENT       | 0.00   |   |                       |         | X            |                              |        | 0   | 388,072  | 83,445  |
| KURT OTTO MD<br>VICE PRESIDENT           | 0.00   |   |                       |         | X            |                              |        | 0   | 351,097  | 93,498  |



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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MICHAEL W SCHRAMM<br>.....<br>CARRIS HEALTH, PRESIDENT/CEO | 0.00<br>.....<br>40.00   |   |                       |         | X            |                              |        | 0   | 345,454  | 82,784  |
| JOSEPH D HELLIE<br>.....<br>VICE PRESIDENT                 | 0.00<br>.....<br>20.00   |   |                       |         | X            |                              |        | 0   | 326,825  | 105,835   |
| JOY PLAMANN<br>.....<br>VICE PRESIDENT                     | 0.00<br>.....<br>20.00   |   |                       |         | X            |                              |        | 0   | 302,031  | 91,148  |
| ANTHONY GARDENER<br>.....<br>VICE PRESIDENT                | 0.00<br>.....<br>20.00   |   |                       |         | X            |                              |        | 0   | 317,219  | 66,524  |
| KATHLEEN M PARSONS<br>.....<br>VICE PRESIDENT              | 0.00<br>.....<br>20.00   |   |                       |         | X            |                              |        | 0   | 273,548  | 56,893  |
| DIANE R BUSCHENA-BRENNA<br>.....<br>VICE PRESIDENT         | 0.00<br>.....<br>20.00   |   |                       |         | X            |                              |        | 0   | 276,565  | 41,243  |
| DAVID A LARSON<br>.....<br>VICE PRESIDENT                  | 0.00<br>.....<br>20.00   |   |                       |         | X            |                              |        | 0   | 231,779  | 61,061  |
| BETH A HONKOMP<br>.....<br>VICE PRESIDENT                  | 0.00<br>.....<br>20.00   |   |                       |         | X            |                              |        | 0   | 163,142  | 22,212  |
| TOD W SPEER MD<br>.....<br>PHYSICIAN                       | 0.00<br>.....<br>40.00   |   |                       |         |              | X                            |        | 0   | 911,775  | 53,712  |

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CENTRACARE HEALTH FOUNDATION

**Employer identification number**  
41-1855173

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

The organization is not a private foundation because it is: (For lines 1 through 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 |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 8,492,211 | 8,982,950 | 8,639,089 | 6,489,468 | 4,096,950 | 36,700,668 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .  |           |           |           |           |           |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |           |           |           |           |           |            |
| <b>4 Total.</b> Add lines 1 through 3  | 8,492,211 | 8,982,950 | 8,639,089 | 6,489,468 | 4,096,950 | 36,700,668 |
| <b>5</b> 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) . . . |           |           |           |           |           | 23,936     |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 36,676,732 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4. . .  | 8,492,211 | 8,982,950 | 8,639,089 | 6,489,468 | 4,096,950 | 36,700,668 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 1,602,662 | 2,042,282 | 3,398,546 | 4,055,375 | 1,935,846 | 13,034,711 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |           |           |           |           |           |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                 |           |           |           |           |           |            |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 49,735,379 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |           |           |           |           | <b>12</b> |            |

**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**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 73.740 % |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 74.460 % |

**16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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<br>(or fiscal year beginning in) ▶ |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b>   | 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 |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.        |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                           |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (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**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** 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—2018.** 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 |
|------------|--|-----|----|
| <b>1</b>   | 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>   |     |    |
|            | <b>1</b>   |     |    |
| <b>2</b>   | 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>  |     |    |
|            | <b>2</b>   |     |    |
| <b>3a</b>  | 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>3a</b>  |     |    |
| <b>b</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>  |     |    |
|            | <b>3b</b>  |     |    |
| <b>c</b>   | 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>   |     |    |
|            | <b>3c</b>  |     |    |
| <b>4a</b>  | 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>4a</b>  |     |    |
| <b>b</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>   |     |    |
|            | <b>4b</b>  |     |    |
| <b>c</b>   | 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>  |     |    |
|            | <b>4c</b>  |     |    |
| <b>5a</b>  | 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>5a</b>  |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
|            | <b>5b</b>  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
|            | <b>5c</b>  |     |    |
| <b>6</b>   | 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>   |     |    |
|            | <b>6</b>   |     |    |
| <b>7</b>   | 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>  |     |    |
|            | <b>7</b>   |     |    |
| <b>8</b>   | 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>   |     |    |
|            | <b>8</b>   |     |    |
| <b>9a</b>  | 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>9a</b>  |     |    |
| <b>b</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>   |     |    |
|            | <b>9b</b>  |     |    |
| <b>c</b>   | 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>  |     |    |
|            | <b>9c</b>  |     |    |
| <b>10a</b> | 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>10a</b>   |     |    |
| <b>b</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>  |     |    |
|            | <b>10b</b>   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | 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>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | 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 |
|----------|--|-----|----|
| <b>1</b> | 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> |     |    |
| <b>2</b> | 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 |
|----------|---|-----|----|
| <b>1</b> | 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 |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | 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>  |     |    |
| <b>3</b> | 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**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |     |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | 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> | Yes | No |
| <b>b</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>  |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | 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>b</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.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | 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) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> 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)

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |   |   |  |
| <b>a</b> From 2014. . . . .  |   |   |  |
| <b>b</b> From 2015. . . . .  |   |   |  |
| <b>c</b> From 2016. . . . .  |   |   |  |
| <b>d</b> From 2017. . . . .  |   |   |  |
| <b>e</b> From 2018. . . . .  |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2019 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7:  |   |   |  |
| \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2019 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2015. . . . .   |   |   |  |
| <b>b</b> Excess from 2016. . . . .   |   |   |  |
| <b>c</b> Excess from 2017. . . . .   |   |   |  |
| <b>d</b> Excess from 2018. . . . .   |   |   |  |
| <b>e</b> Excess from 2019. . . . .   |   |   |  |



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1855173

**Name:** CENTRACARE HEALTH FOUNDATION

**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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
CENTRACARE HEALTH FOUNDATION

**Employer identification number**  
41-1855173

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

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             | 25                      |                              |
| 2 Aggregate value of contributions to (during year) | 7,773                   |                              |
| 3 Aggregate value of grants from (during year)      | 456,435                 |                              |
| 4 Aggregate value at end of year . . . . .          | 2,119,078               |                              |

- 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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 270,110          | 270,110        | 270,110            | 270,110              | 270,110             |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 270,110          | 270,110        | 270,110            | 270,110              | 270,110             |

- 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 ▶ 100.000 %
  - 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .   |                                      | 183,825                         | 25,694                       | 158,131        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 158,131        |

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A) CASH & CASH EQUIVALENTS   | 392,716        | F  |
| (B) IRREVOCABLE TRUSTS  | 898,377        | F  |
| (C) REAL ESTATE PARTNERSHIPS  | 1,798,338      | F  |
| (D) CORPORATE DEBT SECURITIES   | 7,659          | F  |
| (E) OTHER INVESTMENTS   | 105,030        | F  |
| (F) HEDGE FUND PARTNERSHIPS   | 3,607,601      | F  |
| (G) EQUITY MUTUAL FUNDS   | 24,620,468     | F  |
| (H) FIXED INCOME MUTUAL FUNDS   | 9,668,348      | F  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 41,098,537     |  |

**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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (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)  |                |
| <b>Total.</b> (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.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) ANNUITIES PAYABLE  | 233,586        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 233,586        |

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.

|          |  |           |            |            |
|----------|--|-----------|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>   | 4,190,770  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |            |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | -2,248,777 |            |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |            |            |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 10,735     |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b>  | -2,238,042 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>   | 6,428,812  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |            |            |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |            |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b>  | 0          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>   | 6,428,812  |

**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.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 10,034,128 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |            |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |            |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | 0          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 10,034,128 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> | 0          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 10,034,128 |

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

| Return Reference | Explanation |
|------------------|-------------|
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## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1855173

**Name:** CENTRACARE HEALTH FOUNDATION

### Form 990, Schedule D, Part VII - Investments Other Securities

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| CASH & CASH EQUIVALENTS   | 392,716        | F  |
| IRREVOCABLE TRUSTS  | 898,377        | F  |
| REAL ESTATE PARTNERSHIPS  | 1,798,338      | F  |
| CORPORATE DEBT SECURITIES   | 7,659          | F  |
| OTHER INVESTMENTS   | 105,030        | F  |
| HEDGE FUND PARTNERSHIPS   | 3,607,601      | F  |
| EQUITY MUTUAL FUNDS   | 24,620,468     | F  |
| FIXED INCOME MUTUAL FUNDS   | 9,668,348      | F  |

**Supplemental Information**

| Return Reference | Explanation  |
|------------------|--|
| PART V, LINE 4:  | <p>BENEFACTORS ENTRUST THE CENTRACARE HEALTH FOUNDATION WITH CHARITABLE FUNDS. THE BOARD BY POLICY AND AT ITS DISCRETION DESIRES TO EFFECTIVELY SECURE, MANAGE AND DISTRIBUTE THESE CHARITABLE FUNDS OF THE FOUNDATION. THIS POLICY GOVERNS THE DISTRIBUTION FROM ALL COMPONENT FUNDS OF THE FOUNDATION. STAFF SHALL ADOPT PROCEDURES TO CARRY OUT THE STATED FUND DISTRIBUTION POLICY. A BENEFACTOR OR THE BOARD OF DIRECTORS MAY CHOOSE TO CREATE EITHER A GROWTH OR EXPENDABLE FUND. A. GROWTH FUND - THE PRINCIPAL IS ENDOWED OR AVAILABLE, BUT INTENDED TO BE HELD ON A LONG-TERM BASIS TO PRODUCE INCOME. THE FOUNDATION BOARD OF DIRECTORS HAS ESTABLISHED A "SPENDING POLICY" FOR GROWTH FUNDS. THE SPENDING POLICY OUTLINES THE PERCENTAGE THAT WILL BE TRANSFERRED ANNUALLY FROM THE GROWTH FUND. B. EXPENDABLE FUND - THE PRINCIPAL IS INTENDED TO BE SPENT FOR THE STATED CHARITABLE PURPOSE. FUNDS FOR DISTRIBUTION ARE AVAILABLE UNDER FOUR PRIMARY CATEGORIES: 1.) UNRESTRICTED, 2.) FIELD OF INTEREST, 3.) ADVISED AND 4.) DESIGNATED. THESE CATEGORIES OF FUNDS ARE EITHER GROWTH OR EXPENDABLE. A DEFINITION OF EACH FUND CATEGORY IS PROVIDED: 1. UNRESTRICTED: CENTRACARE HEALTH FOUNDATION BOARD OF DIRECTORS HAS COMPLETE DISCRETION TO MAKE CHARITABLE GRANTS TO MEET THE GREATEST NEEDS THAT THE FOUNDATION IDENTIFIES. 2. FIELD OF INTEREST: DISTRIBUTIONS ARE RESTRICTED TO A CHARITABLE PURPOSE SPECIFIED BY THE BENEFACTOR (FOR EXAMPLE, A FUND FOR MEDICAL MISSION WORK OR A PEDIATRIC FUND TO HELP ALL CHILDREN WHO ARE ILL). 3. ADVISED FUND: THE BENEFACTOR (OR PERSON OR COMMITTEE DESIGNATED BY THE BENEFACTOR) CAN ADVISE CENTRACARE HEALTH FOUNDATION ON CHARITABLE DISTRIBUTIONS). THE RECOMMENDATIONS ARE ONLY ADVISORY. THE BOARD OF DIRECTORS OF THE FOUNDATION HAS LEGAL CONTROL OVER ALL DISTRIBUTIONS. 4. DESIGNATED: DISTRIBUTIONS ARE RESTRICTED TO A SPECIFIC PROGRAM, SERVICE OR PURPOSE THAT WAS NAMED BY THE BENEFACTOR AT THE TIME THE CONTRIBUTION WAS MADE TO THE FOUNDATION (FOR EXAMPLE, THE CENTRAL MINNESOTA HEART CENTER FUND OR BREAST CENTER FUND).</p> |



**Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2:  | <p>THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED THE TAX POSITIONS FOR THE FOUNDATION AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.</p> |

# Supplemental Information

| Return Reference                      | Explanation                       |
|---------------------------------------|-----------------------------------|
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | CHANGE IN VALUE OF TRUSTS 10,735. |

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
CENTRACARE HEALTH FOUNDATION

**Employer identification number**  
41-1855173

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |  | (a)Event #1                       | (b) Event #2                        | (c)Other events            | (d) Total events                |
|-----------------|--|-----------------------------------|-------------------------------------|----------------------------|---------------------------------|
|                 |  | <b>HOLLY BALL</b><br>(event type) | <b>SPRING FLING</b><br>(event type) | <b>6</b><br>(total number) | (add col. (a) through col. (c)) |
| <b>1</b>        | Gross receipts . . . . .   | 733,873                           | 104,120                             | 232,992                    | 1,070,985                       |
| <b>2</b>        | Less: Contributions . . . . .  |                                   |                                     |                            |                                 |
| <b>3</b>        | Gross income (line 1 minus line 2) . . . . .                             | 733,873                           | 104,120                             | 232,992                    | 1,070,985                       |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                                   |                                     |                            |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  |                                   |                                     |                            |                                 |
|                 | <b>6</b> Rent/facility costs . . . . .                                   | 13,912                            |                                     | 2,275                      | 16,187                          |
|                 | <b>7</b> Food and beverages . . . . .                                    | 153,515                           |                                     | 20,712                     | 174,227                         |
|                 | <b>8</b> Entertainment . . . . .   | 19,550                            |                                     | 2,086                      | 21,636                          |
|                 | <b>9</b> Other direct expenses . . . . .                                 | 271,240                           | 23,284                              | 164,331                    | 458,855                         |
| <b>10</b>       | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                   |                                     |                            | 670,905                         |
| <b>11</b>       | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                   |                                     |                            | 400,080                         |

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

| Revenue         |  | (a) Bingo                 | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col.(a) through col.(c))                      |
|-----------------|--|---------------------------|---|---|---|
|                 |  | <b>1</b>                  | Gross revenue . . . . .   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .   |                           |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .  |                           |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .   |                           |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .                                       |                           |   |   |   |
|                 | <b>6</b>   | Volunteer labor . . . . . | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| <b>7</b>        | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                           |   |   |   |
| <b>8</b>        | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                           |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

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

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

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CENTRACARE HEALTH FOUNDATION

Employer identification number

41-1855173

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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)   |         |                                 |                          |                                   |   |                                       |                                    |

|  |   |    |
|--|---|----|
| <b>2</b> Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . | ▶ | 10 |
| <b>3</b> Enter total number of other organizations listed in the line 1 table . . . . .                            | ▶ | 1  |

**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) SCHOLARSHIPS FOR HEALTH CARE EDUCATION | 32                       | 27,959                   |                                  |   |                                       |
| (2) PATIENT MEDICAL EXPENSE ASSISTANCE     | 10                       | 5,360                    |                                  |   |                                       |
| (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:  | <p>THE CENTRACARE HEALTH FOUNDATION REVIEWS GRANT APPLICATIONS AND MAKES AWARDS THREE TIMES A YEAR. GRANTS ARE REVIEWED BY THE GRANTS COMMITTEE AND RECOMMENDATIONS ARE SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE FOUNDATION BOARD OF DIRECTORS, IN EVALUATING GRANT APPLICATIONS, WILL BE GUIDED BY THE FOLLOWING GENERAL PRINCIPLES: 1. APPLICANTS MUST BE ELIGIBLE NOT-FOR-PROFIT OR GOVERNMENT AGENCIES. 2. PROPOSALS MUST BE CONSISTENT WITH THE MISSION STATEMENT OF THE CENTRACARE HEALTH FOUNDATION. 3. GRANTS WILL BE MADE TO PROJECTS WHICH WILL HAVE PRIMARY IMPACT IN THE FOLLOWING CENTRAL MINNESOTA COUNTIES: BENTON, CROW WING, DOUGLAS, KANDIYOHI, MEEKER, MILLE LACS, MORRISON, POPE, SHERBURNE, STEARNS, TODD, WADENA AND WRIGHT. 4. THE FOUNDATION IS RELUCTANT TO PROVIDE FUNDING FOR: ONGOING OPERATIONAL SUPPORT OR GENERAL ADMINISTRATIVE EXPENSES FOR EXISTING PROGRAMS AND CAPITAL RELATED EXPENSES. PROPOSALS THAT ADDRESS HEALTH ISSUES THROUGH PARTNERSHIPS WITH MULTIPLE INDIVIDUALS AND ORGANIZATIONS ARE ENCOURAGED. ORGANIZATIONS ARE ALLOWED ONE ACTIVE GRANT AT A TIME. FINAL REPORT MUST BE IN AND APPROVED PRIOR TO SUBMITTING A LETTER OF INQUIRY FOR A NEW PROJECT. 5. ALL DECISIONS REGARDING FUNDING WILL BE MADE WITHOUT REGARD TO RACE, COLOR, CREED, SEX, HANDICAP, RELIGION, OR NATIONAL ORIGIN OF THE GRANT SEEKER, AND WITHOUT REGARD TO AN APPLICANT'S RELATIONSHIP WITH THE CENTRACARE SYSTEM OR ITS SUBSIDIARIES. ADDITIONAL SPECIFIC ACTIONS ARE TAKEN TO REVIEW AND MONITOR SPECIFIC REQUESTS INCLUDING: 1. AT THE MEETING OF THE BOARD OF DIRECTORS, COMMITTEE MINUTES AND RECOMMENDATION VIA MINUTES WILL BE MADE BY THE GRANTS COMMITTEE. 2. NOTIFICATION WILL BE MADE FOLLOWING THE BOARD DECISION. 3. IF A GRANT APPLICATION IS APPROVED, A GRANT AGREEMENT WILL BE E-MAILED TO THE ORGANIZATION FOR REVIEW AND SIGNATURES, AND ARRANGEMENTS FOR PAYMENT AND OTHER DETAILS WILL BE ARRANGED BY THE GRANT RECIPIENT WITH THE FOUNDATION'S ADMINISTRATIVE OFFICE. 4. PROGRESS REPORTS WILL BE REQUIRED ON AT LEAST A SEMI-ANNUAL BASIS, WITH A FINAL REPORT REQUIRED AT THE CONCLUSION OF THE PROJECT. 5. IN THE EVENT A GRANT APPLICATION IS ACCEPTED, AND THE APPLICANT IS NOTIFIED, BUT THE APPLICANT MAKES NO REQUEST FOR THE FUNDS OR FOR THE DEFERRAL OF THE PROJECT IN THE SUCCEEDING 12 MONTHS, THEN THE APPLICANT MUST RESUBMIT A NEW PROPOSAL FOR CONSIDERATION. 6. IF AN ACCEPTED PROJECT IS TO HAVE TWO SEPARATE YEARLY GRANTS, THE SECOND ALLOCATION WILL NOT BE MADE WITHOUT ADEQUATE REPORTING OF THE FIRST YEAR'S ACTIVITY AND THE USE OF GRANT MONEYS. A FORMAL GRANT APPLICATION TO CCHF WILL INCLUDE THE FOLLOWING INFORMATION: 1. THE NAME OF THE APPLICANT, ADDRESS, TELEPHONE NUMBER, NAME OF PERSON PREPARING THE APPLICATION, AND THE NAME OF THE PERSON RESPONSIBLE FOR CARRYING OUT THE PROJECT. 2. A BRIEF HISTORY OF THE ORGANIZATION OR THE BACKGROUND AND RELEVANT EXPERIENCE OF AN INDIVIDUAL APPLICANT. 3. A DETAILED DESCRIPTION OF THE PROPOSED PROJECT WITH A NEEDS ASSESSMENT, AN OUTLINE OF THE PROJECT GOALS AND OBJECTIVES, AND THE PLAN FOR MEETING THOSE GOALS AND OBJECTIVES. 4. THE GEOGRAPHIC AND POPULATION SCOPE OF THE PROJECT. 5. A DESCRIPTION OF THE ANTICIPATED IMPACT THE PROJECT WILL HAVE ON THE REGION. 6. A DESCRIPTION OF THE ORGANIZATION'S RELATIONSHIP WITH OTHER ORGANIZATIONS WORKING WITH SIMILAR MISSIONS AND HOW YOU WORK TOGETHER TO AVOID DUPLICATION OF EFFORTS. 7. LIST INDIVIDUALS OR ORGANIZATIONS THAT ARE PARTNERS WITH YOUR PROJECT. 8. THE TIME PERIOD TO BE COVERED BY THE GRANT. 9. THE PROJECT BUDGET, INCLUDING SOURCES OF INCOME AND ANTICIPATED COSTS. THE GRANTS COMMITTEE MAY REQUEST AN ANNUAL AUDIT, IF APPROPRIATE. 10. POTENTIAL FOR SUSTAINABILITY OF THE PROJECT AND LONG-TERM FUNDING STRATEGIES.</p> |

**Additional Data**

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

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRACARE CLINIC<br>1200 6TH AVENUE NORTH<br>ST CLOUD, MN 56303            | 41-1806657     | 501(C)(3)                            | 973,238                         |  |  |   | GENERAL SUPPORT                           |
| CENTRACARE HEALTH -<br>MELROSE<br>525 MAIN STREET WEST<br>MELROSE, MN 56352 | 41-1865315     | 501(C)(3)                            | 87,702                          |  |  |   | GENERAL SUPPORT                           |



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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRACARE HEALTH - LONG PRAIRIE<br>50 CENTRACARE DRIVE<br>LONG PRAIRIE, MN 56347 | 41-1924645     | 501(C)(3)                            | 164,359                         |  |  |   | GENERAL SUPPORT                           |
| CENTRACARE HEALTH SYSTEM<br>1406 6TH AVENUE NORTH<br>ST CLOUD, MN 56303           | 41-1813221     | 501(C)(3)                            | 1,544,492                       |  |  |   | GENERAL SUPPORT                           |

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

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance         |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRACARE PHARMACY<br>1555 NORTHWAY DRIVE SUITE 150<br>ST CLOUD, MN 56303         | 41-1620618     |                                      | 10,352                          |  |  |   | PHARMACIST & PRESCRIPTION ASSISTANCE FOR PATIENTS |
| ST BENEDICT'S SENIOR COMMUNITY<br>1810 MINNESOTA BLVD SE<br>ST CLOUD, MN 563042416 | 41-1321978     | 501(C)(3)                            | 332,042                         |  |  |   | GENERAL SUPPORT                                   |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST CLOUD HOSPITAL<br>1406 6TH AVENUE NORTH<br>ST CLOUD, MN 56303            | 41-0695596     | 501(C)(3)                            | 3,250,876                       |  |  |   | GENERAL SUPPORT                           |
| CENTRACARE HEALTH -<br>MONTICELLO<br>1013 HART BLVD<br>MONTICELLO, MN 55362 | 46-1584944     | 501(C)(3)                            | 390,024                         |  |  |   | GENERAL SUPPORT                           |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRACARE HEALTH - PAYNESVILLE<br>200 WEST 1ST STREET<br>PAYNESVILLE, MN 56362 | 46-3298651     | 501(C)(3)                            | 143,013                         |  |  |   | GENERAL SUPPORT                           |
| CENTRACARE HEALTH - SAUK CENTRE<br>425 N ELM STREET<br>SAUK CENTRE, MN 56378    | 45-2438973     | 501(C)(3)                            | 39,156                          |  |  |   | GENERAL SUPPORT                           |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MS SOCIETY OF MINNESOTA<br>2829 UNIVERSITY AVE SE<br>SUITE 900<br>MINNEAPOLIS, MN 55414 | 13-5661935     | 501(C)(3)                            | 7,721                           |  |  |   | GENERAL SUPPORT                           |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CENTRACARE HEALTH FOUNDATION

Employer identification number  
41-1855173

**Part I Questions Regarding Compensation**

|  | Yes   | No   |   |  |   |   |   |  |  |  |
|--|---|--|---|--|---|---|---|--|--|--|
| <p><b>1a</b> 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions                          | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |  |   |  |   |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |  |   |  |   |   |   |  |  |  |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |   |  |   |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |   |  |   |   |   |  |  |  |
| <p><b>b</b> If any of the boxes on 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>   | <b>1b</b>   |  |   |  |   |   |   |  |  |  |
| <p><b>2</b> 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 on Line 1a?</p>   | <b>2</b>  |  |   |  |   |   |   |  |  |  |
| <p><b>3</b> 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input checked="" type="checkbox"/> Written employment contract          | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations          | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |  |   |  |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |   |  |   |   |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |   |  |   |   |   |  |  |  |
| <p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>   | <b>4a</b>   | No   |   |  |   |   |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | <b>4b</b>   | Yes  |   |  |   |   |   |  |  |  |
| <p><b>c</b> 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>  | <b>4c</b>   | No   |   |  |   |   |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |   |  |   |  |   |   |   |  |  |  |
| <p><b>5</b> 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><b>a</b> The organization?</p>   | <b>5a</b>   | No   |   |  |   |   |   |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5b</b>   | No   |   |  |   |   |   |  |  |  |
| <p><b>6</b> 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><b>a</b> The organization?</p>   | <b>6a</b>   | Yes  |   |  |   |   |   |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6b</b>   | No   |   |  |   |   |   |  |  |  |
| <p><b>7</b> 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>   | <b>7</b>  | No   |   |  |   |   |   |  |  |  |
| <p><b>8</b> 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>   | <b>8</b>  | No   |   |  |   |   |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | <b>9</b>  |  |   |  |   |   |   |  |  |  |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| <b>(A)</b> Name and Title | <b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation |  |  | <b>(C)</b> Retirement and other deferred compensation | <b>(D)</b> Nontaxable benefits | <b>(E)</b> Total of columns (B)(i)-(D) | <b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|---|--|--|---|--------------------------------|--|--|
|                           | <b>(i)</b> Base compensation                              | <b>(ii)</b> Bonus & incentive compensation | <b>(iii)</b> Other reportable compensation |   |                                |  |  |
| See Additional Data Table |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |
|                           |   |  |  |   |                                |  |  |

**Part III Supplemental Information**

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 4B  | FURTHER EXPLANATION OF THE OFFICERS' COMPENSATION LISTED IN SECTION VII OF FORM 990 AND ON SCHEDULE J: THE CORPORATIONS' EXECUTIVES ARE ELIGIBLE TO PARTICIPATE IN BENEFIT PLANS WHICH INCLUDE TAX DEFERRED NON QUALIFIED INVESTMENT ACCOUNTS. THESE PLANS MAY PROVIDE, BUT ARE NOT CERTAIN TO PROVIDE, FOR PAYMENT OF TAX DEFERRED COMPENSATION TO THESE EXECUTIVES AT SOME TIME IN THE FUTURE. THE EXECUTIVE HAS NO LEGAL RIGHT TO THESE DOLLARS UNTIL, AND UNLESS, CERTAIN FUTURE EVENTS OCCUR. IN ACCORDANCE WITH THE INSTRUCTIONS TO THE FORM 990, THE AMOUNTS LISTED IN SECTION VII AND IN SCHEDULE J REFLECT THIS TAX DEFERRED COMPENSATION. THIS COMPENSATION IS POTENTIALLY REPORTED TWICE ON THE FORM 990; ONCE WHEN THE COMPENSATION IS DEFERRED OR ACCRUED AND AGAIN IF IT IS PAID TO THE EXECUTIVE. THIS WILL BE REPORTED IN SCHEDULE J, PART II, COLUMN (F). DAVID TILSTRA RECEIVED 81,005 ACCRUED 103,926 BRAD KONKLER RECEIVED 32,032 ACCRUED 42,372 |
| PART I, LINE 6   | THE ORGANIZATION PROVIDES INCENTIVE COMPENSATION TO DESIGNATED INDIVIDUALS BASED ON THREE DISCRETE AREAS: A COMPARISON BETWEEN BUDGETED AND ACTUAL NET OPERATING INCOME FROM CENTRACARE HEALTH FOUNDATION; ACHIEVEMENT OF IMPROVEMENT IN OVERALL EMPLOYMENT ENGAGEMENT SCORES; AND ACHIEVEMENT OF UP TO THREE INDIVIDUAL GOALS WHICH ARE TIED TO THE CENTRACARE HEALTH FOUNDATION'S STRATEGIC PLAN.  |



**Additional Data**

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

**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 |  |                         |                                 |   |
| 1 ELAINA LEE MD<br>DIRECTOR                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 206,619  | 0                                   | 10,204                              | 14,398   | 12,448                  | 243,669                         | 0   |
| 1 BRAD KONKLER<br>VICE PRESIDENT,<br>FOUNDATION         | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 281,722  | 0                                   | 41,784                              | 54,329   | 23,215                  | 401,050                         | 32,032  |
| 2 KENNETH HOLMEN MD<br>EX-OFFICIO                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 1,297,464  | 0                                   | 23,025                              | 14,000   | 22,738                  | 1,357,227                       | 0   |
| 3 JANET HANDRIGAN MD<br>EX-OFFICIO                      | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 185,575  | 9,230                               | 8,707                               | 14,769   | 22,103                  | 240,384                         | 0   |
| 4 MARK S MATTHIAS MD<br>VICE PRESIDENT                  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 497,049  | 0                                   | 84,010                              | 30,603   | 22,825                  | 634,487                         | 16,122  |
| 5 THOMAS SCHRUP MD<br>VICE PRESIDENT                    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 460,466  | 0                                   | 38,486                              | 61,343   | 22,422                  | 582,717                         | 36,642  |
| 6 AMY M PORWOLL<br>VICE PRESIDENT                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 364,101  | 0                                   | 83,431                              | 83,745   | 23,215                  | 554,492                         | 49,269  |
| 7 JOSEPH M BLONSKI MD<br>VICE PRESIDENT                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 398,774  | 0                                   | 45,631                              | 71,523   | 25,135                  | 541,063                         | 43,757  |
| 8 GEORGE A MORRIS MD<br>VICE PRESIDENT                  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 361,969  | 0                                   | 59,232                              | 63,590   | 23,215                  | 508,006                         | 25,249  |
| 9 CHRISTOPHER BOELTER MD<br>VICE PRESIDENT              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 390,936  | 0                                   | 146,454                             | 20,472   | 3,077                   | 560,939                         | 0   |
| 10 JOSEPH H KALKMAN<br>VICE PRESIDENT                   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 355,018  | 0                                   | 33,054                              | 57,854   | 25,591                  | 471,517                         | 0   |
| 11 KURT OTTO MD<br>VICE PRESIDENT                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 292,370  | 0                                   | 58,727                              | 69,283   | 24,215                  | 444,595                         | 38,983  |
| 12 MICHAEL W SCHRAMM<br>CARRIS HEALTH,<br>PRESIDENT/CEO | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 345,131  | 0                                   | 323                                 | 59,570   | 23,214                  | 428,238                         | 0   |
| 13 JOSEPH D HELLIE<br>VICE PRESIDENT                    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 289,339  | 0                                   | 37,486                              | 68,763   | 37,072                  | 432,660                         | 0   |
| 14 JOY PLAMANN<br>VICE PRESIDENT                        | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 283,051  | 0                                   | 18,980                              | 66,475   | 24,673                  | 393,179                         | 18,710  |
| 15 ANTHONY GARDENER<br>VICE PRESIDENT                   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 259,060  | 0                                   | 58,159                              | 56,989   | 9,535                   | 383,743                         | 35,817  |
| 16 KATHLEEN M PARSONS<br>VICE PRESIDENT                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 272,774  | 0                                   | 774                                 | 36,768   | 20,125                  | 330,441                         | 0   |
| 17 DIANE R BUSCHENA-<br>BRENNNA<br>VICE PRESIDENT       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 235,216  | 0                                   | 41,349                              | 19,461   | 21,782                  | 317,808                         | 0   |
| 18 DAVID A LARSON<br>VICE PRESIDENT                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 223,081  | 0                                   | 8,698                               | 37,846   | 23,215                  | 292,840                         | 0   |
| 19 BETH A HONKOMP<br>VICE PRESIDENT                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 152,317  | 0                                   | 10,825                              | 10,025   | 12,187                  | 185,354                         | 0   |

**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 |  |                         |                                 |   |
| 21TOD W SPEER MD<br>PHYSICIAN | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               |   |
|                               | (ii) | 645,185  | 186,776                             | 79,814                              | 25,505   | 28,207                  | 965,487                         |   |

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CENTRACARE HEALTH FOUNDATION

Employer identification number  
41-1855173

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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 . . . . .                                     | X                          |   | 4,155  | COST  |
| 6 Cars and other vehicles . . . . .  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .  |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                                       | X                          | 14  | 154,011  | STOCK MKT HISTORICAL COS                                  |
| 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>FOOD, BEVERAGES, AND GAS CARDS FOR HEALTH CARE WORKERS</u> ) | X                          | 4   | 3,403  | COST  |
| 26 Other ▶ ( <u>CATALYTIC CONVERTER FOR LONG TERM CARE BUS</u> )             | X                          | 1   | 2,100  | COST  |
| 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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

|     | Yes | No |
|-----|-----|----|
| 30a |     | No |
| 31  | Yes |    |
| 32a |     | 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?

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

b If "Yes," describe in Part II.

33 If the organization didn't 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

CENTRACARE HEALTH FOUNDATION

Employer identification number

41-1855173

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE ONCE A YEAR. ALL STAFF SIGN CONFLICTS OF INTEREST FORMS ON AN ANNUAL BASIS. THE QUESTIONNAIRES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER AS WELL AS THE CORPORATE COMPLIANCE GROUP (A COMPLIANCE COMMITTEE WHICH INCLUDES INTERNAL MEMBERS AND OUTSIDE COUNSEL). THE RESPONSES TO THE QUESTIONNAIRE ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD. THE CORPORATE COMPLIANCE OFFICER IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTERESTS RELATED TO BOARD AND STAFF AND TO ALERT AFFECTED PARTIES WHEN A CONFLICT ARISES. WHEN AN ACTUAL CONFLICT ARISES, THE AFFECTED PARTY IS ASKED TO RECUSE HIM/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 15A | THE EXECUTIVE DIRECTOR IS SUBJECT TO BIENNIAL FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES BY AN OUTSIDE, INDEPENDENT CONSULTANT. THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMMITTEE AND BOARD REVIEW. |



# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation            |
|--|------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | AVAILABLE UPON REQUEST |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>          | <b>Explanation</b>                |
|----------------------------------|-----------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9: | CHANGE IN VALUE OF TRUSTS 10,735. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>   |
|-----------------------------------|--|
| FORM 990,<br>PART XII,<br>LINE 2C | THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR. |

**990 Schedule O, Supplemental Information**

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CENTRACARE HEALTH FOUNDATION

**Employer identification number**

41-1855173

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

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

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                                     | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|----------------------------------|--|----|
|   |   |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> CENTRACARE HEALTH SYSTEM<br>1406 6TH AVE NO<br>ST CLOUD, MN 56303<br>41-1813221                | TO OPERATE AN INTEGRATED MULTI-ORGANIZATIONAL HEALTH SYSTEM | MN   | 501(C)(3)                  | 12C   | N/A                              |  | No |
| <b>(2)</b> CENTRACARE HEALTH - LONG PRAIRIE<br>20 SE 9TH SE<br>LONG PRAIRIE, MN 56347<br>41-1924645       | OPERATION OF ACUTE AND LONG TERM CARE FACILITIES            | MN   | 501(C)(3)                  | 3   | N/A                              |  | No |
| <b>(3)</b> CENTRACARE HEALTH - MELROSE<br>11 NORTH 5TH AVE WEST<br>MELROSE, MN 56352<br>41-1865315        | OPERATION OF ACUTE AND LONG TERM CARE FACILITIES            | MN   | 501(C)(3)                  | 3   | N/A                              |  | No |
| <b>(4)</b> CENTRACARE CLINIC<br>1406 6TH AVE NO<br>ST CLOUD, MN 56303<br>41-1806657                       | OPERATION OF A MULTI SPECIALTY PHYSICIAN CLINIC             | MN   | 501(C)(3)                  | 3   | N/A                              |  | No |
| <b>(5)</b> CENTRACARE HEALTH - SAUK CENTRE<br>425 ELM STREET NORTH<br>SAUK CENTRE, MN 56378<br>45-2438973 | OPERATION OF ACUTE AND LONG TERM CARE FACILITIES            | MN   | 501(C)(3)                  | 3   | N/A                              |  | No |
|   |   |  |                            |   |                                  |  |    |
|   |   |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|---------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                           |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| <b>(1)</b> MONTICELLO SURGERY CENTER<br><br>1013 HART BLVD<br>MONTICELLO, MN 55362<br>81-3593057 | AMUBLATORY SURGERY CENTER | 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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512 (b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes   | No |
| <b>(1)</b> CENTRACARE HOLDINGS INC<br><br>1406 6TH AVE N<br>ST CLOUD, MN 56303<br>47-2688595 | INVESTMENTS/PHARMACY    | MN   | CENTRACARE HEALTH SYSTEM         | 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.

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)CENTRACARE HEALTH - LONG PRAIRIE | C                             | 129,960                | NEGOTIATED BASED ON ACTUAL EXP.              |
| (2)CENTRACARE CLINIC                | B                             | 973,238                | APPROVED GRANT BUDGETED AMOUNTS              |
| (3)CENTRACARE HEALTH SYSTEM         | B                             | 1,544,492              | APPROVED GRANT BUDGETED AMOUNTS              |
| (4)CENTRACARE HEALTH - MELROSE      | B                             | 87,702                 | APPROVED GRANT BUDGETED AMOUNTS              |
| (5)CENTRACARE HEALTH - SAUK CENTRE  | C                             | 115,000                | NEGOTIATED BASED ON ACTUAL EXP.              |
| (6)CENTRACARE HEALTH - LONG PRAIRIE | B                             | 164,359                | APPROVED GRANT BUDGETED AMOUNTS              |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |



**Part VII**    **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |

## Additional Data

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

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

| (a)<br>Name of related organization | (b)<br>Transaction type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
|-------------------------------------|------------------------------|------------------------|--|
| CENTRACARE HEALTH - LONG PRAIRIE    | C                            | 129,960                | NEGOTIATED BASED ON ACTUAL EXP.              |
| CENTRACARE CLINIC                   | B                            | 973,238                | APPROVED GRANT BUDGETED AMOUNTS              |
| CENTRACARE HEALTH SYSTEM            | B                            | 1,544,492              | APPROVED GRANT BUDGETED AMOUNTS              |
| CENTRACARE HEALTH - MELROSE         | B                            | 87,702                 | APPROVED GRANT BUDGETED AMOUNTS              |
| CENTRACARE HEALTH - SAUK CENTRE     | C                            | 115,000                | NEGOTIATED BASED ON ACTUAL EXP.              |
| CENTRACARE HEALTH - LONG PRAIRIE    | B                            | 164,359                | APPROVED GRANT BUDGETED AMOUNTS              |