

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **07-01-2022**, and ending **06-30-2023**

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

C Name of organization
CENTRACARE HEALTH SYSTEM

Doing business as

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

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

D Employer identification number
41-1813221

E Telephone number
(320) 251-2700

G Gross receipts \$ 606,298,184

F Name and address of principal officer:
KENNETH D HOLMEN MD
1406 6TH AVENUE NORTH
ST CLOUD, MN 56303

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

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

J Website: ▶ WWW.CENTRACARE.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1995 **M** State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
INTEGRATED MULTI-ORGANIZATIONAL HEALTH CARE SYSTEM DESIGNED TO PROVIDE ACCESS TO QUALITY HEALTH CARE SERVICES AT AN AFFORDABLE PRICE.

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

3 Number of voting members of the governing body (Part VI, line 1a)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	15,425
6 Total number of volunteers (estimate if necessary)	265
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,430,532
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	461,869

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,396,639	5,644,170
9 Program service revenue (Part VIII, line 2g)	492,064,992	551,776,656
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,603,783	23,802,359
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,868,131	15,266,198
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	622,933,545	596,489,383
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	986,934	490,166
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	261,249,843	296,258,866
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	210,014,214	225,410,923
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	472,250,991	522,159,955
19 Revenue less expenses. Subtract line 18 from line 12	150,682,554	74,329,428

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	913,072,774	1,066,347,810
21 Total liabilities (Part X, line 26)	574,209,803	624,465,810
22 Net assets or fund balances. Subtract line 21 from line 20	338,862,971	441,882,000

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: 2024-05-14

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01473820
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 111 S WACKER DRIVE CHICAGO, IL 60606			Phone no. (312) 486-1000	

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 175,786,239 including grants of \$ 384,078) (Revenue \$ 204,562,168)

CENTRACARE HEALTH SYSTEM (CCHS) IS AN INTEGRATED HEALTH SYSTEM, INCLUDING COMPRISED OF SEVEN CRITICAL ACCESS HOSPITALS, TWO ACUTE CARE HOSPITALS, A MULTI-SPECIALITY CLINIC, SURGICAL CENTER, RETAIL PHARMACY NETWORK, NURSING HOME AND A FOUNDATION. CCHS SERVES ITS PATIENTS IN SIX MAIN AREAS. CENTRACARE LABORATORY SERVICES ALL HOSPITALS UNDER ITS UMBRELLA AS WELL AS CENTRACARE CLINIC. IT ALSO PERFORMS TESTS FOR VARIOUS FACILITIES IN THE REGION. CENTRACARE LABORATORY PERFORMED 2,153,466 TESTS IN FISCAL YEAR 2023. IN FISCAL YEAR 2023 CENTRACARE LABORATORY GENERATED \$189,567,294 OF PROGRAM REVENUE AND INCURRED \$163,820,132 OF PROGRAM EXPENSE. CENTRACARE SURGICAL CENTER PROVIDES ELECTIVE SURGERY PROCEDURES TO PATIENTS IN THE CENTRAL MN REGION. IN FY 2023, THE CENTER PERFORMED 6,698 SURGERIES AND GENERATED \$14,994,875 OF PROGRAM REVENUE AND \$11,966,108 OF PROGRAM EXPENSE.

4b (Code:) (Expenses \$ 144,577,607 including grants of \$ 73,007) (Revenue \$ 203,760,116)

CARRIS HEALTH, LLC IS CONSIDERED A DISREGARDED ENTITY OF CCHS FOR PURPOSES OF 990 REPORTING. CARRIS HEALTH, LLC INCLUDES THE SUBSIDIARY CENTRACARE HEALTH RICE MEMORIAL HOSPITAL, WHICH HAS 136 LICENSED BEDS. DURING FISCAL YEAR 2023 RICE MEMORIAL HOSPITAL CARED FOR 2,422 INPATIENT ADMISSIONS WITH 8,231 ASSOCIATED PATIENT DAYS. INPATIENT SERVICES INCLUDE MEDICAL AND SURGICAL CARE, BIRTHING SERVICES, PEDIATRIC SERVICES, BEHAVIORAL HEALTH CARE SERVICES, AND REHABILITATION SERVICES. OUTPATIENT ENCOUNTERS DURING FISCAL YEAR 2023 WERE 95,105 AND INCLUDED EMERGENCY ROOM SERVICES, DIALYSIS, IMAGING, RESPIRATORY THERAPY, A REHABILITATION CENTER, SAME DAY SURGERY AND OTHER AMBULATORY CARE SERVICES. CARRIS HEALTH ALSO OFFERS A CERTIFIED SKILLED NURSING FACILITY LOCATED IN WILLMAR, MN WITH 78 LICENSED BEDS. CARRIS HEALTH HAS REALIZED 21,785 RESIDENT DAYS IN THE LONG TERM CARE AND SHORT TERM THERAPY SUITES AREAS OF THE FACILITY DURING FISCAL YEAR 2023. CARRIS HEALTH ALSO HAS AN ACCREDITED AMBULATORY SURGICAL CENTER LOCATED IN WILLMAR, MN. CARRIS HEALTH SURGICAL CENTER COMPLETED 7,100 OUTPATIENT (SAME DAY) PROCEDURE. IN FISCAL YEAR 2023 CARRIS HEALTH GENERATED \$147,848,717 OF PROGRAM REVENUE AND \$106,579,671 OF PROGRAM EXPENSE. CARRIS HEALTH, LLC INCLUDES THE SUBSIDIARY CARRIS HEALTH - REDWOOD AREA HOSPITAL, WHICH IS A 25 BED CRITICAL ACCESS HOSPITAL. DURING FISCAL YEAR 2023 THEY HAD 524 INPATIENT ADMISSIONS WITH 1,572 ASSOCIATED PATIENT DAYS, 51,493 OUTPATIENT VISITS AND 5,305 EMERGENCY ROOM VISITS. IN FISCAL YEAR 2023, REDWOOD GENERATED \$55,911,399 OF PROGRAM REVENUE AND \$37,997,936 OF PROGRAM EXPENSE.

4c (Code:) (Expenses \$ 66,565,529 including grants of \$ 30,401) (Revenue \$ 98,601,112)

CENTRACARE HEALTH - MONTICELLO HOSPITAL IS CONSIDERED A DISREGARDED ENTITY FOR PURPOSES OF 990 REPORTING, THUS IT IS INCLUDED WITH THIS 990 FILING. MONTICELLO HOSPITAL IS A 25 BED CRITICAL ACCESS HOSPITAL AND ALSO OPERATES A 10 BED ACUTE GERIATRIC PSYCHIATRIC UNIT. IN FISCAL YEAR 2023, THEY HAD 5,051 PATIENT DAYS, 45,114 OUTPATIENT VISITS AND 15,840 EMERGENCY ROOM VISITS' WHICH GENERATED \$98,601,112 OF PROGRAM REVENUE AND \$66,565,529 OF PROGRAM EXPENSE.

(Code:) (Expenses \$ 29,607,875 including grants of \$ 2,680) (Revenue \$ 43,236,150)

CENTRACARE HEALTH - PAYNESVILLE HOSPITAL IS CONSIDERED A DISREGARDED ENTITY FOR PURPOSES OF 990 REPORTING, THUS IT IS INCLUDED WITH THIS 990 FILING. CENTRACARE HEALTH - PAYNESVILLE HOSPITAL IS A 25 BED CRITICAL ACCESS HOSPITAL. IN FISCAL YEAR 2023 THEY HAD 2,227 PATIENT DAYS, 45,929 OUTPATIENT VISITS AND 4,879 EMERGENCY ROOM VISITS. IN FISCAL YEAR 2023, PAYNESVILLE GENERATED \$43,236,150 OF PROGRAM REVENUE AND \$29,607,875 OF PROGRAM EXPENSE.

(Code:) (Expenses \$ 6,637,725 including grants of \$) (Revenue \$ 9,445,343)

BENSON HOSPITAL WAS ACQUIRED BY CENTRACARE HEALTH SYSTEM IN JANUARY OF 2023. CENTRACARE HEALTH - BENSON HOSPITAL IS CONSIDERED A DISREGARDED ENTITY FOR PURPOSES OF 990 REPORTING, THUS IT IS INCLUDED WITH THIS 990 FILING. CENTRACARE HEALTH - BENSON HOSPITAL IS A 21 BED CRITICAL ACCESS HOSPITAL. IN THE SIX MONTHS OF FISCAL YEAR 2023 THEY HAD 201 PATIENT DAYS, 10,797 OUTPATIENT VISITS AND 905 EMERGENCY ROOM VISITS. IN THE SIX MONTHS OF FISCAL YEAR 2023, BENSON GENERATED \$9,445,343 OF PROGRAM REVENUE AND \$6,637,725 OF PROGRAM EXPENSE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 36,245,600 including grants of \$ 2,680) (Revenue \$ 52,681,493)

4e Total program service expenses 423,174,975

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-e for questions 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with 17 main rows and multiple sub-rows (a, b, c, etc.). Columns include question text, a numeric column (e.g., 2a, 15,425), and two columns for Yes/No responses. Rows cover topics like employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 15c If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
- 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL BLAIR 1406 6TH AVENUE NORTH ST CLOUD, MN 56303 (320) 251-2700

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH HOLMEN PRESIDENT/CEO	7.00	X		X			1,695,149	0	66,805	
(2) CHRISTIAN SCHMIDT DIRECTOR	33.00	X					533,299	0	75,411	
(3) BRYAN ROLPH DIRECTOR	4.00	X					536,482	0	2,519	
(4) RICHARD WEHSELER DIRECTOR	36.00	X					415,417	0	53,982	
(5) DAVID ANFINSON VICE CHAIR	1.00	X		X			33,500	0	0	
(6) STEVE LARAWAY BOARD CHAIR	1.00	X		X			31,500	0	0	
(7) TIM WENSMAN DIRECTOR	1.00	X					14,638	0	0	
(8) JEFF GAU DIRECTOR	1.00	X					12,000	0	0	
(9) MICHELLE JOHNSON DIRECTOR	1.00	X					10,000	0	0	
(10) RENEE FRAUENDIENST DIRECTOR	1.00	X					0	10,000	0	
(11) DAN ABDUL DIRECTOR	3.00	X					8,000	0	0	
(12) JAMES HEBL DIRECTOR	1.00	X					4,000	0	0	
(13) FATHER TOM KNOBLACH DIRECTOR	1.00	X					0	0	0	
(14) JOY PLAMANN COO/SR VP	7.00			X			820,436	0	40,069	
(15) MICHAEL BLAIR CFO/SR VP/ TREASURER	33.00			X			707,279	0	73,386	
(16) SANTO CRUZ CLO/SR VP/ SECRETARY	7.00			X			534,452	0	51,904	
(17) JOSEPH BLONSKI VICE PRESIDENT	20.00				X		783,635	0	53,772	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) THOMAS SCHRUP CPO/EVP	20.00 20.00				X		778,663	0	56,287
(19) CINDY FIRKINS SMITH VICE PRESIDENT	40.00 0.00				X		760,562	0	56,068
(20) JOSEPH KALKMAN CAO/SR VP	20.00 20.00				X		695,205	0	75,913
(21) CHRISTOPHER BOELTER VICE PRESIDENT	20.00 20.00				X		662,072	0	1,836
(22) MARIA MALLORY VICE PRESIDENT	20.00 20.00				X		585,316	0	39,699
(23) AMY PORWOLL CISO/SR VP	8.00 32.00				X		570,663	0	46,279
(24) GEORGE MORRIS VICE PRESIDENT	40.00 0.00				X		554,883	0	54,766
(25) DEBRA PETERSON VICE PRESIDENT	40.00 0.00				X		502,740	0	39,286
(26) KATHLEEN PARSONS VICE PRESIDENT	40.00 0.00				X		452,084	0	71,762
(27) LYNN MCFARLING VICE PRESIDENT	40.00 0.00				X		418,017	0	69,145
(28) JOSEPH HELLIE VICE PRESIDENT	40.00 0.00				X		418,016	0	52,438
(29) ULRICA WIGERT VICE PRESIDENT	40.00 0.00				X		420,765	0	47,282
(30) DIANE BUSCHENA-BRENNAN VICE PRESIDENT	20.00 20.00				X		383,630	0	74,061
(31) DAVID LARSON VICE PRESIDENT	40.00 0.00				X		396,632	0	47,918
(32) ANTHONY GARDNER CMCO/SR VP	8.00 32.00				X		393,247	0	38,169
(33) BRADLEY KONKLER VICE PRESIDENT	40.00 0.00				X		381,533	0	36,778
(34) MATTHEW KUNKEL VICE PRESIDENT	20.00 20.00				X		360,056	0	37,151
(35) PHILIP LUITJENS VICE PRESIDENT	20.00 20.00				X		345,215	0	40,019
(36) ZACHARY BORK VICE PRESIDENT	40.00 0.00				X		272,271	0	29,525
(37) LEAH SCHAMMEL PHYSICIAN	40.00 0.00					X	1,127,625	0	72,432
(38) NATHANIEL SLINKARD PHYSICIAN	40.00 0.00					X	1,048,684	0	48,608
(39) DEXTER CASTA PHYSICIAN	40.00 0.00					X	902,460	0	40,516
(40) SASAN MOSHIRZADEH PHYSICIAN	40.00 0.00					X	831,976	0	52,665
(41) TOD SPEER PHYSICIAN	40.00 0.00					X	769,609	0	66,464
(42) CRAIG BROMAN FORMER OFFICER	0.00 0.00						384,531	0	0
(43) JOHN HERING FORMER KEY EMPLOYEE	40.00 0.00						486,729	0	77,807
(44) MICHAEL SCHRAMM FORMER KEY EMPLOYEE	40.00 0.00						476,504	0	53,059
1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							21,519,475	10,000	1,743,781

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 ► 1,934

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
M A MÖRTENSON COMPANY 700 MEADOW LANE N MINNEAPOLIS, MN 55422	CONSTRUCTION	13,876,374
MAHOWALD INSURANCE AGENCY 916 W ST GERMAIN STREET SUITE 100 ST CLOUD, MN 56301	INSURANCE	10,527,063
MEDLINE INDUSTRIES LP DEPT CH 14400 PALATINE, IL 600554400	SUPPLIES	6,336,060
METRO ANESTHESIA CONSULTANTS 9855 AETNA AVE NE MONTICELLO, MN 55362	STAFFING SERVICES	1,853,739
STELLIS HEALTH PA 1700 HIGHWAY 25 N BUFFALO, MN 55313	STAFFING SERVICES	1,747,885

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 ► 60

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, gifts, grants, and other similar amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	1,127,772				
	e Government grants (contributions)	1e	4,061,470				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	454,928				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶		5,644,170				
Program Service Revenue	2a PATIENT & SERVICE REV.	Business Code					
		621110	498,073,028	496,817,863	1,255,165		
	b HEALTH INS. PREMIUMS	621110	33,633,060	33,633,060			
	c SHARED SERVICES REV.	621110	9,264,396	9,123,282	141,114		
	d						
	e						
	f All other program service revenue.		10,806,172	10,772,565	33,607		
g Total. Add lines 2a-2f. ▶		551,776,656					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		22,451,549			22,451,549	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a		11,620,199			
		b Less: rental expenses	6b	6,517,992			
		c Rental income or (loss)	6c	5,102,207			
	d Net rental income or (loss) ▶		5,102,207			5,102,207	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a			2,105,021		
		b Less: cost or other basis and sales expenses	7b		754,211		
		c Gain or (loss)	7c		1,350,810		
	d Net gain or (loss) ▶		1,350,810			1,350,810	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances							
	10a		4,872,356				
	b Less: cost of goods sold	10b	2,536,598				
c Net income or (loss) from sales of inventory ▶		2,335,758			2,335,758		
Miscellaneous Revenue		Business Code					
11a OTHER SERVICES SOLD		900099	9,977,554	9,977,554			
b MISC NON-OPERATING REV		900099	745,560	744,914	646		
c LOSS ON JOINT VENTURE		900099	-2,894,881	-2,894,881			
d All other revenue							
e Total. Add lines 11a-11d ▶			7,828,233				
12 Total revenue. See instructions ▶			596,489,383	558,174,357	1,430,532	31,240,324	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	418,894	418,894		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	71,272	71,272		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,482,248	10,191,464	3,290,784	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	993,118	750,715	242,403	
7 Other salaries and wages	220,973,355	167,037,574	53,935,781	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,086,469	13,671,874	4,414,595	
9 Other employee benefits	20,234,521	15,295,624	4,938,897	
10 Payroll taxes	22,489,155	16,999,941	5,489,214	
11 Fees for services (non-employees):				
a Management				
b Legal	3,005,351	2,271,797	733,554	
c Accounting	344,114	260,122	83,992	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,308,477	24,357,777	950,700	
12 Advertising and promotion	632,879	478,404	154,475	
13 Office expenses	3,889,485	2,940,129	949,356	
14 Information technology	17,088,419	12,917,431	4,170,988	
15 Royalties				
16 Occupancy	3,845,636	2,906,983	938,653	
17 Travel	945,946	715,057	230,889	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,699,734	1,284,858	414,876	
20 Interest	4,814,315	3,639,224	1,175,091	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,837,446	18,019,137	5,818,309	
23 Insurance	2,979,252	2,252,068	727,184	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS/MEDICAL SUPPLIES	79,188,988	79,188,988		
b EQUIPMENT RENT & MAINT.	35,047,493	26,493,005	8,554,488	
c IMPLICIT PRICE CONCES.	8,197,011	8,197,011		
d MEDICAID/MNCARE	7,331,662	7,331,662		
e All other expenses	7,254,715	5,483,964	1,770,751	
25 Total functional expenses. Add lines 1 through 24e	522,159,955	423,174,975	98,984,980	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	7,739	1	8,453
	2 Savings and temporary cash investments	101,288,005	2	72,105,431
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	87,732,875	4	98,761,423
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,122,997	8	7,991,327
	9 Prepaid expenses and deferred charges	18,277,021	9	16,241,947
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 512,402,062		
	b Less: accumulated depreciation	10b 236,185,969	262,128,561	10c 276,216,093
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	222,447,929	12	579,952,295
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	212,067,647	15	15,070,841
16 Total assets. Add lines 1 through 15 (must equal line 33)	913,072,774	16	1,066,347,810	
Liabilities	17 Accounts payable and accrued expenses	104,198,958	17	84,776,627
	18 Grants payable		18	
	19 Deferred revenue	3,279,325	19	3,913,656
	20 Tax-exempt bond liabilities	398,434,616	20	377,807,799
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	46,344,121	23	42,869,277
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	21,952,783	25	115,098,451
	26 Total liabilities. Add lines 17 through 25	574,209,803	26	624,465,810
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	334,948,341	27	437,729,121
	28 Net assets with donor restrictions	3,914,630	28	4,152,879
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	338,862,971	32	441,882,000
33 Total liabilities and net assets/fund balances	913,072,774	33	1,066,347,810	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	596,489,383
2	Total expenses (must equal Part IX, column (A), line 25)	2	522,159,955
3	Revenue less expenses. Subtract line 2 from line 1	3	74,329,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	338,862,971
5	Net unrealized gains (losses) on investments	5	17,000,293
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,689,308
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	441,882,000

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRACARE HEALTH SYSTEM

Employer identification number
41-1813221

Part I 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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests-2022. 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—2021. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

(A) Prior Year

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

(A) Prior Year

(B) Current Year
(optional)**1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):**1****a** Average monthly value of securities**1a****b** Average monthly cash balances**1b****c** Fair market value of other non-exempt-use assets**1c****d Total** (add lines 1a, 1b, and 1c)**1d****e Discount** claimed for blockage or other factors (*explain in detail in Part VI*):**2** Acquisition indebtedness applicable to non-exempt use assets**2****3** Subtract line 2 from line 1d**3****4** Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).**4****5** Net value of non-exempt-use assets (subtract line 4 from line 3)**5****6** Multiply line 5 by 0.035**6****7** Recoveries of prior-year distributions**7****8 Minimum Asset Amount** (add line 7 to line 6)**8****Section C - Distributable Amount**

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)**1****2** Enter 85% of line 1**2****3** Minimum asset amount for prior year (from Section B, line 8, Column A)**3****4** Enter greater of line 2 or line 3**4****5** Income tax imposed in prior year**5****6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)**6**

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Table with 2 columns: Name of the organization (CENTRACARE HEALTH SYSTEM) and Employer identification number (41-1813221)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions
3 Volunteer hours for political campaign activities. See instructions

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

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

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

(a)		(b)
Yes	No	Amount
	No	
Yes		
	No	
	No	
	No	
	No	
	No	
Yes		81,508
		81,508
	No	

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total. Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	CENTRACARE HEALTH SYSTEM PAID \$81,508 TO STATE AND NATIONAL ASSOCIATIONS TO CONDUCT LOBBYING ACTIVITIES ON ITS BEHALF, AS A MEMBER OF THE ASSOCIATION

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (CENTRACARE HEALTH SYSTEM) and Employer identification number (41-1813221)

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
2a Preservation of land for public use (e.g., recreation or education)
2b Preservation of an historically important land area
2c Protection of natural habitat
2d Preservation of a certified historic structure
2e Preservation of open space

Table with 2 columns: Line number and Held at the End of the Year. Rows 2a-2d for conservation easement details.

- 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?
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)?
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 FASB 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.
1b If the organization elected, as permitted under FASB 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:
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 FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,947,717		19,947,717
b Buildings		344,843,405	144,511,778	200,331,627
c Leasehold improvements		8,352,842	6,329,253	2,023,589
d Equipment		139,117,008	85,344,938	53,772,070
e Other		141,090		141,090
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				276,216,093

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) FUNDS HELD BY TRUSTEE UNDER TRUST AND ESCROW AGREEMENT	4,031,726	F
(B) FUNDS HELD BY TRUSTEE UNDER BOND INDENTURES	28,007,317	F
(C) FUNDS HELD BY BOARD FOR FUTURE PROPERTY & EQUIP	530,012,655	F
(D) INVESTMENT IN JOINT VENTURES	15,976,127	F
(E) INVESTMENT IN MUTUAL SERVICE CORP	1,924,470	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	579,952,295	

Part VIII Investments - Program Related.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
THIRD PARTY PAYOR SETTLEMENTS	4,603,799
INTEREST PAYABLE	2,792,729
LEASE LIABILITY	10,932,534
ASSET RETIREMENT OBLIGATION	422,847
CONTINGENT CONSIDERATION	1,356,526
OTHER LONG TERM LIABILITIES	5,811,951
DUE FROM AFFILIATES	89,178,065
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	115,098,451

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

SCHEDULE H (Form 990)

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

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

Department of the Treasury

Name of the organization: BENEVOLENT CARE HEALTH SYSTEM

Employer identification number: 41-1813221

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year?
b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy...
3 Answer the following based on the financial assistance eligibility criteria...
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a, 1b, 3a, 3b, 4, 5a, 5b, 5c, 6a, 6b.

7 Financial Assistance and Certain Other Community Benefits at Cost

Main table with 6 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Government Programs and Other Benefits.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		5,756		5,756	0 %
9	Other					
10 Total			5,756		5,756	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,742,238
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	64,631,919
6	Enter Medicare allowable costs of care relating to payments on line 5	6	69,687,975
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,056,056
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest— see instructions)

How many hospital facilities did the organization operate during the tax year?
5

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	CENTRACARE HEALTH - MONTICELLO 1013 HART BLVD MONTICELLO, MN 55362 WWW.CENTRACARE.COM/LOCATIONS/MONTICELL 414809	X	X			X		X		DISTINCT PSYCH UNIT	
2	CENTRACARE HEALTH - PAYNESVILLE 200 WEST FIRST STREET PAYNESVILLE, MN 56362 WWW.CENTRACARE.COM/LOCATIONS/PAYNESVIL 414924	X	X			X		X			
3	CENTRACARE - RICE MEMORIAL HOSPITAL 301 BECKER AVE SW WILLMAR, MN 56201 HTTPS://WWW.CENTRACARE.COM/LOCATIONS/C 415093	X	X					X			
4	CENTRACARE - REDWOOD AREA HOSPITAL 100 FALLWOOD ROAD REDWOOD FALLS, MN 56283 HTTPS://WWW.CENTRACARE.COM/LOCATIONS/C 414903	X	X					X			
5	CENTRACARE HEALTH - BENSON 1815 WISCONSIN AVE BENSON, MN 56215 HTTPS://WWW.CENTRACARE.COM/LOCATIONS/C 415503	X	X			X		X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

CENTRACARE HEALTH - MONTICELLO

Name of hospital facility or letter of facility reporting group _____

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

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C SUPPLEMENTAL INFORMATION</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SECTION C SUPPLEMENTAL INFORMATION</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRACARE HEALTH - MONTICELLO

Name of hospital facility or letter of facility reporting group

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
 If "Yes," indicate the eligibility criteria explained in the FAP:

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175.000000000000 %
 and FPG family income limit for eligibility for discounted care of 250.000000000000 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?
 If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?
 If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

a The FAP was widely available on a website (list url):
WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE

b The FAP application form was widely available on a website (list url):
WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE

c A plain language summary of the FAP was widely available on a website (list url):
WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention

h Notified members of the community who are most likely to require financial assistance about availability of the FAP

i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

j Other (describe in Section C)

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information *(continued)*

Billing and Collections

CENTRACARE HEALTH - MONTICELLO

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

CENTRACARE HEALTH - MONTICELLO

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

CENTRACARE HEALTH - PAYNESVILLE

Name of hospital facility or letter of facility reporting group _____

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

2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C SUPPLEMENTAL INFORMATION</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SECTION C SUPPLEMENTAL INFORMATION</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRACARE HEALTH - PAYNESVILLE

Name of hospital facility or letter of facility reporting group _____

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

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

CENTRACARE HEALTH - PAYNESVILLE

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
	a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
	e <input type="checkbox"/> Other (describe in Section C)			
	f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	21	Yes	
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	b <input type="checkbox"/> The hospital facility's policy was not in writing			
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

CENTRACARE HEALTH - PAYNESVILLE

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

CENTRACARE - RICE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) j <input type="checkbox"/> Other (describe in Section C)		No
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): a <input type="checkbox"/> Hospital facility's website (list url): _____ b <input type="checkbox"/> Other website (list url): _____ c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.		
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____		
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	Yes	
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	Yes	
	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ <u>100,000</u>		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRACARE - RICE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information *(continued)*

Billing and Collections

CENTRACARE - RICE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

CENTRACARE - RICE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

CENTRACARE - REDWOOD AREA HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA requirements, community health needs assessment, and implementation strategies.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRACARE - REDWOOD AREA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

CENTRACARE - REDWOOD AREA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

CENTRACARE - REDWOOD AREA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

CENTRACARE HEALTH - BENSON

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRACARE HEALTH - BENSON

Name of hospital facility or letter of facility reporting group

- Did the hospital facility have in place during the tax year a written financial assistance policy that:
- 13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
 If "Yes," indicate the eligibility criteria explained in the FAP:
- a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175.000000000000 % and FPG family income limit for eligibility for discounted care of 250.000000000000 %
 - b** Income level other than FPG (describe in Section C)
 - c** Asset level
 - d** Medical indigency
 - e** Insurance status
 - f** Underinsurance discount
 - g** Residency
 - h** Other (describe in Section C)
- 14** Explained the basis for calculating amounts charged to patients?
- 15** Explained the method for applying for financial assistance?
 If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
- a** Described the information the hospital facility may require an individual to provide as part of his or her application
 - b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
 - c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
 - d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
 - e** Other (describe in Section C)
- 16** Was widely publicized within the community served by the hospital facility?
 If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
- a** The FAP was widely available on a website (list url):
WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE
 - b** The FAP application form was widely available on a website (list url):
WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE
 - c** A plain language summary of the FAP was widely available on a website (list url):
WWW.CENTRACARE.COM/PRICING-FINANCIAL-ASSISTANCE
 - d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
 - e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
 - f** A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
 - g** Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
 - h** Notified members of the community who are most likely to require financial assistance about availability of the FAP
 - i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
 - j** Other (describe in Section C)

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information (continued)

Billing and Collections

CENTRACARE HEALTH - BENSON

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

CENTRACARE HEALTH - BENSON

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

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

Form and Line Reference	Explanation
CENTRACARE HEALTH - BENSON	PART V, SECTION B, LINE 2: BENSON HOSPITAL WAS ACQUIRED BY CENTRACARE HEALTH SYSTEM AS OF JANUARY 1, 2023. PRIOR TO THE ACQUISITION BENSON HOSPITAL WAS A GOVERNMENTAL HOSPITAL.
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 3J: CENTRACARE UTILIZED THE MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) PROCESS TO CONDUCT THE CHNA AND PREPARE THE IMPLEMENTATION STRATEGY WHICH WE CALLED THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). THE MAPP PROCESS INCLUDES A LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT, STAKEHOLDER INTERVIEWS, COMMUNITY HEALTH SURVEY JOINTLY FUNDED AND MANAGED WITH THREE COUNTY PUBLIC HEALTH DEPARTMENTS, AND SEVERAL COMMUNITY MEETINGS TO GATHER INFORMATION ON FORCES THAT CREATE HEALTH, TRENDS, FACTORS AND EVENTS AFFECTING HEALTH, AND STRATEGIES TO OVERCOME BARRIERS TO HEALTHY LIVING. THE CHNA INCLUDED A HEALTH EQUITY ASSESSMENT AND INFORMATION ON NATIONAL, STATE, AND OTHER LOCAL PLANNING PROCESSES RELATED TO HEALTH. AS A FOLLOW UP TO A PRIOR CHNA PROCESS WHERE PUBLIC HEALTH DATA WAS A SIGNIFICANT GAP, THIS CHNA AND SUBSEQUENT CHIP WAS A COLLABORATIVE EFFORT EXECUTED WITH BENTON COUNTY PUBLIC HEALTH, SHERBURNE COUNTY PUBLIC HEALTH, AND STEARNS COUNTY PUBLIC HEALTH. THE RESULT WAS A JOINT CHNA AND CHIP.
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 5: TO BETTER UNDERSTAND HEALTH ISSUES FACING THE COMMUNITIES OF WRIGHT COUNTY, BUFFALO HOSPITAL, PART OF ALLINA HEALTH, CENTRACARE MONTICELLO, WRIGHT COUNTY PUBLIC HEALTH AND WRIGHT COUNTY COMMUNITY ACTION PARTNERED TO DEVELOP AND CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). IN EARLY 2017, THE ORGANIZATIONS FORMED WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE IN AN EFFORT TO COLLECT AND PRIORITIZE DATA FROM VARIOUS SOURCES, AND DEVELOP A JOINT COMMUNITY HEALTH IMPLEMENTATION PLAN. THE PURPOSE OF THE COLLABORATIVE GROUP IS TO SYSTEMATICALLY IDENTIFY AND ANALYZE HEALTH ISSUES IN THE COMMUNITY AND CREATE A PLAN FOR HOW TO ADDRESS THEM. THE GROUP INCLUDES ALL WRIGHT COUNTY ORGANIZATIONS WHO ARE ENCOURAGED OR REQUIRED TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE COLLABORATIVE EMPLOYED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) FRAMEWORK WHICH EMPHASIZES COLLABORATION OF HEALTH CARE ENTITIES, PUBLIC HEALTH AND COMMUNITY ORGANIZATIONS AND IS CENTERED UPON COMMUNITY ENGAGEMENT. THE CHNA UTILIZED A VARIETY OF INFORMATION SOURCES AND COMMUNITY INPUT TO ANALYZE AND PRIORITIZE COMMUNITY HEALTH ISSUES. THIS INFORMATION WAS USED TO DEVELOP THE HEALTH IMPROVEMENT ACTION PLAN TO ADDRESS THE IDENTIFIED ISSUES. IMPORTANT ACTIVITIES IN THE CHNA PROCESS ARE OUTLINED IN THE CHNA, AS WELL AS ROLES AND RESPONSIBILITIES AMONG THE PARTNERS IN THE COLLABORATIVE. THE CHNA PROCESS WAS BASED ON THE PARTNERSHIP BETWEEN FOUR ORGANIZATIONS: BUFFALO HOSPITAL, PART OF ALLINA HEALTH, CENTRACARE MONTICELLO, WRIGHT COUNTY PUBLIC HEALTH AND WRIGHT COUNTY COMMUNITY ACTION. MAJOR CHNA DECISIONS WERE BASED ON CONSENSUS AND OPEN DIALOGUE BETWEEN THE PARTNERS, AS WELL AS COMMUNITY INPUT. THE COLLABORATIVE AGREED THAT THE DEFINITION OF HEALTH ENCOMPASSES A BROAD RANGE OF CONDITIONS, NOT JUST HEALTH IN TERMS OF HEALTHCARE. IMPROVING HEALTH IS NO LONGER ABOUT TREATING AND PREVENTING MEDICAL CONDITIONS; IT IS THE IMPROVEMENT OF COMPLETE PHYSICAL, MENTAL, SPIRITUAL AND SOCIAL WELL-BEING. REPRESENTATIVES FROM PARTNERING ORGANIZATIONS MET REGULARLY FROM SEPTEMBER 2017 TO JULY 2019 FOR PROGRESS UPDATES, DISCUSSION ON UPCOMING CHNA ACTIVITIES AND EVENT PLANNING. ALL CORE PARTNERS IN THE COLLABORATIVE CONTRIBUTED TO THE COMPLETION OF THE PROCESS TO THE BEST OF THEIR ABILITY AND UTILIZED THE STRENGTHS AND CAPACIT OF VARIOUS GROUP MEMBERS. THE PARTNERSHIP ADOPTED THE MAPP MODEL FOR ASSESSMENT AND PLANNING. MAPP IS A COMMUNITY DRIVEN STRATEGIC PLANNING PROCESS FOR IMPROVING COMMUNITY HEALTH. FACILITATED BY PUBLIC HEALTH LEADERS, THIS FRAMEWORK HELPS COMMUNITIES APPLY STRATEGIC THINKING TO PRIORITIZE PUBLIC HEALTH ISSUES AND IDENTIFY RESOURCES TO ADDRESS THEM. MAPP IS NOT AN AGENCY-FOCUSED ASSESSMENT PROCESS; RATHER, IT IS AN INTERACTIVE PROCESS THAT CAN IMPROVE THE EFFICIENCY, EFFECTIVENESS, AND ULTIMATELY THE PERFORMANCE OF LOCAL PUBLIC HEALTH SYSTEMS. COMMUNITY OWNERSHIP IS A KEY COMPONENT OF MAPP. PARTICIPATION FROM THE BROADER COMMUNITY LEADS TO COLLECTIVE THINKING AND SUSTAINABLE SOLUTIONS TO COMPLEX PROBLEMS. THIS EFFORT INCLUDED: (1) COMPLETION OF A CHNA TO SYSTEMATICALLY IDENTIFY AND ANALYZE HEALTH PRIORITIES IN THE COMMUNITY, AND (2) DEVELOPMENT OF A PLAN TO ADDRESS THESE PRIORITIES AS A COLLABORATIVE AND IN PARTNERSHIP WITH OTHERS. THROUGH THIS PROCESS, THE COLLABORATIVE ENGAGED WITH COMMUNITY STAKEHOLDERS TO BETTER UNDERSTAND THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES, IDENTIFIED INTERNAL AND EXTERNAL RESOURCES FOR HEALTH PROMOTION AND CREATED AN IMPLEMENTATION PLAN THAT LEVERAGES THOSE RESOURCES TO IMPROVE COMMUNITY HEALTH.
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 5: CENTRACARE POPULATION HEALTH CONDUCTED SPECIFIC AND COMPREHENSIVE EVALUATION OF ZIP CODE 56304 THAT HAS THE WORST HEALTH OUTCOMES IN THE THREE COUNTIES INCLUDED IN THE CHNA AND CHIP. THIS EVALUATION INCLUDED DATA EVALUATION, KEY INFORMANT INTERVIEWS, AND HEALTH INDICATORS FOR MINORITY GROUPS. THE CENTRAL MN ALLIANCE ALSO COMPLETED SEVERAL SURVEYS AND ASSESSMENTS TO GET INPUT FROM MULTIPLE SECTORS OF EACH COMMUNITY REPRESENTING DIFFERENT POPULATIONS IN ORDER TO COMPIL A LIST OF TOP PRIORITIES IN THE REGION: THREE ASSESSMENTS WERE COMPLETED FROM JULY 2021 THROUGH FEBRUARY 2022: COMMUNITY STATUS, COMMUNITY CONTEXT AND COMMUNITY PARTNERS. IT WAS A GOAL TO IMPART MORE EMPHASIS ON WHAT RESULTED FROM THE COMMUNITY CONTEXT AND COMMUNITY PARTNER ASSESSMENTS THAN FROM THE QUANTITATIVE DATA WITHIN THE STATUS ASSESSMENT. THE COMMUNITY CONTEXT ASSESSMENT BUILDS ON THE FORMER COMMUNITY THEMES AND STRENGTHS ASSESSMENT, DIGGING DEEPER TO UNDERSTAND INEQUITIES, FILL IN DATA GAPS FROM THE COMMUNITY STATUS ASSESSMENT, AND EXPLORES THE CONTEXT OF THE COMMUNITY THROUGH THE LENS OF THOSE WITH LIVED EXPERIENCE. THIS ASSESSMENT IS DESIGNED TO MOVE BEYOND PERCEIVED COMMUNITY NEEDS AND PERPETUATION OF DEPENDENCY ON PROGRAMS AND SERVICES TO UNDERSTANDING A COMMUNITY'S STRENGTHS, ASSETS, AND CULTURE, RECOGNIZING THAT ALL COMMUNITIES HAVE A VIBRANCY THAT MUST BE LEVERAGED IN COMMUNITY IMPROVEMENT. COMMITTEE MEMBERS REFLECTED ON THE ABOVE AREAS AND GATHERED INFORMATION FOR EACH OF THEIR RESPECTIVE AGENCIES TO ASSESS THE CONTEXT OF OUR COMMUNITIES WITHIN EACH OF THE DOMAIN AREAS, COMPLETING A CONTEXT COMMITTEE ASSESSMENT, ONE FOR EACH OF THE CMA MEMBERS OF BENTON, STEARNS, SHERBURNE AND CENTRACARE. THIS ASSESSMENT TOOL COMPLETION WAS DEVELOPED THROUGH INFORMATION GATHERING, PARTNERSHIP, COMMUNITY CONVERSATIONS, INDIVIDUAL CONVERSATIONS, AND OBSERVATIONS OF COMMUNITY NEEDS. CMA MEMBERS BROUGHT EACH OF THEIR CONTEXT ASSESSMENT TOOLS BACK TO THE CONTEXT COMMITTEE. THE CONTEXT COMMITTEE IDENTIFIED SHARED FINDINGS, TRENDS, GAPS AND UNIQUE FEATURES FOR EACH OF THE DOMAINS FOR THE REGION. THE CONTEXT COMMITTEE THEN PRESENTED TO THE LARGER LEADERSHIP GROUP WHERE THE GROUP HAD AN OPPORTUNITY TO ASK QUESTIONS, CLARIFY CONCERNS, AND MAKE RECOMMENDATIONS. FOLLOWING THE LEADERSHIP GROUP MEETING, THE CONTEXT COMMITTEE UPDATED THE CONTEXT ASSESSMENT TOOL THAT CAPTURED THE MOST SIGNIFICANT FINDINGS AMONG OUR CMA REGION. THE COMMITTEE TOOK THE FEEDBACK GAINED FROM THE LARGER LEADERSHIP GROUP BACK TO THE CONTEXT COMMITTEE AND COMPLETED AN IMPORTANCE/RELEVANCE PRIORITIZATION ACTIVITY TO IDENTIFY THE TOP DOMAINS WITHIN OUR CENTRAL MINNESOTA ALLIANCE. REPLACING THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA), THE COMMUNITY PARTNER ASSESSMENT PROVIDES STRUCTURE FOR ALL COMMUNITY PARTNERS TO LOOK CRITICALLY WITHIN THEIR OWN SYSTEMS AND PROCESSES, REFLECT ON THEIR ROLE IN THE COMMUNITY'S HEALTH AND WELL-BEING, AND UNDERSTAND THE DEGREE TO WHICH THEY ARE ADDRESSING OR PERPETUATING HEALTH INEQUITIES ACROSS A SPECTRUM OF ACTION RANGING FROM THE INDIVIDUAL TO SYSTEMIC AND STRUCTURAL LEVELS. IT WILL OFFER AN ASSESSMENT INSTRUMENT WHICH, IN CONTRAST TO THE LPHSA, WILL BE INCLUSIVE OF BUT NOT GROUNDED IN THE 10 ESSENTIAL PUBLIC HEALTH SERVICES TO BROADEN ITS RELEVANCE TO COMMUNITY PARTNERS OUTSIDE OF THE HEALTH AND HUMAN SERVICES SECTOR. SINCE THE ASSESSMENT TOOL WAS NOT AVAILABLE FOR OUR GROUP TO UTILIZE DURING THIS TIME FRAME, WE ADAPTED BY CREATING A TABLE WITH THE DOMAIN AREAS. EACH CMA MEMBER WAS RESPONSIBLE TO "ASSESS" PARTNERS IN THEIR GEOGRAPHIC OR SERVICE AREA BY THE 9 DOMAIN AREAS. MEMBERS ATTENDED MEETINGS, RESEARCHED WEBSITES, OBSERVED PARTNERS WITHIN THE COMMUNITY, REVIEWED STRATEGIC DOCUMENTS, COMPLETED SURVEYS, ENGAGED IN ONE-ON-ONE CONVERSATIONS WITH COMMUNITY RESIDENTS AND/OR WITH PARTNERS ON BEHALF OF A COMMUNITY, PROVIDED LIVED EXPERIENCES, AND ATTENDED EVENTS THAT EXEMPLIFIED THE WORK AND MISSION OF THE PARTNER. ONCE THE CMA MEMBERS COMPLETED THEIR ASSESSMENTS, THE GROUP THEN SHARED FINDINGS AND IDENTIFIED TRENDS, GAPS AND UNIQUE FEATURES FOR EACH OF THE DOMAINS. THIS WAS THEN PRESENTED TO THE LARGER CMA LEADERSHIP GROUP WHERE THE GROUP HAD AN OPPORTUNITY TO ASK QUESTIONS, CLARIFY CONCERNS AND MAKE RECOMMENDATIONS. FOLLOWING THE CMA LEADERSHIP GROUP MEETING, WE UPDATED THE REGIONAL DOCUMENT THAT CAPTURED THE MOST SIGNIFICANT FINDINGS AMONG OUR CMA MEMBERS, PARTNERS, AND GEOGRAPHIC AREAS. THE COMMUNITY STATUS ASSESSMENT COMMITTEE CONDUCTED A MODIFIED ASSESSMENT BY CONTINUING THE TRENDDING OF THE TOP DATA POINTS OF CONCERN FROM THE 2019-2022 PROCESS AS WELL AS ANALYZING NEW COMMUNITY DATA. THE COMMITTEE REVIEWED THE LIST OF DATA SOURCES TO EXPLORE AND EACH COMMITTEE MEMBER IDENTIFIED A SOURCE FOR WHICH THEY FELT INTEREST AND THEY EXPLORED THAT DATA. THE THIRD ITERATION OF THE CENTRAL MN COMMUNITY HEALTH SURVEY WAS CONDUCTED IN 2021. THE SURVEY INSTRUMENT WAS DEVELOPED FROM 9/16/20 THROUGH 4/1/21. THE CMA WORKED WITH THE MN DEPARTMENT OF HEALTH AND VENDOR SSI INC. TO CONDUCT A STATISTICALLY DESIGNED RANDOM SAMPLE MAILED SURVEY; IT WAS IN THE FIELD FROM 4/1/21 THROUGH 6/18/21. THE SAME INSTRUMENT WAS CONVERTED TO A WEBBASED SURVEY USING ARCGIS SURVEY 123 AND THAT WAS IN THE FIELD FROM 5/18/21 THROUGH 9/30/21 AND WAS AVAILABLE VIA CONVENIENCE SAMPLE. IN ORDER TO BETTER ENGAGE INDIVIDUALS OR ORGANIZATIONS WITH A PERSPECTIVE OF AT-RISK POPULATIONS, A HEALTH EQUITY ASSESSMENT WAS ALSO COMPLETED. INTERVIEWS WITH ELEVEN COMMUNITY LEADERS REPRESENTING THE DIVERSITY OF THE EAST ST. CLOUD NEIGHBORHOOD REVEALED MAJOR THEMES RELEVANT TO COMMUNITY HEALTH IN THE 56304 - ZIP CODE AREA. THE 56304 QUANTITATIVE SURVEY HIGHLIGHTED THE IMPORTANCE OF THE INTERCONNECTEDNESS OF HEALTH AND SOCIOECONOMIC ISSUES. CONCERNS ABOUT HEALTH WERE FOCUSED ON POVERTY AND LACK OF ACCESS TO HEALTH FOOD AND MENTAL AND BEHAVIORAL HEALTH. THE FOCUS OF THE 2022-2025 CMA CHIP WILL BE THE FOLLOWING DRIVERS OF INEQUITIES: DATA ACCESS & SYSTEMS, STRUCTURAL RACISM, LIVED EXPERIENCE AND HISTORICAL CONTEXT.
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 6A: CENTRACARE HEALTH - MONTICELLO CONDUCTED THE CHNA WITH ALLINA HEALTH BUFFALO HOSPITAL.
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 6A: CENTRACARE HEALTH SYSTEM - PAYNESVILLE CONDUCTED THE CHNA WITH CENTRACARE - MELROSE, CENTRACARE - SAUK CENTRE, AND ST. CLOUD HOSPITAL.
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 6B: CENTRACARE HEALTH - MONTICELLO CONDUCTED THE CHNA WITH WRIGHT COUNTY COMMUNITY ACTION AND WRIGHT COUNTY PUBLIC HEALTH.
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 6B: CENTRACARE HEALTH SYSTEM - PAYNESVILLE CONDUCTED THE CHNA WITH BENTON COUNTRY PUBLIC HEALTH, SHERBURNE COUNTRY PUBLIC HEALTH AND STEARNS COUNTRY PUBLIC HEALTH.
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 11: COMMUNITY MEMBERS, COMMUNITY ORGANIZATIONS, PUBLIC HEALTH AND HOSPITAL/HEALTH SYSTEM STAFF PARTICIPATED IN A PROCESS THAT IDENTIFIED THE FOLLOWING PRIORITY AREAS FOR COMMUNITY HEALTH IN THE COMMUNITIES SERVED BY THE COLLABORATIVE: 1) MENTAL HEALTH AND WELLNESS 2) DENTAL CARE 3) SUBSTANCE USE AND ABUSE IN 2018-19, STAFF SOLICITED COMMUNITY INPUT, ASSESSED EXISTING RESOURCES AND DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN FOR 2020-2022 IN ORDER TO ADDRESS THESE PRIORITIES. THIS IMPLEMENTATION PLAN INCLUDES THE FOLLOWING GOALS, EACH OF WHICH IS SUPPORTED BY MULTIPLE STRATEGIES AND WILL BE IMPLEMENTED THROUGH A VARIETY OF ACTIVITIES MONITORED FOR PROGRESS AND OUTCOMES OVER TIME. MENTAL HEALTH AND WELLNESS GOAL: REDUCE THE RATE OF MENTAL HEALTH CARE DELAY AND THE NUMBER OF NOT GOOD" MENTAL HEALTH DAYS IN WRIGHT COUNTY. DENTAL CARE GOAL: REDUCE THE RATE OF DENTAL CARE DELAY IN WRIGHT COUNTY. SUBSTANCE USE AND ABUSE GOAL: SUPPORT LOCAL PREVENTION EFFORTS AND ADVOCATE FOR POLICY CHANGES TO ADDRESS SUBSTANCE ABUSE IN WRIGHT COUNTY. DATA REVIEW AND ISSUE PRIORITIZATION APPROXIMATELY 150 STAKEHOLDERS REPRESENTING BROAD INTERESTS OF THE COMMUNITY AND 40 COMMUNITY ORGANIZATIONS PARTICIPATED IN KEY INFORMANT INTERVIEWS AND/OR ATTENDED AT LEAST ONE OF SEVERAL MEETINGS TO REVIEW AND DISCUSS THE CHNA DATA GATHERED AND HELP IDENTIFY THREE PRIORITY HEALTH ISSUES. THE REVIEW PROCESS INCLUDED A FORMAL PRIORITIZATION TOOL KNOWN AS THE HANLON METHOD, WHICH INCLUDES RANKING HEALTH PRIORITIES BASED ON THREE PRIMARY CRITERIA: THE SIZE OF THE PROBLEM, INCLUDING PROJECTION OF FUTURE TRENDS; THE SERIOUSNESS OF THE PROBLEM, INCLUDING DISPARATE HEALTH BURDENS WITHIN THE POPULATION; AND THE EFFECTIVENESS AND FEASIBILITY OF INTERVENTIONS ON THE PART OF HEALTH CARE. AS A RESULT OF THE PRIORITIZATION SESSION, THE COLLABORATIVE ARRIVED AT 10 TOP HEALTH PRIORITIES FACING THE POPULATION OF WRIGHT COUNTY. AFTER COLLECTING EXTENSIVE FEEDBACK AND CONDUCTING COMMUNITY CONVERSATIONS AND DIALOGUES, THE COLLABORATIVE ARRIVED AT TOP 10 PRIORITIES, WHICH WERE THEN REVIEWED BY EACH ORGANIZATIONS' STAKEHOLDER GROUPS. EACH GROUP CONSISTED OF KEY STAKEHOLDERS, INCLUDING

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

Form and Line Reference	Explanation
	AFFECTED BY THE GAPS IDENTIFIED IN THE CHNA PROCESS. EACH GROUP ARRIVED AT THEIR OWN PRIORITIZED LIST OF HEALTH ISSUES FACING WRIGHT COUNTY. THE LISTS WERE THEN COMBINED BY THE CORE GROUP AND ISSUES WERE AGAIN PRIORITIZED BASED ON THE RANKINGS FROM INDIVIDUAL ORGANIZATIONS. THE CORE GROUP FOCUSED ON THE ISSUES FACING THE MAJORITY OF THE POPULATION SERVED AND THE SEVERITY AND MAGNITUDE OF THE HEALTH CONCERNS. THE COLLABORATIVE CHOSE THE TOP THREE PRIORITIES BASED ON TRUE COMMUNITY NEED, VERSUS JUST THE ABILITY TO PROVIDE INTERVENTIONS. THE COLLABORATIVE BELIEVES THAT PART OF THE SOLUTION IS STARTING THE CONVERSATION AROUND THE TOPICS THAT HAVE NOT YET BEEN ADDRESSED, AND ENGAGING COMMUNITY PARTNERS AND OTHER ORGANIZATIONS TO ASSIST IN IMPLEMENTATION PLANNING AND DEVELOPMENT OF TACTICS/ACTIVITIES TO ADDRESS THOSE PRIORITIES. NEEDS IDENTIFIED BUT NOT INCLUDED IN THE CHNA: GOING INTO THE HANLON PRIORITIZATION, THE CORE GROUP HAD A LIST OF 20 IDENTIFIED HEALTH ISSUES THAT NEEDED TO BE DISCUSSED AND ARRANGED ACCORDING TO THE WEIGHT OF ITS SIZE, SERIOUSNESS AND EFFECTIVENESS. AFTER ALL THE HEALTH ISSUES WERE RANKED, THE CORE GROUP REALIZED THERE WERE SEVERAL IDENTIFIED ISSUES THAT COULD BE COMBINED WITH TOP PRIORITIES. FOR EXAMPLE, SUICIDE AWARENESS AND PREVENTION CAN BE COMBINED WITH ONE OF THE TOP PRIORITIES OF MENTAL HEALTH AND WELLNESS. OTHER ISSUES THAT WERE IDENTIFIED INCLUDED STRESS, LACK OF PHYSICAL ACTIVITY AND SOCIAL CONNECTEDNESS/ISOLATION. WHILE THE CORE GROUP UNDERSTANDS THAT ALL OF THESE ISSUES ARE IMPORTANT AND NEED CONCENTRATED EFFORTS IN ORDER TO RESOLVE, THEY WILL BE CONSCIOUSLY DISCUSSED AND NATURALLY ADDRESSED IN THE STRATEGIES AND TACTICS EACH ORGANIZATION CREATES. WHILE TOPICS SUCH AS DISTRACTED DRIVING RANKED AS A HIGH NEED IN WRIGHT COUNTY, THERE ARE CURRENTLY MANY GROUPS ALREADY WORKING ON THIS ISSUE AND ACTIVELY PURSUING INTERVENTIONS AROUND THIS CONCERN (SAFE COMMUNITIES OF WRIGHT COUNTY, HIGHWAY 55 COALITION, HIGHWAY 12 COALITION AND I94 WEST CHAMBER OF COMMERCE). SOME OF THE PRIORITIES IDENTIFIED IN 2017-2019 IMPLEMENTATION PLAN ARE STILL RELEVANT TO THE WORK OF THE COLLABORATIVE (FOOD INSECURITY, OBESITY, PHYSICAL ACTIVITY, ACCESS TO CARE). THE COLLABORATIVE MADE SIGNIFICANT STRIDES IN ADDRESSING THOSE PRIORITIES AND WILL CONTINUE TO SUPPORT THE EFFORTS AROUND THESE INITIATIVES THROUGH CURRENT WORKFLOWS AND SERVICE MODELS. THE NEEDS NOT ADDRESSED WITHIN THE CURRENT YEAR CHNA WERE UNABLE TO BE FULLY ADDRESSED DUE TO FUNDING AND STAFFING.
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 11: AFTER THE DRIVERS OF INEQUITIES HAD BEEN IDENTIFIED, THE CMA LEADERSHIP GROUP STARTED WORK ON DEVELOPING POTENTIAL GOALS AND ACTION STEPS THAT WOULD FIT UNDER EACH CATEGORY. MEMBERS OF THE LEADERSHIP GROUP USED A GOALS AND ACTION STEPS WORKSHEET STORED ON MICROSOFT TEAMS TO COLLABORATIVELY, PREPARE A LIST OF GOALS AND ACTION STEPS. THIS WAS DISCUSSED AT THE JANUARY 27TH, FEBRUARY 10TH, AND FEBRUARY 22ND LEADERSHIP MEETINGS. TO KEEP THE CHIP AT A WORKABLE LEVEL, IT WAS DECIDED THAT WE WOULD TRY TO IDENTIFY ONE GOAL WITH ACTION STEPS TO INCLUDE IN THE CHIP. ON MARCH 25TH, A PRIORITIZATION EXERCISE WAS COMPLETED USING MIRO.COM TO IDENTIFY THE GOAL WITH ACTION STEPS THAT WOULD BE INCLUDED IN THE CHIP DOCUMENT. JUST BECAUSE THE GOAL WAS NOT INCLUDED IN THE CHIP, DOES NOT MEAN THAT THE CMA WILL NOT WORK ON IT.IT IS THE INTENTION OF THE CMA MEMBERS THAT THE CHIP WILL BE A LIVING DOCUMENT AND AS MORE CONVERSATIONS TAKE PLACE WITH COMMUNITY PARTNERS, THE GOALS AND ACTION STEPS MAY CHANGE. THE CHANGES TO THE DOCUMENT WILL BE REPORTED AT LEAST ANNUALLY WHEN LOCAL PUBLIC HEALTH IS REQUIRED TO REPORT ON CHIP WORK.THE PRIORITIES IDENTIFIED WERE AS FOLLOWS IN COMMUNITY INFORMED RANKING: 1) BUILDING FAMILIES, 2) MENTAL HEALTH, 3) ENCOURAGING SOCIAL CONNECTION, 4) ADVERSE CHILDHOOD EXPERIENCES (ACES), 5) TOBACCO/NICOTINE USE, 6) HEALTH CARE, 7) RISKY YOUTH BEHAVIOR, 8) FINANCIAL STRESS, 9) TRAUMA, AND 10) EDUCATING POLICY MAKERS AND KEY COMMUNITY STAKEHOLDERS. DUE TO THE NEWNESS OF THE COLLABORATION ON THIS WORK, A DECISION WAS MADE TO FOCUS ON THE TOP TWO PRIORITIES (BUILDING FAMILIES AND MENTAL HEALTH) FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN. THE PRIORITIES ENCOURAGING SOCIAL CONNECTION, ADVERSE CHILDHOOD EXPERIENCES (ACES), TOBACCO/NICOTINE USE, HEALTH CARE, RISKY YOUTH BEHAVIOR, FINANCIAL STRESS, TRAUMA, AND EDUCATING POLICY MAKERS AND KEY COMMUNITY STAKEHOLDERS WILL NOT SPECIFICALLY BE ADDRESSED THROUGH ACTION PLANNING OR MEASUREMENT DUE TO FINANCIAL AND STAFFING RESTRAINTS, HOWEVER, THERE ARE WAYS MANY OF THESE PRIORITIES ARE BEING ADDRESSED EITHER WITHIN THE TOP TWO PRIORITIES OR THE COMMUNITY. IN THE FUTURE, THE GROUP WILL ASSESS THE CAPACITY TO EXPAND THE NUMBER OF PRIORITIES BEING ADDRESSED AND MEASURED. ALTHOUGH NOT DIRECTLY ADDRESSED IN THE PLAN, CENTRACARE DOES ACTIVELY SUPPORT OTHER ORGANIZATIONS WITHIN THE COMMUNITY WHO ARE WORKING ON DETERMINANTS OF HEALTH IDENTIFIED DURING THE CHNA PROCESS LIKE ACES, TOBACCO, TRAUMA, EDUCATING POLICYMAKERS, ETC.THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) IS THE ACTION PLAN THAT USES GUIDING PRINCIPLES AND STRATEGIES TO ADDRESS THE COMMUNITY PRIORITIES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS. THE TOP PRIORITIES ARE BUILDING FAMILIES AND MENTAL HEALTH. WE WILL USE THE GUIDING PRINCIPLES OF COMMUNITY COLLABORATION, AWARENESS, RESILIENCE, EQUITY, EDUCATION, AND HEALTH ORGANIZATIONS TO DRIVE OUR STRATEGIES.THE ST. CLOUD HOSPITAL, CENTRACARE- MELROSE HOSPITAL, CENTRACARE- SAUK CENTRE, AND CENTRACARE- PAYNESVILLE WILL MAINTAIN THEIR ENGAGEMENTS WITH THE CENTRAL MN ALLIANCE AND FOLLOW THE MAPP LEADERSHIP STRUCTURE TO CARRY OUT THE STRATEGIES OUTLINED IN THE CHIP. THERE WILL BE MEETINGS AS OUTLINED IN THE CHIP UNDER LEADERSHIP SYSTEM & PROCESS FOR MONITORING AND REVISION.
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 13H: A NON-CITIZEN CAN BE DENIED CARE IF THEY CAME TO THE US SPECIFICALLY TO RECEIVE FREE CARE. PRESUMPTIVE ELIGIBILITY - IF PATIENTS FAIL TO SUPPLY SUFFICIENT INFORMATION TO SUPPORT FINANCIAL ASSISTANCE ELIGIBILITY, CENTRACARE HEALTH MAY REFER TO OR RELY ON EXTERNAL SOURCES AND/OR OTHER PROGRAM ENROLLMENT RESOURCES TO DETERMINE ELIGIBILITY WHEN: (A) PATIENT IS HOMELESS(B) PATIENT IS ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS(C) PATIENT IS ELIGIBLE FOR FOOD STAMPS OR SUBSIDIZED SCHOOL LUNCH PROGRAM(D) PATIENT IS ELIGIBLE FOR A STATE-FUNDED PRESCRIPTION MEDICATION PROGRAM(E) PATIENT'S VALID ADDRESS IS CONSIDERED LOW-INCOME OR SUBSIDIZED HOUSING(F) PATIENT RECEIVES FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO HOSPITAL FOR FURTHER TREATMENT
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 13H: A NON-CITIZEN CAN BE DENIED CARE IF THEY CAME TO THE US SPECIFICALLY TO RECEIVE FREE CARE. PRESUMPTIVE ELIGIBILITY - IF PATIENTS FAIL TO SUPPLY SUFFICIENT INFORMATION TO SUPPORT FINANCIAL ASSISTANCE ELIGIBILITY, CENTRACARE HEALTH MAY REFER TO OR RELY ON EXTERNAL SOURCES AND/OR OTHER PROGRAM ENROLLMENT RESOURCES TO DETERMINE ELIGIBILITY WHEN: (A) PATIENT IS HOMELESS(B) PATIENT IS ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS(C) PATIENT IS ELIGIBLE FOR FOOD STAMPS OR SUBSIDIZED SCHOOL LUNCH PROGRAM(D) PATIENT IS ELIGIBLE FOR A STATE-FUNDED PRESCRIPTION MEDICATION PROGRAM(E) PATIENT'S VALID ADDRESS IS CONSIDERED LOW-INCOME OR SUBSIDIZED HOUSING(F) PATIENT RECEIVES FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO HOSPITAL FOR FURTHER TREATMENT
CENTRACARE - RICE MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13H: A NON-CITIZEN CAN BE DENIED CARE IF THEY CAME TO THE US SPECIFICALLY TO RECEIVE FREE CARE. PRESUMPTIVE ELIGIBILITY - IF PATIENTS FAIL TO SUPPLY SUFFICIENT INFORMATION TO SUPPORT FINANCIAL ASSISTANCE ELIGIBILITY, CENTRACARE HEALTH MAY REFER TO OR RELY ON EXTERNAL SOURCES AND/OR OTHER PROGRAM ENROLLMENT RESOURCES TO DETERMINE ELIGIBILITY WHEN: (A) PATIENT IS HOMELESS(B) PATIENT IS ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS(C) PATIENT IS ELIGIBLE FOR FOOD STAMPS OR SUBSIDIZED SCHOOL LUNCH PROGRAM(D) PATIENT IS ELIGIBLE FOR A STATE-FUNDED PRESCRIPTION MEDICATION PROGRAM(E) PATIENT'S VALID ADDRESS IS CONSIDERED LOW-INCOME OR SUBSIDIZED HOUSING(F) PATIENT RECEIVES FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO HOSPITAL FOR FURTHER TREATMENT
CENTRACARE - REDWOOD AREA HOSPITAL	PART V, SECTION B, LINE 13H: A NON-CITIZEN CAN BE DENIED CARE IF THEY CAME TO THE US SPECIFICALLY TO RECEIVE FREE CARE. PRESUMPTIVE ELIGIBILITY - IF PATIENTS FAIL TO SUPPLY SUFFICIENT INFORMATION TO SUPPORT FINANCIAL ASSISTANCE ELIGIBILITY, CENTRACARE HEALTH MAY REFER TO OR RELY ON EXTERNAL SOURCES AND/OR OTHER PROGRAM ENROLLMENT RESOURCES TO DETERMINE ELIGIBILITY WHEN: (A) PATIENT IS HOMELESS(B) PATIENT IS ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS(C) PATIENT IS ELIGIBLE FOR FOOD STAMPS OR SUBSIDIZED SCHOOL LUNCH PROGRAM(D) PATIENT IS ELIGIBLE FOR A STATE-FUNDED PRESCRIPTION MEDICATION PROGRAM(E) PATIENT'S VALID ADDRESS IS CONSIDERED LOW-INCOME OR SUBSIDIZED HOUSING(F) PATIENT RECEIVES FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO HOSPITAL FOR FURTHER TREATMENT
CENTRACARE HEALTH - BENSON	PART V, SECTION B, LINE 13H: A NON-CITIZEN CAN BE DENIED CARE IF THEY CAME TO THE US SPECIFICALLY TO RECEIVE FREE CARE.PRESUMPTIVE ELIGIBILITY - IF PATIENTS FAIL TO SUPPLY SUFFICIENT INFORMATION TO SUPPORT FINANCIAL ASSISTANCE ELIGIBILITY, CENTRACARE HEALTH MAY REFER TO OR RELY ON EXTERNAL SOURCES AND/OR OTHER PROGRAM ENROLLMENT RESOURCES TO DETERMINE ELIGIBILITY WHEN:(A) PATIENT IS HOMELESS(B) PATIENT IS ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS(C) PATIENT IS ELIGIBLE FOR FOOD STAMPS OR SUBSIDIZED SCHOOL LUNCH PROGRAM(D) PATIENT IS ELIGIBLE FOR A STATE-FUNDED PRESCRIPTION MEDICATION PROGRAM(E) PATIENT'S VALID ADDRESS IS CONSIDERED LOW-INCOME OR SUBSIDIZED HOUSING(F) PATIENT RECEIVES FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO HOSPITAL FOR FURTHER TREATMENT
CENTRACARE HEALTH - MONTICELLO	PART V, SECTION B, LINE 16j: PATIENTS WHO ARE AT A SELF PAY STATUS RECEIVE FINANCIAL ASSISTANCE INFORMATION EITHER VIA A TELEPHONE CALL OR ON BILLING STATEMENTS.
CENTRACARE HEALTH - PAYNESVILLE	PART V, SECTION B, LINE 16j: PATIENTS WHO ARE AT A SELF PAY STATUS RECEIVE FINANCIAL ASSISTANCE INFORMATION EITHER VIA A TELEPHONE CALL OR ON BILLING STATEMENTS.
CENTRACARE - RICE MEMORIAL HOSPITAL	PART V, SECTION B, LINE 16j: PATIENTS WHO ARE AT A SELF PAY STATUS RECEIVE FINANCIAL ASSISTANCE INFORMATION EITHER VIA A TELEPHONE CALL OR ON BILLING STATEMENTS.
CENTRACARE - REDWOOD AREA HOSPITAL	PART V, SECTION B, LINE 16j: PATIENTS WHO ARE AT A SELF PAY STATUS RECEIVE FINANCIAL ASSISTANCE INFORMATION EITHER VIA A TELEPHONE CALL OR ON BILLING STATEMENTS.
CENTRACARE HEALTH - BENSON	PART V, SECTION B, LINE 16j: PATIENTS WHO ARE AT A SELF PAY STATUS RECEIVE FINANCIAL ASSISTANCE INFORMATION EITHER VIA A TELEPHONE CALL OR ON BILLING STATEMENTS.
CENTRACARE HEALTH - MONTICELLO:	PART V, SECTION B, LINE 7A: THE HOSPITAL'S CHNA CAN BE FOUND ON ITS WEBSITE AT HTTPS://WWW.CENTRACARE.COM/DOCUMENTS/ABOUT/WRIGHT-COUNTY-COMMUNITY-HEALTH-COLLABORATIVE-CHNA-2019-2022-VERSION-1-UPDATED-10.19.PDF
CENTRACARE HEALTH - MONTICELLO:	PART V, SECTION B, LINE 10A: THE HOSPITAL'S IMPLEMENTATION PLAN CAN BE FOUND ON ITS WEBSITE AT HTTPS://WWW.CENTRACARE.COM/DOCUMENTS/ABOUT/WRIGHT-COUNTY-COMMUNITY-HEALTH-COLLABORATIVE-CHNA-2019-2022-VERSION-1-UPDATED-10.19.PDF
CENTRACARE HEALTH - PAYNESVILLE:	PART V, SECTION B, LINE 7A: THE HOSPITAL'S CHNA AND IMPLEMENTATION PLAN CAN BE FOUND ON ITS WEBSITE AT HTTPS://WWW.CENTRACARE.COM/DOCUMENTS/ABOUT/CENTRAL-MN-ALLIANCE-CHIP-CHNA-2022-2025-VERSION-1-UPDATED-6.29.22.PDF
CENTRACARE HEALTH - PAYNESVILLE:	PART V, SECTION B, LINE 10A: THE HOSPITAL'S CHNA AND IMPLEMENTATION PLAN CAN BE FOUND ON ITS WEBSITE AT HTTPS://WWW.CENTRACARE.COM/DOCUMENTS/ABOUT/CENTRAL-MN-ALLIANCE-CHIP-CHNA-2022-2025-VERSION-1-UPDATED-6.29.22.PDF
CENTRACARE HEALTH - MONTICELLO:	PART V, SECTION B, LINES 4 AND 9: THE FOLLOWING DISCLOSURE IS IN ACCORDANCE WITH REVENUE PROCEDURE 2015-21 SECTION 7 IN REGARDS TO SCHEDULE H, PART V, SECTION B, LINE 4 AND 9. DURING THE TAX YEAR ENDED JUNE 30, 2022, CENTRACARE HEALTH MONTICELLO WAS REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND ADOPT AN IMPLEMENTATION STRATEGY. THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY WAS SUBSTANTIALLY CONDUCTED BETWEEN JULY 2021 AND FEBRUARY 2022 AND POSTED TO THE CENTRACARE WEBSITE BY JUNE 30, 2022. HOWEVER, THE CENTRACARE MONTICELLO OPERATING COMMITTEE, A DELEGATE OF THE CENTRACARE HEALTH SERVICES BOARD OF DIRECTORS, DID NOT APPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY UNTIL AUGUST 18, 2022, WHICH WAS A MONTH AND A HALF AFTER THE REQUIRED DATE OF APPROVAL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. THIS ERROR WAS MINOR AND INADVERTENT AND CORRECTIVE ACTIONS WERE TAKEN TO CORRECT THIS ERROR ONCE THE OPERATING COMMITTEE APPROVED THE COMMUNITY HEALTH NEEDS ASSESSMENT.
CENTRACARE HEALTH - PAYNESVILLE:	PART V, SECTION B, LINES 4 AND 9:THE FOLLOWING DISCLOSURE IS IN ACCORDANCE WITH REVENUE PROCEDURE 2015-21 SECTION 7 IN REGARDS TO SCHEDULE H, PART V, SECTION B, LINE 4 AND 9. DURING THE TAX YEAR ENDED JUNE 30, 2022, CENTRACARE HEALTH PAYNESVILLE WAS REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND ADOPT AN IMPLEMENTATION STRATEGY. THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY WAS SUBSTANTIALLY CONDUCTED BETWEEN JULY 2021 AND FEBRUARY 2022 AND POSTED TO THE CENTRACARE WEBSITE BY JUNE 30, 2022. HOWEVER, THE CENTRACARE PAYNESVILLE OPERATING COMMITTEE, A DELEGATE OF THE CENTRACARE HEALTH SERVICES BOARD OF DIRECTORS, DID NOT APPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY UNTIL SEPTEMBER 26, 2022, WHICH WAS ALMOST THREE MONTHS AFTER THE REQUIRED DATE OF APPROVAL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. THIS ERROR WAS MINOR AND INADVERTENT AND CORRECTIVE ACTIONS WERE TAKEN TO CORRECT THIS ERROR ONCE THE OPERATING COMMITTEE APPROVED THE COMMUNITY HEALTH NEEDS ASSESSMENT.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 1 - MONTICELLO CARE CENTER 1104 EAST RIVER STREET MONTICELLO, MN 55362	SKILLED NURSING FACILITY
2 2 - CENTRACARE - MONTICELLO SPECIALTY CLINIC 1107 HART BLVD MONTICELLO, MN 55362	CLINIC
3 3 - CCH PAYNESVILLE - EDEN VALLEY CLINIC 405 MEEKER AVENUE EDEN VALLEY, MN 55362	CLINIC
4 4 - CCH PAYNESVILLE - PAYNESVILLE CLINIC 200 WEST FIRST STREET PAYNESVILLE, MN 55362	CLINIC
5 5 - CCH PAYNESVILLE - RICHMOND CLINIC 130 FIRST STREET NE RICHMOND, MN 56368	CLINIC
6 6 - RICE CARE CENTER 1801 WILLMAR AVE SW WILLMAR, MN 56201	SKILLED NURSING FACILITY
7 7 - RICE HOME MEDICAL 1033 19TH AVE SW WILLMAR, MN 56201	DURABLE MEDICAL EQUIPMENT PROVIDER
8 8 - CARRIS HEALTH SURGERY CENTER WILLMAR 1310 1ST STREET S WILLMAR, MN 56201	AMBULATORY SURGICAL CENTER
9 9 - CARRIS HEALTH-REDWOOD HEALTH PAVILION 1110 E BRIDGE ST REDWOOD FALLS, MN 56283	HOME CARE, HOSPICE AND ADULT DAY SERVICES
10 10 - CARRIS HEALTH - REDWOOD SEASONS HOUSE 400 VEDA DR REDWOOD FALLS, MN 56283	ADULT FOSTER CARE WITH SERVICES (END OF LIFE CARE)
11 11 - RICE REHABILITATION CENTER 311 SW 3RD ST WILLMAR, MN 56201	PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY
12 12 - MARSHALL SURGERY CENTER 1521 CARLSON ST 200 MARSHALL, MN 56258	OUTPATIENT SURGERY

Part VI Supplemental Information

Provide the following information.

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

Form and Line Reference	Explanation
PART I, LINE 6A:	CENTRACARE HEALTH SYSTEM PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THAT INCLUDES ALL RELATED ORGANIZATIONS.
PART I, LINE 7:	THE ORGANIZATIONS TOTAL EXPENSES WERE REDUCED BY THEIR NON-OPERATING REVENUE, MEDICAID SURCHARGE AND MN CARE TAX. THE NET TOTAL EXPENSES WERE THEN DIVIDED BY GROSS CHARGES TO DETERMINE THE COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE FINANCIAL ASSISTANCE ON LINE 7A. MEDICAID COMMUNITY BENEFIT EXPENSE AND DIRECT OFFSETTING REVENUES ON LINE 7B ARE REPORTED AT COST. COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS ON LINE 7E ARE REPORTED AT COST. HEALTH PROFESSIONALS EDUCATION AND DIRECT OFFSETTING REVENUES ON LINE 7F ARE REPORTED AT COST. CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT ON LINE 7I ARE REPORTED AT COST.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 5,742,238.
PART II, COMMUNITY BUILDING ACTIVITIES:	THE HEALTH SYSTEM PROVIDED DRIVE THROUGH TEST SITES, FREE VACCINATION CLINICS, MANDATED EMPLOYEE VACCINATION, TRAINING, SCREENING, PRODUCTS TO ENSURE SAFE ENVIRONMENTS, AND OTHER VARIOUS SERVICES/PRODUCTS.
PART III, LINE 2:	THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS.
PART III, LINE 4:	THE FOLLOWING IS FROM THE "ACCOUNTS RECEIVABLE" PARAGRAPH INCLUDED IN NOTE 2 OF THE ORGANIZATION'S AUDITED FINANCIALS. "THE SYSTEM REPORTS PATIENT AND RESIDENT SERVICE REVENUE AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE SYSTEM EXPECTS TO BE ENTITLED TO IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS AND THIRD-PARTY PAYORS (INCLUDING MEDICARE, MEDICAID, BLUE CROSS AND OTHER THIRD-PARTY PAYORS). CERTAIN REIMBURSEMENT ARRANGEMENTS INCLUDE VARIABLE CONSIDERATION FOR AMOUNTS SUBJECT TO RETROACTIVE AUDIT AND ADJUSTMENT. DIFFERENCES BETWEEN AMOUNTS ORIGINALLY RECORDED AND FINALLY SETTLED ARE INCLUDED IN OPERATIONS IN THE YEAR IN WHICH THE DIFFERENCES ARE KNOWN. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED."
PART III, LINE 8:	THE AMOUNT ON LINE 6 OF PART III WAS DETERMINED BY UTILIZING THE MEDICARE COST REPORT, PRIMARILY THE D SERIES AND E SERIES.
PART III, LINE 9B:	THE COLLECTION POLICIES AT THE HOSPITALS REQUIRE COLLECTION STAFF TO OFFER CHARITY TO PATIENTS WHO INDICATE THAT PAYMENT MAY BE AN ISSUE. IF A PATIENT DOES QUALIFY FOR FULL CHARITY, ALL OTHER COLLECTION EFFORTS MUST CEASE, IF A PATIENT QUALIFIES FOR PARTIAL CHARITY, COLLECTION EFFORTS WILL CONTINUE ON THE BALANCE OF THE ACCOUNT. THESE PROVISIONS APPLY TO BOTH HOSPITAL EMPLOYED COLLECTION STAFF AND COLLECTION AGENCY STAFF. NO PATIENTS, WHETHER THEY QUALIFY FOR CHARITY OR NOT, ARE REPORTED TO CREDIT RATING AGENCIES.
PART VI, LINE 2:	THE ORGANIZATIONS' STRATEGIC PLANNING ASSESSES THE NEEDS OF THE COMMUNITY AND PATIENTS THROUGH PATIENT SATISFACTION SURVEYS, COMMENT CARDS, COMMUNITY ASSESSMENTS AND A DIVERSE OPERATING COMMITTEE THAT REPRESENTS THE COMMUNITY AND BRINGS TO THE TABLE ISSUES, CONCERNS AND RECOMMENDATIONS FOR HEALTH CARE SERVICES.
PART VI, LINE 3:	INPATIENTS WHO ARE SELF PAY ARE IDENTIFIED, AND A REPRESENTATIVE OF THE ORGANIZATION'S BILLING DEPARTMENT EXPLAINS THE CHARITY CARE POLICY TO PATIENTS. THEY ALSO EXPLAIN THE SELF PAY DISCOUNT AND SCREENS THE PATIENT FOR ELIGIBILITY FOR ANY STATE OR FEDERAL PROGRAMS. THEY ALSO ASSIST THE PATIENT WITH ANY PAPERWORK REQUIRED TO APPLY FOR SUCH PROGRAMS. OUTPATIENTS WHO ARE SELF PAY RECEIVE AN AUTOMATIC SELF PAY DISCOUNT. IF THE PATIENT DOES NOT REMIT PAYMENT, COLLECTION STAFF ATTEMPT TO REACH THE PATIENT BY PHONE. PATIENTS ARE TOLD ABOUT THE CHARITY PROGRAM. FOR BOTH INPATIENTS AND OUTPATIENTS, ALL STATEMENTS CONTAIN A LETTER REGARDING THE AVAILABILITY OF CHARITY CARE. ALSO ALL PRECOLLECTION LETTERS HAVE THIS SAME LANGUAGE INDICATING THE AVAILABILITY AND PROCESS OF OBTAINING CHARITY CARE.
PART VI, LINE 4:	CENTRACARE HEALTH - MONTICELLO IS LOCATED IN CENTRAL MINNESOTA IN WRIGHT COUNTY IN WHICH THERE IS 1 HOSPITAL. THE ESTIMATED 2023 CENSUS SHOWS A POPULATION OF 21,223, WITH A PROJECTED 2028 GROWTH PERCENTAGE OF 4.59% TO 22,197 POPULATION LEVEL. THIS AREA OF THE STATE IS SHOWING A SIGNIFICANT INCREASE IN POPULATION AND IS EXPECTED TO CONTINUE INTO THE FUTURE. THE PROJECTED CHANGE BY AGE BRACKET FROM 2023 TO 2028 IS AS FOLLOWS: 0-17: -0.90%, 18-44: 1.28%, 45-64: 6.19%, 65+: 20.61%. THE ESTIMATED 2023 ETHNIC MIX IS AS FOLLOWS: CAUCASIAN: 84.87%, AFRICAN AMERICAN: 1.84%, ASIAN: 1.43%, HISPANIC: 6.84%, OTHER: 5.02%. THE ESTIMATED 2023 AVERAGE INCOME IS \$105,568. THE ESTIMATED MEDICAL UNDERSERVICE SCORE IS 59.80. CENTRACARE HEALTH - PAYNESVILLE IS LOCATED IN CENTRAL MINNESOTA IN STEARNS COUNTY IN WHICH THERE IS 1 HOSPITAL. THE ESTIMATED 2023 CENSUS SHOWS A POPULATION OF 5,766 AND IS PROJECTED TO INCREASE SLIGHTLY TO 5,881 BY 2028 WHICH REPRESENTS A 1.99% INCREASE. THE PROJECTED CHANGE BY AGE BRACKET FROM 2023 TO 2028 IS AS FOLLOWS: 0-17: 2.92%, 18-44: 3.95%, 45-64: -7.87%, 65+: 7.87%. THE ESTIMATED 2023 ETHNIC MIX IS AS FOLLOWS: CAUCASIAN: 92.18%, AFRICAN AMERICAN: 0.66%, ASIAN: 0.35%, HISPANIC: 2.93%, OTHER: 3.88%. THE ESTIMATED 2023 AVERAGE INCOME IS \$97,973. THE ESTIMATED MEDICAL UNDERSERVICE SCORE OF 58.0. CENTRACARE HEALTH - RICE MEMORIAL HOSPITAL IS LOCATED IN CENTRAL MINNESOTA IN KANDIYOHI COUNTY IN WHICH THERE IS 1 HOSPITAL. THE ESTIMATED 2023 CENSUS SHOWS A POPULATION OF 24,752 AND IS PROJECTED TO INCREASE SLIGHTLY TO 25,148 BY 2028 WHICH REPRESENTS A 1.60% INCREASE. THE PROJECTED CHANGE BY AGE BRACKET FROM 2023 TO 2028 IS AS FOLLOWS: 0-17: -0.11%, 18-44: 1.57%, 45-64: -4.15%, 65+: 10.32%. THE ESTIMATED 2023 ETHNIC MIX IS AS FOLLOWS: CAUCASIAN: 56.88%, AFRICAN AMERICAN: 15.11%, ASIAN: 3.22%, HISPANIC: 21.45%, OTHER: 3.34%. THE ESTIMATED 2023 AVERAGE INCOME IS \$85,974. CENTRACARE HEALTH - REDWOOD FALLS HOSPITAL IS LOCATED IN REDWOOD COUNTY, MINNESOTA IN WHICH THERE IS 1 HOSPITAL. THE ESTIMATED 2023 CENSUS SHOWS A POPULATION OF 6,432 AND IS PROJECTED TO DECREASE SLIGHTLY TO 6,407 BY 2028 WHICH REPRESENTS A 0.39% DECREASE. THE PROJECTED CHANGE BY AGE BRACKET FROM 2023 TO 2028 IS AS FOLLOWS: 0-17: -1.59%, 18-44: 0.81%, 45-64: -8.17%, 65+: 7.19%. THE ESTIMATED 2023 ETHNIC MIX IS AS FOLLOWS: CAUCASIAN: 79.76%, AFRICAN AMERICAN: 1.06%, ASIAN: 0.72%, HISPANIC: 5.32%, OTHER: 13.15%. THE ESTIMATED 2023 AVERAGE INCOME IS \$82,159. THE ESTIMATED MEDICAL UNDERSERVICE SCORE OF 61.10.
PART VI, LINE 5:	THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY IN SEVERAL IMPORTANT WAYS. ONE OF THESE WAYS IS THROUGH THE COMMUNITY COLLABORATION COMMITTEE (CCC), A STANDING COMMITTEE OF THE CENTRACARE HEALTH FOUNDATION. THE CCC HAS A MEMBERSHIP OF OVER 30 PERSONS REPRESENTING HEALTHCARE AND COMMUNITY NEEDS ACROSS CENTRAL MINNESOTA. A MAJORITY OF THE COMMITTEE IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA THAT ARE NOT EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION AND ARE NOT FAMILY MEMBERS THEREOF. THE CCC MEETS MONTHLY TO DISCUSS WAYS TO ADDRESS TYPICAL HEALTH ISSUES THROUGH AWARENESS BUILDING, EDUCATION AND/OR AN INTERVENTION PROJECT. THERE ARE SEVERAL COMMUNITY HEALTH OUTREACH INITIATIVES THAT THE FOUNDATION IS INVOLVED WITH. THESE INITIATIVES INCLUDE: 1) BLEND CHILDHOOD OBESITY COALITION OF CENTRAL MINNESOTA, 2) SMOKE FREE COMMUNITIES (CONTINUED EFFORTS TO CREATE CLEAN INDOOR AND OUTDOOR AIR FOR ALL), 3) TOBACCO CESSATION SERVICES CLINICS (COLLABORATION WITH CLINIC), 4) CENTRACARE CLINIC TEAM BASED CARE PILOT, 5) ST. CLOUD HOSPITAL - TRANSITION OF CARE PILOT (CREATE MORE SEAMLESS INTEGRATION FROM CARE SETTING TO CARE SETTING, AND 6) CLINIC - DIVERSITY AND CULTURAL COMPETENCY TRAINING. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES AND FACILITIES AND EQUIPMENT, PATIENT CARE, MEDICAL TRAINING, EDUCATION AND RESEARCH.
PART VI, LINE 6:	THE ORGANIZATION IS PART OF CENTRACARE HEALTH SYSTEM (CCHS) WHICH PROVIDES A BROAD RANGE OF HEALTH CARE SERVICES TO THE PATIENTS OF CENTRAL MINNESOTA. CCHS IS DEDICATED TO IMPROVING THE HEALTH OF PEOPLE LIVING AND WORKING IN THE COMMUNITIES IT SERVES. TO ACCOMPLISH ITS GOALS IT WORKS ACTIVELY WITH ITS AFFILIATE HEALTH CARE ORGANIZATIONS. CCHS CONTINUES TO FOCUS ON PROVIDING THE BEST CARE POSSIBLE AND IN REINVESTING INTO THE COMMUNITY. CCHS ALSO PROMOTES WELLNESS BY SPONSORING PROGRAMS AND EVENTS IN LOCAL COMMUNITIES THAT FOCUS ON HEALTHY EATING AND EXERCISE, AND BY CONDUCTING SCREENINGS FOR CONDITIONS SUCH AS HIGH BLOOD PRESSURE.
PART VI, LINE 7, REPORTS FILED WITH STATES	MN

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization CENTRACARE HEALTH SYSTEM

Employer identification number

41-1813221

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains 10 rows of data.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 9
3 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) LTC SCHOLARSHIP FOR EDUCATION	67	71,272			
(1)					
(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:	CONTRIBUTIONS MUST BE IN KEEPING WITH THE MISSION OF CENTRACARE HEALTH, WHICH IS TO WORK TO IMPROVE THE HEALTH OF EVERY PATIENT, EVERY DAY. CONTRIBUTIONS WILL BE MADE TO ORGANIZATIONS RATHER THAN TO INDIVIDUALS WITHIN THE CENTRAL MINNESOTA REGION. CENTRACARE'S CHARITABLE FUNDS MAY NOT BE USED TO SUPPORT ANY ORGANIZATION OR EVENT THAT WOULD RESULT IN BENEFITS OF ANY KIND TO AN EMPLOYEE OF THE HEALTH SYSTEM OR A MEMBER OF THE VARIOUS BOARDS OF DIRECTORS, EITHER DIRECTLY OR INDIRECTLY. ONE EXCEPTION EXISTS TO THE GUIDELINE REGARDING BENEFIT TO EMPLOYEES: WE WILL SUPPORT, VIA SCHOLARSHIPS AND THE PURCHASE OF SUPPLIES, THE MEDICAL MISSION WORK OF OUR STAFF AND PHYSICIANS. THE CENTRACARE HEALTH CONTRIBUTIONS COMMITTEE IS MADE UP OF: ONE REPRESENTATIVE FROM CENTRACARE HEALTH FOUNDATION; ONE REPRESENTATIVE FROM ST. CLOUD HOSPITAL HUMAN RESOURCES/DIVERSITY COMMITTEE; THE DIRECTOR OF CENTRACARE HEALTH'S COMMUNICATION DEPARTMENT AND THE COMMUNICATION/MARKETING FOR ST. BENEDICT'S SENIOR COMMUNITY; THE DIRECTOR OF CENTRACARE HEALTH'S MARKETING DEPARTMENT; THE DIRECTOR OF ST. CLOUD HOSPITAL VOLUNTEER SERVICES; AND ST. CLOUD HOSPITAL'S DIRECTOR OF MISSION & SPIRITUAL CARE. THE COMMITTEE MEETS MONTHLY TO ENSURE A STREAMLINED, COORDINATED PROCESS OF REVIEWING REQUESTS AND DETERMINING FUNDING. OTHER CENTRACARE ENTITIES INCLUDING CENTRACARE HEALTH - LONG PRAIRIE, MELROSE, MONTICELLO, PAYNESVILLE, AND SAUK CENTRE, MAY DEVELOP A BUDGET FOR APPROVAL AND IMPLEMENT THEIR OWN CONTRIBUTION DECISIONS WITHIN THE GUIDELINES OF THIS DOCUMENT. CONTRIBUTIONS MAY NOT EXCEED THE STATED BUDGET AND NO MULTI-YEAR COMMITMENTS TO ORGANIZATIONS MAY BE MADE WITHOUT APPROVAL FROM THE CENTRACARE HEALTH EXECUTIVE COUNCIL. INDIVIDUALS AND DEPARTMENTS FORM THROUGHOUT ST. CLOUD HOSPITAL AND CENTRACARE CLINIC SHOULD FORWARD ALL OUTSIDE FUNDING REQUESTS TO A MEMBER OF THE COMMITTEE FOR THE FULL GROUP'S CONSIDERATION. THOSE REQUESTING FUNDS SHOULD BE ASKED TO SUBMIT REQUESTS IN WRITING.

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 for instructions and the latest information.

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRACARE HEALTH SYSTEM

Employer identification number
41-1813221

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KENNETH HOLMEN PRESIDENT/CEO	(i)	1,201,731	191,893	301,525	37,813	28,992	1,761,954	299,833
	(ii)	0	0	0	0	0	0	0
2LEAH SCHAMMEL PHYSICIAN	(i)	1,089,228	38,217	180	41,000	31,432	1,200,057	0
	(ii)	0	0	0	0	0	0	0
3NATHANIEL SLINKARD PHYSICIAN	(i)	1,014,472	34,032	180	20,500	28,108	1,097,292	0
	(ii)	0	0	0	0	0	0	0
4DEXTER CASTA PHYSICIAN	(i)	881,623	20,657	180	27,736	12,780	942,976	0
	(ii)	0	0	0	0	0	0	0
5SASAN MOSHIRZADEH PHYSICIAN	(i)	453,262	378,444	270	41,000	11,665	884,641	0
	(ii)	0	0	0	0	0	0	0
6JOY PLAMANN COO/SR VP	(i)	692,137	68,730	59,569	17,550	22,519	860,505	59,155
	(ii)	0	0	0	0	0	0	0
7JOSEPH BLONSKI VICE PRESIDENT	(i)	449,116	36,244	298,275	27,000	26,772	837,407	297,087
	(ii)	0	0	0	0	0	0	0
8TOD SPEER PHYSICIAN	(i)	754,108	14,313	1,188	37,320	29,144	836,073	0
	(ii)	0	0	0	0	0	0	0
9THOMAS SCHRUP CPO/EVP	(i)	587,778	71,688	119,197	27,000	29,287	834,950	118,423
	(ii)	0	0	0	0	0	0	0
10CINDY FIRKINS SMITH VICE PRESIDENT	(i)	611,626	54,760	94,176	27,000	29,068	816,630	92,988
	(ii)	0	0	0	0	0	0	0
11MICHAEL BLAIR CFO/SR VP/ TREASURER	(i)	618,584	62,370	26,325	47,500	25,886	780,665	25,551
	(ii)	0	0	0	0	0	0	0
12JOSEPH KALKMAN CAO/SR VP	(i)	535,495	65,208	94,502	47,500	28,413	771,118	93,728
	(ii)	0	0	0	0	0	0	0
13CHRISTOPHER BOELTER VICE PRESIDENT	(i)	555,286	41,785	65,001	0	1,836	663,908	64,587
	(ii)	0	0	0	0	0	0	0
14MARIA MALLORY VICE PRESIDENT	(i)	561,733	23,169	414	20,500	19,199	625,015	0
	(ii)	0	0	0	0	0	0	0
15AMY PORWOLL CISO/SR VP	(i)	436,278	43,742	90,643	27,000	19,279	616,942	89,869
	(ii)	0	0	0	0	0	0	0
16GEORGE MORRIS VICE PRESIDENT	(i)	446,057	36,184	72,642	27,000	27,766	609,649	71,868
	(ii)	0	0	0	0	0	0	0
17CHRISTIAN SCHMIDT DIRECTOR	(i)	516,124	15,987	1,188	47,239	28,172	608,710	0
	(ii)	0	0	0	0	0	0	0
18SANTO CRUZ CLO/SR VP/ SECRETARY	(i)	461,820	46,457	26,175	24,100	27,804	586,356	25,995
	(ii)	0	0	0	0	0	0	0
19JOHN HERING FORMER KEY EMPLOYEE	(i)	399,924	32,278	54,527	47,500	30,307	564,536	54,113
	(ii)	0	0	0	0	0	0	0
20DEBRA PETERSON VICE PRESIDENT	(i)	482,310	19,211	1,219	27,000	12,286	542,026	0
	(ii)	0	0	0	0	0	0	0
21BRYAN ROLPH DIRECTOR	(i)	516,563	19,505	414	0	2,519	539,001	0
	(ii)	0	0	0	0	0	0	0
22MICHAEL SCHRAMM FORMER KEY EMPLOYEE	(i)	385,219	30,747	60,538	25,482	27,577	529,563	60,124
	(ii)	0	0	0	0	0	0	0
23KATHLEEN PARSONS VICE PRESIDENT	(i)	370,986	29,190	51,908	47,250	24,512	523,846	50,720
	(ii)	0	0	0	0	0	0	0
24LYNN MCFARLING VICE PRESIDENT	(i)	361,710	29,553	26,754	47,500	21,645	487,162	25,566
	(ii)	0	0	0	0	0	0	0
25JOSEPH HELLIE VICE PRESIDENT	(i)	334,964	27,502	55,550	27,000	25,438	470,454	54,776
	(ii)	0	0	0	0	0	0	0
26RICHARD WEHSELER DIRECTOR	(i)	399,751	15,252	414	27,000	26,982	469,399	0
	(ii)	0	0	0	0	0	0	0
27ULRIKA WIGERT VICE PRESIDENT	(i)	398,554	21,941	270	20,500	26,782	468,047	0
	(ii)	0	0	0	0	0	0	0
28DIANE BUSCHENA-BRENNA VICE PRESIDENT	(i)	323,194	26,337	34,099	47,500	26,561	457,691	32,911
	(ii)	0	0	0	0	0	0	0
29DAVID LARSON VICE PRESIDENT	(i)	322,399	26,216	48,017	20,500	27,418	444,550	47,837
	(ii)	0	0	0	0	0	0	0
30ANTHONY GARDNER CMCO/SR VP	(i)	298,678	29,892	64,677	27,000	11,169	431,416	63,489
	(ii)	0	0	0	0	0	0	0
31BRADLEY KONKLER VICE PRESIDENT	(i)	297,631	24,477	59,425	8,737	28,041	418,311	58,651
	(ii)	0	0	0	0	0	0	0
32MATTHEW KUNKEL VICE PRESIDENT	(i)	334,196	25,680	180	9,752	27,399	397,207	0
	(ii)	0	0	0	0	0	0	0
33PHILIP LUITJENS VICE PRESIDENT	(i)	319,075	25,960	180	19,501	20,518	385,234	0
	(ii)	0	0	0	0	0	0	0
34CRAIG BROMAN FORMER OFFICER	(i)	0	0	384,531	0	0	384,531	384,531
	(ii)	0	0	0	0	0	0	0
35ZACHARY BORK VICE PRESIDENT	(i)	247,588	14,113	10,570	13,508	16,017	301,796	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	<p>THE CORPORATIONS' EXECUTIVES ARE ELIGIBLE TO PARTICIPATE IN BENEFIT PLANS WHICH INCLUDE TAX DEFERRED NON-QUALIFIED INVESTMENT ACCOUNTS. THESE PLANS MAY PROVIDE, BUT ARE NOT CERTAIN TO PROVIDE, FOR PAYMENT OF TAX DEFERRED COMPENSATION TO THESE EXECUTIVES AT SOME TIME IN THE FUTURE. THE EXECUTIVES HAVE NO LEGAL RIGHT TO THESE DOLLARS UNTIL, AND UNLESS, CERTAIN FUTURE EVENTS OCCUR. IN ACCORDANCE WITH THE INSTRUCTIONS TO FORM 990, THE AMOUNTS LISTED IN PART VII AND SCHEDULE J, PART II, COLUMN C REFLECT TAX DEFERRED COMPENSATION. THIS COMPENSATION IS POTENTIALLY REPORTED TWICE ON THE FORM 990. ONCE WHEN THE COMPENSATION IS DEFERRED OR ACCRUED AND AGAIN IF AND WHEN IT IS PAID TO THE EXECUTIVES. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE NON-QUALIFIED PLAN: AMY PORWOLL - \$89,869 ANTHONY GARDNER - \$63,489 BRADLEY KONKLER - \$58,651 CHRISTOPHER BOELTER - \$64,587 CINDY FIRKINS SMITH - \$92,988 CRAIG BROMAN - \$384,531 DAVID LARSON - \$47,837 DIANE BUSCHENA-BRENNA - \$32,911 GEORGE MORRIS - \$71,868 JOHN HERING - \$54,113 JOSEPH BLONSKI - \$297,087 JOSEPH HELLIE - \$54,776 JOSEPH KALKMAN - \$93,728 JOY PLAMANN - \$59,155 KATHLEEN PARSONS - \$50,720 KENNETH HOLMEN - \$299,833 LYNN MCFARLING - \$25,566 MICHAEL BLAIR - \$25,551 MICHAEL SCHRAMM - \$60,124 SANTO CRUZ - \$25,995 THOMAS SCHRUP - \$118,423</p>
PART I, LINE 7	<p>THE ORGANIZATION PROVIDES INCENTIVE COMPENSATION TO DESIGNATED INDIVIDUALS BASED ON FOUR DISCRETE AREAS: 1. STEWARDSHIP, THROUGH A COMPARISON BETWEEN BUDGETED AND ACTUAL NET OPERATING INCOME FOR ST CLOUD HOSPITAL AND/OR CENTRACARE HEALTH SYSTEM AS WELL THROUGH ACHIEVING METRICS FOR AN IDENTIFIED COST REDUCTION PROGRAM. 2. QUALITY, THROUGH ACHIEVING ST CLOUD HOSPITAL AND SYSTEM QUALITY METRICS. 3. PATIENT EXPERIENCE, THROUGH ACHIEVEMENT OF PATIENT SATISFACTION GOALS AS COMPARED TO NATIONAL AND BASELINE RANKINGS. 4. PEOPLE/EMPLOYEES, THROUGH ACHIEVEMENT OF SPECIFIED EMPLOYMENT SATISFACTION GOALS AND HIRING AND/OR RETENTION GOALS. THE INCENTIVE COMPENSATION PAID OUT IS NOT A PORTION OR PERCENTAGE OF ACTUAL NET EARNINGS OF ANY CENTRACARE HEALTH SYSTEM AFFILIATE. HOWEVER, NET EARNINGS GOALS ARE REQUIRED TO BE MET BEFORE THE INCENTIVE COMPENSATION IS PAID.</p>

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2022

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization CENTRACARE HEALTH SYSTEM

Employer identification number

41-1813221

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D list bond issues from THE CITY OF ST CLOUD.

Part II Proceeds

Table with 17 rows detailing bond proceeds. Columns include descriptions (1-13) and amounts for years 2016 and 2017, with Yes/No columns for questions 14-17.

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			X
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2.370 %		0.610 %		1.880 %		1.010 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	2.370 %		0.610 %		1.880 %		1.010 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?	X			X		X		X
c No rebate due?		X	X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X	X	
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART IV, LINE 6, COLUMNS A AND C	THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS. DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS.
PART I, ROW B, COLUMN F	TO REFUND BONDS ISSUED 8/10/2009 AND 9/19/2012, AND TO FINANCE CONSTRUCTION OF CHATEAU WATERS
PART I, ROW C, COLUMN F	TO REFUND BONDS ISSUED 8/10/2009 AND 2/3/2010 , AND TO FINANCE MELROSE HOSPITAL, LONG PRAIRIE HOSPITAL, AND LONG PRAIRIE NURSING HOME
PART I, ROW D, COLUMN F	TO REFUND BOND ISSUED 12/13/2011, AND TO FINANCE REDWOOD HOSPITAL. PLEASE NOTE THAT FORM 8038 FOR THIS ISSUE ERRONEOUSLY LISTS THE ISSUE DATE OF THE REFUNDED DEBT AS 11/30/2018.
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:	(A) ISSUER NAME: THE CITY OF ST CLOUD DATE THE REBATE COMPUTATION WAS PERFORMED: 07/09/2019 (A) ISSUER NAME: THE CITY OF ST CLOUD DATE THE REBATE COMPUTATION WAS PERFORMED: 10/11/2021

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

Name of the organization CENTRACARE HEALTH SYSTEM

Employer identification number

41-1813221

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JANET WENSMAN	SPOUSE OF BOARD MEMBER	50,088	WAGES		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
CENTRACARE HEALTH SYSTEM

Employer identification number

41-1813221

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS HAS DELEGATED THE APPROVAL AUTHORITY OF FORM 990 TO THE AUDIT COMMITTEE. ANNUALLY, AT THE AUDIT COMMITTEE MEETING, PRIOR TO FILING WITH THE IRS, THE AUDIT COMMITTEE REVIEWS AND APPROVES FORM 990. A COPY OF FORM 990 IS THEN PROVIDED FOR THE FULL BOARD TO REVIEW PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT-OF-INTEREST QUESTIONNAIRE TWICE A YEAR. ALL STAFF SIGN A CONFLICT-OF-INTEREST FORM 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 EXTERNAL COUNSEL). THE RESPONSES TO THE QUESTIONNAIRES ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD. THE CORPORATE COMPLIANCE OFFICER IS RESPONSIBLE FOR MONITORING CONFLICT-OF-INTEREST RELATED TO THE BOARD AND STAFF AND TO ALERT AFFECTED PARTIES WHEN A CONFLICT-OF-INTEREST ARISES. WHEN AN ACTUAL CONFLICT ARISES, THE AFFECTED PARTY IS ASKED TO RECUSE HIM/HERSELF FROM THE DECISION-MAKING PROCESS. THE CORPORATE COMPLIANCE OFFICER ATTENDS THE BOARD MEETINGS AND SPECIFIED BOARD COMMITTEE MEETINGS WHERE CONFLICT-OF-INTEREST MAY ARISE.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION AND BENEFITS OF THE PRESIDENT AND THE VICE PRESIDENTS (NON-MEDICAL PROVIDERS) ARE SUBJECT TO FULL COMPENSATION AND BENEFITS COMPARABILITY STUDIES CONDUCTED BIENNIALLY BY A THIRD PARTY INDEPENDENT COMPENSATION CONSULTANT. HOWEVER, THE COMPENSATION PORTION OF THE STUDY IS REVIEWED ANNUALLY BY THE CONSULTANT AND UPDATED FOR COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19	THE HOSPITAL/CENTRACARE HEALTH SYSTEM DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT-OF-INTEREST POLICY AVAILABLE TO THE PUBLIC. THE HOSPITAL/CENTRACARE HEALTH SYSTEM DOES PROVIDE AN ANNUAL REPORT TO THE COMMUNITY IN WHICH FINANCIAL RESULTS ARE REPORTED TO AND DISCUSSED WITH THE PUBLIC. THIS REPORT IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9:	NET TRANSFERS TO NON-CONTROLLING INTEREST -4,000,000. NET EQUITY TRANSFER TO RELATED PARTIES -1,511,135. OTHER CHANGES TO NET ASSETS 234,430. NON-CONTROLLING INTEREST JOINT VENTURE 2,417,774. ACQUISITION OF BENSON NET ASSETS 14,548,239.
COMMUNITY BENEFIT - COVID 19 ACTIVITIES:	WHERE APPLICABLE, THE IMPACT RESULTING FROM THE COVID-19 PANDEMIC DURING THE PERIOD ENDED JUNE 30, 2023, HAS BEEN CONSIDERED, SOURCES OF RELIEF INCLUDED THE CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY ACT (THE "CARES ACT"), WHICH WAS ENACTED ON MARCH 27, 2020; AND THE PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT (THE "PPHCE ACT"), WHICH WAS ENACTED ON APRIL 24, 2020. TOGETHER, THE CARES ACT AND THE PPHCE ACT INCLUDED \$178 BILLION IN FUNDING TO BE DISTRIBUTED TO ELIGIBLE PROVIDERS THROUGH PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND (THE "PHSSEF"). IN ADDITION, THE CARES ACT PROVIDED FOR AN EXPANSION OF THE MEDICARE ACCELERATED AND ADVANCE PAYMENT PROGRAM WHEREBY INPATIENT ACUTE CARE HOSPITALS AND OTHER ELIGIBLE PROVIDERS MAY REQUEST ACCELERATED PAYMENT OF UP TO 100 PERCENT OF THEIR MEDICARE PAYMENT AMOUNT FOR A SIX-MONTH PERIOD TO BE REPAID THROUGH WITHHOLDING OF FUTURE MEDICARE FEE-FOR-SERVICE PAYMENTS BEGINNING 365 DAYS AFTER RECEIPT. CENTRACARE WAS THE BENEFICIARY OF THESE STIMULUS MEASURES. DURING THE YEAR ENDED JUNE 30, 2023, CENTRACARE HEALTH SYSTEM SERVED OVER 11,000 COMMUNITY MEMBERS BY HOSTING VARIOUS EVENTS AND ACTIVITIES. SOME OF THE EVENTS AND ACTIVITIES HOSTED INCLUDED: HIGH SCHOOL CAREER FAIRS, BETTER TOGETHER EVENT, FARMFEST EVENT, COMMUNITY EDUCATION AND INTERNSHIPS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRACARE HEALTH SYSTEM

Employer identification number

41-1813221

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CENTRACARE SURGERY CENTER LLC 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 61-1514974	SURGICAL CENTER	MN	14,750,632	4,690,166	CENTRACARE HEALTH SYSTEM
(2) CENTRACARE HEALTH SYSTEM - NR LLC 1013 HART BOULEVARD MONTICELLO, MN 55362 46-1584944	HEALTHCARE	MN	97,409,069	81,123,260	CENTRACARE HEALTH SYSTEM
(3) CENTRACARE HEALTH - PAYNESVILLE 200 W200 WEST FIRST STREET PAYNESVILLE, MN 56362 43-3298651	HEALTHCARE	MN	43,362,365	43,700,970	CENTRACARE HEALTH SYSTEM
(4) CENTRAL MINNESOTA HEALTH NETWORK LLC(FKA CIN LLC) 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 47-3924684	CLINICAL INTEGRATED NETWORK	MN	0	-1,557,601	CENTRACARE HEALTH SYSTEM
(5) CENTRAL MINNESOTA ACO LLC 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 47-4591476	ACCREDITED CARE ORGANIZATION	MN	0	208,777	CENTRACARE HEALTH SYSTEM
(6) CENTRACARE RICE MEMORIAL HOSPITAL 301 BECKER AVENUE SW WILLMAR, MN 56201 82-3166379	HEALTH CARE SYSTEM	MN	142,661,616	134,457,510	CENTRACARE HEALTH SYSTEM
(7) CENTRAL MINNESOTA IHP LLC 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303	HEALTHCARE	MN	0	0	CENTRACARE HEALTH SYSTEM
(8) CENTRACARE PROVIDER SERVICES LLC 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303	HEALTHCARE	MN	0	0	CENTRACARE HEALTH SYSTEM
(9) CENTRACARE REDWOOD 101 CARING WAY REDWOOD FALLS, MN 56283 38-4089454	HEALTHCARE	MN	55,893,833	45,021,787	CENTRACARE HEALTH SYSTEM
(10) CARRIS HOLDINGS LLC 301 BECKER AVENUE SW WILLMAR, MN 56201 47-2688595	INVESTMENTS	MN	-38,458	0	CENTRACARE HEALTH SYSTEM
(11) CENTRACARE HEALTH SYSTEM - MONTICELLO SERVICES LLC 1013 HART BOULEVARD MONTICELLO, MN 55362 46-3274763	INVESTMENTS	MN	8,769,957	69,081,745	
(12) CENTRACARE CLINIC SOUTHWEST LLC 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 86-3675734	HEALTHCARE	MN	88,517,011	-2,921,783	CENTRACARE HEALTH SYSTEM
(13) CENTRACARE HEALTH - BENSON LLC 1815 WISCONSIN AVENUE BENSON, MN 56215 92-0754820	HEALTHCARE	MN	9,958,552	23,467,391	CENTRACARE HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST CLOUD HOSPITAL 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 41-0695596	ACUTE/LT CARE	MN	501(C)(3)	3	CENTRACARE HEALTH SYSTEM	Yes	
(2) CENTRACARE HEALTH - MELROSE 11 NORTH 5TH AVENUE WEST MELROSE, MN 56352 41-1865315	ACUTE/LT CARE	MN	501(C)(3)	3	CENTRACARE HEALTH SYSTEM	Yes	
(3) CENTRACARE HEALTH - LONG PRAIRIE 50 CENTRACARE DRIVE LONG PRAIRIE, MN 56347 41-1924645	ACUTE/LT CARE	MN	501(C)(3)	3	CENTRACARE HEALTH SYSTEM	Yes	
(4) CENTRACARE HEALTH - SAUK CENTRE 425 ELM STREET NORTH SAUK CENTRE, MN 56378 45-2438973	ACUTE/LT CARE	MN	501(C)(3)	3	CENTRACARE HEALTH SYSTEM	Yes	
(5) CENTRACARE CLINIC 1200 6TH AVENUE NORTH SAINT CLOUD, MN 56303 41-1806657	MULTI-SPECIALTY	MN	501(C)(3)	3	CENTRACARE HEALTH SYSTEM	Yes	
(6) CENTRACARE HEALTH FOUNDATION 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 41-1855173	FUNDRAISING	MN	501(C)(3)	7	CENTRACARE HEALTH SYSTEM	Yes	
(7) CUSHMAN ALBERT RICE TRUST 1100 WEST ST GERMAIN STREET SAINT CLOUD, MN 56303 41-6019335	SUPPORT FOR CARRIS HEALTH	MN	501(C)(3)	12A, I	CARRIS HEALTH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MONTICELLO CANCER CENTER 1001 HART BOULEVARD STE 50 MONTICELLO, MN 55362 26-1909519	RADIATION & ONCOLOGY SERVICES	MN	CENTRACARE HEALTH - MONTICELLO	RELATED	9,349,716	9,563,386		No		Yes		60.000 %
(2) CENTRAL IMAGING LLC 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 85-2580688	IMAGING SERVICES	MN	CENTRACARE HEALTH SYSTEM	RELATED	2,493,338	5,297,112		No		Yes		90.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CENTRACARE HOLDINGS INC 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 47-2688595	INVESTMENTS/PHARMACY	MN	CENTRACARE HEALTH SYSTEM	C	-665,867	-7,018,971	100.000 %	Yes	
(2) AFFILIATED COMMUNITY MEDICAL CENTERS PA 301 BECKER AVENUE SW WILLMAR, MN 56201 41-0850702	HEALTH CARE SYSTEM	MN	CARRIS HEALTH LLC	C	6,113,910	55,283,543	100.000 %		No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CENTRACARE HEALTH FOUNDATION	B	1,127,772	FMV
(2)CENTRAL IMAGING LLC	C	450,000	FMV
(3)CENTRACARE HEALTH - LONG PRAIRIE	D	1,300,989	FMV
(4)ST CLOUD HOSPITAL	J	205,468	FMV
(5)ST CLOUD HOSPITAL	N	53,899,093	FMV
(6)CENTRACARE HEALTH - MELROSE	N	3,733,610	FMV
(7)CENTRACARE HEALTH - LONG PRAIRIE	N	2,592,128	FMV
(8)CENTRACARE HEALTH - SAUK CENTRE	N	2,479,452	FMV
(9)CENTRACARE CLINIC	N	12,714,033	FMV
(10)ST CLOUD HOSPITAL	O	100,001,940	FMV
(11)CENTRACARE HEALTH - MELROSE	O	6,686,318	FMV
(12)CENTRACARE HEALTH - LONG PRAIRIE	O	4,971,170	FMV
(13)CENTRACARE HEALTH - SAUK CENTRE	O	5,256,417	FMV
(14)ST CLOUD HOSPITAL	Q	737,402,334	FMV
(15)CENTRACARE HEALTH - MELROSE	Q	39,556,697	FMV
(16)CENTRACARE HEALTH - LONG PRAIRIE	Q	50,574,091	FMV
(17)CENTRACARE HEALTH - SAUK CENTRE	Q	32,615,615	FMV
(18)CENTRACARE CLINIC	Q	322,603,626	FMV
(19)CENTRACARE HOLDINGS INC	Q	2,429,823	FMV
(20)AFFILIATED COMMUNITY MEDICAL CENTERS PA	Q	1,674,128	FMV
(21)ST CLOUD HOSPITAL	D	10,265,218	FMV
(22)AFFILIATED COMMUNITY MEDICAL CENTERS PA	J	444,479	FMV
(23)CENTRACARE CLINIC	O	44,590,129	FMV

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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