### COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

[H.R. 850 Lower St. Croix Wild and Scenic River Wednesday, May 4<sup>th</sup> 2011]

For Individuals:

1. Name: Curt J. Geissler

- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Curtis Geissler
- Name of Organization(s) You are Representing at the Hearing:
   Lakeview Health
   Lakeview Hospital
   Stillwater Medical Group
   Lakeview Foundation
- Business Address: 927 West Churchill Street West Stillwater MN 55082
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: 651.430.4648

Name/Organization	
Title/Date of Hearing_	

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Former Board Chair Greater Stillwater Area Chamber of Commerce 2006-2009

Name/Organization_		
Title/Date of Hearing	g	

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President, Lakeview Hospital

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Form	<b>9</b> ח	90	Return of Organization Exempt From I Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	ncome Tax e (except black lung	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state	reporting requirements.	Open to Public Inspection
				SEP 30, 2009	mopoolion
Вс	heck if oplicable Addres	e: Please use IRS ss label or	C Name of organization	D Employer identific	ation number
÷	Name chang	type.	Doing Business As	41-08	311697
+ +	Initial return Termir ation	See Specific Instruc-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 927 WEST CHURCHILL STREET		139-5330
+	Ameno return		City or town, state or country, and ZIP + 4	G Gross receipts \$	97,994,784.
+	Applic tion pendir		STILLWATER, MN 55082 ne and address of principal officer: JEFFREY ROBERTSON E AS C ABOVE	H(a) Is this a group re for affiliates? H(b) Are all affiliates inclu	turn ─╋─ Yes ─╋─ No uded?─╋─ Yes ─╋─ No
ΙT	ax-ex	empt statu	is: ■ 501(c) ( <sup>3</sup> ) <b>(</b> (insert no.) = 4947(a)(1) or = 527		list. (see instructions)
JW	Vebsit	e: WW	W.LAKEVIEW.ORG	H(c) Group exemption	number
ΚT	ype of	organizatio	n: 🕂 Corporation 🕂 Trust 🕂 Association 🕂 Other 📔 🛛 L Year	of formation: 1880 M	State of legal domicile: MIN
Pa	rt I	Summ			
e			cribe the organization's mission or most significant activities: $\underline{\text{TO}}$ MEET TH		
Governance		INDIV	IDUALS, FAMILIES & COMMUNITIES OF THE ST.	CROIX VALLI	EY.
ern	2	Check this	s box I I if the organization discontinued its operations or disposed of more	e than 25% of its assets	
20			f voting members of the governing body (Part VI, line 1a) ~~~~~~~~~~		10
∞ŏ			f independent voting members of the governing body (Part VI, line 1b) $\sim \sim \sim \sim \sim \sim \sim$		9
Activities			ber of employees (Part V, line 2a) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		957
ti∠i			ber of volunteers (estimate if necessary) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		329
Ac			s unrelated business revenue from Part VIII, line 12, column (C) ~~~~~~~~		9,516,963.
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	-90,937.
	0	O su tribucti		Prior Year 279,331.	Current Year 2,857,998.
Revenue			ons and grants (Part VIII, line 1h) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	93,223,343.	90,309,347.
evel		-	is income (Part VIII, column (A), lines 3, 4, and 7d) $\sim \sim \sim$	239,325.	-88,251.
Å			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~~~	5,973,238.	4,806,822.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,715,237.	97,885,916.
			d similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~~~~	8,003,456.	6,514,530.
			aid to or for members (Part IX, column (A), line 4) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-,,	-,,
s		•	ther compensation, employee benefits (Part IX, column (A), lines 5-10) $\sim \sim \sim$	42,891,865.	43,361,618.
uses			hal fundraising fees (Part IX, column (A), line 11e)~~~~~~~~~~~		<u> </u>
Expens			raising expenses (Part IX, column (D), line 25)		
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24f) ~~~~~~~~~~	49,111,803.	45,019,052.
		•		LOO,007,124.	94,895,200.
	19		ess expenses. Subtract line 18 from line 12	-291,887.	2,990,716.
Net Assets or Fund Balances				Beginning of Year	End of Year
sets	20	Total asse	ets (Part X, line 16) ~~~~~~~~~~~~~~~~~~~~~~	55,369,132.	58,262,604.
ad B	21	Total liabi	ities (Part X, line 26) ~~~~~~~~~~~~~~~~~~~~~~~	13,535,124.	22,999,104.
ЗË	22	Net asset	s or fund balances. Subtract line 21 from line 20	41,834,008.	35,263,500.
Pa	rt II	Signat	ure Block		
Sign		and comple	tities of perjury, I declare that I have examined this return, including accompanying schedules and statements, te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ature of officer	and to the best of my knowledge	and belief, it is true, correct,
Here	5	-	UGLAS E. JOHNSON, CFO	Bato	
			e or print name and title		
				neck if Prepare	r's identifying number
Paid	ł	Preparer signature	3	nployed <b>Q</b> -	tructions)
Prep	arer's	Firm's name			
Use	Only	yours if self-employ address, an ZIP + 4	ed), 220 SOUTH SIXTH STREET, SUITE 300		12-376-4500
Mav	the II		s this return with the preparer shown above? (see instructions)		-X Yes - No

	<u>Ma</u>	<u>y the IRS</u>	discuss this	<u>s return with</u>	the	preparer	<u>shown</u>	above?	(see instruction	IS)
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832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

<u>Par</u> 1	Briefly describe the organization	on's mission:	plishments (see instructions)		
	TODELIVERSUPETHEDIVERSEHEAOFTHEST.CROIX	LTHCARE NEEDS	SERVICE IN COOPERAT OF INDIVIDUALS, FA	LION WITH OTHERS TO AMILIES AND COMMUN	
			and an all of an discussion of the second	d Patridian	
2		· ~~~~~~~~~~	ervices during the year which were no		Yes 🕂
3		nducting, or make significa	nt changes in how it conducts, any p	rogram services?~~~~~	Yes 🕂
4	Describe the exempt purpose Section 501(c)(3) and 501(c)(4	achievements for each of t ) organizations and section	he organization's three largest progra 4947(a)(1) trusts are required to repo any, for each program service reporte	ort the amount of grants and	
4a	PROVIDED ROUTIN	E AND EMERGEN		CES TO THE COMMUNE , EMOTIONAL AND	
	SPIRITUAL NEEDS ON EXPENSES BY	OF ITS PATIE THE HOSPITAL		X \$421,000 WAS FOR ERVICES.	GIVEN
4b	(Code: ) (Ex	penses \$	including grants of \$	) (Revenue \$	
4c	(Code: ) (Ex	penses \$	including grants of \$	)(Revenue \$	
4d	Other program services. (Desc				
4e	(Expenses \$ Total program service expen	including grants of ses <b>J</b> \$ 77,87	<u>} (Revenue</u> \$ 2,994. (Must equal Part IX, Lin		
					rm 990 (2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ~	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part IL	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~~~	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V ~~~~~	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12		x
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ~~~	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20	Х	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II~~~	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 👡	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J ~~~~~~~~	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	26		
	contributor, or to a person related to such an individual? The ros, complete other the control in the	27		Х

Form 990 (2008)

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			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

Form 990 (2008)

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Form	990 (2008) LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811	697	Pa	ge 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 94			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~~ 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a 957			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ~~~	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?~~~~~~~	4a		Х
b	If "Yes," enter the name of the foreign country: J			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5c		
6a	Did the organization solicit any contributions that were not tax deductible?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? ~~~~~~	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~~ 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ~~~~~	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~ 10a	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b	ļ		
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders ~~~~~~~~~ 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) ~~~~~~~~~ 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			

Form 990 (2008)

	Internal Revenue Code.)			-
Sec	tion A. Governing Body and Management			1
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body ~~~~~~~~~~~~ 1a 10	)		
b	Enter the number of voting members that are independent ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors or trustees, or key employees to a management company or other person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? ~~~	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?~~~~~~~~	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
	The governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8a	Х	
	Each committee with authority to act on behalf of the governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10	Х	
11	Is there any officer, director or 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	11		Х
Sec	tion B. Policies		1	1
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12a	Х	
b				
	to conflicts? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13	X	
14	Does the organization have a written document retention and destruction policy? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14	Х	
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:			
а	0 1 0	15a		Х
b		15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	16a	Х	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ${f J}_{{ m MN}}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Von website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.		-	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza DOUG JOHNSON - $651-430-4581$	tion:	l	
	DOUG     JOHNSON     -     651-430-4581       927     CHURCHILL STREET     WEST,     STILLWATER,     MN     55082			
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б 2008.05050 LAKEVIEW MEMORIAL HOSPITAL Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

- Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average	ĺ		์ Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours	(c				арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emplovee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PETER CLEMENTS										
CHAIR	2.00	Х		х				0.	0.	0.
ARBA-DELLA BECK										
SECRETARY	2.00	Х		Х				0.	0.	0.
BRUCE BARTIE, D.O.										
BOARD MEMBER	1.00	Х						0.	0.	0.
KEVIN BJORK, MD										
BOARD MEMBER	1.00	Х					-	0.	419,231.	17,027.
REBECCA BILLINGSLEY										
BOARD MEMBER	1.00	Х						0.	0.	0.
JIM BRADSHAW										
BOARD MEMBER	1.00	Х					-	0.	0.	0.
PHIL DONALDSON										-
BOARD MEMBER	2.00	Х						0.	0.	0.
RON PHILLIPPO										-
BOARD MEMBER	1.00	Х						0.	0.	0.
DAVID REAMER	1 0 0								0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
JIM SCHUG	1 0 0								0	0
BOARD MEMBER DOUGLAS E. JOHNSON	1.00	Х						0.	0.	0.
	60.00			х				240 027	0	
CFO & TREASURER JEFFREY J. ROBERTSON	60.00			A				248,937.	0.	56,938.
CEO	60.00			х				403,387.	0.	84,611.
CURT GEISSLER										
PRESIDENT	60.00			Х			-	318,493.	0.	64,889.
MARY E JONES										
RN	40.00					Х		183,124.	0.	0.
JEFFREY MAANUM										
LEAD ULTRASOUND TECH.	40.00					Х		164,038.	0.	0.
CYNTHIA APPLESETH	4.0.05							1.4.2	_	2
MANAGER, PHARMACY	40.00					х		140,237.	0.	0.
JANICE ARKELL RN	40.00					x		131,339.	0.	0.

832007 12-18-08

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees toonthued?       (F)       (F) <th>Form 990 (2008) LAKEVIEW</th> <th>MEMORI</th> <th>AL</th> <th>HC</th> <th>DSI</th> <th>PI</th> <th>TAI</th> <th>L</th> <th>ASSOC., INC.</th> <th>41-08</th> <th>311</th> <th>697</th> <th>Page</th> <th>8</th>	Form 990 (2008) LAKEVIEW	MEMORI	AL	HC	DSI	PI	TAI	L	ASSOC., INC.	41-08	311	697	Page	8
Name and title       Average per typer       Position (rheck/all harphy) by typer       Reportable (rheck/all harphy) by typer       Reportable (rom relation organization (rom relation)       Estimated organization (rom relation)         JO       STIPTLOW       40.00       I       X       129,838.       0.       0.         JO       STIPTLOW       40.00       I       X       129,838.       0.       0.       0.         JO       STIPTLOW       40.00       I       X       129,838.       0.       0.       0.         JO       STIPTLOW       40.00       I       X       129,838.       0.       0.       0.         JO       STIPTLOW       40.00       I       X       129,838.       0.       0.       0.         JO       STIPTLOW       40.00       I       X       129,838.       0.       0.       0.         JO       STIPTLOW       40.00       I       X       129,933.       419,231.       223,465.         JO       I       <	Part VII Section A. Officers, Directors, Tru	i <u>stees, Key Er</u>	mplo	yees	s, a	nd H	lighe	est	Compensated Employe	es (continued)				
bours week         (nebck all that apply) week         compensation bit g         compensation the g         compensation the g         compensation the g         compensation the g         and and the transform         and the compensation (W-21099-MISC)         and the compensation (W-21099-MISC)           JO SITTILOW         SINICR DIRECTOR         40.000         I         X         129,838         0         0           JO SITTILOW         I         X         129,838         0         0         0           SENIOR DIRECTOR         40.00         I         X         129,938         0         0           Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation           Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation           Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation           Intermediation         Intermediation         Intermediation         Intermediation         Intermediation         Intermediation           Intermediation         Intermediation         Intermediation	(A)	(B)			(0	C)			(D)	(E)			(F)	
per     per     model	Name and title				Pos	ition	1		Reportable	Reportable				
week         get get get get get get get get get get		hours	(c	heck	all	that	арр	oly)	compensation	compensatio	n	amo	ount of	
JO SITTLOW       40.00       X       129,838.       0.0.0.         SENIOR DIRECTOR       40.00       X       129,838.       0.0.0.         SENIOR DIRECTOR       40.00       X       129,838.       0.0.0.         Image: Senior Director Di			ctor											
JO SITTLOW       40.00       X       129,838.       0.0.0.         SENIOR DIRECTOR       40.00       X       129,838.       0.0.0.         SENIOR DIRECTOR       40.00       X       129,838.       0.0.0.         Image: Senior Director Di		week	r dire				ted					•		n
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SENIOR DIRECTOR       40.00       X       129,838.       0.       0.         SENIOR DIRECTOR       40.00       X       129,838.       0.       0.         Image: Senior Construction of the senior Senior Construction of the senior of the senior Construction of the senior Construction of the senior of the senior Construction of the senior Construction of the senior Construction of the senior Construction of the senior Construction of the senior Senior Construction of the senior of the senior Senior Construction of the senior Senior Construction of the senior of the senior Senior Construction of the senior Senior Senior Senior Senior Construction of the senior Senior Senior Senior Construction of the senior			-		0	×	α	ш.						
1b. Total       1,719,393.       419,231.       223,465.         1b. Total       1,719,393.       419,231.       223,465.         1b. Total       1,719,393.       419,231.       223,465.         2 Total number of individuals (including those in ta) who received more than \$100,000 in reportable compensation from the organization and related organization grapheres Checkler of rustee, key employee, or highest compensation from the organization and related organization arguers than \$100,000 if 11°es. Organization and related organization arguers than \$100,000 if 11°es.       34         3 Did the organization is any former officer, director or tustee, key employee, or highest compensation from the organization arguers than \$100,000 if 11°es.       34         4 For any individual lised on line 1a, is the sum of reportable compensation from any unrelated organization arguers than \$100,000 of complete Scheduel Jor such individual success and the success and the complete Scheduel Jor such individual success and the success and the complete Scheduel Jor such individual success and the success and the complete Scheduel Jor such indidual success and the complete Scheduel Jor such indiv		40.00					x		129,838.		0.			ο.
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5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         WELSH       CONSTRUCTION, LLC, 4350 BAKER RD.,       STE. 400, MINNETONKA, MN 55343       BUILDING ADDITION       1,630,889.         BWBR       ARCHITECTS, 380 ST. PETER ST., STE       ARCHITECTURAL       600, ST PAUL, MN 55102       SERVICES       979,415.         QUEST       DIAGNOSTICS       D       AB       SERVICES       603,163.         ST. PAUL       HEART       CLINIC       22       SMITH AVE. N., ST PAUL, MN 55102       TECHICIAN SERVICES       534,250.         NURSE       ANESTHESIA SERVICES, P.A., 8990       SPRINGBROOK DR. NW, COON RAPIDS, MN 55433       ANESTHESIA SERVICES       399,996.         2       Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21											~~	4	x	
the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         WELSH       CONSTRUCTION, LLC, 4350       BAKER RD.,       (B)       (C)         STE.       400,       MINNETONKA, MN 55343       BUILDING ADDITION       1,630,889.         BWBR       ARCHITECTS, 380 ST. PETER ST., STE       ARCHITECTURAL       600, ST PAUL, MN 55102       979,415.         QUEST       DIAGNOSTICS       PO       BOX 12989, CHICAGO, IL 60693       LAB SERVICES       603,163.         ST.       PAUL HEART       CLINIC       225       SMITH AVE. N., ST PAUL, MN 55102       TECHICIAN SERVICES       534,250.         NURSE       ANESTHESIA SERVICES, P.A., 8990       SPRINGBROOK DR. NW, COON RAPIDS, MN 55433       ANESTHESIA SERVICES       399,996.         2       Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21											Ī			
Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         WELSH       CONSTRUCTION, LLC, 4350       BAKER       RD.,       STE.       400, MINNETONKA, MN 55343       BUILDING ADDITION       1,630,889.         BWBR       ARCHITECTS, 380       ST. PETER       ST., STE       ARCHITECTURAL       600, ST PAUL, MN 55102       979,415.         QUEST       DIAGNOSTICS       979,415.       979,415.       979,415.         PO       BOX 12989, CHICAGO, IL 60693       LAB       SERVICES       603,163.         ST.       PAUL       HEART       CLINIC       225       SMITH AVE. N., ST PAUL, MN 55102       TECHICIAN SERVICES       534,250.         NURSE       ANESTHESIA       SERVICES, P.A., 8990       SPRINGBROOK DR. NW, COON RAPIDS, MN 55433       ANESTHESIA SERVICES       399,996.         2       Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21       21						,	•••••					5		X
the organization.(A)(B)(C)Name and business addressDescription of servicesCompensationWELSH CONSTRUCTION, LLC, 4350 BAKER RD., STE. 400, MINNETONKA, MN 55343BUILDING ADDITION1,630,889.BWBR ARCHITECTS, 380 ST. PETER ST., STEARCHITECTURAL979,415.600, ST PAUL, MN 55102SERVICES979,415.QUEST DIAGNOSTICSPO BOX 12989, CHICAGO, IL 60693LAB SERVICES603,163.ST. PAUL HEART CLINIC225 SMITH AVE. N., ST PAUL, MN 55102TECHICIAN SERVICES534,250.NURSE ANESTHESIA SERVICES, P.A., 8990SPRINGBROOK DR. NW, COON RAPIDS, MN 55433ANESTHESIA SERVICES399,996.2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation211														
(A)(B)(C)Name and business addressDescription of servicesCompensationWELSH CONSTRUCTION, LLC, 4350 BAKER RD.,STE. 400, MINNETONKA, MN 55343BUILDING ADDITION1,630,889.SWBR ARCHITECTS, 380 ST. PETER ST., STEARCHITECTURAL600, ST PAUL, MN 55102979,415.QUEST DIAGNOSTICSPO BOX 12989, CHICAGO, IL 60693LAB SERVICES603,163.ST. PAUL HEART CLINIC225 SMITH AVE. N., ST PAUL, MN 55102TECHICIAN SERVICES534,250.NURSE ANESTHESIA SERVICES, P.A., 8990SPRINGBROOK DR. NW, COON RAPIDS, MN 55433ANESTHESIA SERVICES399,996.2Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization211		mpensated in	depe	ende	nt c	ontr	acto	rs 1	that received more than	\$100,000 of com	pensa	ition fro	m	
Name and business addressDescription of servicesCompensationWELSH CONSTRUCTION, LLC, 4350 BAKER RD., STE. 400, MINNETONKA, MN 55343BUILDING ADDITION1,630,889.BWBR ARCHITECTS, 380 ST. PETER ST., STEARCHITECTURAL600, ST PAUL, MN 55102SERVICES979,415.QUEST DIAGNOSTICSQUEST DIAGNOSTICS603,163.PO BOX 12989, CHICAGO, IL 60693LAB SERVICES603,163.ST. PAUL HEART CLINICTECHICIAN SERVICES534,250.225 SMITH AVE. N., ST PAUL, MN 55102TECHICIAN SERVICES534,250.NURSE ANESTHESIA SERVICES, P.A., 8990ANESTHESIA SERVICES399,996.2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization21	•											(0)		
WELSHCONSTRUCTION, LLC, 4350BAKERRD.,STE.400, MINNETONKA, MN55343BUILDING ADDITION1,630,889.BWBRARCHITECTS, 380ST. PETERST., STEARCHITECTURAL600, STPAUL, MN55102SERVICES979,415.QUESTDIAGNOSTICS603,163.603,163.ST.PAULHEARTCLINIC603,163.225SMITHAVE.N., STPAUL, MN55102TECHICIANNURSEANESTHESIASERVICES, P.A., 8990534,250.399,996.2Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation399,996.		address							(B) Description of s	envices	C			
STE.400,MINNETONKA,MN55343BUILDING ADDITION1,630,889.BWBRARCHITECTS,380ST.PETERST.,STEARCHITECTURAL600,STPAUL,MN55102SERVICES979,415.QUESTDIAGNOSTICSPOBOX12989,CHICAGO,IL60693LABSERVICES603,163.ST.PAULHEARTCLINIC225SMITHAVE.N.,STPAUL,MN55102TECHICIANSERVICES534,250.NURSEANESTHESIASERVICES,P.A.,8990SPRINGBROOK DR.NW,COONRAPIDS,MN55433ANESTHESIASERVICES399,996.2Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization2121100,000 in compensation			ARE	R	RI				Description of a			ompen	bation	
BWBR ARCHITECTS, 380 ST. PETER ST., STE       ARCHITECTURAL         600, ST PAUL, MN 55102       SERVICES         QUEST DIAGNOSTICS       PO         PO BOX 12989, CHICAGO, IL 60693       LAB SERVICES         ST. PAUL HEART CLINIC       603,163.         225 SMITH AVE. N., ST PAUL, MN 55102       TECHICIAN SERVICES         NURSE ANESTHESIA SERVICES, P.A., 8990       SPRINGBROOK DR. NW, COON RAPIDS, MN 55433         ANESTHESIA SERVICES (including those in 1) who received more than \$100,000 in compensation         21       21					1.1		,		BUITLDING ADD	TTTON	1	.630	. 88	9
600, ST PAUL, MN 55102       SERVICES       979,415.         QUEST DIAGNOSTICS       Image: constraint of the service			SТ		S	лл						,050	,00	<u></u>
QUEST DIAGNOSTICS       AB       SERVICES       603,163.         PO       BOX       12989, CHICAGO, IL       60693       LAB       SERVICES       603,163.         ST.       PAUL       HEART       CLINIC       225       SMITH       AVE.       N., ST       ST       PAUL, MN       55102       TECHICIAN       SERVICES       534,250.         NURSE       ANESTHESIA       SERVICES, P.A., 8990       SPRINGBROOK DR.       NW, COON       RAPIDS, MN       55433       ANESTHESIA       SERVICES       399,996.         2       Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21       21				'	Ο.							979	.41	5.
PO       BOX 12989, CHICAGO, IL 60693       LAB SERVICES       603,163.         ST. PAUL HEART CLINIC       225 SMITH AVE. N., ST PAUL, MN 55102       TECHICIAN SERVICES       534,250.         NURSE ANESTHESIA SERVICES, P.A., 8990       SPRINGBROOK DR. NW, COON RAPIDS, MN 55433       ANESTHESIA SERVICES       399,996.         2       Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21									211111012				/	
ST. PAUL HEART CLINIC       225 SMITH AVE. N., ST PAUL, MN 55102       TECHICIAN SERVICES       534,250.         NURSE ANESTHESIA SERVICES, P.A., 8990       SPRINGBROOK DR. NW, COON RAPIDS, MN 55433       ANESTHESIA SERVICES       399,996.         2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21		60693							LAB SERVICES			603	,16	3.
225       SMITH AVE. N., ST PAUL, MN 55102       TECHICIAN SERVICES       534,250.         NURSE       ANESTHESIA SERVICES, P.A., 8990       ANESTHESIA SERVICES       399,996.         SPRINGBROOK DR. NW, COON RAPIDS, MN 55433       ANESTHESIA SERVICES       399,996.         2       Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21													,	
NURSE       ANESTHESIA       SERVICES, P.A., 8990         SPRINGBROOK DR.       NW, COON       RAPIDS, MN       55433       ANESTHESIA       SERVICES       399,996.         2       Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization       21		JL, MN	552	102	2				TECHICIAN SE	RVICES		534	,25	Ο.
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 21			8	899	90									
from the organization 21	SPRINGBROOK DR. NW, COON	RAPIDS	, 1	MN	55	543	33		ANESTHESIA S	ERVICES		399	,99	6.
			e in ′	1) wł	no re	eceiv	ved	mor	e than \$100,000 in com	pensation				
	trom the organization	2 I										Form 0	90 120	08)

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Form 990	(2008)
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Pa	rt VII	I Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns ~~~	~~~ 1a					
gra	b	Membership dues ~~~~~	~~~ 1b					
an,	С	Fundraising events ~~~~~	~~~ 1c					
ar Bif	d	Related organizations ~~~	~~~ 1d	2,857,998.				
ns, Imil	е	Government grants (contribut	ions) 1e					
rtiol	f	All other contributions, gifts, grant	s, and					
the		similar amounts not included abov						
d of	g							
ပိမ်	0	Total. Add lines 1a-1f			2857998.			
				Business Code				
e	2 a	NET PATIENT SER	VICE	621500	90,309,347.	85,061,849.	5,247,498.	
Ż	z a b				50750575171	00,001,0191	5721771501	
Program Service Revenue								
E S	C b							
Ba	d							
Pro	e							
	T	All other program service reve	nue ~~~~~	L	00 200 247			
		Total. Add lines 2a-2f	d'al da se da l'actant		90,309,347.			
	3	Investment income (including			15 961			15 061
		other similar amounts)~~~~			15,861.			15,861.
	4	Income from investment of tax	exempt bond p	proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross Rents ~~~~~~	75,020.					
	b	Less: rental expenses ~~~						
	С	Rental income or (loss) $\sim \sim$	75,020.					
	d	Net rental income or (loss)			75,020.			75,020.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		4,756.				
	b	Less: cost or other basis						
		and sales expenses ~~~		108868.				
	с	Gain or (loss) ~~~~~~		-104,112.				
	d	Net gain or (loss)	I		-104,112.			-104112.
e	8 a	Gross income from fundraising	g events (not					
anu		including \$	of					
Sev Sev		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18 ~~~~~~	~~~~~ a					
Ę	b	Less: direct expenses ~~~~	b					
	с	Net income or (loss) from fund	Iraising events					
		Gross income from gaming ac	-	_				
		Part IV, line 19 ~~~~~~						
	b	Less: direct expenses ~~~						
		Net income or (loss) from gam		L				
		Gross sales of inventory, less	-	•				
		and allowances ~~~~~~						
	h	Less: cost of goods sold ~~						
		Net income or (loss) from sale						
ł	U	Miscellaneous Revenu	-	Business Code				
ŀ	11 a	RETAIL PHARMACY			4230749.		4,230,749.	
		JOINT VENTURES		900099	289,560.		_,,	289,560.
		OTHER INCOME		900099	211,493.		38,716.	$\frac{172,777}{172}$
	-				222,123.			, . , .
		All other revenue ~~~~~			4731802.			
		Total. Add lines 11a-11d ~~		~~~~		85 061 0/0	9 516 052	449,106.
83200	12 9	Total Revenue. Add lines 1h, 2g, 3, 4	1, 5, 6d, 7d, 8c, 9c, 10	Dc, and 11e	97,885,916.	85,061,849.	9,516,963.	
<del>83200</del> 02-02	-09							Form 990 (2008)

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and serviče 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to governments and 6,514,530 6,514,530 organizations in the U.S. See Part IV, line 21 ~~ 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 ~~~~~~~ 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 ~~~~~~ 4 Benefits paid to or for members ~~~~~~ 5 Compensation of current officers, directors, 432,071 432,071 trustees, and key employees ~~~~~~~ 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~ 33,280,697. 27,966,238 5,314,459 7 Other salaries and wages ~~~~~~~~ Pension plan contributions (include section 401(k) 8 2,207,253 2,207,253 and section 403(b) employer contributions) ~~~ 5,009,466 1,659,296 3,350,170 9 Other employee benefits ~~~~~~~~ 2,123,945 308,186 2,432,131 10 Payroll taxes ~~~~~~~~ 11 Fees for services (non-employees): а Management ~~~~~~~ 98,387. 98,387 b Legal ~~~~~~~~~~~ 89,092. 89,092 Accounting ~~~~~~~~~ С d Lobbying ~~~~~~~~~ Professional fundraising services. See Part IV, line 17 е Investment management fees ~~~~~ f 5,688,208 2,307,193. 7,995,401. Other ~~~~~~~~~ g 343,592. 12,710 330,882. 12 Advertising and promotion ~~~~ 25,197,260. 24,381,017 816,243. 13 Office expenses~~~~~ 4,351 4,351 14 Information technology ~~~~~~ 15 Royalties ~~~~~~~~~~ 678,821 2,645 676,176 16 Occupancy ~~~~~~~~~~ 347,013 314,422 32,591 17 Travel ~~~~~~~~~ 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ~~ 19 20 Interest 21 Payments to affiliates ~~~~~~ 3,498,774. 3,498,774 22 Depreciation, depletion, and amortization ~~ 3,136. 3,136 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) ~~~ EQUIPMENT MAINTENANCE 2,265,591. 1,807,371. 458,220. а BAD DEBT 1,972,568 1,972,568 h OVERHEAD ALLOCATION 1,766,013 1,766,013 С COMMUNITY SERVICE 453,785 453,785 d OTHER EXPENSE 305,268 162,121 143,147. е f All other expenses 94,895,200. 77,872,994 17,022,206 Ο. Total functional expenses. Add lines 1 through 24f 25 if following 26 Joint Costs. Check here SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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Form 990 (2008)

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LAKEVIEW	MEMORIAL	HOSPITAL	ASSOC.,	INC

41-0811697 Page 11

Form 990 (	(2008)		LAKEVIEW	MEMORIAL	HOSPITAL	ASSOC.,	
Part X	Balance	Sheet					

(B) (A) Beginning of year End of year 11,554,532. 18,561,483. 1 1 268,446. 231,496. 2 2 3 3 10,846,636. 9,737,424. 4 4 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L ~~~~~ 5 6 Receivables from other disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Assets 7 1,738,601 1,885,478. 8 8 765,678. 801,140. 9 9 10a Land, buildings, and equipment: cost basis ~ 10a 65,137,797. b Less: accumulated depreciation. Complete 27,771,177. 39,674,053. 25,463,744. Part VI of Schedule D ~~~~~~ 10b 10c 11 11 12 12 1,586,730. 1,066,890. 13 13 14 14 837,332. 514,949. 15 15 55,369,132. 58,262,604. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,100,039. 6,276,006. 17 17 18 18 19 19 20 20 21 Escrow account liability. Complete Part IV of Schedule D ~~~~~~~~ 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties ~~~~~ 23 23 24 24 7,435,085. 16,723,098. 25 25 13,535,124. 26 26 22,999,104. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 41,293,226. 34,765,524. 27 27 497,976. 540,782. 28 28 29 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~ 31 32 Retained earnings, endowment, accumulated income, or other funds ~~~~ 32 41,834,008. 33 35,263,500. 33 55,369,132. 58,262,604. Total liabilities and net assets/fund balances 34 34 Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: 🕂 Cash 🥂 Accrual 🕂 Other			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a		Х
b	Were the organization's financial statements audited by an independent accountant? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b		Х
С	If "Yes" to lines 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? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c	Х	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3a		Х
b	If "Yes," did the organization undergo the required audit or audits?	3b		
3201	1 12-18-08	Form	990	2008)

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2008.05050 LAKEVIEW MEMORIAL HOSPITAL

SCHED	DULE A	Public Charity Status and Public Support								OMB No. 1545-0047	
(Form 990 or 990-EZ)			To be completed by all section 501(c)(3) organizations and section 4947(a)(1)							2008	
Department of the Treasury Internal Revenue Service       I Attach to Form 990 or Form 990-EZ.       See separate instruct						instructio	ons.		Open to Public Inspection		
Name of t	the organizati							E		identification number	
			W MEMORIAL H						4	1-0811697	
Part I	•		ty Status (All organiz				.) (see inst	ructions)			
-			because it is: (Please ch	-	-		(L)(A)(A)(;)				
			s, or association of chur		ribed in se	ction 170	(D)(1)(A)(I)	).			
2			70(b)(1)(A)(ii). (Attach Sc		in contion	170/h)/1)	(^)(;;;) (^+	ach Saha			
			tal service organization of							the hospital's name	
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:									the hospital's hame,	
5 🕂	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								ed in		
•	-	, (b)(1)(A)(iv). (Comple	-	,		,	0				
6 🕂	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in sectior	n 170(b)(1	I)(A)(v).				
7 🕂	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public described in	
		b)(1)(A)(vi). (Comple	,								
8 🕂	-		section 170(b)(1)(A)(vi).								
9 —			eives: (1) more than 33 1								
			nctions - subject to certa							-	
		509(a)(2). (Complete	axable income (less sect	แบกจากเล	x) nom bu	sinesses a	acquired b	y the orga	mzation	aller June 30, 1975.	
10 🕂			perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	), (see ins	tructions	5)	
11 -	•	•	perated exclusively for th	•	•					,	
-	•	•	ations described in section						•		
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.					
	а 📕 Туре	b 🕇	Type II c	с 🕂 Тур	e III - Func	tionally int	egrated		d	Type III - Other	
e			at the organization is not		-	-	-				
		-	han one or more publicly		-				9(a)(1) or	section 509(a)(2).	
f	0		ten determination from t		,		/ //			-	
		-	nis box ~~~~~~~							~~~~~ <b>T</b>	
g	-		organization accepted ar lirectly controls, either al			•		• •		, Yes No	
			upported organization?								
			n described in (i) above? ~			.~~~~	-~~~~	-~~~~	-~~~	- 11g(ii)	
			person described in (i) o			-~~~~	-~~~~		~~~~	- 11g(iii)	
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	oports.					
		-	-	-	-	-		r			
(i) Name	of supported	(ii) EIN		(iv) Is the organization (v) Did you notify the (vi) Is the					s the	(vii) Amount of	
orga	anization				sted in you document?		ion in col. r support?	(i) organiz	ed in the	support	
			above or IRC section	Yes	No	Yes	No	Yes	No		
			(see instructions))	103	NO	103		103	NO		
Total											

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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	edule A (Form 990 or 990-EZ) 2008		. D	0	O(L)(A)(A)(C) = 0		Page 2
Pa	art II Support Schedule for (Complete only if you checke				U(b)(1)(A)(iv) an	d 170(b)(1)(A)(	VI)
800	ction A. Public Support		, , , or o or r art i.	)			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(0) 2003	(0) 2000	(0) 2007	(e) 2000	(1) 10(a)
	membership fees received. (Do not						
	include any "unusual grants.") ~~						
2	Tax revenues levied for the organ-						
_	ization'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 $\sim$						
4	Total. Add lines 1 - 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.						
	ction B. Total Support		1				1
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4 ~~~~~~						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
0	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						
10	or loss from the sale of capital						
	assets (Explain in Part IV.) ~~~~						
11	Total support. Add lines 7 through 10						
12		etc. (see instructi	$(ns) \sim \sim \sim \sim \sim \sim \sim$		~~~~~~~	12	
	First five years. If the Form 990 is fo		,		tax vear as a section		
	organization, check this box and stop	0					1+
See	ction C. Computation of Publ		ercentage				
14	Public support percentage for 2008 (	line 6, column (f) d	ivided by line 11,	column (f)) $\sim \sim \sim \sim \sim$	~~~~~~	14	%
15	Public support percentage from 2007	' Schedule A, Part	IV-A, line 26f ~-		~~~~~~	15	%
16a	a 33 1/3% support test - 2008. If the o	organization did no	ot check the box of	on line 13, and line	e 14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n ~~~~~~~	~~~~~~	-~~~~~~~	~~~~ I+
b	33 1/3% support test - 2007. If the o	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	zation ~~~~~	~~~~~~~		~~~~ 1+
17a	a 10% -facts-and-circumstances tes	t - 2008. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check	this box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	-			-		
b	0 10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						_
	organization meets the "facts-and-cire		-				
18	Private foundation. If the organization	n did not check a	box on line 13. 1	6a. 16b. 17a. or 1	/b. check this box	and see instructior	IS

Schedule A (Form 990 or 990-EZ) 2008

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### Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for	Organizations	Described in	Section 509(a)	)(2)(Complete only	/ if you checked the bo>	on line 9 of Part I.)
Section A. Public Support	•		•		-	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") $\sim$ $\sim$						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513 ~~~~~						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf $\sim \sim \sim \sim$						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge ~						
6 Total. Add lines 1 - 5 ~~~~~~						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						<u> </u>
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000 $\sim$ $\sim$ $\sim$						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
11 Net income from unrelated business activities not included in line 10b,						
activities not included in line 10b, whether or not the business is						
activities not included in line 10b, whether or not the business is regularly carried on ~~~~~~~						
activities not included in line 10b, whether or not the business is						
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~~</li> </ul>						
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> </ul>						
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~~</li> </ul>	r the organization's	s first, second, thir	'd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiza	ation,
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> </ul>	<u> </u>		rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiza	ation,
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> </ul>	lic Support Pe	rcentage	· · ·			·
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> </ul>	lic Support Pe	rcentage	· · ·		on 501(c)(3) organiza	· · •
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2008 in 16 Public support percentage from 2007</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A, Part	rcentage vided by line 13, o IV-A, line 27g	column (f))~~~~			<u> </u>
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub 15 Public support percentage for 2008 1</li> <li>16 Public support percentage from 2007</li> <li>Section D. Computation of Investion</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A, Part estment Income	vided by line 13, o IV-A, line 27a Percentage	column (f)) ~~~~	· ~~~~~~	15 16	<b>↓ ★</b>
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2008 in 16 Public support percentage from 2007</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A, Part estment Income	vided by line 13, o IV-A, line 27a Percentage	column (f)) ~~~~	· ~~~~~~	15	<b>↓ ★</b>
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub 15 Public support percentage for 2008 1</li> <li>16 Public support percentage from 2007</li> <li>Section D. Computation of Investion</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A. Part estment Income 208 (line 10c, colum	vided by line 13, o IV-A, line 27a Percentage	column (f)) ~~~~ ne 13, column (f))	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15 16	<u>↓</u> <u>+</u> <u>%</u> %
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>Total support (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>Public support percentage for 2008</li> <li>Public support percentage from 2000</li> <li>Section D. Computation of Invertional processing for 2009</li> <li>Investment income percentage for 2008</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A, Part stment Income 2008 (line 10c, colun 2007 Schedule A,	vided by line 13, o IV-A, line 27q Percentage nn (f) divided by lin Part IV-A, line 27h	column (f)) ~~~~	· 	15           16           17           18	<u>↓</u> <u>%</u> % %
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub 15 Public support percentage for 2008</li> <li>16 Public support percentage from 2007</li> <li>Section D. Computation of Investment income percentage for 2</li> <li>18 Investment income percentage from</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A, Part estment Income 2008 (line 10c, colun 2007 Schedule A, e organization did n	vided by line 13, o IV-A, line 27q Percentage nn (f) divided by lin Part IV-A, line 27h ot check the box	column (f)) ~~~~ ne 13, column (f)) ~~~~~~ on line 14, and line		15       16       17       18       33 1/3% , and line 17	**************************************
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public support percentage for 2008 (16 Public support percentage from 2007)</li> <li>Section D. Computation of Investment income percentage from 21</li> <li>18 Investment income percentage from 19a 33 1/3% support tests - 2008. If the</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A, Part estment Income 2008 (line 10c, colun 2007 Schedule A, e organization did n and stop here. The	vided by line 13, o IV-A, line 27q Percentage nn (f) divided by lin Part IV-A, line 27h ot check the box organization qual	column (f)) ~~~~ ne 13, column (f)) ~~~~~~ on line 14, and line ifies as a publicly s	 	15       16       17       18       33 1/3%, and line 17       zation	↓ ★ % % % 7 is not ~~~~ ↓ ★
<ul> <li>activities not included in line 10b, whether or not the business is regularly carried on ~~~~~</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~~~~</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public Support percentage for 2008 (16 Public support percentage from 2007)</li> <li>Section D. Computation of Investment income percentage for 21</li> <li>18 Investment income percentage from 19a 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box and 1/3%.</li> </ul>	lic Support Pe line 8, column (f) di 7 Schedule A, Part estment Income 2007 Schedule A, 9 organization did n and stop here. The 9 organization did r	vided by line 13, o IV-A, line 27q Percentage nn (f) divided by lin Part IV-A, line 27h ot check the box organization qual not check a box or	column (f)) ~~~~ ne 13, column (f)) ~~~~~~ on line 14, and line ifies as a publicly s n line 14 or line 19a		15       16       17       18       33 1/3%, and line 17       zation       ~~~~~~       nore than 33 1/3%, a	7 is not

Schedule A (Form 990 or 990-EZ) 2008

26447\_\_\_1

832023 12-17-08

## Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

# 2008

Employer identification number

Name	of	the	organization
------	----	-----	--------------

_		
	LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.	41-0811697
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	<b>-</b> $\mathbf{K}$ 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)
	for Form 990. These instructions will be issued separately.	

823451 12-18-08

Schedule B (Form 9	90, 990-EZ, or	990-PF)	(2008)
--------------------	----------------	---------	--------

Name of organization

Page 1 of 1 of Part I

Employer identification number

41-0811697

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 927 WEST CHURCHILL STREET STILLWATER, MN 55082	\$75,142.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	STILLWATER HEALTH SYSTEM 927 WEST CHURCHILL STREET STILLWATER, MN 55082	\$2,765,356.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ST. CROIX VALLEY HEALTH AND CARE RESEARCH FOUNDATION 1500 CURVE CREST BOULEVARD STILLWATER, MN 55082	\$17,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

823452 12-18-08

13360215 131839 26447 2008.05050 LAKEVIEW MEMORIAL HOSPITAL 26447 1

Schedule	D
(Form 990)	

## Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 2008 Open to Public Inspection

nterna	al Revenue Service	answered "Yes," to Forr	m 990,	Part IV, line 6, 7, 8, 9, 10, 11,	or 12.		Inspection
	e of the organization					Employ	er identification number
Par		JAKEVIEW MEMORIAL Maintaining Donor Advise				ccount	41-0811697
1 a		ered "Yes" to Form 990, Part IV, line				ccount	
	organization answe		10 0.	(a) Donor advised funds	(	b) Funds	and other accounts
1	Total number at end of ve	ar ~~~~~~~~~~~~~		( )		-,	
2		o (during year) ~~~~~~~					
2		uring year) ~~~~~~~~					
4		year ~~~~~~~~~~					
4 5		m all donors and donor advisors in	writing	that the assets held in donor	advised fund	10	
0		perty, subject to the organization's					~ Yes I No
6		m all grantees, donors, and donor a					
0		nd not for the benefit of the donor of					- Yes - No
Par		Easements. Complete if the org		· · · · ·	•		Tes No
1		n easements held by the organizati	-		50, i aitiv,		
1	• • • •	d for public use (e.g., recreation or p			an historicall	v importa	nt land area
	Protection of natura		pleasure	Preservation of o			
	Preservation of ope			Freservation of			luie
2	-	1	oonvotio	a contribution in the form of c			ant on the last day
2		e organization held a qualified cons	servatio	n contribution in the form of a	a conservatio	n easem	ent on the last day
	of the tax year.						ld at the End of the Veer
-		tion easements ~~~~~~~~					eld at the End of the Year
a						2a	
b		y conservation easements ~~~				2b	
C d		easements on a certified historic str				2c 2d	
d		easements included in (c) acquired					ring the toyohle
3		easements modified, transferred, re	eleaseu,	extinguished, or terminated t	by the organ	ization du	inny the taxable
4	year	-					
4		property subject to conservation ea		=			
5		ve a written policy regarding the per ervation easements it holds? ~~~					
~							
6		evoted to monitoring, inspecting, a					
7		rred in monitoring, inspecting, and			_	(;)	
8		easement reported on line 2(d) abov					
~							
9		the organization reports conservati					
		text of the footnote to the organiza	ation s fi	nancial statements that desci	ndes the org	anization	s accounting for
Par	conservation easements. rt III Organizations	Maintaining Collections of	of Art	Historical Treasures	or Other	Similar	Assats
1 01		ganization answered "Yes" to Form				Jinnai	A33613.
			1000, 1				
10	If the organization elected	l, as permitted under SFAS 116, no	ot to rer	ort in its revenue statement s	and halance	shoot wa	rke of art historical
īα	•	assets held for public exhibition, e					
		al statements that describes these				vice, prov	
h				in its rovonus statement and	halanca cha	ot worke	of art historical traceuros
D	•	I, as permitted under SFAS 116, to	•				
		d for public exhibition, education, c	UI Tesea	icit in furtherance of public se	ervice, provid		
	these items:	Form 000 Port \/III line 1				∎ ¢	
		Form 990, Part VIII, line 1 ~~~~					
0	. ,	rm 990, Part X ~~~~~~~~				_	
2	-	ed or held works of art, historical tre			anoidi yain,	JUVIUE	
_	•	uired to be reported under SFAS 1		•		•	
a k		m 990, Part VIII, line 1 ~~~~~				_	
b	Assets included in Form S	990, Part X ~~~~~~~~~	-~~~		~~~~~	\$ _	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

0 12-23-08

Sche	dule D (Form 990) 2008 LAKEVIE	W	MEMORIAL	HOS	SPITAL	ASSOC.	, IN	C.	41-0	0811697	Page 0
Pai	t III Organizations Maintaining C	Colle	ections of Ai	rt, His	torical Tr	easures,	or Othe	er Simila	ar Ass	sets (continue	d)
3	Using the organization's accession and other	er rec	ords, check any	of the	following that	at are a signif	icant use	e of its coll	ection	items (check al	I
	that apply):										
а	Public exhibition		d		Loan or exc	change progr	ams				
b	Scholarly research		e	-	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollec	tions and explai	n how tl	hey further t	he organizati	ion's exe	mpt purpo	ose in F	art XIV.	
5	During the year, did the organization solicit of	or rec	ceive donations	of art, h	istorical trea	sures, or oth	er simila	r assets			
	to be sold to raise funds rather than to be m	ainta	ained as part of t	he orga	inization's co	ollection?			-	Yes -	- No
Pa	t IV Trust, Escrow and Custodial reported an amount on Form 990, Pa			. Comp	lete if organi	ization answe	ered "Yes	s" to Form	990, P	art IV, line 9, or	
1a	Is the organization an agent, trustee, custod										
	on Form 990, Part X? ~~~~~~~~~	~~	~~~~~~	~~~~	~~~~~	-~~~~~	~~~~	~~~~	~~~-	Yes -	- No
b	If "Yes," explain the arrangement in Part XIV	and	complete the fo	llowing	table:			·			
										Amount	
С	Beginning balance ~~~~~~~~~										
d	Additions during the year ~~~~~~~										
е	Distributions during the year ~~~~~~										
f	Ending balance ~~~~~~~~~~~										
2a	Did the organization include an amount on F	orm	990, Part X, line	21? ~	~~~~~	-~~~~~	~~~~	~~~~	~~~-	Yes -	No
	If "Yes." explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete i	f org	anization answe	red "Ye	s" to Form						
		(a	) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears ba	ck (e) Four yea	rs back
1a	Beginning of year balance ~~~~~~										
b	Contributions ~~~~~~~~~~~										
С	Investment earnings or losses ~~~~~										
d	Grants or scholarships ~~~~~~~~										
е	Other expenditures for facilities										
	and programs ~~~~~~~~~~~										
f	Administrative expenses ~~~~~~~	-									
g	End of year balance ~~~~~~~~										
2	Provide the estimated percentage of the year	ar en	d balance held a	IS:							
а	Board designated or quasi-endowment			_%							
b	Permanent endowment		_%								
С	Term endowment	<u>%</u>									
3a	Are there endowment funds not in the posse	essio	n of the organization	ation the	at are held a	and administe	ered for t	he organiz	zation		
	by:									Ye	s No
	(i) unrelated organizations ~~~~~~								~~~~	~ <u>3a(i)</u>	
	(ii) related organizations ~~~~~~~	~~	~~~~~~	~~~~	~~~~~	-~~~~	~~~~	~~~~	~~~~	-~ <u>3a(ii)</u>	
b	If "Yes" to 3a(ii), are the related organization:	s list	ed as required c	n Sche	dule R? ~~		~~~~	~~~~~	~~~~	-~ 3b	
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	<u> S, </u>	and Equipme	ent. Se	e Form 990	, Part X, line	10.				
	Description of investment		(a) Cost or o basis (investn		basis	t or other (other)	(c) D	)epreciatio	'n	(d) Book va	
1a	Land ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~				32,354.				2,532,	
b	Buildings ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~				57,192.		088,7		16,868,	
С	Leasehold improvements ~~~~~~~	~~				2,744.		243,3			404.
d	Equipment ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~				3,936.	19,	341,9	27.	5,202,	
	Other					31,571.				831,	
Total	Add lines 1a-1e. (Column (d) should equal Fo	orm 9	990, Part X, colu	mn (B),	line 10(c).)					25,463,	744.

Schedule D (Form 990) 2008

0 12-23-08

	Schedule D	Form 990	2008 (
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Part VII Investments - Other Securities. Se	e Form 990, Part X, I	ine 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua at or end-of-year mar	
Financial derivatives and other financial products ~~~ Closely-held equity interests ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Other				
Total (Cal (b) about a gual Form 000, Part V, cal (P) line 12)				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Set		line 12		
_			(c) Method of valua	ation:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year mar	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				(h) Doold violuo
(a)	Description			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) lin	ne 15.)			
Part X Other Liabilities. See Form 990, Part X,	line 25.			
(a) Description of liability		(b) Amount		
Federal income taxes				
PENSION RESERVE		16,723,098.		
Total. (Column (b) should equal Form 990, Part X, col (B) li	ne 25.)	16,723,098.		
In Part XIV, provide the text of the footnote to the organiza			anization's liability fo	r uncertain tax positions
under FIN 48.				
832053 12-23-08			Sch	edule D (Form 990) 2008

Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008 LAKEVIEW MEMORIAL HOSPITAL	ASSOC., I	ENC.	41-081	1697	Page 2
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial Stat	tements			
1	Total revenue (Form 990, Part VIII, column (A), line 12) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	1			
2	Total expenses (Form 990, Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		3			
4	Net unrealized gains (losses) on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4			
5	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	5			
6	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	6			
7	Prior period adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	7			
8	Other (Describe in Part XIV) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	8			
9	Total adjustments (net). Add lines 4-8 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	9			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10			
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	ts With Reve	nue per F	Return		
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:					
а	Net unrealized gains on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a				
b	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b				
с	Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c				
d	Other (Describe in Part XIV) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2d				
е	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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~	4a				
b	Other (Describe in Part XIV) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
с	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5		
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	enses per	Return		
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:					
а	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a				
b	Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b				
с	Losses reported on Form 990, Part IX, line 25 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c				
d	Other (Describe in Part XIV) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2d				
е	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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~	4a				
b	Other (Describe in Part XIV) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4b				
с	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~	4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5		
Par	t XIV Supplemental Information					
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Pa	art IV, lines 1	b and 2b; Pa	rt V, line 4	; Part

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D (Form 990) 2008

SCH	IEDULE H							OMB No.	1545-00	47	
(For	m 990)			Hospi	itals			20	2008		
	ent of the Treasury	To be co	ompleted by orgar	nizations that ar	nswer "Yes" to Form	990, Part IV, line	e 20.		Open to Public		
	Revenue Service			Attach to	Form 990.				nspection		
Name	of the organizati		TEM MEMOD			TNO	Employer ic		on nu	mber	
Dort	L Charity (				efits at Cost (Opt		41-081	1097			
Part				infunity bene					Yes	No	
10	Doop the organize	tion have a charity	ooro poliov? If "No	" akin ta quaatik	an fa			~ 1a	X	NU	
					on 6a ~~~~~~				X		
					ion of the charity care policy			~ _ 10			
		ormly to all hospita	-		ed uniformly to most		5.				
		lored to individual				nospitais					
				that applies to the	largest number of the c	rganization's patier	nts.				
	-	-			e eligibility for provid						
	-				limit for eligibility for	-		~ 3a	Х		
		150% -	-								
b	Does the organiza	tion use FPG to de	etermine eligibility f	or providing disc	ounted care to low in	ncome individuals	?				
I	f "Yes," indicate v	which of the following	ng is the family inc	ome limit for elig	ibility for discounted	care: ~~~~~		~ <u>3b</u>	Х		
	<mark>≮</mark> 200%	250% -	300% —	350% —	400% - Oth	er%					
(	eligibility for free o		Include in the des	cription whether	Part VI the income to the organization use unted care.		-				
			• •		edically indigent"?~			~ 4	x		
	-				vided under its chari				X		
	-	-			eted amount? ~~				Х		
					ation unable to provi						
								~ 5c		Х	
									Х		
									Х		
(	Complete the following t	able using the worksheet	ts provided in the Sched	ule H instructions. Do	not submit these worksheet	s with the Schedule H.					
_7	Charity Care and (	Certain Other Com			$(\mathbf{a}) = (\mathbf{a})$		(0) N (	(f)			
_	Charity Care an		(a) Number of activities or	(b) Persons served	(C) Total community benefit expense	(d) Direct offsetting	(e) Net community benefit expens		Percent al exper		
	ested Governme		programs (optional)	(optional)	benefit expense	revenue	benefit expens	e			
	Charity care at cos Worksheets 1 and	`			420,918.		420,91	8	.45	2	
	Unreimbursed Me	,			420,910.		420,71	0.	. 13	0	
	Worksheet 3, colu				1,670,679.		1,670,6	79 1	.80	8	
	Unreimbursed cos				1,0,0,0,0,0		1707070				
	tested governmen										
	Worksheet 3, colu										
d	Total Charity Care	and Means-									
	Tested Governme				2,091,597.		2,091,5	97. 2	.25	8	
	Other Ben	efits									
e	Community health										
i	mprovement serv	ices and									
(	community benefit	operations									
(	from Worksheet 4	) ~~~~~			85,209.		85,20	9.	.09	00	
fl	Health professions	education									
	from Worksheet 5	,			34,778.		34,77	8.	.04	00	
-	Subsidized health				2 400 450		2 400 4		~~	0.	
	from Worksheet				3,429,479.		3,429,4	19. 3	.69	6	
	Research (from W	rorksheet () ~~			+ +						
	Cash and in-kind	mmunity									
	contributions to co groups (from Worl	,			250,433.		250,43	3	.27	0	
	Total Other Benei				3,799,899.		3,799,8		.09		
-	Total (line 7d and				5,891,496.		5,891,4		.34		
		• 1/			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,				

 832091 12-24-08
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 Schedule H (Form 990) 2008

 21

(Optional for 2008)

		(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	programs (optional)	(11111)				
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and						
	training for community members						
6	Coalition building						
7	Community health improvement						
	advocacy						
8	Workforce development						
9	Other						
10	Total						
Pa	rt III Bad Debt, Medicare, &	& Collection P	ractices (Option	al for 2008)			
0							Veg No

Sect	tion A. Bad Debt Expense						Yes	NO
1	Does the organization report bad debt ex	pense in accordance with Healthcare Finance	ial Managem	ent As	sociation			
	Statement No. 15? ~~~~~~~~~			~~~~	~~~~~~	1	Х	
2	Enter the amount of the organization's ba	ad debt expense (at cost) ~~~~~~~~~	-~~~ [	2	1,972,568.			
3	Enter the estimated amount of the organized	zation's bad debt expense (at cost) attributat	ble to					
	patients eligible under the organization's	charity care policy ~~~~~~~~~~~	~~~~	3	0.			
4	Provide in Part VI the text of the footnote	to the organization's financial statements the	at describes	bad de	ebt			
	expense. In addition, describe the costing	g methodology used in determining the amou	unts reported	on lin	es			
	2 and 3, or rationale for including other ba	ad debt amounts in community benefit.						
Sect	tion B. Medicare							
5	Enter total revenue received from Medical	re (including DSH and IME) ~~~~~~~	~~~~	5	21,055,818.			
6	Enter Medicare allowable costs of care re	elating to payments on line 5 ~~~~~~	~~~~	•	27,206,495.			
7	Enter line 5 less line 6 - surplus or (shortfa	all)	~~~~ [	7	-6,150,677.			
8	Describe in Part VI the extent to which an	ny shortfall reported in line 7 should be treate	d as commu	nity be	nefit			
	and the costing methodology or source u	used to determine the amount reported on lin	e 6, and indi	cate wl	nich of			
	the following methods was used:							
	Cost accounting system	Cost to charge ratio - Other						
Sect	tion C. Collection Practices							
9a	Does the organization have a written debt	t collection policy? ~~~~~~~~~~		~~~	~~~~~~	9a	Х	
b	If "Yes," does the organization's collectior	n policy contain provisions on the collection	practices to	be follo	owed for			
	patients who are known to qualify for cha	rity care or financial assistance? Describe in	Part VI			9b	Х	
Pa	rt IV Management Companies	and Joint Ventures (Optional for 2008)	)					
	(a) Name of entity	(b) Description of primary activity of entity	(c) Organiza profit % or		(d) Officers, direct- ors, trustees, or key	• •	hysicia fit % c	

	activity of entity	profit % or stock ownership %	ors, trustees, or key employees' profit % or stock ownership %	profit % or stock ownership %
1 HIGH POINTE SURGERY				
2 CENTER	0/P SURGERY CENTER	30.00%		70.00%
3				
4				
5				
_ 6				
7				
_ 8				
9				
10				
12				
_13				
14				

## Schedule H (Form 990) 2008 LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.41-0811697 Page 3

Part V Facility Information (Required for 2008)	1								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
HIGH POINTE SURGERY CENTER(EAST METRO AS 927 CHURCHILL ST. W. STILLWATER, MN 55082	_	Х							
LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 927 CHURCHILL ST. W. STILLWATER, MN 55082	x	A							
	_								
	_								
	_								
	_								
	-								
832093 12-24-08									Schedule H (Form 990) 200

13360215 131839 26447

2008.05050 LAKEVIEW MEMORIAL HOSPITAL 26447\_\_\_1

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c: Part I, line 6a: Part I, line 7c: Part I, line 7, column (f): Part I, line 7; Part III, line 4: Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves. 2
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for 3 patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the 5 communities the organization serves.
- Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose 6 by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

F, 7: IN COLUMN WHEN CALCULATING CHARITY-CARE AND PART T. LINE

MEANS-TESTED GOVERNMENT PROGRAMS AS A PERCENTAGE OF TOTAL EXPENSES, THE

HOSPITAL ELIMINATED \$1,972,568 OF BAD DEBT EXPENSE.

PART III, LINE 4: THE BAD DEBT EXPENSE IS THE UNCOLLECTIBLE PORTION OF

PATIENT BALANCES WRITTEN OFF DURING THE FISCAL YEAR. ALL

TO FROM NOTE THE FINANCIAL STATEMENTS 1

ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

THE HOSPITAL PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE SELF-PAY AND

MISCELLANEOUS COMMERCIAL INSURANCE ACCOUNTS. PATIENTS ARE NOT REOUIRED TO PROVIDE COLLATERAL FOR SERVICES RENDERED. PAYMENT FOR SERVICES IS REQUIRED INSURANCE, UPON RECEIPT OF AN INVOICE, AFTER PAYMENT BY ΙF ANY. SELF-PAY ACCOUNTS ARE ANALYZED FOR COLLECTIBILITY BASED ON THE MONTHS PAST DUE AND PAYMENT HISTORY. AN ALLOWANCE IS ESTIMATED FOR THESE ACCOUNTS BASED ON THE ARE HISTORICAL EXPERIENCE OF THE HOSPITAL. ACCOUNTS THAT DETERMINED TO BE UNCOLLECTIBLE ARE SENT ТΟ A COLLECTION AGENCY AND WRITTEN OFF AΤ THE TIME.

#### THE MEDICARE SHORT-FALL SHOULD LINE 8: BE TREATED AS COMMUNITY PART III,

#### BENEFIT BECAUSE:

ITPROVIDES SERVICES TO A SIGNIFICANT PORTION OF OUR SERVICE POPULATION 832094 12-24-08 Schedule H (Form 990) 2008 24

Schedule H (Form 990) 2008 LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.41-0811697 Page 4 Part VI Supplemental Information (Optional for 2008)

AT A NEGATIVE MARGIN.

2. THE HOSPITAL WOULD DISCONTINUE PROVIDING THIS SERVICE IF THE DECISION WERE BASED STRICTLY ON A FINANCIAL BASIS.

3. THERE IS A COMMUNITY NEED TO PROVIDE SERVICES LOCALLY.

4. IF THE HOSPITAL DID NOT PROVIDE THESE SERVICES, THEY WOULD BECOME THE OBLIGATION OF THE GOVERNMENT.

THE HOSPITAL USES AN INTERALLY CALCULATED COST-TO-CHARGE RATIO TO CALCULATE MEDICARE ALLOWABLE COSTS.

LINE 9B: IF A PATIENT WAS NOT IDENTIFIED AS A POTENTIAL CHARITY PART III, CARE CANDIDATE UPON REGISTRATION, THE FIRST COLLECTIONS CONTACT IS WITH THE HOSPITAL'S INTERNAL BUSINESS STAFF, WHO INTERVIEW THE PATIENT AND DETERMINE IF THE PATIENT IS A CANDIDATE FOR CHARITY CARE. IF THE PAPERWORK IS COMPLETED AND THEY DO QUALIFY FOR CHARITY CARE, THERE IS NO FURTHER COLLECTION ACTIVITY. HOWEVER, IF THE PAPERWORK IS NOT COMPLETED, OR IS DO NOT THE CRITERIA, THEY ARE COMPLETED AND THEY MEET SUBJECT TO FURTHER THIS OCCURS INTERNALLY THROUGH HOSPITAL STAFF. COLLECTION ACTIVITY. FIRST IF INTERNAL ATTEMPTS ARE UNSUCCESSFUL, THIS SUBSEQUENTLY OCCURS THROUGH OUTSIDE COLLECTION AGENCIES.

PART VI, LINE 2: LAKEVIEW IS AN ACTIVE PARTICIPANT IN COMMUNITY AND COUNTY GOVERNMENT TASK FORCES ON HEALTH NEEDS ASSESSMENT AND HEALTH SERVICES PLANNING AND COORDINATION.

PART VI, LINE 3: FOR LAKEVIEW HOSPITAL PATIENTS: EACH PATIENT BILLING
STATEMENT AND COLLECTIONS LETTER PRODUCED BY LAKEVIEW INCLUDES THE
FOLLOWING NOTICE: FINANCIAL ASSISTANCE AND PAYMENT ARRANGEMENTS: LAKEVIEW
Schedule H (Form 990) 2008
832271 10-20-08

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.41-0811697 Page 4 Schedule H (Form 990) 2008 Part VI Supplemental Information (Optional for 2008) FINANCIAL ASSISTANCE TO PATIENTS EXPERIENCING DIFFICULTY HOSPITAL OFFERS PAYING THEIR MEDICAL BILLS. IF YOU ARE INSURED AND ARE EXPERIENCING DIFFICULTY PAYING THE BALANCE OF YOUR MEDICAL BILL, PLEASE CONTACT OUR BUSINESS OFFICE FOR MORE INFORMATION ABOUT SETTING UP A PAYMENT PLAN OR ABOUT OUR CHARITY CARE PROGRAM. IF YOU ARE UNINSURED AND YOUR ANNUAL HOUSEHOLD INCOME IS LESS THAN \$125,000, PLEASE CONTACT OUR BUSINESS OFFICE FOR INFORMATION ON OUR UNINSURED DISCOUNT PROGRAM, SETTING UP A PAYMENT PLAN, OR OUR CHARITY CARE PROGRAM.

VI, LINE 4: OUR CORE AND PRIMARY MARKETS INCLUDE CENTRAL PART INCLUDING THE WASHINGTON COUNTY, MINNESOTA, IMMEDIATE AREA OF STILLWATER, ST. AND ALSO THE NEARBY CITIES OF LAKE ELMO, MARINE ON THE CROTX. BAYPORT LAKELAND, AND AFTON IN MINNESOTA, AND SOMERSET, HOULTON, HUDSON, NEW RICHMOND AND STAR PRAIRIE, WISCONSIN. AS OUR SECONDARY SERVICE AREA, WE SERVE NEARBY CITIES IN EASTERN MINNESOTA AND WESTERN WISCONSIN. IN WASHINGTON COUNTY, 15.8% OF THE POPULATION IS OVER THE AGE OF 55. THE OVER CENSUS, BY 61% BETWEEN THE 1990 AND 2000 65 AGE GROUP GREW AND IS CURRENTLY GROWING AT 18% THE INCREASE 11 PER YEAR. FASTEST IN THE COUNTY TWIN CITIES 65 AREA. IT IS ESTIMATED THAT THE AND OLDER GROUP ΙN WASHINGTON COUNTY WILL GROW BY 350% BY 2030. OF THE OVERALL POPULATION OF WASHINGTON COUNTY, 7.4% INDIVIDUALS OF COLOR. INCOME ARE THE MEDIAN IN WASHINGTON COUNTY WAS \$74,000 IN 2006, AND THE MEDIAN INCOME OF INDIVIDUALS 65 AND OLDER WAS \$34,000 PER YEAR. UNDER

PART VI, LINE 6: THE ORGANIZATION'S MULTI-SPECIALTY CLINIC PARTICIPATES IN MINNESOTA COMMUNITY MEASUREMENT; THE CLINIC PRACTICES AND MEASURES PROVIDER PERFORMANCE WITH SPECIFIC PREVENTIVE CARE METRICS AND SPECIFIC CHRONIC DISEASE MANAGEMENT METRICS.

832271 10-20-08

Schedule H (Form 990) 2008

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2008.05050 LAKEVIEW MEMORIAL HOSPITAL

PART VI, LINE 7: AS A MEMBER OF STILLWATER HEALTH SYSTEM, LAKEVIEW MEMORIAL HOSPITAL PARTICIPATES WITH THE MULTI-SPECIALTY CLINIC AND HEALTH SYSTEM LEADERSHIP IN PROVIDING ACCESS TO CARE, SUPPORT GROUPS, EDUCATIONAL ACTIVITIES AND FINANCIAL CONTRIBUTIONS TO THE MARKET AREAS DESCRIBED IN LINE 4, ABOVE.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MN

Schedule H (Form 990) 2008

832271 10-20-08

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.									
Department of the Treasury Internal Revenue Service										
Name of the organization	MEMORIAL	HOSPITAL AS					Inspection Employer identification number 41-0811697			
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records criteria used to award the grants or assi										
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to										
that received more than \$5,000. C 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(e) Amount of non-cash	(f) Method of valuation (book,	(g) Description of non-cash assistance	(h) Purpose of grant				
				assistance	FMV, appraisal, other)					
HUMAN SERVICES, INC. 7066 STILLWATER BLVD. N OAKDALE, MN 55128	41-0955577	501(C)(3)	10,500.	0.			COMMUNITY BENEFIT			
	11 0933377	501(0/(5/	10,000.	0.						
STILLWATER AREA SCHOOLS 1875 GREELEY ST										
STILLWATER, MN 55082	41-6008519	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT			
YOUTH SERVICES BUREAU 101 W PINE ST STILLWATER, MN 55082	41-1333578	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT			
YOUNG LIFE ST. CROIX VALLEY 1151 PARKWOOD LN STILLWATER, MN 55082	84-0385934	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT			
COMMUNITY THREAD 2300 W ORLEANS ST STILLWATER, MN 55082	41-0967271	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT			
ST. CROIX CHAPLAINCY ASSN PO BOX 322 STILLWATER, MN 55082		501(C)(3)	5,000.	0.			COMMUNITY BENEFIT			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> <li>LHA For Privacy Act and Paperwork Redu</li> </ul>	and government or s	ganizations ~~~~~	~~~~~~~~	~~~~~	~~~~~~	.~~~~~~~	11. 0. Schedule I (Form 990) 2008			

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT APPLICANTS IDENTIFY THE INTENDED PURPOSE

OF FUNDS DURING THE APPLICATION PROCESS.

Page 2

			,	,		OMB No. 1545-0047 2008 Open to Public Inspection
						er identification number 41-0811697
(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	<ol> <li>(Schedule I (For (e) Amount of non-cash assistance</li> </ol>	m 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
7E	501(C)(3)	28,676.	0.			COMMUNITY BENEFIT
41-6045574	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
30-0221189	501(C)(3)	2,174,529.	0.			GENERAL OPERATIONS.
CET 41-1386635	501(C)(3)	603,283.	0.			GENERAL OPERATIONS.
83-0379473	501(C)(3)	3,733,043.	0.			GENERAL OPERATIONS.
	ther         Assistance to Go           (b) EIN           RE           //E           082         41-1923524           41-6045574           30-0221189           EET           41-1386635	EW       MEMORIAL       HOSPITAL       A         ther       Assistance to Governments and Orga       (b) EIN       (c) IRC Code section if applicable         RE       (b) EIN       (c) IRC Code section if applicable         RE       (b) EIN       (c) IRC Code section if applicable         (b) EIN       (c) IRC Code section if applicable         (c) 41-6045574       501(C)(3)         (c) 41-6045574       501(C)(3)         (c) 30-0221189       501(C)(3)         EET       41-1386635         (c) 1(C)(3)       (c) 1(C)(3)	K Attach to Form 990 to list addi Part II and Part III, Sched           EW         MEMORIAL         HOSPITAL         ASSOC., INC.           ther         Assistance to Governments and Organizations in the U.S         (d) Amount of section if applicable         (d) Amount of cash grant           RE         (b) EIN         (c) IRC Code section if applicable         (d) Amount of cash grant           RE         (b) EIN         (c) IRC Code section if applicable         (d) Amount of cash grant           A1-6045574         501(C)(3)         28,676.           41-6045574         501(C)(3)         5,000.           30-0221189         501(C)(3)         2,174,529.           EET         41-1386635         501(C)(3)         603,283.	K Attach to Form 990 to list additional information Part II and Part III, Schedule I (Form 990).         EW MEMORIAL HOSPITAL ASSOC., INC.         ther Assistance to Governments and Organizations in the U.S. (Schedule I (Form section if applicable         (b) EIN       (c) IRC Code section if applicable       (d) Amount of cash grant       (e) Amount of non-cash assistance         RE /E 082       41-1923524       501(C)(3)       28,676.       0.         41-6045574       501(C)(3)       5,000.       0.         30-0221189       501(C)(3)       2,174,529.       0.         EET 41-1386635       501(C)(3)       603,283.       0.	ther         Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)           (b) EIN         (c) IRC Code section if applicable         (d) Amount of cash grant         (e) Amount of non-cash assistance         (f) Method of valuation (book, FMV, appraisal, other)           RE /E         ////////////////////////////////////	K Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).         EW MEMORIAL HOSPITAL ASSOC., INC.         Employ.         ther Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)         (b) EIN       (c) IRC Code section if applicable       (d) Amount of cash grant       (e) Amount of non-cash assistance       (g) Description of non-cash assistance         282       41-1923524       501(C) (3)       28,676.       0.

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

80	HEDULE J	Componentien Information	I -	OMB No.	1545-00	47
(Form 990)		Compensation Information		2008		
`	,	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20		כ
	rtment of the Treasury al Revenue Service	Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.		Open to Public Inspection		
Nam	ne of the organizati		Employer ider			mber
-		LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.	41-08	1169	7	
Pa	rt I Questions	s Regarding Compensation				
10	Choole the energy	into hav/aa) if the executivation provided any of the following to as far a narrow listed in Farm O	20		Yes	No
la		iate box(es) if the organization provided any of the following to or for a person listed in Form 9 line 1a. Complete Part III to provide any relevant information regarding these items.	<i>3</i> 0,			
	First-class or o		aluse			
	Travel for com					
		cation and gross-up payments				
	Discretionary		əf)			
	-		,			
b	If line 1a is checked	d, did the organization follow a written policy regarding payment or reimbursement or provisior	ı			
	of all of the expens	es described above? If "No," complete Part III to explain ~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~	1b	Х	
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct	tors,			
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~~	2	Х	
3		ny, of the following the organization uses to establish the compensation of the organization's				
		ector. Check all that apply.				
	Compensatior	- , ,				
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Transformed Approval by the board or compensation co	nmittee			
4		d any person listed in Form 990, Part VII, Section A, line 1a:				v
a ⊾		ce payment or change of control payment?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				X X
b		ceive payment from, a supplemental nonqualified retirement plan? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4b 4c		X
С		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-~~~~~	40		21
	II TES LO AITY OF III					
	Only $501(c)(3)$ and	501(c)(4) organizations must complete lines 5-8.				
5		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
-	contingent on the r					
а		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		5a		Х
b	Any related organiz	ration? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~~	5b		Х
	If "Yes," to line 5a	or 5b, describe in Part III.				
6	For persons listed i	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the r					
а		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		6a		Х
b	Any related organiz	ration? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~	6b		Х
		or 6b, describe in Part III.				
7		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
		es 5 and 6? If "Yes," describe in Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		7		X
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		eption described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
LHA	A For Privacy Act ar	nd Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Form	1 990)	2008

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred compensation	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	419,231.	Ο.	0.	6,320.	10,707.	436,258.	Ο.	
	(i)	170,531.	56,000.	22,406.	36,219.	20,719.	305,875.	Ο.	
DOUGLAS E. JOHNSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	284,409.	112,000.	6,978.	64,643.	19,968.	487,998.	0.	
JEFFREY J. ROBERTSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	219,578.	74,000.	24,915.	47,967.	16,922.	383,382.	0.	
CURT GEISSLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	183,124.	0.	0.	0.	0.	183,124.	0.	
MARY E JONES	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	164,038.	0.	0.	0.	0.	164,038.	0.	
JEFFREY MAANUM (ii)		0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### Part III Supplemental Information

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

PART I, LINE 1A: CHARTER TRAVEL - DOUG JOHNSON - \$509

Schedule J (Form 990) 2008

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 (Form 990) Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Open to Public Department of the Treasury Form 990 or to provide any additional information. Inspection Internal Revenue Service Name of the organization Employer identification number LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC 41-0811697 990. VI. 1: THE EXECUTIVE COMMITTEE CONSISTS FORM PART SECTION A. **L**TNE OF THE OFFICERS OF THE BOARD OF DIRECTORS THE CEO AND THE CFO. THE CEO AND CFO ARE NOT VOTING MEMBERS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE HAS POWER ΤO TRANSACT ALL REGULAR BUSINESS OF THE HOSPITAL DURING THE PERIOD BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS SUBJECT TO ANY PRIOR LIMITATION IMPOSED ΒY THE BOARD OF DIRECTORS. 990 PART VI. SECTION A. LINE 6: THE SOLE MEMBER IS STILLWATER FORM SYSTEM. HEALTH SECTION 7A: FORM 990, PART VI, Α. LINE THE PRESIDENT OF STILLWATER HEALTH SYSTEM IS APPOINTED BY THE MEMBER AND IS AUTOMATICALLY GIVEN A POSITION AS LAKEVIEW MEMORIAL HOSPITAL VOTING MEMBER OF THE BOARD OF DIRECTORS OF Α ASSOCIATION. 990 7B: PART SECTION A, HAS ITSELF FORM VI, LINE THE MEMBER RESERVED ΤO THE FOLLOWING POWERS CONCERNING THE GOVERNANCE OF LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION: RATIFICATION, APPROVAL AND REMOVAL OF ALL MEMBERS OF THE BOARD OF Α. OR DIRECTORS WITH WITHOUT CAUSE. VISION STATEMENT OF APPROVAL OF ANY MISSION OR STATEMENT OR CORPORATE в. PURPOSE. APPROVAL OF THE STRATEGIC PLANS CAPITAL BUDGETS, OPERATING BUDGETS AND FINANCIAL POLICIES D. APPROVAL OF ANY PLANS OF MERGER OR CONSOLIDATION WITH ANY FOREIGN OR DOMESTIC CORPORATION, VOLUNTARY DISSOLUTION, LEASE OR TRANSFER OF OR SALE Schedule O (Form 990) 2008 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08 34 13360215 131839 26447 2008.05050 LAKEVIEW MEMORIAL HOSPITAL 26447 1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Name of the organization LAKEVIEW MEMORIAL HOSPITAL ASSOC., Employer identification number 41-0811697

INC

HOSPITAL'S REAL ESTATE SIGNIFICANT PORTION OF ITS OPERATIONS THE OR Α OR

ASSETS.

E APPROVAL OF THE GRANT OF Α SECURITY INTEREST IN ALL OR SUBSTANTIALLY ALL

OF THE HOSPITAL'S ASSETS, OR THE INCURRENCE OF INDEBTEDNESS OR THE

GUARANTEE OF ANY INDEBTEDNESS

APPROVAL OF INDIVIDUAL CAPITAL EXPENDITURES IN EXCESS OF \$500,000.

APPROVAL OF PHYSICIAN, EMPLOYEE AND EXECUTIVE COMPENSATION PLANS G.

INCLUDING CRITERIA FOR INCENTIVE COMPENSATION ARRANGEMENTS.

SUBSTANTIVE AFFILIATIONS BETWEEN THE APPROVAL OF ALL HOSPITAL AND Α Η.

THIRD PARTY.

INTEREST POLICIES Ι. APPROVAL OF CONFLICTS OF

FORM 990, PART VI, SECTION A, LINE 10: THE HOSPITAL'S DRAFT 990 WAS REVIEWED AND APPROVED ΒY THE CFO THEN DISTRIBUTED ELECTRONICALLY TO ALL (VOTING AND LAKEVIEW HOSPITAL AND STILLWATER HEALTH SYSTEM BOARD MEMBERS NON-VOTING) 990 THE FORM WAS REVIEWED ΒY THE STILLWATER HEALTH SYSTEM 990 AUDIT COMMITTEE COPY OF THE FINAL FORM WAS SENT ELECTRONICALLY TO Α ALL BOARD MEMBERS PRIOR ΤO FILING

990, 12C: ORGANIZATION REQUIRES FORM PART VI. SECTION B. LINE THE DISCLOSE POTENTIAL CONFLICTS OF INTERESTED PERSONS ТΟ INTEREST. INTERESTED PERSONS ARE EXCLUDED FROM DELIBERATIONS AND VOTES PERTAINING TO THE TRANSACTION OR ARRANGEMENT. ALTERNATIVES ΤO THE TRANSACTION OR ARRANGEMENT ARE EXPLORED. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE IDENTIFIED THAT DOES NOT GIVE RISE ΤO CONFLICT OF INTEREST, THE BOARD TRANSACTION OR BENEFIT TO CONSIDERS THE ARRANGEMENT BASED ON ITS THE Schedule O (Form 990) 2008 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08 35

SCHEDULE O

(Form 990)

13360215 131839

26447

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 Attach to Form 990. To be completed by organizations to provide

additional information for responses to specific questions for the

Form 990 or to provide any additional information.

2008 Open to Public Inspection

26447

1

OMB No. 1545-0047

Name of the organization

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC

Employer identification number 41-0811697

#### CORPORATION.

ΤF BOARD HAS REASONABLE CAUSE ТΟ BELIEVE THAT MEMBER HAS FATLED тΟ THE Α DISCLOSE POSSIBLE CONFLICTS OF INTEREST, IΤ INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE ТО DISCLOSE. IF AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS IS WARRANTED, THE BOARD DETERMINES THAT THE MEMBER HAS IN FACT FAILED ΤO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE BOARD OF DIRECTORS ACTION. THE AND OFFICERS ARE COVERED UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. DETERMINATIONS OF CONFLICTS OF INTEREST ARE MADE AND REVIEWED AT THE CLINIC PROVIDER LEVEL AND AΤ THE CORPORATION EXECUTIVE AND BOARD LEVEL

990. 15: DETERMINATION OF FORM PART VI. SECTION B, LINE THE THE COMPENSATION OF LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION'S OFFICERS AND BOARD MEMBERS IS CONDUCTED BY Α RELATED ORGANIZATION

IN 2008, LAKEVIEW HEALTH SYSTEM'S COMPENSATION COMMITTEE RETAINED AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM TO PROVIDE Α THE FOLLOWING EXECUTIVE POSITIONS COMPREHENSIVE MARKET COMPARISON FOR WITHIN LAKEVIEW HEALTH: SYSTEM CEO SYSTEM CFO CLINIC PRESIDENT, CLINIC ADMINISTRATOR AND HOSPITAL PRESIDENT. THE DATA FROM THE 2008 ANALYSIS ALLOWED THE COMMITTEE ТΟ LEARN THE COMPENSATION RATES THAT ARE CONSIDERED P50 ΤO P60 OF MARKET FOR COMPARABLE LAKEVIEW POSITIONS. OTHER COMMITTEE INCLUDE: CONSIDERATIONS BY THE ACHIEVEMENT OF ORGANIZATIONAL Schedule O (Form 990) 2008 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

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2008.05050 LAKEVIEW MEMORIAL HOSPITAL

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 2008 Open to Public Inspection

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.

Employer identification number 41-0811697

OBJECTIVES, INDIVIDUAL PERFORMANCE, EXPERIENCE, SUBJECTIVE EVALUATION BY

BOARD MEMBERS, GENERAL ECONOMIC CONDITIONS, COSTS OF REPLACEMENT,

PREVAILING COMMUNITY ATTITUDES AND BELIEFS REGARDING EXECUTIVE

COMPENSATION.

PROCESS OF DETERMINING THE OFFICERS AND BOARD MEMBERS ' COMPENSATION THE INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2009.

19: 990, THE FORM PART VI. SECTION C, LINE HOSPITAL'S GOVERNING DOCUMENTS CONFLICT OF AVAILABLE TO THE AND INTEREST POLICY ARE NOT MADE THE PUBLIC. HOSPITAL'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH ITS ANNUAL REPORT.

FORM 990, PART IV, LINE 12 AND FORM 990, PART XI, LINE 2B

AUDITED FINANCIAL STATEMENTS

FOLLOWING THE INSTRUCTIONS TO FORM 990, LAKEVIEW MEMORIAL HOSPITAL HAS

ANSWERED 'NO' TO FORM 990, PART IV, LINE 12 AND TO FORM 990, PART XI,

LINE 2B BECAUSE LAKEVIEW MEMORIAL HOSPITAL'S FINANCIAL STATEMENTS WERE

AUDITED ON A CONSOLIDATED BASIS. FOR THE YEAR ENDED SEPTEMBER 30,

2009, LAKEVIEW MEMORIAL HOSPITAL DID PREPARE FINANCIAL STATEMENTS IN

ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPALS AND THESE

FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM.

FORM 990, PART VII, SECTION A

AVERAGE WEEKLY HOURS

 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule O (Form 990) 2008

 832211
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SCHEDULE O (Form 990)       Supplemental Information to Form 990         Department of the Treasury InternalRevenue Service       Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	OMB No 1545-0047 <b>2008</b> <b>En</b> 10 t'UDIIG Inspection
	dentification number
THE COMPENSATED BOARD MEMBERS AND OFFICERS FREQUENTLY DEVOTE THE	IR TIME
TO MULTIPLE RELATED ORGANIZATIONS IN A PARTICULAR WEEK. EACH	INDIVIDUAL
WORKS AN AVERAGE OF APPROXIMATELY 60 HOURS PER WEEK FO	R LAKEVIEW
MEMORIAL HOSPITAL ASSOCIATION AND ITS RELATED ORGANIZATIONS.	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedu <sup>832211</sup> <sup>12-18-08</sup>	le O (Form 990) 2008

13360215 131839 26447 2008.05050 LAKEVIEW MEMORIAL HOSPITAL 26447 1

SCHEDULE R (Form 990)       Related Organizations and Unrelated Partnerships         Department of the Treasury Internal Revenue Service       Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.         Name of the organization       See separate instructions.         LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.       Employer i 41-0         Part I       Identification of Disregarded Entities											
	(A) ne, address, and EIN disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year asse	(F) Direct controlling entity					
Part II Identificati	on of Related Tax-Exempt Organizat										
	(A) ne, address, and EIN related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section	5					

		Toreigh country)		501(c)(3))	
STILLWATER HEALTH SYSTEM - 30-0221189					
927 CHURCHILL ST. W.					
STILLATER, MN 55082	HEALTH CARE	MINNESOTA	501(C)(3)	11 - TYPE 2	N/A
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION -					
41-1386635, 927 CHURCHILL ST. W., STILLATER,					
<u>MN 55082</u>	FOUNDATION	MINNESOTA	501(C)(3)	11 - TYPE 1	N/A
ST. CROIX VALLEY HEALTH AND CARE RESEARCH					
FOUNDATION - 41-1923524, 1500 CHURCHILL					
BLVD, STILLATER, MN 55082	FOUNDATION	MINNESOTA	501(C)(3)	PF	N/A
STILLWATER MEDICAL GROUP - 83-0379473					
1500 CHURCHILL BLVD					
STILLATER, MN 55082	HOSPITAL	MINNESOTA	501(C)(3)	9	N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H	)	(I)	(J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, investment, unrelated)	Share of total income	Share of end-of-year assets	Disprope ate alloca Yes	ortion- ations? No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No
	-									
	-									
	-									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

# Schedule R (Form 990) 2008 LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.

# Part V Transactions With Related Organizations

Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV.				Yes	No
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?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		Х
b	Gift, grant, or capital contribution to other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1b	Х	
С	Gift, grant, or capital contribution from other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~	1c	Х	
d	Loans or loan guarantees to or for other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1d	Х	
е	Loans or loan guarantees by other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~~	1e		Х
f	Sale of assets to other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1f		Х
g	Purchase of assets from other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1g		Х
h	Exchange of assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1h	Х	
i	Lease of facilities, equipment, or other assets to other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~~	1i		Х
j	Lease of facilities, equipment, or other assets from other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~	1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~	1k		Х
I	Performance of services or membership or fundraising solicitations by other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			11	Х	
m				1m	Х	
n	Sharing of paid employees ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~	~~~	1n	Х	
0	Reimbursement paid to other organization for expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			10	Х	
р	Reimbursement paid by other organization for expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~	~~~	1р		Х
q	Other transfer of cash or property to other organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~	1q		Х
r	Other transfer of cash or property from other organization(s)			1r	Х	
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 tra	nsaction thresholds.				
	(A)	(B)		(C	<b>`</b>	
	(م) Name of other organization(s)	Transaction	Am		, nvolve	d
	Name of other organization(s)	type (a-r)				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
-						

# Schedule R (Form 990) 2008 LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.

### Part VI Unrelated Organizations Taxable as a Partnership

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

(A)	(B)	(C)	])	D)	(E)	(F)		(G)		H)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all section organiz	partners 501(c)(3) ations?	Share of end-of- year assets	Dispropor- tionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man par	eral or naging rtner?
		country)	Yes			Yes		(Form 1065)	Yes	No
										──
										<u> </u>
									──	┼──
			1						1	1

Schedule R (Form 990) 2008

Form <b>990-T</b> Department of the Treasury Internal Revenue Service		-	Organization Bu (and proxy tax un Bor other tax year beginning OCT	der se	ection 6033(e	e))			OMB No. 1545-0687 2008 Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of orga	nization ( — Check box if name	changed	and see instruction	ons.)		D Empl (Empl	over identification number ovees' trust, see instructions ock D on page 9.)
B Exempt under section		LAKEVI	EW MEMORIAL HOS	PITA	L ASSOC.	, IN	C.		1-0811697
→ 501(C)(3) → 408(e) → 220(e)	or Type		et, and room or suite no. If a P.O. bo ST CHURCHILL ST		•	ns.			ated business activity codes nstructions for Block E ge 9.)
408A − 530(a) - 529(a)		STILLW						6215	00 812900
C Book value of all assets at end of year 58262604.	· ·	•	type I - K 501(c) corporat	-	- 501(c) trust	-	401(a) trust		<ul> <li>Other trust</li> </ul>
H Describe the organizatio	n's prima	urv unrelated b	usiness activity	SEE	STATEMEN	т 1			
			diary in an affiliated group or a pare	nt-subsid	iary controlled gro	oup? ~		T Ye	es 🕂 No
If "Yes," enter the name a	and ident	ifying number	of the parent corporation.		, ,		-	- -	-
J The books are in care of	I	DOUG JC	HNSON			Telephor	ne number 6	51-	430-4581
Part I Unrelated	d Trac		ness Income		(A) Income	e	(B) Expense	es	(C) Net
1 a Gross receipts or sale			,963.			~ ~			
b Less returns and allo		-	, 763. cBalance ~~~	1c	7,953,2	00.			
			~~~~~~~~~~~	2	7 052 2	0.0			7 052 200
			~~~~~~~~~~~	3	7,953,2	00.			7,953,200.
			) ~~~~~~~ (attach Form 4797) ~~~~~~						
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	40 4c					
			prations (attach statement) ~~~	5					
				6					
			:) ~~~~~~~~~~~~	7					
			controlled organizations (Sch. F)~	8					
			), or (17) organization						
(Schedule G) ~~~	-~~~	-~~~~~		9					
			) ~~~~~~~~~~	10					
11 Advertising income (S	Schedule	J) ~~~~~	~~~~~~	11					
12 Other income (See ins	structions	; attach sche	dule.) ~~~~~~~~~~	12					
13 Total. Combine lines				13	7,953,2				7,953,200.
(Except for	contribu	itions, deduc	<b>Isewhere</b> (see instructions f stions must be directly connected	ed with	the unrelated bu	isiness	,		
			stees (Schedule K) ~~~~~~					14	
			~~~~~~					15	1,681,027.
			~~~~~~~					16	
			~~~~~~~					17	
			~~~~~~					18	4,290.
			or limitation rules.) ~~~~~~					19 20	1,200.
								20	
		,	nd elsewhere on return ~~~~~					22b	32,180.
			~~~~~~~~~~~~~					23	
			INS ~~~~~~~~~~~					24	
			~~~~~~~~~~~					25	14,465.
			~~~~~~					26	
27 Excess readership co	osts (Sch	edule J) ~~	~~~~~~~	-~~~	~~~~~~~	~~~~	~~~~~	27	
			~~~~~~~~~~~					28	6,312,175.
		-	28 ~~~~~~~~~					29	8,044,137.
			et operating loss deduction. Subtract					30	-90,937.
			amount on line 30) ~~~~~~					31	0.
			pecific deduction. Subtract line 31 fr					32	-90,937.
			ee instructions for exceptions) ~~					33	1,000.
	ss taxa	bie income.	Subtract line 33 from line 32. If line	33 is gre	eater than line 32, e	enter the	smaller		-90,937.
of zero or line 32 823701 3-09-09 LHA For Priv	V00V / *	and Panaruar	k Poduction Act Nation and instant	otiona				34	Form 990-T (2008)
3-09-09 LHA For Priv	vacy ACT	anu raperwor	k Reduction Act Notice, see instru	43					runn 330-1 (2008)

13360215 131839 26447 2008.05050 LAKEVIEW MEMORIAL HOSPITAL 26447 1

Part III Tax Computation

	Organizations Taxable as Corporations. See instructions for tax computation.				
C	Controlled group members (sections 1561 and 1563) check here <b>I</b> See instructions and:				
a E	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
(	(1) \$ (2) \$ (3) \$				
b E	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
(	(2) Additional 3% tax (not more than \$100,000) ~~~~~~~~ \$				
c li	Income tax on the amount on line 34 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	35c		Ο.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34	_			
	Tax rate schedule or Schedule D (Form 1041) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		26		
	Proxy tax. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		36		
	Alternative minimum tax ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		37		
		~~~~~~	38		0.
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39		0.
Part IV					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ~~~~~ 40a		-		
	Other credits (see instructions) ~~~~~~ 40b		-		
	General business credit. Attach Form 3800 ~~~~~~~ 40c		-		
	Credit for prior year minimum tax (attach Form 8801 or 8827) ~~~~~~~ 40d		_		
	Total credits. Add lines 40a through 40d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		40e		
41 S	Subtract line 40e from line 39 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~	41		0.
42 (	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	42		
	Total tax. Add lines 41 and 42 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		43		0.
44 a F	Payments: A 2007 overpayment credited to 2008 ~~~~~~~~~~ 44a				
	2008 estimated tax payments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	Tax deposited with Form 8868 ~~~~~ 44c				
	Foreign organizations: Tax paid or withheld at source (see instructions) ~~~~~~ 44d		1		
	Backup withholding (see instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		-		
	_		-		
4 <b>5</b> T	➡ Form 4136         ■ 44f           Total payments. Add lines 44a through 44f         ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		45		
			45		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46		0.
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		47		0.
	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ~~~~~~		48		0.
	Enter the amount of line 48 you want: Credited to 2009 estimated tax	Refunded	49		
Part V	· · · · · · · · · · · · · · · · · · ·			— <u> </u>	т —
-	ny time during the 2008 calendar year, did the organization have an interest in or a signature or other author			Yes	
	nk, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Re	port of Foreign Bank a	nd		X
Finano	ncial Accounts. If YES, enter the name of the foreign country here ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see page 5 of the instructions for other forms the organization may have to file.				
2 During If YES,	S, see page 5 of the instructions for other forms the organization may have to file.	~~~~~~	-~~~~	~~	Х
	er the amount of tax-exempt interest received or accrued during the tax year \$				
Schedu	ule A - Cost of Goods Sold. Enter method of inventory valuation				
	N/A				
1 Invent	entory at beginning of year ~~~ 1 6 Inventory at end of year ~~~	~~~~~~	6		
2 Purch	chases ~~~~~~ 2 7 Cost of goods sold. Subtract lin	e 6			
3 Cost o	t of labor~~~~~~~ 3 from line 5. Enter here and in Pa	art I, line 2 ~~~~	7		
	itional section 263A costs ~~~ 4a 8 Do the rules of section 263A (wi			Yes	No
	er costs (attach schedule) ~~~ 4b property produced or acquired f				
	al. Add lines 1 through 4b 5 the organization?				Х
0 10101	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my know	wledge and beli	ef, it is true,	<u> </u>
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	knowledge.			
Here	(TEO		lay the IRS disc		with
	Signature of officer Date CFO		ne preparer sho		
	Data		nstructions)?		- NO
Paid	Check Check	N II	eparer's SSN	orPIIN	
Preparer's	r'S Land and the second s				
Use Only		FIN 41	L-0746'	/49	
	employed), 220 SOUTH SIXTH STREET, SUITE 300	Phone no.	<b>C10</b> C		
	ZIP code MINNEAPOLIS, MN 55402			76-450	
			F	orm 990-T	(2008)
823711 03-0					
	2				

13360215 131839 26447 2008.05050 LAKEVIEW MEMORIAL HOSPITAL 26447 1

_(1)										
_(2)										
_(3)										
(4)	0 Denter set									
(a) From personal property (if the	2 Rent receive	1		nd norconal proper	the life the pe	roontogo				onnected with the income in
(a) From personal property in the rent for personal property is m 10% but not more than 5	nore than 0%)	(d)	of rent for p	al and personal property (if the percentage or personal property exceeds 50% or if rent is based on profit or income)				columns 2(a)	) and	2(b) (attach schedule)
(1)										
_(2)										
(3)										
(4) Total	0.	Total					0.			
							0.	(b) Total deductions	\$	
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column	mn (A)						0.	Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated D	ebt-Finance	d Incom	e (See	instructions or	n page 1	9)				
				2 Gross in	come from			3 Deductions directly of to debt-fina		
1 Description of deb	t-financed property			or allocabl financed	e to debt-		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of of debt-fin	le adjusted b allocable to anced prope ch schedule)		6 Column by colu				7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%				
(2)						%				
(3)						%				
(4)						%				
								re and on page 1,		Enter here and on page 1,
						F	art I, lin	ie 7, column (A).	0	Part I, line 7, column (B).
Totals ~~~~~~~~~~~			~~~~	~~~~~	~~~~	· •			0.	0
Total dividends-received deductions									_	0
Schedule F - Interest, An	<u>nuities, Roya</u>	ittes, a		ts From C			orga	nizations (See in	nstru	ictions on page 20)
1 Norma of a second seco		n	Lvemp	3	lganizat	4		E - · · · ·		6 De ductions directle
1 Name of controlled organization	Employeri	2 dentification nber	Net ur (loss) (	3 nrelated income see instructions)		4 al of speo /ments m		5 Part of column 4 t included in the cont organization's gross	trolling	g connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organizati	ons									
7 Taxable Income	8 Net unrelated inco (see instruction	me (loss) s)	9 То	tal of specified pay made	ments					Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
(4)										
						Enterh		5 and 10. d on page 1, Part I, (A).	Ente	columns 6 and 11. er here and on page 1, Part I, 8, column (B).
Totals					J			0.		0 .
823721 03-09-09					5	1		5.	I	Form 990-T (2008

1 Description of property

13360215 131839 26447 2008.05050 LAKEVIEW MEMORIAL HOSPITAL

26447\_\_\_1

Page 3

FORM 990-T (2008) LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instr	ruction	is on page 21)			), (0), 01 (11) 0	. gaa				
1 Desc	ription o	of income			2 Amount of income	3 Ded directly c (attach s	uctions connected cchedule)	4 Set-asi (attach scho		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals				Q	Ο.					0.
Schedule I - Exploited		npt Activity Ir	ncome,	Other	Than Advertis	ing Inco	me			
1 Description of exploited activity	bu	Gross unrelated siness income from de or business	3 Expen directly con with produ of unrela business in	nected uction ated	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		unrelated column 5		le to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	pag	10, col. (A).	Enter here a page 1, Par 10, col.	t I, line (B).			ł			Enter here and on page 1, Part II, line 26.
Totals O		0.		0.						0.
Schedule J - Advertisi										
Part I Income From	Peric	odicals Report	ted on	a Cons	solidated Basis					
1 Name of periodical		2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.	5 Circ	culation ome	6 Readersl costs	hip	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)					-					
(3)					-					
(4)					-				_	
Totala (agrin to Dort II, line (5))	Q	0		0.						0.
Totals (carry to Part II, line (5)) Part II Income From I columns 2 through	Peric	dicals Report			rate Basis (For e	each period	dical listed	in Part II, fil	l in	<u> </u>
			1		4					7
1 Name of periodical		2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.	5 Circ	culation come	6 Readersl costs	hip	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
(5) Totals from Part I		0		0.						0.
	•	Enter here and on page 1, Part I, line 11, col. (A).	page 1,	ere and on Part I, line col. (B).	-					Enter here and on page 1, Part II, line 27.
Totals. Part II (lines 1-5)	Q	0	•	0.	•					0.
Schedule K - Compen-	satio	n of Officers,	Direct	ors, an	<u>d Trustees (see</u>	instruction				
1 N	lame				2 Title		3 Percent time devote business	d to		nsation attributable elated business
								%		
								%		
								%		
								%		
Total. Enter here and on page 1, P	Part II. li	ne 14						9		0.
								<u> </u>		Form 990-T (2008)

823731 03-09-09

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}}}	41-0811697 }}}}}}}
FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	
BUSINESS ACTIVITY }}}}}}	}}}}}}}
REFERENCE LAB, RETAIL PHARMACY, COURIER AND ANSWERING SERVICE	
TO FORM 990-T, PAGE 1	
FOOTNOTES	statement 2
}}}}}	}}}}}}}
FORM 990-T, PART II, LINE 31 NET OPERATING LOSS CARRYFORWARD CALCULATION	
09/30/1995 NET OPERATING LOSS	20,815.
09/30/1996 NET OPERATING LOSS	65,746.
09/30/1997 NET OPERATING LOSS	9,468.
09/30/1998 NET INCOME	-1,860.
09/30/1999 NET OPERATING LOSS	150,167.
09/30/2000 NET OPERATING LOSS	68,713.
09/30/2001 NET OPERATING LOSS 09/30/2002 NET OPERATING LOSS	133,711. 26,598.
09/30/2002 NET OPERATING LOSS 09/30/2003 NET OPERATING LOSS	20,598. 6,014.
09/30/2004 NET OPERATING LOSS	285,092.
09/30/2005 NET OPERATING LOSS	299,490.
09/30/2006 NET INCOME	-174,576.
09/30/2007 NET OPERATING LOSS	183,963.
09/30/2008 NET OPERATING LOSS	349,529.
NET OPERATING LOSS CARRYFORWARD TO 09/30/2009	<pre>}}}}}}}}3}})})}) 1}} 1}} 1,422,870.</pre>
09/30/2009 NET OPERATING LOSS	~~~~~~ 90,937.
57,50,2005 MEI OFERATING LODD	}}}}
NET OPERATING LOSS CARRYFORWARD TO 09/30/2010	1,513,807.
	~~~~~~~~~~~~

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
SUPPLIES AND OUTSIDE SERVICES		6,312,1	75.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	6,312,1	75.

Form <b>990</b>				or 4947(a)(1) of the Internal	Revenu	ie Code (	Income except black lu	Ta <sup>ung</sup>	X	<u>0MB No. 1545-0047</u>
		the Treasury ue Service	The organization may have	benefit trust or private found to use a copy of this return to	,		orting requirem	nents.		Open to Public Inspection
AF	or the 2	2007 calendar y	ear, or tax year beginning O	CT 1, 2007	and er	nding	SEP 30,	20	208	
B Check if applicable: Use IRS C Name of organization D E								D Empl	oyer i	dentification number
Address change LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.								41	L – 0	811697
1 1	Name change Initial return	Specific 927	umber and street (or P.O. box if mail is no 7 WEST CHURCHILL S'		)		Room/suite			number 439-5330
+	- Termin- ation - Amend- return	tions.	ity or town, state or country, and ZIP+4 ILLWATER, MN 5508	2			-		nting me Other specify)	thod: — Cash — K Accrual
Ŧ	Applica		n 501(c)(3) organizations and 4947(a)(1 attach a completed Schedule A (Form 99		ts			cable	to sec	ction 527 organizations.
<u>G V</u>	Vebsite:	WWW.L	AKEVIEW.ORG	·		• •	this a group re 'Yes," enter nur			
<u>J</u> (	Organiza	ation type (check of	only one) 🛛 🛨 501(c) ( 3 ) ß (inser	t no.) - 4947(a)(1) or	- 527	H(c) Ar	e all affiliates in		?	N/A 🕂 Yes 🕇 No
КΟ	heck he	ere 📕 ift	he organization is not a 509(a)(3) support	ing organization and its gros	s		"No," attach a l this a separate		filed b	v an or-
r	eceipts a	are normally no	t more than \$25,000. A return is not requi	red, but if the organization		ga	nization covere	ed by a	group	ruling? TYes K No
C	hooses	to file a return, I	be sure to file a complete return.			I Gr	oup Exemptior	Numb	er	N/A
										tion is not required to attach
			6b, 8b, 9b, and 10b to line 12	99,757,30			ch. B (Form 990	), 990-E	EZ, or	990-PF).
Pa	art I		Expenses, and Changes in		Bala	nces				
	1		gifts, grants, and similar amounts receiv		1	1				
	а		to donor advised funds ~~~~~~		_1a		0 - 0 - 0	~ 1		
	b		upport (not included on line 1a) $\sim \sim \sim$		1b		279,33	31.		
	С		support (not included on line 1a) $\sim \sim$		1c					
	d	Government c	Government contributions (grants) (not included on line 1a)							000 221
	е		add lines 1a through 1d) (cash \$)~						1e	279,331.
	2		ram service revenue including government fees and contracts (from Part VII, line 93) ~~~~~~~~~~~~~~~						2	93,223,343.
	3		pership dues and assessments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						3	
	4	Interest on sav	nterest on savings and temporary cash investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						4	254,358.
	5					~~~~			5	
	6 a		~~~~~ E~		<u>6a</u>		75,03	20.		
	b		penses ~~~~~~~~~~~~							75,020.
ne	с _		ome or (loss). Subtract line 6b from line 6	a ~~~~~~~~~~~	~~~	~~~~	~~~~~	~~	6c	/5,020.
Revenue	7		ent income (describe	(1) 0				_)	7	
Re	8 a		from sales of assets other	(A) Securities	0		(B) Other 27,03	25		
	h				8a		42,00			
			other basis and sales expenses ~~~		8b 8c		-15,03			
	c b	, ,	(attach schedule) ~~~~~~~~   ss). Combine line 8c, columns (A) and (B	)				_	8d	-15,033.
	9		and activities (attach schedule). If any and			_			00	
	a				9a					
	b		penses other than fundraising expenses		9b					
	С		(loss) from special events. Subtract line S		-	~~~~	~~~~~	-~	9c	
	10 a		inventory, less returns and allowances		10a					
	b		poods sold ~~~~~~~~~~		10b					
	с	-	r (loss) from sales of inventory (attach sch		n line 1	0a ~~~	~~~~~	-~	10c	
	11	Other revenue	(from Part VII, line 103) ~~~~~~~		~~~	~~~~	~~~~~	-~ [	11	5,898,218.
	12	Total revenue	. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11					12	99,715,237.
6	13		ces (from line 44, column (B)) ~~~~~						13	81,813,611.
ses	14	Management a	and general (from line 44, column (C))	~~~~~~~	~~~	~~~~	~~~~~	~~	14	18,193,513.
Expenses	15	Fundraising (fr	om line 44, column (D)) ~~~~~	~~~~~~	~~~	~~~~	~~~~~	~~ [	15	
EX	16		ffiliates (attach schedule) ~~~~~						16	
	17	Total expense	es. Add lines 16 and 44, column (A)					[	17	100,007,124.
s	18		icit) for the year. Subtract line 17 from line						18	-291,887.
Net	19		und balances at beginning of year (from li						19	39,975,691.
∠s ∀	20		in net assets or fund balances (attach exp				T~2		20	2,150,204.
	21	Net assets or f	und balances at end of year. Combine line	es 18, 19, and 20					21	41,834,008.
7230 12-27		LHA For Priv	vacy Act and Paperwork Reduction Act N	otice, see the separate instr	uctions	3				Form 990 (2007)

1

OMB No. 1545-0047

41-0811697 Page 2

Part II All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Statement of **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) ~~~~~~~~~~ 0 . noncash \$\_\_\_ 0 (cash \$ If this amount includes foreign grants, check here 22a STATEMENT 5 22b Other grants and allocations (attach schedule) (cash \$ 8,003,456.noncash \$ If this amount includes foreign grants, check here 8,003,456. 8,003,456. 22b 23 Specific assistance to individuals (attach 23 24 Benefits paid to or for members (attach 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A ~~~~~~ 377,678. 0. 377,678. 0. 25a b Compensation of former officers, directors, key 0. Ο. 0. 0. 25b employees, etc. listed in Part V-B ~~~~~~ c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~~~~~~ 250 26 Salaries and wages of employees not 34,045,451. 28,587,087. 5,458,364. 26 included on lines 25a, b, and c ~~~~~ 27 Pension plan contributions not included on 3,256,353. 346,611. 2,909,742. 27 lines 25a, b, and c ~~~~~~~~~~ 28 Employee benefits not included on lines 5,212,383. 1,254,778. 3,957,605. 28 2,488,782. 2,178,356. 310,426. 29 Payroll taxes ~~~~~~~~~~~ 29 30 Professional fundraising fees ~~~~~~ 30 72,947. 72,947. 31 Accounting fees ~~~~~~~~~~ 31 88,399. 88,399. 32 24,455,422. 23,771,884. 683,538. 33 Supplies ~~~~~~~~~~~ 33 44,675 97,758 53,083. 34 212,634 153,622. 59,012 35 Postage and shipping ~~~~~~~~~ 35 791,886. 791,886. 36 2,383,479. 1,825,963. 557,516. 37 Equipment rental and maintenance ~~~~ 37 64,092. 47,849. 16,243. 38 Printing and publications ~~~~~~~ 38 237,052. 221,341. 15,711. 39 40 40 Conferences, conventions, and meetings ~ 41 3,865,334. 3,865,334. 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): 43a а 43b b\_ 430 С 43c 43e 43 SEE STATEMENT 4 14,354,018. 11,504,247. 2,849,771. 430 q 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 100,007,124. 81,813,611. 18,193,513 Ο. 44 Joint Costs. Check Solution of the second se Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ----- 9 + Yes \* No N/A N/A If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ N/A N/A (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ 723011 12-27-07 Form 990 (2007) 2

Pa	art III Statement of	Program	n Service Ad	complish	ments (See t	he instructions.)			
Hov	m 990 is available for public v the public perceives an o rn is complete and accurat	organizatio	n in such cases	may be deter	rmined by the i	nformation prese	ented on its retu	•	-
Wh	at is the organization's prim	nary exem	pt purpose?	SEE S	TATEMEN	5 7			Program Service Expenses
clie	organizations must describ nts served, publications iss anizations and 4947(a)(1) n	sued, etc.	Discuss achieve	ments that a	re not measura	ble. (Section 50	1(c)(3) and (4)		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMEN	т б							
	Grants and allocations	\$	8,003,45	6.) If this	amount inclue	des foreign grant	ts, check here		81,813,611.
b									
с	Grants and allocations	\$		) If this	amount includ	des foreign grant	is, check here	1°	
U									-
d	Grants and allocations	\$		) If this	amount includ	des foreign grant	s, check here		-
u									
	(Grants and allocations	\$		) If this	amount includ	des foreign grant	s, check here	1 °	

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697

81,813,611.

Form 990 (2007)

Page 3

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

(Grants and allocations \$

Form 990 (2007)

3

) If this amount includes foreign grants, check here

Form 990 (2007)

45

46

11560630 131839 26447 2007.08000 LAKEVIEW MEMORIAL HOSPITAL

4

	b	Less: allowance for doubtful accounts ~~~	48b			48c	
	49	Grants receivable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~			49	
	50 a	Receivables from current and former officers, dir	rectors,	trustees, and			
		key employees ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~			50a	
	b	Receivables from other disqualified persons (as	I under section				
ts		4958(f)(1)) and persons described in section 495				50b	
Assets	51 a	Other notes and loans receivable ~~~~~~	51a				
Ä		Less: allowance for doubtful accounts ~~~~~~	51b			51c	
	52	Inventories for sale or use ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~	~~~~~~	1,618,749.	52	1,738,601.
	53	Prepaid expenses and deferred charges ~~-			687,069.	53	765,678.
		Investments - publicly-traded securities ~~~~				54a	
		Investments - other securities ~~~~~~~				54b	
		Investments - land, buildings, and	,			0.12	
		equipment: basis ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	55a				
	h h	Less: accumulated depreciation ~~~~~~	55b			55c	
	56	Investments - other ~~~~~~~~~~~~	E~	I~8~~	2,339,350.	56	2,412,406.
		Land, buildings, and equipment: basis $\sim \sim \sim$	57a	64,699,219.	, ,	00	, ,
		Less: accumulated depreciation $S \sim 2 \sim$	57b	36,928,042.	29,563,537.	57c	27,771,177.
	58	Other assets, including program-related investments	0101		-,,	570	
	50	(describe ACCRUED INTEREST		)	32,201.	58	11,656.
	59	Total assets (must equal line 74). Add lines 45 t	hrouah	58	53,613,397.	59	55,369,132.
	60	Accounts payable and accrued expenses ~~~	6,047,344.	60	5,985,115.		
	61	Grants payable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			61		
	62	Deferred revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				62	
Liabilities	63	Loans from officers, directors, trustees, and key				63	
billid	64 a	a Tax-exempt bond liabilities ~~~~~~~~				64a	
Lial		o Mortgages and other notes payable ~~~~~				64b	
	65	Other liabilities (describe	E ST	ratement 10 )	7,590,362.	65	7,550,009.
		、 <u>-</u>	, T				
	66	Total liabilities. Add lines 60 through 65			13,637,706.	66	13,535,124.
	Orga	anizations that follow SFAS 117, check here	- ₩ 6	and complete lines			
s		67 through 69 and lines 73 and 74.					
Ces	67	Unrestricted ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~		39,601,863.	67	41,293,226.
Balance	68	Temporarily restricted ~~~~~~~~~~~	~~~~		373,828.	68	540,782.
Ва	69	Permanently restricted ~~~~~~~~~~	~~~~			69	
Fund	Orga	anizations that do not follow SFAS 117, check h					
	_	complete lines 70 through 74.	_	_			
0 S	70	Capital stock, trust principal, or current funds ~	~~~~			70	
set	71	Paid-in or capital surplus, or land, building, and e				71	
As	72	Retained earnings, endowment, accumulated ind				72	
Net Assets or	73	Total net assets or fund balances. Add lines 67 throug	,				
_		(Column (A) must equal line 19 and column (B) must e		-	39,975,691.	73	41,834,008.
	74	Total liabilities and net assets/fund balances.	•		53,613,397.	74	55,369,132.
							Form 990 (2007)

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. Part IV Balance Sheets (See the instructions.)

47a

47b

48a

23,107,123.

12,260,487.

Note: Where required, attached schedules and amounts within the description column

Savings and temporary cash investments ~~~~~~~~~

should be for end-of-year amounts only.

47 a Accounts receivable ~~~~~~~~

b Less: allowance for doubtful accounts ~~~

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(B)

End of year

11,554,532.

10,846,636.

26447 1

268,446.

(A)

Beginning of year

7,342,682.

11,773,145.

256,664.

45

46

47c

Pa	instructions.)	ncial Statements Wi	th Revenue pe	er Re	turn (Se	ethe
а	Total revenue, gains, and other support per audited financial statement	nts ~~~~~~~~~	~~~~~~~	~~	a 9	8517884.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments ~~~~~~~~~~~~~~	~~~~~  b	51			
	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	Other (specify):					
	Add lines b1 through b4 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			~~	b	Ο.
с					c 9	8517884.
d	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b ~~~~~~~	~~~~~  d	1			
2	· · · · · · · · · · · · · · · · · · ·		1,197,3	53.		
	Add lines d1 and d2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~	~ ~	d 1,	197,353.
е	Total revenue (Part I, line 12). Add lines c and d			-	e 9	9715237.
Pa	rt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements W	ith Expenses	per F	Return	
а	Total expenses and losses per audited financial statements ~~~~	~~~~~~~	~~~~~~~	۲ ۱	a 9	2003668.
b	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~ k	51			
2	Prior year adjustments reported on Part I, line 20 ~~~~~~~~	~~~~~ k	02			
	Losses reported on Part I, line 20 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	Other (specify):		04			
	Add lines b1 through b4 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~	~~	b	0.
с	Subtract line b from line a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~~~~~	~~	c 9	2003668.
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b ~~~~~~	~~~~~ d				
2	Other (specify):SEESTATEMENT_12	c	12 8,003,4			
	Add lines d1 and d2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~~~~~	~~	d 8,	003,456.
	Total expenses (Part I, line 17). Add lines c and d				е	100,007,124.
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List eac are not compensated.) (See	h person who was the instructions.)	an off	icer, direc	ctor, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ntributions to byee benefit & deferred hsation plans	(E) Expense account and other allowances
	$\begin{array}{c} 111111111111111111111111111111111111$		318,494.	59	,184.	0.
	11111111111111111111111111111111111111					
	11111111111111111111111111111111111111					
	11111111111111111111111111111111111111					
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	11111111111111111111111111111111111111					

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697

Form 990 (2007)

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Form 990 (2007)

11560630	131839	26447

723161/12-27-07

Form 990 (2007)

11	
• •	11111111111111111111111111111111111111
	111111111111111111111111111111111111111
	111111111111111111111111111111111111111
•••	111111111111111111111111111111111111111
•••	111111111111111111111111111111111111111
Par	rt VI Other Information (See the instructions.)
76 77	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
78 a b	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year?
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ~~
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ~~~~~~~~~~ If "Yes," enter the name of the organization <b>SEE STATEMENT 14</b>
	and check whether it is texempt or the nonexempt
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) ~~~~~~ 81a 0.

b Did the organization file Form 1120-POL for this year?

75 a	Enter the	total r	umber c	of officers,	directors,	and trustee	s permitted	to vote on	organization	business	at board	
	meetings	~~~	~~~~	~~~~~	~~~~~	~~~~~	-~~~~	~~~~~		~~~~		15

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies 

с	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed
	in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A
	or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the
	organization? See the instructions for the definition of "related organization."SEE_STATEMENT_15

If "Yes," attach a statement that includes the information described i				
d Does the organization have a written conflict of interest policy?				75d X
Part V-B Former Officers, Directors, Trustees, and Key Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of cor	nployee received compens	ation or other ben	efits (described	below) during
(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter - 0-)	(D) Contributions to employee benefit plans & deferred compensation plans	account and
11111111111111111111111111111111111111				
11111111111111111111111111111111111111				
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11111111111111111111111111111111111111				
111111111111111111111111111111111111111				

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

41-0811697 Yes No

75b

Х 75c

Yes

Х

Х

Х

Form 990 (2007)

26447 1

76

77

78a

78b

79

80a

81b

No

Х

Х

Х

Х

Page 6

Х

Form	990 (2007) LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811	697	F	Page 7
Par	t VI Other Information (continued)		Yes	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) ~~~~~~~ 82b N/A			
	Did the organization comply with the public inspection requirements for returns and exemption applications?~~~~~~~	83a	Х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible? $N \perp A$	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		84b		
	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?N $\angle A$	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members ~~~~~~ 85c N/A	-		
d	Section 162(e) lobbying and political expenditures ~~~~~~~ 85d N/A	-		
e	Aggregate nondeductible amount of section $6033(e)(1)(A)$ dues notices $\sim \sim \sim$	-		
t		1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? $\sim \sim \sim \sim \sim \sim \sim \sim N \measuredangle A \rightarrow \sim \sim \sim \sim \sim \sim N \measuredangle A \rightarrow \sim \sim$	<u>85a</u>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? $\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim$	0.5.6		
00		85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 ~~~~~~~ 86a N/A			
h	line 12         86a         N/A           Gross receipts, included on line 12, for public use of club facilities         ~~~~~~~~         86a         N/A			
b 87	501(c)(12) organizations. Enter: a Gross income from members or shareholders~~~~~~ 87a N/A			
	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
b	against amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
<u> </u>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1		
00 a	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	88a		х
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
U	section 512(b)(13)? If "Yes," complete Part XI ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	88b	х	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
00 u	section 49110 · ; section 49120 · ; section 49550.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	89b		Х
с	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 ~~~~~~~~~~ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ~~~~~~ 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ~~~	89e		Х
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?~~~~~~	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g		
	List the states with which a copy of this return is filed			
	Number of employees employed in the pay period that includes March 12, 2007 ~~~~~~ 90b	-		763
91 a	The books are in care of DOUG JOHNSON Telephone no.			
	Located at 927 CHURCHILL STREET WEST, STILLWATER, MN ZIP+4	508		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~	91b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

Form 990 (2007)

723162/12-27-07

11560630 131839 26447

Form 990 (2007)         LAKEVIEW         MI           Part VI         Other Information (continued)         MI	EMORIAL	HOSPITAL ASS	SOC.	, INC. 41-	0811697 Page 8 Yes No			
c At any time during the calendar year, did the organization maintain an office outside of the United States?       91c       X         If "Yes," enter the name of the foreign country      N/A      N/A         92       Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here      N								
and enter the amount of tax-exempt interest rea	ceived or accrue	ed during the tax year _			N/A			
Part VII Analysis of Income-Producing		ed business income	Exclus	led by section 512, 513, or 514				
Note: Enter gross amounts unless otherwise indicated. 93 Program service revenue:	(A) Business code	(B) Amount	(C) Exclu- sion	(D) Amount	(E) Related or exempt function income			
a NET PATIENT SERVICE	621500	4,491,405.	code		88,731,938.			
b		1,121,1001						
c	_							
d								
e								
f Medicare/Medicaid payments ~~~~~~~	_							
g Fees and contracts from government agencies -								
94 Membership dues and assessments ~~~~~	-							
95 Interest on savings and temporary cash investments -	-		14	254,358.				
96 Dividends and interest from securities ~~~~~	-							
97 Net rental income or (loss) from real estate:								
a debt-financed property~~~~~~~~~~								
b not debt-financed property ~~~~~~~~			16	75,020.				
98 Net rental income or (loss) from personal proper								
99 Other investment income ~~~~~~~~	~							
100 Gain or (loss) from sales of assets			1.0	15 022				
other than inventory ~~~~~~~~~			18	-15,033.				
101 Net income or (loss) from special events ~~~								
102 Gross profit or (loss) from sales of inventory ~	~							
103 Other revenue:		1 607 960		1 200 259				
a <u>SEE STATEMENT 16</u>		4,607,860.		1,290,358.				
b	-							
c d	_							
d e	-							
104 Subtotal (add columns (B), (D), and (E))~~~~~	_	9,099,265.		1,604,703.	88,731,938.			
105 Total (add line 104, columns (B), (D), and (E)) $\sim$ -			~~~		99,435,906.			
Note: Line 105 plus line 1e, Part I, should equal the a				•	i			
Part VIII Relationship of Activities to the	ne Accompl	ishment of Exemp	t Pur	poses (See the instruction	ons.)			
Line No. Explain how each activity for which income is re								
<ul> <li>exempt purposes (other than by providing fund</li> </ul>	s for such purpo	ses).						
93A HOSPITAL AND RELATED H	IEALTH C	ARE SERVICES	PR	OVIDED PATIEN	TS.			
93F HOSPITAL AND RELATED H	IEALTH C	ARE SERVICES	PR	OVIDED PATIEN	TS.			
Part IX Information Regarding Taxabl	<u>e Subsidiari</u>	<u>es and Disregard</u> (C)	ed Er		ns.) (E)			
Name, address, and EIN of corporation, ownership int		Nature of activities		(D) Total income	End-of-year			
partnership, or disregarded entity					assets			
NT / 7	%							
N/A	%							
	%							
Part V Information Pagarding Transf	, •	tod with Doroonal	Bong	fit Contracto (See the	instructions)			
Part X Information Regarding Transfe								
<ul><li>(a) Did the organization, during the year, receive any fund</li><li>(b) Did the organization, during the year, pay premiums, or</li></ul>								
Note: If "Yes" to (b), file Form 8870 and Form 4720			nuaci?	~~~~~~~~~				
	,	1						

Form 990 (2007)

723163 12-27-07

Form 990 (200	07)	LAKEVIE	EW MEMO	RIAL	HOSP	ITAL	ASSOC.,	INC.	41-0811697
Part XI	Information	Regarding	Transfers	To and	From	Contro	olled Entities.	Complete only	if the organization is a
	controlling orga	nization as defi	ned in sectior	n 512(b)( <sup>-</sup>	13).				

Page 9

	controlling organization as defined in section 512(b)(13).			
				Yes No
106 E	Did the reporting organization make any transfers to a controlled entity a	as defined in section	512(b)(13) of the Code? If "Yes,"	,
с	omplete the schedule below for each controlled entity.			х
	(A)	(B) Employer	(C)	(D)
	Name, address, of each	Identification	Description of	Amount of
	controlled entity	Number	transfer	transfer
π.Ζ	AKEVIEW MEMORIAL HOSPITAL FOUNDATION			
1	171 11 CHURCHTLL ST1111111111111111111111111			
$a \frac{92}{1}$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41-1386635	SEE STATEMENT 19	EC0440C
51	ILLLWAIER, MN 55082	41-1300035	SEE SIAIEMENI 19	5694406.
1	111111111111111111111111111111111111111			
h	111111111111111111111111111111111111111			
1	111111111111111111111111111111111111111			
<u> </u>	111111111111111111111111111111111111111			
	Totals			5694406.
				Yes No
107 E	Did the reporting organization receive any transfers from a controlled en	tity as defined in see	ction 512(b)(13) of the Code? If ""	Yes,"
C	omplete the schedule below for each controlled entity.			Х
	(A)	(B) Employer	(C)	(D)
	Name, address, of each	Identification Number	Description of	Amount of
	controlled entity	Number	transfer	transfer
LΖ	AKEVIEW MEMORIAL HOSPITAL FOUNDATION			
a 92				
3 I	111111111111111111111111111111111111	41-1386635	SEE STATEMENT 20	279,331.
h	111111111111111111111111111111111111111			
~ 1	111111111111111111111111111111111111111			
<u> </u>	111111111111111111111111111111111111111			
ັ 1	111111111111111111111111111111111111111			
	Totals			279,331.
	Totals			
400 5		47.0000		<u>Yes No</u>
	Did the organization have a binding written contract in effect on August	17, 2006, covering tr	he interest, rents, royalties, and	x
3	Innuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompany	ing schedules and stateme	nts, and to the best of my knowledge and be	
	and complete. Declaration of preparer (other than officer) is based on all information of white	ch preparer has any knowle	edge.	
Please			I	
Sign	Cirpoture of officer		Data	
Here	Signature of officer		Date	
	DOUG JOHNSON, CFO			
	Type or print name and title			
Paid	Preparer's	Date	Check if Preparer's SSN self-	I or PTIN (See Gen. Inst. X)
Prepare	signature —		employed <b>9</b>	
Use Onl			EIN <b>g</b>	
000 011	self-employed), 220 SOUTH SIXTH STREET, S	UITE 300	_	
	ZIP+4 MINNEAPOLIS, MN 55402		Phone no. <b>9</b> 612-	376-4500
				Form <b>990</b> (2007)

SCH	EDU	LE	A
(Form	990 (	or 99	90-EZ)

# Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) Q MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

4

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

LAKEVIEW MEMORIAL HOSPITA	L ASSOC., INC	2.	41 0811	697
Part I Compensation of the Five Highest Paid Emp (See page 1 of the instructions. List each one. If there are none, end		Officers. Direc		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions t employee benefit plans & deferred compensation	e (e) Expense account and other allowances
$\begin{array}{c} J \in F \in F \\ 341 \\ 140 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\ 141 \\$	LEAD ULTRASO 66.00	UND TECH 173,235.	17,053	. 0.
$\overset{MARY}{1} \overset{E.}{1} \overset{JONES}{1} \overset{1}{1} \overset{1}$	RN, WEEKENDE 51.00	178,567.	12,973	. 0.
CINDY APPLESETH 13120111777H ST. N., MARINE 111111111111111111111111111111111111	PHARMACY DIR 40.00	139,046.	17,410	. 0.
JO SITTLOW 214 1243TBANK COURT, 1 NORTH 1 HUDSON, 1 W 1		128,840.	10,200	. 0.
JANICE ARKELL 113921188111151111511121202720	RN, WEEKENDE 48.00	R 126,419.	15,390	. 0.
Total number of other employees paid over \$50,000	281			
Part II-A Compensation of the Five Highest Paid Inder (See page 2 of the instructions. List each one (whether individuals			onal Servic	es
(a) Name and address of each independent contractor paid more tha	n \$50,000	(b) Type of s	ervice	(c) Compensation
$\overset{\text{ST.}}{\underset{225}{\overset{\text{PAUL}}{11111111111111111111111111111111111$	1111111111	EQUIPMENT RENTAL/TEC	HICIAN	687,269.
NURSE ANESTHESIA SERVICES, P.A. 19911131111111111111111111111111111111		ANESTHESIA SERVICES		399,996.
$\overset{\text{ST.}}{\underset{P0}{\overset{\text{CROIX}}{13}}}, \overset{\text{CHAPLANCY}}{\underset{P1}{332}}, \text{CHAP$	1111111111	PASTORAL C SERVICES	ARE	115,421.
NELSON & ANDERSON CREATIVE GROUP 1131 131 11111111111111111111111111111	1111111111	MARKETING ADVERTISIN		106,704.
$ \begin{array}{c} {} {} {} {} {} {} {} {} {} {} {} {} {}$	1111111111 <sub>1</sub>	LEGAL SERV	ICES	88,831.
Total number of others receiving over \$50,000 for professional services	4			
Part II-B Compensation of the Five Highest Paid Inder (List each contractor who performed services other than profession	•		ervices	
firms. If there are none, enter "None." See page 2 of the instruction				
(a) Name and address of each independent contractor paid more tha OUEST DIAGNOSTICS		(b) Type of s	service	(c) Compensation
<u>10180x11129891,112H12AGD1,11114130893111111</u>	1111111111	rests/serv	ICES	566,006.
MIDWEST SLEEP LINK 1211111111111111111111111111111111111	1,11,1,15,1,1,1	SLEEP STUD PROFESSION		216,200.
FAVORITE HEALTHCARE STAFFING 111111111111111111111111111111111111	ERLAND' PARK ,	FEMPORARY AGENCY	HELP	192,062.
TMCK ASSOCIATES 111111111111111111111111111111111111	1111111111		TURE RECOVER	190,036.
AMERICAN SECURITY LLC 11111111111111111111111111111111111	1111111111	OVERNIGHT WEEKEND SE		131,996.
Total number of other contractors receiving over \$50,000 for other services	4			

26447\_\_\_1

10 2007.08000 LAKEVIEW MEMORIAL HOSPITAL

Ρ	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities J \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
;	a Sale, exchange, or leasing of property?	2a		Х
	b Lending of money or other extension of credit? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b		Х
	c Furnishing of goods, services, or facilities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V=AEQRM_990	2d	Х	
	e Transfer of any part of its income or assets? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3a		Х
I	b Did the organization have a section 403(b) annuity plan for its employees? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3b	Х	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4a		Х
I	b Did the organization make any taxable distributions under section 4966? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ~~~~~~~~~ J		N/	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ~~~~ J			0.
9	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year $\sim$			0.

Schedule A (Form 990 or 990-EZ) 2007

Part IV	Reason for No	n-Private Foundation S	Status (See pages 4 th	rough 8 of the instructior	าร.)				
I certify that t	he organization is not a	private foundation because it is: (P	lease check only ONE ap	plicable box.)					
5 🕇	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).								
6 -	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7 <del>- K</del>	A hospital or a coope	rative hospital service organization	. Section 170(b)(1)(A)(i	ii).					
8 -	A federal, state, or loo	cal government or governmental u	nit. Section 170(b)(1)(A)	(v).					
9 -	A medical research o	rganization operated in conjunctior	n with a hospital. Section	170(b)(1)(A)(iii). Enter th	he hospital's name, city,				
	and state $ {\sf J} $								
10 📕	An organization operation	ated for the benefit of a college or u	university owned or opera	ted by a governmental un	it. Section 170(b)(1)(A)(	v).			
	(Also complete the S	support Schedule in Part IV-A.)							
11a 📕	An organization that	normally receives a substantial part	rt of its support from a go	vernmental unit or from th	ne general public.				
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
11b 🕇	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
12 🕇		normally receives: (1) more than 3							
		es related to its charitable, etc., fund	,	1 / (/					
		s investment income and unrelate fter June 30, 1975. See section 50		(	•				
	by the organization a	iter June 30, 1975. See section 50	9(a)(2). (Also complete t	rie Support Schedule in	Part IV-A.)				
13 🕇	An organization that i	is not controlled by any disqualified	persons (other than four	ndation managers) and ot	herwise meets the require	ments of section			
	509(a)(3). Check the	box that describes the type of sup	porting organization:						
	— Туре I	— Туре II	Type III-Fur	ctionally Integrated	Type III	-Other			
	Dr	ovide the following information at	out the supported organ	izationa (Soo page 9 of t	ha instructions )				
		0		· · · ·	,	(-)			
	(a)		(b)	(c)	(d)	(e)			
	Name(s) of supporte	ed organization(s)	Employer identification	Type of organization (described in lines	Is the supported organization listed in	Amount of support			
	number (EIN) 5 through 12 above the supporting								

identification number (EIN)	(described in lines 5 through 12 above or IRC section)	organization listed in the supporting organization's governing documents?		support
		Yes	No	
 			J	

14 — An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

# Schedule A (Form 990 or 990-EZ) 2007 LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697 Page 4

Pa	art IV-A Sup You	port Schedule (C may use the work	complete only if you chaster the second s	ecked a box on line 10 ns for converting from	, 11, or 12.) Use cash the accrual to the cash	method of acco	ountin	9. Note: N/A
	endar year (or fisc inning in) ~~~	al year	(a) 2006	(b) 2005	(c) 2004	(d) 2003	uning	(e) Total
15	Gifts, grants, and received. (Do no							
16		s received ~~~						
17	merchandise so							
	performed, or fu facilities in any a							
	related to the or	ganization's						
10	charitable, etc.,							
18	ends, amounts ments on securi 512(a)(5)), rent from similar sou business taxable section 511 taxe acquired by the	om interest, divid- received from pay- ities loans (section s, royalties, income urces, and unrelated e income (less es) from businesses organization after						
19	Net income from	unrelated business	3					
		luded in line 18						
20	organization's b	ried for the enefit and either ended on its behalf						
21	furnished to the governmental u Do not include t or facilities gene	vices or facilities organization by a nit without charge. he value of services erally furnished to ut charge ~~~						
22	Other income. A	ttach a schedule. Jain or (loss) from Ssets						
23		through 22 ~~	0.	0.	0.		0.	0.
24	Line 23 minus li	ne 17 ~~~~~						
25		23 ~~~~~					1	
26			0 or 11: a Enter 2% of				26a	N/A
t	•	•	w the name of and amour	• •	· ·			
			on) whose total gifts for 2 n. Enter the total of all the				26b	N/A
c			test: Enter line 24, column					N/A
0			nes: 18					
			22	26b		~~~ J	26d	N/A
(		•	26d total) ~~~~~~	~~~~~~~~~	~~~~~~~~~~	J		N/A
1			e (numerator) divided by					N/A %
27	-		: a For amounts included					
	such amounts f	or each year:	tal amounts received in ea			,		
	. ,		, ,	•	,	•	,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Ľ	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of,							
	and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and							
		-	or (2), enter the sum of the					
	(2006) ~~~	~~~~~~~	~ (2005) ~~~~~	~~~~~ (2	2004) ~~~~~~~	~~~~~ (200	)3) ~-	~~~~~~
C	c Add: Amounts f	rom column (e) for li	ines: 15 _		16			
		17	20		21	~ J	27c	N/A
C	d Add: Line 27a to	iai ~	d			~ J	270	11,711
			line 27d total) $\sim \sim \sim \sim$ est: Enter amount on line :				2/e	N/A
f			est: Enter amount on line : e (numerator) divided by				270	N/A %
r F			e (numerator) divided by e 18, column (e) (numerator				274 27h	N/A %
28	Unusual Grants: F	or an organization de	escribed in line 10, 11, or	12 that received any unus	sual grants during 2003 th	rough 2006, prepa	are a list	for your records to
	show, for each yea	ar, the name of the co ude these grants in I	ontributor, the date and ar	mount of the grant, and a	brief description of the na	ture of the grant.	Do not i	file this list with your
	131 12-27-07						Schedu	ule A (Form 990 or 990-EZ) 2007
				13				

		81169		Page
Pa	rt V Private School Questionnaire (See page 9 of the instructions.)	N/	A	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		1	T
0	Describe experiencies have a residly pendiagriphetary policy toward at dente by atotement in its shorter, bylows, other gaverning		Yes	N
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	- 29		
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	- 29		
0	and other written communications with the public dealing with student admissions, programs, and scholarships? ~~~~~~~~~~~	20		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	~30		
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	- 31		
		_		
		-		
2	Does the organization maintain the following:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ <u>32a</u>		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ~~~~~~	~ <u>32b</u>		
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ <u>32c</u>		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	- 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
3	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 33a		
b				
с				
d				
е	Educational policies? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
f	Use of facilities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 33f		
g	Athletic programs? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 33q		
h	Other extracurricular activities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ <u>33h</u>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		_		
4 a	Does the organization receive any financial aid or assistance from a governmental agency?	- <u>34a</u>		_
b	Has the organization's right to such aid ever been revoked or suspended? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ <u>34b</u>		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		1

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 LAKEVIEW MEMORIAL HOSPITAL A	SSOC	., INC.	41-0811697 Page 6
Part VI-A Lobbying Expenditures by Electing Public Charities (See page (To be completed ONLY by an eligible organization that filed Form 5768)	ge 11 of t	he instructions.)	N/A
Check $Q$ a <u>fi</u> if the organization belongs to an affiliated group. Check $Q$ b <u>fi</u> if y	you check	ked "a" and "limited co	ontrol" provisions apply.
Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all
(The term "expenditures" means amounts paid or incurred.)			electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) ~~~~~~~~~	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~~~~~	37		
38 Total lobbying expenditures (add lines 36 and 37) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	38		
39 Other exempt purpose expenditures ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	39		
40 Total exempt purpose expenditures (add lines 38 and 39) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 ~~~~~~ 20% of the amount on line 40 ~~~~~~~~			
Over \$500,000 but not over \$1,000,000 ~~~~ \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 ~~~ \$175,000 plus 10% of the excess over \$1,000,000	41		
Over \$1,500,000 but not over \$17,000,000 ~~~ \$225,000 plus 5% of the excess over \$1,500,000			
Over\$17,000,000 ~~~~~~~ \$1,000,000~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
42 Grassroots nontaxable amount (enter 25% of line 41) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

# 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five colu	imns
below. See the instructions for lines 45 through 50 on page 13 of the instructions.)	

		eriod		N/A				
Calendar year (or fiscal year beginning in)	(a) 2007							
45 Lobbying nontaxable amount							0.	
46 Lobbying ceiling amount (150% of line 45(e))							0.	
47 Total lobbying expenditures							0.	
48 Grassroots nontaxable amount							0.	
49 Grassroots ceiling amount (150% of line 48(e))							0.	
50 Grassroots lobbying expenditures							0.	
Part VI-B Lobbying (For reporting	Activity by Nonelect only by organizations that did			ns.)				
During the year, did the organizat			n, including any attempt to		Yes	No	Amount	
a Volunteers ~~~~~~		•	~~~~~~~~~~	~~~~		Х		
	Include compensation in exp					Х		
•	~~~~~~~~~~		•			Х		
d Mailings to members, legisla	ators, or the public $\sim \sim \sim \sim$			~~~~		Х		
e Publications, or published of	or broadcast statements ~~			~~~~		Х		
f Grants to other organization	s for lobbying purposes ~~			~~~~		Х		
g Direct contact with legislato	rs, their staffs, government o	officials, or a legislative body	~~~~~~~~~~	~~~~		Х		
, , ,	minars, conventions, speeche					Х		
i Total lobbying expenditures	(Add lines cthrough h.)~~	-~~~~~~~~		~~~~			0.	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

723151 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

Part				Relationships With Noncharita	able		
51 D		zations (See page 14 of the instru rectly or indirectly engage in any of the		reanization described in section			
		ection 501(c)(3) organizations) or in		-			
		anization to a noncharitable exempt			Γ	Yes	No
			•	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. 51a(i)		Х
	( )						Х
ЬÖ	ther transactions:						
(	(i) Sales or exchanges of asset	ts with a noncharitable exempt organ	ization ~~~~~~~		. b(i)		Х
				~~~~~~~~~~~~~~~~~~			Х
(ii	ii) Rental of facilities, equipment	nt, or other assets ~~~~~~~	~~~~~~~~~	~~~~~~~~~~~~~~~~~~	b(iii)		Х
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Х
							Х
							Х
					_ C		Х
				ways show the fair market value of the			
-		given by the reporting organization.	-	-		<b>NT / 7</b>	
		ent, show in column (d) the value of	the goods, other assets, or			N/A	
(a) Line no.	(b) Amount involved	(C) Name of noncharitable exe	empt organization	(d) Description of transfers, transactions, and s	sharing arr	angem	ients
20101101			omprorgamzation			ungen	
52 a ls	the organization directly or inc	lirectly affiliated with, or related to, or	ne or more tax-exempt orgai	nizations described in section 501(c) of the			
				_	- Yes	-K	- No
	"Yes," complete the following s						
	(a)	)	(b)	(c)			
	Name of org	ganization	Type of organization	Description of relationsh	ip		
723152			1				
723152 12-27-07			16	Schedule A (Forn	n 990 or 9	190-EZ	) 2007

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

# Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

# 2007

Employer identification number

697

Internal Revenue Service		The TOFFORM 990, 990-EZ, and 990-FF (see instructions)		
Name of organization			Emp	oloyer ident
	LAKEV	VIEW MEMORIAL HOSPITAL ASSOC., INC.	4	1-0811
Organization type (chec	ck one):			
Filers of:	Sect	tion:		
Form 990 or 990-EZ	<b>-k</b> -	501(c)( <sup>3</sup> ) (enter number) organization		
	Ŧ	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	╉	527 political organization		
Form 990-PF	╉	501(c)(3) exempt private foundation		

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA	For Paperwork Reduction Act Notice, see the Instructions
	for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

723451 12-27-07

Name of organization

Page 1 of 1 of Part I

Employer identification number

41-0811697

# LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.

Part I Contributors (See Specific Instructions.)

Part	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 927 WEST CHURCHILL STREET STILLWATER, MN 55082	\$ <u>279,331.</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	27-07	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

18

2007.08000 LAKEVIEW MEMORIAL HOSPITAL 26447\_\_\_1

### 2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

Asset No.	Description	Ac	Date quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES												
11					.000	16							3,865,334.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES						0.		Ο.	0.	0.	Ο.	3,865,334.
	* GRAND TOTAL 990 PAGE 2 DEPR						0.		0.	0.	0.	0.	3,865,334.
												_	

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}}	41-0811697 }}}}}}}
FORM       990       RENTAL       INCOME         }}}}}}       }}}}       }}}       }}}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }       }}       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       `` <t< td=""><td>STATEMENT 1 }}}}}}}}</td></t<>	STATEMENT 1 }}}}}}}}
KIND AND LOCATION OF PROPERTY }}}}}}} WARFARIN CLINIC - PHARMACY TOTAL TO FORM 990, PART I, LINE 6A	ACTIVITY GROSS NUMBER RENTAL INCOME }}}}}} 1 75,020. }}}}} 5,020.
	~~~~~~~~~~~~

LAKEVIEW MEMORIAL H }}}}}}}}				41-0811697 }}}}}}}
FORM 990 GAI		ALE OF OTHER #		STATEMENT 2 }}}}}}
DESCRIPTION }}}}}} LOSS ON SALE OF ASSET	S	DATE ACQUIRED }}}}}}	SOLD A }}}}}}	METHOD CQUIRED }}}}} URCHASED
NAME OF BUYER }}}}}}} TO FM 990, PART I, LN	SALES PRICE OTH }}}}}}} 27,035. }}}}}	<pre>HER BASIS OF }}}}}}}}3}}}3 </pre>	PENSE SALE DEPREC }}}}} }} 0. }}}}} 0. }}}}	<pre>}} }}}})</pre> }} }} } } } } } } } } } } } } }
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FORM 990 OTHER }}}}}}}}	CHANGES IN NET 2 }}}}}}}}			STATEMENT 3 }}}}}}}
DESCRIPTION }}}}}} MINIMUM PENSION LIABI	LITY ADJUSTMENTS			AMOUNT }}}}}}}2} 2,150,204. }}}}
TOTAL TO FORM 990, PA	RT I, LINE 20			2,150,204.
~~~~~~ FORM 990	~~~~~~~~~~~ OTHER	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		STATEMENT 4
}}}}}}}	}}}}}}	}}}}}}	+}}}}}}}	}}}}}}
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION }}}}}}}		2,495,427.	AND GENERAL }}}}}}}3}}1,	<pre>FUNDRAISING }}}}}}}</pre>
BAD DEBT VEHICLE EXPENSE FORMS EXPENSE	1,803,345.	1,803,345.		
FORMS EXFENSE	176,704. 340,595.	157,650. 241,494.	19,054. 99,101.	
OTHER EXPENSE LICENSES AND TAXES		157,650.		
OTHER EXPENSE	340,595. 216,086.	157,650. 241,494. 75,860.	99,101. 140,226. 118,473. 263,716.	
OTHER EXPENSE LICENSES AND TAXES ADVERTISING/MARKETIN CONSULTING COMMUNITY SERVICE PURCHASED MEDICAL	340,595. 216,086. 881,941. 295,967. 492,775. 564,565.	157,650. 241,494. 75,860. 763,468. 32,251. 240,233.	99,101. 140,226. 118,473. 263,716. 252,542. 564,565.	
OTHER EXPENSE LICENSES AND TAXES ADVERTISING/MARKETIN CONSULTING COMMUNITY SERVICE PURCHASED MEDICAL SERVICES MN CARE TAX ALLOCATED OVERHEAD	340,595. 216,086. 881,941. 295,967. 492,775. 564,565. 2,906,536. 847,965. 1,986,119.	157,650. 241,494. 75,860. 763,468. 32,251. 240,233. 2,855,751. 847,965. 1,986,119.	99,101. 140,226. 118,473. 263,716. 252,542.	
OTHER EXPENSE LICENSES AND TAXES ADVERTISING/MARKETIN CONSULTING COMMUNITY SERVICE PURCHASED MEDICAL SERVICES MN CARE TAX	340,595. 216,086. 881,941. 295,967. 492,775. 564,565. 2,906,536. 847,965. 1,986,119. 4,684. }}}}}	157,650. 241,494. 75,860. 763,468. 32,251. 240,233. 2,855,751. 847,965. 1,986,119. 4,684.	99,101. 140,226. 118,473. 263,716. 252,542. 564,565. 50,785.	

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}	41-0811697 }}}}}}}
FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS }}}}}}}}	STATEMENT 5
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS }}}}}}}}}} OPERATION SUPPORT LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 927 WEST CHURCHILL STREET STILLWATER, MN 55082	AMOUNT }}}}}}5,694,406.
OPERATION SUPPORT STILLWATER MEDICAL GROUP 1500 CURVE CREST BLVD STILLWATER, MN 55082	2,220,742.
OPERATION SUPPORT STILLWATER HEALTH SYSTEM 927 WEST CHURCHILL STREET STILLWATER, MN 55082	85,196.
OPERATION SUPPORT ST. CROIX VALLEY HEALTH AND CARE RESEARCH FOUNDATION 1500 CURVE CREST BLVD STILLWATER, MN 55082	3,112.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<pre>}}}}}}}}&lt;&gt;}}}&lt;&gt;}}}&lt;&lt;&gt;&gt;}}}&lt;&gt;&gt;}}&lt;&gt;&gt;&gt;}}&gt;}}&gt;&gt;&gt;&gt;&gt;&gt;&gt;</pre>

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}	41-0811697 }}}}}}}	
FORM 990       STATEMENT OF PROGRAM SERVICE ACC         }}}}}}}}         }}}}}}}		
DESCRIPTION OF PROGRAM SERVICE ONE }}}}}}} PROVIDED ROUTINE AND EMERGENCY HEALTHCARE SERVIC COMMUNITY AND SURROUNDING AREA, AND PROVIDED FOR PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF ITS E APPROXIMATELY \$411,000 WAS FORGIVEN ON EXPENDED HOSPITAL FOR CHARITY CARE SERVICES. IN ADDITION FOLLOWING APPROXIMATE AMOUNTS WERE SPENT FOR ADD COMMUNITY BENEFIT ACTIVITIES: COMMON HEALTH CLINE COMMUNITY EDUCATION \$49,000; DONATED DRUGS \$68,0 COMMUNITY PROGRAMS \$18,000; SUPPORT GROUPS \$4,00 CLINIC \$13,000; SCHOOL SUPPORT \$3,000; AND DONATE OTHER ITEMS \$267,000, FOR A TOTAL OF APPROXIMATE	THE PATIENTS. BY THE I, THE DITIONAL IC \$39,000; 000; D00; FLU SHOT TED CASH AND	
TO FORM 990, PART III, LINE A		EXPENSES }}}}}}}8}}8}818181818181818181818181818
EXPLANATION }}}}} PROVIDE HEALTH CARE SERVICES AND HEALTH EDUCATION COMMUNITY EDUCATION, SUPPORT GROUPS AND OTHER SE SERVICES AT NO CHARGE OR AT REDUCED RATES. AN E FORGIVEN OR SPENT FOR SUCH SERVICES, INCLUDING E EDUCATION, SUPPORT GROUPS, AND OTHER SPECIAL PRO	PECIAL PROGRAMS. STIMATED \$872,0 PATIENT CHARGES,	FOR 00 WAS
FORM 990 OTHER INVESTMENTS		STATEMENT 8 }}}}}}}
DESCRIPTION }}}}}} SERVICES ALLIANCE INVESTMENT IN ASC JOINT VENTURE CASH SURRENDER VALUE OF LIFE INSURANCE TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B	VALUATION METHOD }}}}} MARKET VALUE MARKET VALUE MARKET VALUE	AMOUNT }}}}}}383, 538,388. 1,048,342. 825,676. }}}}}}}3}}3}3

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}	41-0811697 }}}}}}}
FORM         990         DEPRECIATION         OF         ASSETS         NOT         HELD         FOR         INVESTMENT           }}}}}}}         }}}}}         }}}}         }}}}         }}}}         }}}         }}}         ``         `` <td< td=""><td></td></td<>	
MOVEABLE EQUIPMENT23,271,838.17,025,401.FIXED EQUIPMENT1,447,486.1,215,925.	<pre>}}}}}}3}}3}3}3}33 33,449. 17,992,343. 6,246,437. 231,561. 3,267,387. }}}}}</pre>
FORM 990       OTHER LIABILITIES         }}}}}}}       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	STATEMENT 10
<pre>}}}}}} } &gt;</pre>	END OF YEAR }}}}}}14] 114,924. 7,435,085. }}}}}} 7,550,009.
FORM 990       OTHER REVENUE INCLUDED ON FORM 990         }}}}}}}}	STATEMENT 11 }}}}}}}
DESCRIPTION }}}}} NONOPERATING REVENUE RESTRICTED CONTRIBUTIONS TOTAL TO FORM 990, PART IV-A	AMOUNT }}}}}},1}} 1,013,078. 184,275. }}}}} 1,197,353.
FORM 990       OTHER EXPENSES INCLUDED ON FORM 990         }}}}}}}	STATEMENT 12
DESCRIPTION }}}}}} FORGIVENESS OF INTERCOMPANY RECEIVABLES EQUITY TRANSERS TO RELATED PARTIES TOTAL TO FORM 990, PART IV-B	AMOUNT }}}}}}3}}3}344. 7,172,512. }}}}}3}}3}3

LAKEVIEW MEMORIAL HOSPITAL ASSOC }}}}}}}}}	}}}}	~~~~~~~~~~~	} ]	1-0811697 }}}}}}}
FORM 990 PART V-A - LIST OF CU	IRRENT OFFICERS	, DIRECTORS,		EMENT 13
TRUSTEES A	ND KEY EMPLOYE: }}}}}}}}		}}}}}	}}}}}}
NAME AND ADDRESS }}}}}}} BRUCE BARTIE, D.O. 1500 CURVE CREST BLVD STILLWATER, MN 55082	TITLE AND AVRG HRS/WK }}}}}} BOARD MEMBER 1.00	}}}}}}		ACCOUNT }
KEVIN BJORK, MD 1500 CURVE CREST BLVD STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
ARBA-DELLA BECK 1500 CURVE CREST BLVD STILLWATER, MN 55082	SECRETARY 2.00	0.	0.	0.
REBECCA BILLINGSLEY 1500 CURVE CREST BLVD STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
JIM BRADSHAW 1500 CURVE CREST BLVD STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
PETER CLEMENTS 1500 CURVE CREST BLVD STILLWATER, MN 55082	CHAIR 2.00	0.	0.	0.
PHIL DONALDSON 1500 CURVE CREST BLVD STILLWATER, MN 55082	BOARD MEMBER 2.00	0.	0.	0.
DOUG JOHNSON 1500 CURVE CREST BLVD STILLWATER, MN 55082	EX-OFFICIO 60.00	0.	0.	0.
RON PHILLIPPO 1500 CURVE CREST BLVD STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
CHARLES BRADFORD, MD 1500 CURVE CREST BLVD STILLWATER, MN 55082	EX-OFFICIO 1.00	0.	0.	0.
DAVID REAMER 1500 CURVE CREST BLVD STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.

0.		1-0811697 }}}}}}}
0.	0.	0.
0.	0.	0.
0.	0.	0.
0.	0.	0.
318,494.	59,184.	0.
RGANIZATIONS B }}}}}}}}		EMENT 14
		NONEXEMPT }}}}}}
	0. 0. 0. 0. 318,494. }}}}}}}318,494. ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<pre>} 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 318,494. 59,184. }}}}}}}318,494. 59,184. }}}}}318,494. 59,184. TREATIONS STATE B }}}}}}318,494. 59,184. TREATIONS STATE B }}}}}} B </pre>

LAKEVIEW MEMORIAL HOSPITAL ASSOC. }}}}}}}}}			1-0811697 }}}}}}}
	COMPENSATION FROM	STAT	EMENT 15
RELATED OR	GANIZATIONS }}}}}}}}}	}}}}}}	}}}}}}
OFFICER'S NAME }}}}}} DR. KEVIN BJORK	COMPENSATION }}}}}}}3}}	}}}}}	EXPENSE ACCOUNT }}}}}}
NAME OF RELATED ORGANIZATION }}}}}}}}}}		EMPLOYER }}}}}}} 83-03	
RELATIONSHIP BETWEEN ORGANIZATIONS }}}}}}}}}			
COMPENSATION DESCRIPTION }}}}}}}}}	ES PROVIDED TO THE R	ELATED ORGANIZ	ATION.
}}}}}}}	}}}}}}}}	}}}}}}}	}}}}}}
OFFICER'S NAME }}}}}}} JEFFERY ROBERTSON	COMPENSATION }}}}}}}403,387.		EXPENSE ACCOUNT }}}}}}
NAME OF RELATED ORGANIZATION }}}}}}}}}		-	ID NUMBER }}}}}}} 21189
RELATIONSHIP BETWEEN ORGANIZATIONS }}}}}}}}}			
COMPENSATION DESCRIPTION			

}}}}}} SALARY AND BENEFITS PAID FOR SERVICES PROVIDED TO THE RELATED ORGANIZATION.

}}}}}}

# LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}

41-0811697}}}}}

	EMPLOYEE				
	BENEFIT PLAN	EXPENSE			
COMPENSATION	CONTRIBUTION	ACCOUNT			
}}}}}}	}}}}}}	}}}}}			
248,938.	47,851.	0.			

NAME OF RELATED ORGANIZATION }}}}}}}}STILLWATER HEALTH SYSTEM

OFFICER'S NAME
}}}}}}}}

EMPLOYER ID NUMBER
}}}}}}}3}}

RELATIONSHIP BETWEEN ORGANIZATIONS
}}}}}}}}

COMPENSATION DESCRIPTION
}}}}}}}
Salary and Benefits paid for services provided to the related organization.

#### }}}}}}

EMPLOYEE			
	BENEFIT PLAN	EXPENSE	
COMPENSATION	CONTRIBUTION	ACCOUNT	
}}}}}}	}}}}}}	}	
209,500.	31,272.	0.	
	}}}}}}	BENEFIT PLAN           COMPENSATION         CONTRIBUTION           }}}}}}         }}}         }}}         }}}         }}	BENEFIT PLANEXPENSECOMPENSATIONCONTRIBUTIONACCOUNT}}}}}}}}}}}}}}}}}}}}209,500.31,272.0.

NAME OF RELATED ORGANIZATION }}}}}}}}STILLWATER MEDICAL GROUP

EMPLOYER ID NUMBER
}}}}}}}

RELATIONSHIP BETWEEN ORGANIZATIONS }}}}}}}}}}

COMPENSATION DESCRIPTION
}}}}}}}
Salary and Benefits paid for services provided to the related organization.

#### }}}}}}

11560630 131839 26447

# LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}

41-0811697}}}}}

	EMPLOYEE				
	BENEFIT PLAN	EXPENSE			
COMPENSATION	CONTRIBUTION	ACCOUNT			
}}}}}}	}}}}}}	}			
109,869.	22,916.	0.			

NAME OF RELATED ORGANIZATION
}}}}}}}}}}

EMPLOYER ID NUMBER
}}}}}}}3}}

RELATIONSHIP BETWEEN ORGANIZATIONS
}}}}}}}}

OFFICER'S NAME
}}}}}}}}

COMPENSATION DESCRIPTION
}}}}}}}
Salaries & Benefits PAID FOR SERVICES PROVIDED TO THE RELATED ORGANIZATION.

#### }}}}}}

# FORM 990 OTHER REVENUE STATEMENT 16 }}}}} }}} }}} }}} }}} }} }} }}

					RELATED OR
	BUS	UNRELATED	EXCL	EXCLUDED	EXEMPT FUNC-
DESCRIPTION	CODE	BUSINESS INC	CODE	AMOUNT	TION INCOME
}}}}}}	}}}}	}}}}}}	}	}}}}}}	}}}}}}
COURIER SERVICE	812900	26,261.			
ANSWERING SERVICE	812900	18,121.			
RETAIL PHARMACY	446110	4,563,478.			
SALE OF DRUGS			03	91,083.	
CAFETERIA INCOME			03	279,836.	
MEDICAL RECORDS			03	6,993.	
MICELLANEOUS			03	871,833.	
EMS EDUCATION AMBULENCE			03	24,481.	
ATM REVENUE			03	2,517.	
HOME CARE THERAPY			03	13,615.	
		}}}}}}		}}}}}}	}}}}}
TO FORM 990, PART VII, LINE	103	4,607,860.		1,290,358.	
		~~~~~~~~~~		~~~~~~	~~~~~~~~~~~

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697 }}}}}}} } } } } } } GENERAL EXPLANATION STATEMENT 17 FORM AND LINE REFERENCES }}}}}}} FORM/LINE IDENTIFIER DESCRIPTION/RETURN REFERENCE }}}}} FORM 990, PART II, LINE 42 EXPLANATION OF DEPRECIATION METHOD

GENERAL EXPLANATION STATEMENT 18 }}}}}}}

PROPERTY AND EQUIPMENT ARE DEPRECIATED USING THE STRAIGHT LINE METHOD OF DEPRECIATION OVER THE ESTIMATED USEFUL LIFE OF THE ASSET.

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}

~~~~~~~ FORM 990 DESCRIPTION OF TRANSFER STATEMENT 19 PART XI, LINE 106 }}}}}}

NAME OF CONTROLLED ENTITY }}}}}}} LAKEVIEW MEMORIAL HOSPITAL FOUNDATION EMPLOYER ID }}}}}} 41-1386635

41-0811697

}}}}}

DESCRIPTION OF TRANSFER }}}}}} EQUITY TRANSFER TO HOSPITAL FOUNDATION OF \$5,210,000; FORGIVENESS OF DEBT OF \$484,406

}}}}}}

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}

FORM 990 DESCRIPTION OF TRANSFER STATEMENT 20 PART XI, LINE 107 }}}}}}

NAME OF CONTROLLED ENTITY }}}}}}} LAKEVIEW MEMORIAL HOSPITAL FOUNDATION EMPLOYER ID }}}}}} 41-1386635

41-0811697

}}}}}

~~~~~~

DESCRIPTION OF TRANSFER }}}}}}} GRANT REVENUE FROM LAKEVIEW MEMORIAL HOSPITAL FOUNDATION

}}}}}}

## TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

SEPTEMBER\_30\_\_2008

| Prepared for                                       | LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.<br>927 WEST CHURCHILL STREET<br>STILLWATER, MN 55082 |
|----------------------------------------------------|----------------------------------------------------------------------------------------------|
| Prepared by                                        | LARSONALLEN LLP<br>220 SOUTH SIXTH STREET, SUITE 300<br>MINNEAPOLIS, MN 55402                |
| Amount due<br>or refund                            | NO AMOUNT IS DUE.                                                                            |
| Make check<br>payable to                           | NO AMOUNT IS DUE.                                                                            |
| Mail tax return<br>and check (if<br>applicable) to | DEPARTMENT OF THE TREASURY<br>INTERNAL REVENUE SERVICE CENTER<br>OGDEN, UT 84201-0027        |
| Return must be<br>mailed on<br>or before           | AUGUST 17, 2009                                                                              |
| Special<br>Instructions                            | THE RETURN SHOULD BE SIGNED AND DATED.                                                       |

| Form 990-T<br>Department of the Treasury<br>Internal Revenue Service (77) | ·                                                                                    | Organization Bus<br>(and proxy tax und<br>or other tax year beginning OCT                                                                                      | der se       | ction 6033(e       | e))      |              |                  | OMB No. 1545-0687<br>20007<br>Open to Public Inspection for<br>501(c)(3) Organizations Only |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|----------|--------------|------------------|---------------------------------------------------------------------------------------------|
| A Check box if address changed                                            | Check box if Name of organization ( Check box if name changed and see instructions.) |                                                                                                                                                                |              |                    |          |              | D Empl<br>(Empl  | oyer identification number<br>loyees' trust, see instructions<br>ock D on page 9.)          |
| B Exempt under section                                                    | Print LAKEVI                                                                         | EW MEMORIAL HOSI                                                                                                                                               | PITA         | L ASSOC.           | , INC    | С.           |                  | 1-0811697                                                                                   |
| - <b>★</b> 501(c)(3)<br>- <b>★</b> 408(e) - 220(e)                        | or<br>Type 927 WE                                                                    | et, and room or suite no. If a P.O. box<br>ST CHURCHILL STI                                                                                                    |              | •                  | ns.      |              |                  | ated business activity codes<br>nstructions for Block E<br>ge 9.)                           |
| → 408A → 530(a)<br>→ 529(a)                                               | City or town, s                                                                      | state, and ZIP code<br>ATER, MN 55082                                                                                                                          |              |                    |          |              | 6215             | <u>500 812900</u>                                                                           |
|                                                                           |                                                                                      | mber (see instructions for Block F.)<br>ype ∎                                                                                                                  | -            | - 501(c) trust     |          | 401(a) trust |                  | Other trust                                                                                 |
| H Describe the organization                                               |                                                                                      |                                                                                                                                                                | SEE          | STATEMEN           | т 21     |              |                  |                                                                                             |
| · · · · · ·                                                               |                                                                                      | diary in an affiliated group or a parer                                                                                                                        |              |                    |          |              | τ γ <sub>e</sub> | es 🕂 No                                                                                     |
|                                                                           |                                                                                      | of the parent corporation.                                                                                                                                     |              | ary controlloc gro | oup.     |              | • · ·            |                                                                                             |
| J The books are in care of                                                | DOUG JC                                                                              | HNSON                                                                                                                                                          |              |                    | Telephon | e number 6   | 51-              | 430-4581                                                                                    |
| Part I Unrelated                                                          | Trade or Busir                                                                       |                                                                                                                                                                | 1            | (A) Income         | -        | (B) Expense  | s                | (C) Net                                                                                     |
| 1 a Gross receipts or sales                                               |                                                                                      |                                                                                                                                                                |              |                    |          |              |                  |                                                                                             |
| b Less returns and allow                                                  |                                                                                      | , 930. cBalance ~~~                                                                                                                                            | 1c           | 7,779,3            | 35.      |              |                  |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~                                                                                                                                                         | 2            |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~                                                                                                                                                         | 3            | 7,779,3            | 35.      |              |                  | 7,779,335.                                                                                  |
|                                                                           |                                                                                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                        | 4a           |                    |          |              |                  |                                                                                             |
| 0 ( ) (                                                                   | ,                                                                                    | (attach Form 4797) ~~~~~~                                                                                                                                      | 4b           |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~                                                                                                                                                         | 4c           |                    |          |              |                  | · · · · · · · · · · · · · · · · · · ·                                                       |
|                                                                           |                                                                                      | rations (attach statement) ~~~                                                                                                                                 | 5            |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                        | 6            |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      | ) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                         | 7            |                    |          |              |                  |                                                                                             |
|                                                                           | -                                                                                    | controlled organizations (Sch. F)~                                                                                                                             | 8            |                    |          |              |                  |                                                                                             |
| 9 Investment income of a                                                  |                                                                                      |                                                                                                                                                                | 0            |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                         | 9            |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                        | 10<br>11     |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      |                                                                                                                                                                | 12           |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      |                                                                                                                                                                | 13           | 7,779,3            | 35.      |              |                  | 7,779,335.                                                                                  |
| Part II Deduction                                                         | ns Not Taken E                                                                       | Isewhere (See instructions for the tions must be directly connected to the time tions must be directly connected to the time time time time time time time tim | or limita    |                    |          | ncome)       |                  |                                                                                             |
| · · · ·                                                                   | ,                                                                                    | stees (Schedule K) ~~~~~~                                                                                                                                      |              |                    |          | /            | 14               |                                                                                             |
|                                                                           |                                                                                      |                                                                                                                                                                |              |                    |          |              | 14<br>15         | 1,729,454.                                                                                  |
|                                                                           |                                                                                      | ~~~~~~~~~~~~~~~~                                                                                                                                               |              |                    |          |              | 15               | _,,,                                                                                        |
|                                                                           |                                                                                      | ~~~~~~~                                                                                                                                                        |              |                    |          |              | 17               |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~~~~~                                                                                                                                                    |              |                    |          |              | 18               |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~                                                                                                                                                        |              |                    |          |              | 19               | 4,506.                                                                                      |
|                                                                           |                                                                                      | r limitation rules.) ~~~~~~                                                                                                                                    |              |                    |          |              | 20               |                                                                                             |
|                                                                           |                                                                                      | ,<br>~~~~~~~                                                                                                                                                   |              |                    |          |              |                  |                                                                                             |
|                                                                           |                                                                                      | d elsewhere on return ~~~~~                                                                                                                                    |              |                    |          |              | 22b              | 32,180.                                                                                     |
| 23 Depletion ~~~~~                                                        |                                                                                      | ~~~~~~~                                                                                                                                                        |              | ~~~~~~             | ~~~~     | ~~~~~        | 23               |                                                                                             |
|                                                                           |                                                                                      | ns ~~~~~~~~~~~~                                                                                                                                                |              |                    |          |              | 24               |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~~~~~                                                                                                                                                    |              |                    |          |              | 25               | 22,383.                                                                                     |
|                                                                           |                                                                                      | ~~~~~~~                                                                                                                                                        |              |                    |          |              | 26               |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~~                                                                                                                                                       |              |                    |          |              | 27               |                                                                                             |
|                                                                           |                                                                                      | ~~~~~~~                                                                                                                                                        |              |                    |          |              | 28               | 6,340,341.                                                                                  |
|                                                                           |                                                                                      | 28 ~~~~~~~~~~~                                                                                                                                                 |              |                    |          |              | 29               | 8,128,864.                                                                                  |
|                                                                           |                                                                                      |                                                                                                                                                                |              |                    |          |              | 30               | -349,529.                                                                                   |
|                                                                           |                                                                                      | amount on line 30) ~~~~~~                                                                                                                                      |              |                    |          |              | 31               | 0.                                                                                          |
|                                                                           |                                                                                      | pecific deduction. Subtract line 31 fro                                                                                                                        |              |                    |          |              | 32               | -349,529.                                                                                   |
|                                                                           |                                                                                      | e instructions for exceptions) ~~                                                                                                                              |              |                    |          |              | 33               | 1,000.                                                                                      |
|                                                                           |                                                                                      |                                                                                                                                                                |              |                    |          |              |                  |                                                                                             |
| of zero or line 32                                                        |                                                                                      | Deduction Act Notice and instance                                                                                                                              |              |                    |          |              | 34               | <u>-349,529.</u>                                                                            |
| 723701<br>02-18-08 LHA For Priva                                          | acy Act and Paperworl                                                                | Reduction Act Notice, see instruct                                                                                                                             | tions.<br>34 |                    |          |              |                  | Form 990-T (2007)                                                                           |

Page 2

| 35 Org<br>Coi<br>a Ent<br>(1)<br>b En            | Tax Computation<br>anizations Taxable as Corporations. See instructions for tax computation.                                                                                                                             |                                                             |                    |                                          |                       |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------|------------------------------------------|-----------------------|
| a Ent<br>(1)<br>b En                             |                                                                                                                                                                                                                          |                                                             |                    |                                          |                       |
| a Ent<br>(1)<br>b En                             | ntrolled group members (sections 1561 and 1563) check here                                                                                                                                                               | tions and:                                                  |                    |                                          |                       |
| (1)<br>b En                                      | er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in th                                                                                                                                  |                                                             |                    |                                          |                       |
| b En                                             |                                                                                                                                                                                                                          |                                                             |                    |                                          |                       |
|                                                  | er organization's share of: (1) Additional 5% tax (not more than \$11,750) \$                                                                                                                                            |                                                             |                    |                                          |                       |
| (2)                                              | Additional 3% tax (not more than \$100,000) ~~~~~~ \$                                                                                                                                                                    |                                                             |                    |                                          |                       |
|                                                  | pome tax on the amount on line $34 \sim \sim$                                                                                       | ~~~~~~~                                                     | ~~~                | 35c                                      |                       |
|                                                  | sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the a                                                                                                                                    |                                                             |                    |                                          |                       |
|                                                  | Tax rate schedule or Trace Schedule D (Form 1041) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                   |                                                             | ~~~                | 36                                       |                       |
|                                                  | xy tax. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                            |                                                             |                    | 37                                       |                       |
|                                                  | rnative minimum tax ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                                  |                                                             |                    | 38                                       |                       |
|                                                  | al. Add lines 37 and 38 to line 35c or 36, whichever applies                                                                                                                                                             |                                                             |                    | 39                                       |                       |
|                                                  | Tax and Payments                                                                                                                                                                                                         |                                                             |                    | 00                                       |                       |
|                                                  | reign tax credit (corporations attach Form 1118; trusts attach Form 1116) $\sim \sim \sim \sim \sim$                                                                                                                     | ~~~ 40a                                                     |                    |                                          |                       |
|                                                  | er credits (see instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                       |                                                             |                    | _                                        |                       |
|                                                  | neral business credit. Check here and indicate which forms are attached:                                                                                                                                                 | 400                                                         |                    | _                                        |                       |
| _                                                | Form 3800 Form(s) (specify)                                                                                                                                                                                              | ~~ 40c                                                      |                    |                                          |                       |
|                                                  | dit for prior year minimum tax (attach Form 8801 or 8827) ~~~~~~~~~~                                                                                                                                                     |                                                             |                    | -                                        |                       |
|                                                  | al redits. Add lines 40a through 40d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                 |                                                             |                    | 40e                                      |                       |
|                                                  | tar credits. Add lines 40a tribuigh 40d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                              |                                                             |                    | 40e<br>41                                |                       |
|                                                  | lier taxes. Check if from: Form 4255 Form 8611 Form 8697 I                                                                                                                                                               |                                                             |                    | 41                                       |                       |
|                                                  | al tax. Add lines 41 and 42 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                          | —                                                           | ach schedule)      | 42                                       |                       |
|                                                  | ments: A 2006 overpayment credited to 2007 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                            |                                                             | ~~~~~              | 43                                       |                       |
|                                                  | 7 estimated tax payments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                            |                                                             |                    |                                          |                       |
|                                                  | deposited with Form 8868 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                               |                                                             |                    |                                          |                       |
|                                                  |                                                                                                                                                                                                                          |                                                             |                    | -                                        |                       |
|                                                  | eign organizations: Tax paid or withheld at source (see instructions) ~~~~~~                                                                                                                                             |                                                             |                    | -                                        |                       |
|                                                  | kup withholding (see instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                  |                                                             |                    | -                                        |                       |
|                                                  | er credits and payments: Form 2439                                                                                                                                                                                       | -<br>tal ∎ 44f                                              |                    |                                          |                       |
|                                                  | - Form 4136 To<br>al payments. Add lines 44a through 44f ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                              |                                                             |                    | 45                                       |                       |
|                                                  | mated tax penalty (see instructions). Check if Form 2220 is attached                                                                                                                                                     |                                                             |                    | 45<br>46                                 |                       |
|                                                  | a due. If line 45 is less than the total of lines 43 and 46, enter amount owed $\sim\sim\sim\sim\sim$                                                                                                                    |                                                             |                    | 40                                       |                       |
|                                                  | erpayment. If line 45 is larger than the total of lines 45 and 40, enter amount overpaid                                                                                                                                 |                                                             | _                  | 47                                       |                       |
|                                                  | er the amount of line 48 you want: Credited to 2008 estimated tax                                                                                                                                                        |                                                             | ~~~<br>nded        | 40                                       |                       |
| Part V                                           | Statements Regarding Certain Activities and Other Info                                                                                                                                                                   |                                                             |                    |                                          |                       |
|                                                  | me during the 2007 calendar year, did the organization have an interest in or a signati                                                                                                                                  |                                                             |                    |                                          | Yes                   |
| -                                                | ecurities, or other) in a foreign country? If YES, the organization may have to file For                                                                                                                                 |                                                             |                    |                                          | 103                   |
|                                                  |                                                                                                                                                                                                                          |                                                             |                    |                                          |                       |
| 2 During th                                      | country here et a statistic organization receive a distribution from, or was it the grantor of, or transferor to, a le page 5 of the instructions for other forms the organization may have to file.                     | foreign trust?                                              | ~~~~               | ~~~~~~                                   | ~ 2                   |
| -                                                | e amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                  |                                                             |                    |                                          |                       |
|                                                  | A - Cost of Goods Sold. Enter method of inventory valuation                                                                                                                                                              | N/A                                                         |                    |                                          |                       |
| Soncaule                                         | A COSt of COOLS COLL Endemotion of inventory valuation                                                                                                                                                                   |                                                             |                    |                                          |                       |
| 1 Invento                                        | y at beginning of year ~~~ 1 6 Inventory at end                                                                                                                                                                          | d of year ~~~~~~                                            | ~~~~               | 6                                        |                       |
|                                                  |                                                                                                                                                                                                                          | sold. Subtract line 6                                       |                    |                                          |                       |
|                                                  | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~                                                                                                                                                                                        | ter here and in Part I, line 2                              | ~~                 | 7                                        |                       |
|                                                  |                                                                                                                                                                                                                          | ,                                                           |                    |                                          | Yes                   |
| ⊣a ∧uuiii0i                                      |                                                                                                                                                                                                                          | f section 263A (with respect<br>uced or acquired for resale |                    |                                          | Yes                   |
| h Other a                                        |                                                                                                                                                                                                                          | uced or acquired for resale                                 |                    |                                          |                       |
|                                                  | Under penalties of perjury, I declare that I have examined this return, including accompanying schedu                                                                                                                    |                                                             |                    |                                          |                       |
| 5 Total. A                                       | correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi                                                                                                                  | ich preparer has any knowledge                              |                    |                                          | ,,                    |
| 5 Total. A                                       |                                                                                                                                                                                                                          |                                                             |                    | May the IRS discu                        |                       |
| 5 Total. A<br>Sign                               | 1 1                                                                                                                                                                                                                      |                                                             | - +                | the preparer show                        |                       |
| 5 Total. A<br>Sign                               | CFO                                                                                                                                                                                                                      |                                                             |                    |                                          |                       |
| 5 Total. A<br>Sign                               | Signature of officer     Date     CFO     Title     Date                                                                                                                                                                 |                                                             | i                  |                                          | Yes -                 |
| 5 Total. A<br>Sign<br>Here                       | Signature of officer     Date     CFO       Preparer's     Date                                                                                                                                                          | Check if                                                    | i<br>P             | instructions)?—K                         | Yes -                 |
| 5 Total. A<br>Sign<br>Here<br>Paid<br>Preparer's | Signature of officer     Date     CFO       Preparer's     Date     Date                                                                                                                                                 |                                                             | i<br>d <b>−∎</b> − | reparer's SSN o                          | Yes N                 |
| 5 Total. A<br>Sign<br>Here<br>Paid               | Signature of officer     Date                                                                                                                                                                                            | Check if<br>self-employe                                    | d – P<br>FIN 4:    | reparer's SSN o<br>1 – 0 7 4 6 7         | Yes I Nor PTIN        |
| 5 Total. A<br>Sign<br>Here<br>Paid<br>Preparer's | Signature of officer       Date       Title         Preparer's       Signature       Date         signature       Firm's name (or LARSONALLEN LLP yours if self-employed), 220 SOUTH SIXTH STREET, SUITE       Date      | Check if<br>self-employe                                    | d – P<br>FIN 4:    | reparer's SSN o                          | Yes I Nor PTIN        |
| 5 Total. A<br>Sign<br>Here<br>Paid<br>Preparer's | Signature of officer       Date       Title         Preparer's       Date         signature       Date         Firm's name (or<br>yours if self-<br>employed),       LARSONALLEN LLP         220       SOUTH       SIXTH | Check if<br>self-employe                                    | d – P<br>FIN 4:    | reparer's SSN c<br>1 - 07467<br>612 - 37 | Yes I N<br>PTIN<br>49 |

| _(1)                                                                              |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
|-----------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------|--|
| (2)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (3)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (4)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
|                                                                                   |                    | 2 Rent received    | d or accrued                               |                |                                                                                                                                 |                                                        |                                             |                                                                                               | 2 Deductione dire                                                         |                          | annantad with the income in                                              |  |
| (a) From personal property (<br>rent for personal property<br>10% but not more th | is more than       | age of<br>า        | (b)  <br>c                                 | of rent for pe | eal and personal property (if the percentage<br>for personal property exceeds 50% or if<br>e rent is based on profit or income) |                                                        |                                             | 3 Deductions directly connected with the income in<br>columns 2(a) and 2(b) (attach schedule) |                                                                           |                          |                                                                          |  |
| (1)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (2)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (3)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (4)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| Total                                                                             |                    | 0.                 | Total                                      |                |                                                                                                                                 |                                                        |                                             | 0.                                                                                            |                                                                           |                          |                                                                          |  |
| Total income. Add totals of colum here and on page 1, Part I, line 6, o           | • •                | . ,                | 1                                          |                |                                                                                                                                 |                                                        |                                             | 0.                                                                                            | Total deductions.<br>Enter here and on page<br>Part I, line 6, column (B) |                          | 0.                                                                       |  |
| Schedule E - Unrelated                                                            |                    |                    |                                            |                | instructions or                                                                                                                 | n page 20                                              | 0)                                          |                                                                                               |                                                                           |                          |                                                                          |  |
|                                                                                   |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               | 3 Deductions directly                                                     |                          |                                                                          |  |
|                                                                                   |                    |                    |                                            |                | 2 Gross in<br>or allocable                                                                                                      |                                                        |                                             | (2)                                                                                           | to debt-fin                                                               | 1                        |                                                                          |  |
| 1 Description o                                                                   | f debt-financ      | ed property        |                                            |                | financed                                                                                                                        |                                                        |                                             | (a)                                                                                           | Straight line depreciation<br>(attach schedule)                           | 1                        | (b) Other deductions<br>(attach schedule)                                |  |
| _(1)                                                                              |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (2)                                                                               |                    |                    |                                            |                | 1                                                                                                                               |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (3)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (4)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| 4 Amount of average acquisition d                                                 | eht                | 5 Average          | adjusted ba                                | asis           | 6 Column                                                                                                                        | 4 divided                                              |                                             |                                                                                               | 7 Gross income                                                            |                          | 8 Allocable deductions                                                   |  |
| on or allocable to debt-financed<br>property (attach schedule)                    |                    | of or a debt-fina  | allocable to<br>nced proper<br>n schedule) |                | by colu                                                                                                                         |                                                        |                                             | 7 Gross income<br>reportable (column<br>2 x column 6)                                         |                                                                           |                          | 8 Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) |  |
| (1)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        | %                                           |                                                                                               |                                                                           |                          |                                                                          |  |
| (2)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        | %                                           |                                                                                               |                                                                           |                          |                                                                          |  |
| (3)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        | %                                           |                                                                                               |                                                                           |                          |                                                                          |  |
| (4)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        | %                                           |                                                                                               |                                                                           |                          |                                                                          |  |
|                                                                                   |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             | Enter he                                                                                      | re and on page 1,                                                         |                          | Enter here and on page 1,                                                |  |
|                                                                                   |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               | ie 7, column (A).                                                         |                          | Part I, line 7, column (B).                                              |  |
| Totals ~~~~~~~~~                                                                  | ~~~~               | -~~~~              |                                            | ~~~~           | ~~~~~~                                                                                                                          | ~~~~                                                   |                                             |                                                                                               |                                                                           | Ο.                       | 0.                                                                       |  |
| Total dividends-received deduct                                                   |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          | 0 .                                                                      |  |
| Schedule F - Interest,                                                            |                    |                    |                                            |                |                                                                                                                                 | ontroll                                                | ed C                                        | Drga                                                                                          | nizations (See i                                                          | nstru                    | ctions on page 21)                                                       |  |
|                                                                                   |                    |                    |                                            |                | t Controlled O                                                                                                                  |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| 1 Name of Controlled Organiza                                                     | ition              | 2                  |                                            |                | 3 4                                                                                                                             |                                                        |                                             |                                                                                               | that is 6 Deductions directly                                             |                          |                                                                          |  |
| •                                                                                 |                    | Employer Id<br>Num | entification Net unrelated income Total    |                |                                                                                                                                 | of specified included in the co<br>organization's gros |                                             |                                                                                               | ntrolling connected with income                                           |                          |                                                                          |  |
|                                                                                   |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| _(1)                                                                              |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (2)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (3)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| (4)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| Nonexempt Controlled Organi                                                       | zations            |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          |                                                                          |  |
| 7 Taxable Income                                                                  |                    | unrelated incom    |                                            | 9 Tot          | tal of specified pay                                                                                                            | ments                                                  |                                             |                                                                                               | lumn 9 that is included                                                   | 11                       | Deductions directly connected                                            |  |
|                                                                                   | (see instructions) |                    |                                            |                |                                                                                                                                 |                                                        | the controlling organization's gross income |                                                                                               |                                                                           | with income in column 10 |                                                                          |  |
| (1)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           | 1                        |                                                                          |  |
| (2)                                                                               |                    |                    |                                            | 1              |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           | 1                        |                                                                          |  |
| (3)                                                                               |                    |                    |                                            | 1              |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           | 1                        |                                                                          |  |
| (4)                                                                               |                    |                    |                                            | 1              |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           | 1                        |                                                                          |  |
| (4)                                                                               |                    |                    |                                            |                |                                                                                                                                 |                                                        | Add or                                      | olumno                                                                                        | E and 10                                                                  | ۸dd                      | columna 6 and 11                                                         |  |
|                                                                                   |                    |                    |                                            |                |                                                                                                                                 |                                                        | Enter                                       |                                                                                               | 5 and 10.<br>d on page 1, Part I,<br>(A).                                 | Ente                     | columns 6 and 11.<br>er here and on page 1, Part I,<br>8, column (B).    |  |
| Tatala                                                                            |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               | 0.                                                                        | 1                        | 0                                                                        |  |
|                                                                                   |                    | · ·                |                                            |                |                                                                                                                                 | J                                                      | I                                           |                                                                                               | 0.                                                                        | 1                        | Form 990-T (2007                                                         |  |
| 723721 / 02-18-08                                                                 |                    |                    |                                            |                |                                                                                                                                 |                                                        |                                             |                                                                                               |                                                                           |                          | 10111 990-1 (2007                                                        |  |

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| Form 990-T (2007) | LAKEVIEW    | MEMORIAL     | HOSPITAL      | ASSOC.,      | INC.         | 41-0811697                   | Page 3       |
|-------------------|-------------|--------------|---------------|--------------|--------------|------------------------------|--------------|
| Schedule C -      | Rent Income | (From Real P | roperty and F | Personal Pro | perty Leased | With Real Property)(see inst | r. on pg 20) |

1 Description of property

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

| (see insti                                 | ructions on page 22                                               | 2)                                                                     |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
|--------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------|
| 1 Desc                                     | ription of income                                                 |                                                                        |                        | 2 Amount of income                                                                                                                         | 3 Deductions<br>directly connected<br>(attach schedule)                     |                                  | 4 Set-asides<br>ttach schedule)           | 5 Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                                |
| (1)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (2)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (3)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (4)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| . ,                                        |                                                                   |                                                                        |                        | Enter here and on page 1,<br>Part I, line 9, column (A).                                                                                   |                                                                             |                                  |                                           | Enter here and on page 1,<br>Part I, line 9, column (B).                                    |
| Totals                                     |                                                                   |                                                                        | Q                      | 0.                                                                                                                                         |                                                                             |                                  |                                           | 0.                                                                                          |
|                                            |                                                                   | <u> </u>                                                               |                        |                                                                                                                                            |                                                                             |                                  |                                           | 0.                                                                                          |
| Schedule I - Exploited<br>(see instru      | ictions on page 22)                                               | y income,                                                              | Other                  |                                                                                                                                            | Ing Income                                                                  |                                  |                                           |                                                                                             |
| 1 Description of exploited activity        | 2 Gross unrelated<br>business income<br>from<br>trade or business | 3 Expens<br>directly conn<br>with produc<br>of unrelat<br>business inc | ected<br>ction<br>ed   | 4 Net income<br>(loss) from<br>unrelated trade<br>or business<br>(column 2 minus<br>column 3). If a<br>gain, compute<br>cols. 5 through 7. | 5 Gross income<br>from activity that<br>is not unrelated<br>business income | (<br>a                           | 6 Expenses<br>tttributable to<br>column 5 | 7 Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4). |
| (1)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (2)                                        |                                                                   | 1                                                                      |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (3)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (4)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
|                                            | Enter here and on<br>page 1, Part I, line<br>10, col. (A).        | Enter here a<br>page 1, Part<br>10, col. (I                            | I, line                |                                                                                                                                            |                                                                             |                                  |                                           | Enter here and<br>on page 1,<br>Part II, line 26.                                           |
| Totals Q                                   | 0                                                                 | -                                                                      | ο.                     |                                                                                                                                            |                                                                             |                                  |                                           | 0.                                                                                          |
| Schedule J - Advertisi                     | na Income (see                                                    | instructions of                                                        | on page                | 22)                                                                                                                                        |                                                                             |                                  |                                           |                                                                                             |
| Part I Income From                         |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
|                                            | •                                                                 |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           | 7 Excess                                                                                    |
| 1 Name of periodical                       | 2 Gross<br>advertising<br>income                                  | 3 Di<br>advertisi                                                      | rect<br>ing costs      | 4 Advertising<br>gain or (loss) (col.<br>2 minus col. 3). If a<br>gain, compute<br>cols. 5 through 7.                                      | 5 Circulation<br>income                                                     | 6                                | Readership<br>costs                       | readership costs<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4).         |
| (1)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (2)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (3)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (4)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
|                                            |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| Totals (carry to Part II, line (5))        | _ <b>Q</b>                                                        | Ο.                                                                     | 0                      |                                                                                                                                            |                                                                             |                                  |                                           | 0.                                                                                          |
| Part II Income From I<br>columns 2 through |                                                                   |                                                                        | a Sepa                 | rate Basis (For e                                                                                                                          | each periodical lis                                                         | sted in Pa                       | art II, fill in                           |                                                                                             |
|                                            |                                                                   | /4313./                                                                |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (1)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (2)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (3)                                        |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           |                                                                                             |
| (4)<br>(5) Tatala (mars David              |                                                                   | 0.                                                                     | 0                      |                                                                                                                                            |                                                                             |                                  |                                           | 0                                                                                           |
| (5) Totals from Part I                     | Enter here and                                                    |                                                                        | re and on              | •                                                                                                                                          |                                                                             |                                  |                                           | O.<br>Enter here and                                                                        |
|                                            | page 1, Part I,<br>11, col. (A).                                  | line page 1<br>line 11,                                                | I, Part I<br>col. (B). |                                                                                                                                            |                                                                             |                                  |                                           | on page 1,<br>Part II, line 27.                                                             |
| Totals, Part II (lines 1-5)                | <u> </u>                                                          | 0.                                                                     | 0                      | •                                                                                                                                          |                                                                             |                                  |                                           | 0.                                                                                          |
| Schedule K - Compen                        | sation of Office                                                  | ers, Directo                                                           | ors, an                | <u>d Trustees (see</u>                                                                                                                     |                                                                             |                                  | 1                                         |                                                                                             |
| 1 N                                        | lame                                                              |                                                                        |                        | 2 Title                                                                                                                                    | time d                                                                      | ercent of<br>evoted to<br>siness |                                           | ensation attributable<br>elated business                                                    |
|                                            |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             | %                                | ,<br>0                                    |                                                                                             |
|                                            |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             | %                                | ,<br>0                                    |                                                                                             |
|                                            |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             | %                                | ,<br>0                                    |                                                                                             |
|                                            |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             | %                                | ,<br>0                                    |                                                                                             |
| Total. Enter here and on page 1, P         | Part II, line 14                                                  |                                                                        | <u> </u>               | <u> </u>                                                                                                                                   | <u> </u>                                                                    | <u> </u>                         |                                           | 0.                                                                                          |
|                                            |                                                                   |                                                                        |                        |                                                                                                                                            |                                                                             |                                  |                                           | Form 990-T (2007)                                                                           |

723731 02-18-08

| MENT 21                         |
|---------------------------------|
|                                 |
|                                 |
| ~~~~~~<br>MENT 22<br>}}}}}}     |
| OUNT }}}}}}340,341. }}}340,341. |
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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

## 2006 Tax Return(s)

Prepared for	LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. CLIENT CODE: 26447-ASSOC
Account Number Release Number	131839 2006.08020
Prepared by	LARSONALLEN LLP 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402
	612-376-4500
Processing	Date: 02/13/2008 Time: 09:39:19
Special Instructions	
Messages	

600071 05-01-06



#### **Return Information**

INFORMATIONAL

- { Form 990. Page 9. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on the Return Options worksheet, Miscellaneous Print Options section, Print preparer SSN & EIN field, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)
- { Form 990-T. Page 2, Part IV. If the organization is required or desires to make tax deposits electronically (EFTPS), the Form 990-T worksheet, General Information section, Electronic Funds Transfer Information fields, may be used to reference the Electronic Federal Tax Payment System (EFTPS) in the filing instructions and/or transmittal letter. Failure to use EFTPS when required may subject the organization to penalties. (30073)
- Schedule A. Part III, line 4. No entries have been made to answer the questions about donor advised funds on lines 4a through 4g. The assumption has been made that these do not apply to the organization and they have been answered accordingly. This should be reviewed. If the organization does have any reporting requirements for lines 4a through 4g, make the appropriate entries on the Schedule A worksheet, Statement About Activities section, Information Regarding Donor Advised Funds subsection. (36016)
- { Electronic Filing. Form 990 is being filed electronically. Entries have been made on the Notes worksheet for preparer footnotes. Please note that these footnote entries are not included in the electronic return. If applicable these must also be entered on the Electronic Filing worksheet, Explanation or Preparer's Notes section. This will produce a General Explanation attachment in the electronic return. If an entry is made on the Electronic Filing worksheet, Explanation or Preparer's Notes section, Code to include in paper return field, the General Explanation attachment will also be included in the and the corresponding footnote entries may be paper return removed. Please note, however, that a maximum of 10 General Explanation attachments are allowed in the electronic return. (36259)
- { Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. Please note that Form 990-T is also present and must be filed by conventional paper filing. (39495)

### Tax Return Carryovers to 2007

NAME: LAKE	VIEW MEMORIAL HOSPITAL ASSOC • INC	ID Number 41-0811697			41-0811697
Disallowing Form	Description	Originating Form		SV City	Amount
990-T	CURRENT YEAR NET OPERATING LOSS	990-T			183,963.

612541 05-01-06

26447-ASSO	2
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Norksheet: Form 990 Return of Organization Exempt from Income Tax Section: Balance Sheet Assets
End of year notes receivable
Section: Other Income Producing Activities
Non debt-financed excl code10
Non debt-financed excluded inc83,02
Section: Statement of Functional Expenses
Officer comp - mgmt & general
Worksheet: Depreciation and Amortization Totals (Form 4562)
Section: Summary
Federal total O/R

RARMBRUS - 12/26/07 02:55PM WORK	SHEET FORM 990
RE EXCESS REV OVER EXP	26412887.00 6273088.00
	<pre>}}}}}}}</pre> 32685975.00
RARMBRUS - 12/26/07 02:57PM WORK	SHEET FORM 990
RE EXCESS REV OVER EXP	32466172.00 7135691.00 }}}}}}}3}}3 39601863.00
RARMBRUS - 12/26/07 03:16PM WORK	
RETIREMENT HEALTH LIFE/DISABILITY	30,155.00 10,585.00 8,754.00 }}}}}}
	49,494.00
RARMBRUS - 01/10/08 02:32PM WORK	SHEET FORM 990
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	SHEET FORM 990 
PROGRAM SERVICE REVENUE GAIN ON HIGH POINT INVESTMENT	SHEET FORM 990 52494282.00 483,152.00 }}}}}}} 52977434.00
PROGRAM SERVICE REVENUE	SHEET FORM 990 52494282.00 483,152.00 }}}}}}} 52977434.00
PROGRAM SERVICE REVENUE GAIN ON HIGH POINT INVESTMENT RARMBRUS - 12/27/07 09:03AM WORK LAB	SHEET FORM 990 52494282.00 483,152.00 }}}}}}} 52977434.00 SHEET FORM 990 3450315.00 1132533.00 }}}}}} 4,582,848.00 

—— List

RARMBRUS -	12/27/07	08:50AM	WORKSHEET	FORM	990
------------	----------	---------	-----------	------	-----

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
RETIREMENT	9,511.00
HEALTH	11,005.00
OTHER	36,214.00
	}}}}}}
	56,730.00
	~~~~~~~

RARMBRUS - 12/27/07 08:51AM WORKSHEET FORM 990

~

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-
RETIREMENT	7,023.00	
HEALTH	10,585.00	
OTHER	20,432.00	
	}}}}}}	
	38,040.00	
	~~~~~~	

----- List -

2006 Return Summary	
LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.	41-0811697
FORM 990:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS (PAGE 1)</deficit>	90,793,956. 83,436,963. 7,356,993. 32,858,339. -239,641. 39,975,691.
BALANCE SHEET ANALYSIS	
ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	53,613,397. 13,637,706. 39,975,691.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0. 0.
}}}}}}	
FORM 990-T:	
TAXABLE INCOME TAX CREDITS OTHER CREDITS AND PAYMENTS TOTAL DUE <refund></refund>	-183,963. 0. 0. -1. -1.

LARSONALLEN LLP 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 612-376-4500

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 927 WEST CHURCHILL STREET STILLWATER, MN 55082

DEAR SIR:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2006 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2006 FORM 990

2006 FORM 990-T

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

LARSONALLEN LLP

## TAX RETURN FILING INSTRUCTIONS

FORM 990

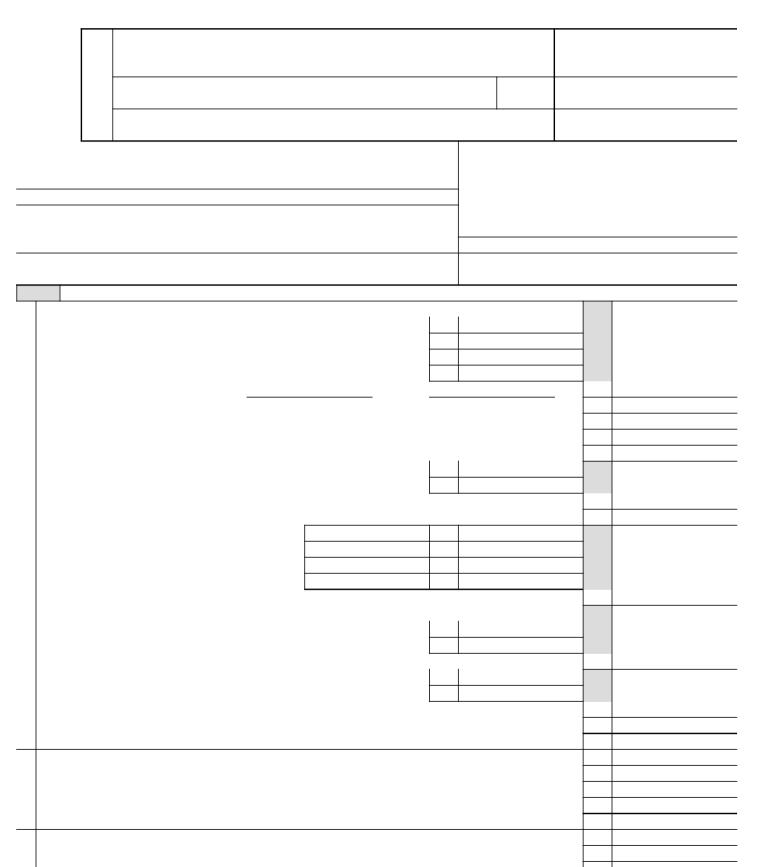
FOR THE YEAR ENDING

SEPTEMBER\_30\_\_2007

Prepared for	LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 927 WEST CHURCHILL STREET STILLWATER, MN 55082
Prepared by	LARSONALLEN LLP 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form	99	90		501(c), 527, or 4	947(a)(1) of the Interna	al Reven	rom Income ue Code (except black lur		OMB No. 1545-0047
		the Treasury			nefit trust or private fou		) state reporting requireme	nte	Open to Public
		ie Service	/ear, or tax year beginning			and er		2007	Inspection
B Che		,	lame of organization	001	1, 2000		0		identification number
	licable:	Please use IRS	ame of organization				D		
<b>-</b>	Address change	print or LA	KEVIEW MEMOR	IAL HOSE	ITAL ASSOC	., I	NC.	41-0	811697
. 1	Name change		lumber and street (or P.O. bo	x if mail is not de	elivered to street addres	ss)	Room/suite E	Telephone	number
	Initial return	Specific 92	7 WEST CHURCI	HILL STR	EET			651-	439-5330
	Final		City or town, state or country,	and ZIP + 4			F		, <b>+</b> , <b>≮</b> ,
	eturn Amende	ed ST	'ILLWATER, MN	55082				Accounting m Other	ethod: Cash Accrual
	eturn	tion					-	(specify)	)
•	Applica pendin	• Secti	on 501(c)(3) organizations a	and 4947(a)(1) n	onexempt charitable tr	usts	Hand Lare not application	able to se	ction 527 organizations.
	portain	must	attach a completed Schedul	e A (Form 990 o	r 990-EZ).		H(a) Is this a group retu	rn for affilia	ates? 🕂 Yes 👫 No
We	bsite:	WWW.L	AKEVIEW.ORG				H(b) If "Yes," enter numb	er of affiliat	tes N/A
Orę	ganiza	tion type (check	only one) 501(c) ( 3	) ß (insert no.	4947(a)(1) or	527			N/A + Yes + No
Ch	eck he	re 📕 if t	the organization is not a 509(	a)(3) supporting	organization and its gr	OSS	(If "No," attach a lis H(d) Is this a separate re	eturn filed b	by an or-
	•		ot more than \$25,000. A retur	•	, but if the organization		ganization covered	by a group	ruling? 🕂 Yes 👫 No
cho	oses	to file a return,	be sure to file a complete ret	urn.			I Group Exemption	-	N/A
0		alata. A dal lia a			90,795,7	18	M Check I → if t Sch. B (Form 990,		ation is not required to attach
_			s 6b, 8b, 9b, and 10b to line Expenses, and Cha	-				990-LZ, 01	990-FT).
Par	1		, gifts, grants, and similar ar	-		u Dala	ances		
	-		to donor advised funds ~-			1a			
			support (not included on line				221,30	2.	
	c		c support (not included on lin						
	d		contributions (grants) (not in	,					
			es 1a through 1d) (cash \$		,302. noncash		)	~ 1e	221,302.
	2	•	ice revenue including govern				, ~~~~~~~~~		84,851,687.
	3	Membership o	dues and assessments $\sim$ $\sim$ $\sim$		~~~~~~~	~~~~	~~~~~~~~	- 3	
	4	Interest on sa	vings and temporary cash inv	vestments ~~		~~~~	~~~~~~~~~	~ 4	286,605.
	5		interest from securities ~-					-	
	6 a	Gross rents	~~~~~~	~~ E~	T_2_	· 6a	83,02	5.	
	b	Less: rental ex	xpenses ~~~~~~~~		~~~~~~	6b			
) 5	С		ome or (loss). Subtract line 6	ib from line 6a ~		~~~~	~~~~~~	~ 6c	83,025.
D D	7		nent income (describe					) 7	
Kevenue	8 a		t from sales of assets other		(A) Securities		(B) Other	0	
		-	/ ~~~~~~~~~			8a	12,40 1,76		
			other basis and sales expens			8b	10,63		
			(attach schedule) ~~~~~			8c			10,638.
			oss). Combine line 8c, columi					~ 8d	10,050.
	9		s and activities (attach schedu			9a			
	a b		xpenses other than fundraisir						
	c		r (loss) from special events.					~ 9c	
			f inventory, less returns and					- 50	
			goods sold ~~~~~~~						
	c		r (loss) from sales of invento				0a ~~~~~~~~	- 10c	:
	11		(from Part VII, line 103) ~-						5,340,699.
	12		e. Add lines 1e, 2, 3, 4, 5, 6c,					12	90,793,956.
6	13		ices (from line 44, column (E			~~~~	~~~~~~~		67,484,339.
se	14	Management	and general (from line 44, co	lumn (C)) ~~		~~~~	~~~~~~~	~ 14	15,952,624.
Expenses	15	Fundraising (f	rom line 44, column (D))	~~~~~~		~~~~	~~~~~~~~~	~ 15	
Щ	16	Payments to a	affiliates (attach schedule)	~~~~~~		~~~~	~~~~~~~~~	~ 16	
	17		es. Add lines 16 and 44, colu					17	83,436,963.
Ś	18		ficit) for the year. Subtract lin						7,356,993.
_ 0	19		fund balances at beginning o						32,858,339.
Ass	20	Other changes	s in net assets or fund balanc	es (attach explan	ation) ~~~~1~~	£~	$T_{\sim}4$	~ 20	-239,641.
902	13	131839	26447-ASSOC	2006.	08020 LAKE	VIEW	MEMORIAL H	OSPIT	'AL 26447-A1

623001 01-18-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



Form	990	(2006)	۱

41-0811697 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a Grants paid from donor advised funds					
(attach schedule) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
(cash \$0noncash \$0.	)				
If this amount includes foreign grants, check here	22a				
2b Other grants and allocations (attach schedule					
(cash \$0noncash \$0.					
If this amount includes foreign grants, check here	22b				
3 Specific assistance to individuals (attach					
schedule) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	23				
4 Benefits paid to or for members (attach					
schedule) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24				
5a Compensation of current officers, directors, key		224 242	0	224 242	
employees, etc. listed in Part V-A ~~~~~~	25a	334,349.	0.	334,349.	(
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B ~~~~~~	25b	0.	0.	0.	(
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B) ~~~~~~~~~~~	250				
6 Salaries and wages of employees not			25 000 016		
included on lines 25a, b, and c ~~~~~	26	31,052,370.	25,802,016.	5,250,354.	
7 Pension plan contributions not included on		2 000 025			
lines 25a, b, and c ~~~~~~~~~~	27	3,088,835.	328,672.	2,760,163.	
8 Employee benefits not included on lines		2 472 004	1 1 5 0 0 0 0	0 010 000	
25a · 27~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28	3,473,094.	1,159,826.	2,313,268.	
9 Payroll taxes ~~~~~~~~~~~	29	2,266,833.	1,972,785.	294,048.	
0 Professional fundraising fees ~~~~~~	30	04.026		04 026	
1 Accounting fees ~~~~~~~~~	31	84,836.		84,836.	
2 Legal fees ~~~~~~~~~~~~	32	57,902.		57,902.	
3 Supplies ~~~~~~~~~~	33	21,256,772. 94,969.	20,575,750. 55,313.	681,022. 39,656.	
4 Telephone ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	34	200,526.	147,112.	53,414.	
5 Postage and shipping ~~~~~~~~~	35	719,637.	14/,112.	719,637.	
6 Occupancy ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	36	2,223,022.	1,648,412.	574,610.	
7 Equipment rental and maintenance ~~~~	37	80,600.	54,048.	26,552.	
8 Printing and publications ~~~~~~	38	260,695.	234,929.	25,766.	
9 Travel ~~~~~~~~~	39	200,095.	234,929.	25,700.	
0 Conferences, conventions, and meetings ~	40				
1 Interest ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	41	3,812,369.	3,812,369.		
2 Depreciation, depletion, etc. (attach schedule)	42	5,014,509.	5,014,509.		
3 Other expenses not covered above (itemize):	400				
a	43a				
b	43b				
C	430				
d	43d				
e	43e				
a SEE STATEMENT 5	43f 43a	14,430,154.	11,693,107.	2,737,047.	
9	439	11,150,151.	11,000,107.	2,757,017.	
14 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),	44	83,436 963	67,484,339.	15,952 624	(
carry these totals to lines 13-15)	-		5,,101,559.		
oint Costs. Check <b>i</b> fyou are following			arted in (D) Deserves		
re any joint costs from a combined educational campaig					Yes Tr≊No N/A
"Yes," enter (i) the aggregate amount of these joint cos	53.	/ -	(ii) the amount allocated to		<u>N/A</u> ; N/A
ii) the amount allocated to Management and general \$ 23011 1-23-07			(iv) the amount allocated to		
-23-07			3		Form <b>990</b> (20

09390213 131839 26447-ASSOC

Vhat is the organization's prim	ary exempt purpose?	SEE STATEMENT 7	Program Service Expenses
lients served, publications iss	ued, etc. Discuss achieveme	evements in a clear and concise manner. State the number of ints that are not measurable. (Section 501(c)(3) and (4) nust also enter the amount of grants and allocations to others.)	(Required for 501(c)(3 and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMEN</u>	Г б		
Grants and allocations	\$	) If this amount includes foreign grants, check here	> 67,484,339
b			
Grants and allocations	\$	) If this amount includes foreign grants, check here	>
C			
(Grants and allocations	\$	) If this amount includes foreign grants, check here	>
d			

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697

Part III Statement of Program Service Accomplishments (See the instructions.)

<u>, , 10 1, 35 5</u>

Form 990 (2006)

Page 3

Form 990 (2006)

Form 990	(2006)	LAKEVIEW	MEMORIAL	HOSPITAL	ASSOC.	, IN
Part IV	Balance S	Sheets (See the instruc	tions.)			
		ttached schedules and ar -of-year amounts only.	mounts within the	description colum		(A Beginning
AF	Cook non in	toroot booring				2 75

Page 4

Note		ere required, attached schedules and amounts with uld be for end-of-year amounts only.	nin the	description column	(A) Beginning of year		(B) End of year
							-
	45	Cash - non-interest-bearing ~~~~~~~~	~~~	~~~~~~	2,757,801.	45	7,342,682.
	46	Savings and temporary cash investments $\sim \sim \sim$	~~~	~~~~~~	243,120.	46	256,664.
			1	04 007 700			
		Accounts receivable ~~~~~~~~	47a	24,807,783. 13,584,437.	0 770 210		11 222 246
	b	Less: allowance for doubtful accounts ~~~	47b	13,504,437.	9,770,218.	47c	11,223,346.
	48 a	Pledges receivable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	48a				
	1	Less: allowance for doubtful accounts $\sim \sim \sim$	48b			48c	
	49	Grants receivable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	~~~~~~		49	
	50 a	Receivables from current and former officers, di					
		key employees ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Г		50a	
	b	Receivables from other disqualified persons (as					
Assets	<b>F4</b>	4958(f)(1)) and persons described in section 495		50b			
Ase	1	Other notes and loans receivable STMT_8 Less: allowance for doubtful accounts ~~~~~~	51a 51b	549,799.	285,501.	= 1	549,799.
		Inventories for sale or use ~~~~~~~			1,398,145.	51c	1,618,749.
	52 53	Prepaid expenses and deferred charges ~~~		F	443,767.	52 53	687,069.
	1	Investments - publicly-traded securities ~~~~			110,707.	53 54a	
		Investments - other securities ~~~~~~				54b	
		Investments - land, buildings, and	,			010	
		equipment: basis ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	55a				
		- 1-1					
	b	Less: accumulated depreciation ~~~~~~	55b			55c	
	56	Investments - other ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	E~	T~9~~	2,717,176.	56	2,339,350.
	1	Land, buildings, and equipment: basis ~~~	57a	63,142,617.			
	b	Less: accumulated depreciation $^{\mathrm{S}}$ ~~	57b	33,579,080.	28,483,043.	57c	29,563,537.
	58	Other assets, including program-related investments			01 001		20.001
		(describe ACCRUED INTEREST		)	21,981.	58	32,201.
	59	Total assets (must equal line 74). Add lines 45 t			46,120,752. 12,905,921.	59	53,613,397. 6,047,344.
	60	Accounts payable and accrued expenses ~~~ Grants payable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			12,000,021.	60 61	0,017,511.
	61 62	Deferred revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				62	
ies	63	Loans from officers, directors, trustees, and key		Г		63	
Liabilities	1	a Tax-exempt bond liabilities ~~~~~~~~~		F		64a	
Liał		b Mortgages and other notes payable $\sim \sim \sim \sim \sim$		Γ		64b	
	65	Other liabilities (describeSE	e s	TATEMENT 11 $)$	356,492.	65	7,590,362.
		· · · · · ·					
	66	Total liabilities. Add lines 60 through 65			13,262,413.	66	13,637,706.
	Orga	anizations that follow SFAS 117, check here	<b>-</b> K-	and complete lines			
S		67 through 69 and lines 73 and 74.			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
nce	67	Unrestricted ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			32,685,975.	67	39,601,863.
ala	68	Temporarily restricted ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			172,364.	68	373,828.
дB	69	Permanently restricted ~~~~~~~~~				69	
Fun	Orga	anizations that do not follow SFAS 117, check h	nere	and			
or	70	complete lines 70 through 74.				70	
ets	70 71	Capital stock, trust principal, or current funds ~ Paid-in or capital surplus, or land, building, and e		Г		70 71	
Ass	72	Retained earnings, endowment, accumulated in				72	
Net Assets or Fund Balances	73	Total net assets or fund balances. Add lines 67 through		Г		12	
2		(Column (A) must equal line 19 and column (B) must e	-	-	32,858,339.	73	39,975,691.
	74	Total liabilities and net assets/fund balances.			46,120,752.	74	53,613,397.

Form 990 (2006)

4

Forr	n 990 (2006) LAKEVIEW MEMORIAL HOS	PITAL ASSOC.	INC.	41-	08116	597 Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Final instructions.)	ncial Statements W	ith Revenue po	er Re	eturn (Se	
а	Total revenue, gains, and other support per audited financial statement	nts ~~~~~~~~		~~	a 🤉	0793956.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	b1			
2	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	b2			
3	Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	b3			
4	Other (specify):		b4			
	Add lines b1 through b4 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~	-~~~~~~	~~	b	Ο.
с	Subtract line b from line a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				c g	90793956.
d	Amounts included on Part I, line 12, but not on line a:					
1		~~~~~~	d1			
2	Other (specify):		d2			
_	Add lines d1 and d2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			~~	d	0.
e	Total revenue (Part I, line 12). Add lines c and d					90793956.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements V	Vith Expenses	per l		
<u>a</u>	Total expenses and losses per audited financial statements ~~~~					3436963.
b	Amounts included on line a but not on Part I, line 17:				ŭ	
1	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ь1			
-	Prior year adjustments reported on Part I, line 20 ~~~~~~~					
	Losses reported on Part I, line 20 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				-	
	•		b3			
4	Other (specify): Add lines b1 through b4 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				b	0.
•	Subtract line b from line a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					33436963.
C d		~~~~~~~~~~	~~~~~~~	~~~		
d	Amounts included on Part I, line 17, but not on line a:	1				
			d1 d2		-	
2	Other (specify):		-			0
	Add lines d1 and d2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				d	<u>0.</u> 33436963.
	Total expenses (Part I, line 17). Add lines c and d				C	
Pa	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List ea	cn person wno was e the instructions.)	s an or	ricer, aire	ctor, trustee,
		(B) Title and average hours	(C) Compensation	(D)Co	ntributions to	(E) Expense
	(A) Name and address	per week devoted to position	(If not paid, enter -0)	`emplo plans compe	ntributions to byee benefit & & deferred nsation plans	account and other allowances
	111111111111111111111111111111111111111					
3EI	$_{\rm STATEMENT}^{-1}$		284,855.	49	,494.	0.
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Page	5
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IEW	MEMORIAL	HOSPITAL	ASSOC.,

41-0811697 Page 6

Х

INC.

Par	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ~~~~~~~~ I15			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies			
	the individuals and explains the relationship(s)	75b		Х
с	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the			
	organization? See the instructions for the definition of "related organization."SEE_STATEMENT_14	75c	Х	
	If "Yes," attach a statement that includes the information described in the instructions.			

d Does the organization have a written conflict of interest policy? \_ \_

LAKEV

Form 990 (2006)

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter - 0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
11111111111111111111111111111111111111				
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Part VI Other Information (See the instructions.)				Yes No

1 4			100	
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed			
	statement of each change ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	77		Х
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ~~~	78a	Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Х	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ~~			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ~~~~~~~~~	80a	Х	
b	If "Yes," enter the name of the organization SEE STATEMENT 13			
	and check whether it is 🕇 exempt or 🕇 nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) ~~~~~~ 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		Х
		Lorn	- 000	(0000)

Form 990 (2006)

б

Form	990 (2006) LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0812	697	Р	age 7			
Par	t VI Other Information (continued)		Yes	No			
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially						
	less than fair rental value?						
b	If "Yes," you may indicate the value of these items here. Do not include this						
	amount as revenue in Part I or as an expense in Part II.						
	(See instructions in Part III.) ~~~~~~ 82b N/A						
83 a	B a Did the organization comply with the public inspection requirements for returns and exemption applications?~~~~~~						
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?~~~~~~~~~~						
	Did the organization solicit any contributions or gifts that were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	84a					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not						
	tax deductible? ~~~~~~N/A~~~	84b					
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a					
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	85b					
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a						
	waiver for proxy tax owed for the prior year.						
с	Dues, assessments, and similar amounts from members ~~~~~~~~ 85c N/A						
	Section 162(e) lobbying and political expenditures ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices ~~~~~~ 85e N/A						
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) ~~~~~~ 85f N/A						
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? $\sim\sim\sim\sim\sim\sim\sim\sim$ N/A	85g		1			
0	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	ooq					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the						
	following tax year?N $\angle$ AN $\angle$ A	85h					
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	0011					
00	line 12 ~~~~~~ 86a N/A						
h	Gross receipts, included on line 12, for public use of club facilities ~~~~~~~ 86b N/A						
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders~~~~~ 87a N/A	-					
-	Gross income from other sources. (Do not net amounts due or paid to other sources	-					
D	against amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	-					
00 a	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?						
	If "Yes," complete Part IX ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	88a		х			
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	000					
b	section 512(b)(13)? If "Yes," complete Part XI ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	88b		х			
<u>00 o</u>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000					
09 a	section 4911 $\_$ 0.; section 4912 $\_$ 0.; section 4955 $\_$ 0.						
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit						
U	transaction during the year or did it become aware of an excess benefit transaction from a prior year?						
	If "Yes," attach a statement explaining each transaction ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	89b		х			
0		0.00					
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
Ь	Enter: Amount of tax on line 89c, above, reimbursed by the organization ~~~~~~~ 0.						
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? $\sim \sim \sim$	89e		х			
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?~~~~~~	89f		х			
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	091					
g	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? ~~~~~	89g		Х			
00 a	List the states with which a copy of this return is filed $\mathbb{M}^{MN}$	oad					
				717			
0 - 10		30 - 4	581				
91 a	The books are in care of       DOUGLAS JOHNSON       Telephone no       651-43         Located at       927 CHURCHILL STREET WEST, STILLWATER, MN       ZIP+4						
L.			Yes	No			
ά	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	016	103	X			
	If "Yes," enter the name of the foreign country $\boxed{\frac{N/A}{}}$	91b					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
	and Financial Accounts.						
		Form	990	(2006)			

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Form 990 (2006)         LAKEVIEW           Part VI         Other Information (continued)	MEMORIAL	HOSPITAL ASS	SOC.	, INC. 41-	0811697 Page 8 Yes No
c At any time during the calendar year, did the If "Yes," enter the name of the foreign count	ry	N/A			91c X
92 Section 4947(a)(1) nonexempt charitable true and enter the amount of tax-exempt interest					∎ <b>⊤</b> N/A
Part VII Analysis of Income-Produc					
Note: Enter gross amounts unless otherwise		ed business income		ed by section 512, 513, or 514	(E)
indicated. 93 Program service revenue:	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	Related or exempt function income
a NET PATIENT SERVICE	621500	4,582,848.	COUE		52,977,434.
b					
с					
d					
е					
f Medicare/Medicaid payments ~~~~~~	~~				27,291,405.
g Fees and contracts from government agencie 94 Membership dues and assessments ~~~~					
95 Interest on savings and temporary cash investment	s ~		14	286,605.	
96 Dividends and interest from securities ~~~	~~				
97 Net rental income or (loss) from real estate:					
a debt-financed property~~~~~~~~~~~			1.0	00.005	
b not debt-financed property ~~~~~~~			16	83,025.	
98 Net rental income or (loss) from personal prop	-				
<ul> <li>99 Other investment income ~~~~~</li> <li>100 Gain or (loss) from sales of assets</li> </ul>	~~				
other than inventory ~~~~~~~~~			18	10,638.	
101 Net income or (loss) from special events ~-				20,0001	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 15		4,120,677.		1,220,022.	
b					
c					
d					
e				1 600 000	
104 Subtotal (add columns (B), (D), and (E)) $\sim \sim \sim$		8,703,525.		1,600,290.	80,268,839. 90,572,654.
105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal th	e amount on line 1	2, Part I.		_	
Part VIII Relationship of Activities to					
Line No. Explain how each activity for which income exempt purposes (other than by providing f			importar	ntly to the accomplishment of	the organization's
93A HOSPITAL AND RELATED		ARE SERVICES		OVIDED PATIEN	
93F HOSPITAL AND RELATED	HEALTH C.	ARE SERVICES	S PRO	OVIDED PATIEN	rs.
				('l' (Cap the instruction	
Part IX Information Regarding Taxa (A) (B) Perce	able Subsidiari	(C)	ea En	(D)	(E)
Name, address, and ÉIN of corporation, partnership, or disregarded entity	o interest	Nature of activities		Total income	End-of-year assets
N/A	%				
N/A	%				
	%				
Part X Information Regarding Tran	, 6	ted with Personal	Bene	fit Contracts (See the	instructions.)
(a) Did the organization, during the year, receive any fi					
(b) Did the organization, during the year, pay premium					
Note: If "Yes" to (b), file Form 8870 and Form 47			-		
					Form 990 (2006)

623163 01-18-07

8

09390213 131839 26447-ASSOC 2006.08020 LAKEVIEW MEMORIAL HOSPITAL 26447-A1

Form 990 Part X	Information Regarding Transfers To and From C			41 - 0811697 f the organization is a		<u>9 9</u>
	I the reporting organization make any transfers to a controlled entity a mplete the schedule below for each controlled entity.	·	n 512(b)(13) of the Co		Yes N	lo
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptior transfer	n of Am	(D) ount of ansfer	
~	11111111111111111111111111111111111111					
h	11111111111111111111111111111111111111					
	11111111111111111111111111111111111111					
	Totals					
	the reporting organization receive any transfers from a controlled en nplete the schedule below for each controlled entity.	itity as defined in se	ection 512(b)(13) of the	e Code? If "Yes,"	Yes N	lo
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptior transfer	n of Am	(D) Jount of ansfer	
<u> </u>	11111111111111111111111111111111111111					
h	11111111111111111111111111111111111111					
~	11111111111111111111111111111111111111					
	Totals					
	I the organization have a binding written contract in effect on August ?	17, 2006, covering t	he interest, rents, roy		Yes N	lo
	Under penalties of perjury, I declare that I have examined this return, including accompanyi and complete. Declaration of preparer (other than officer) is based on all information of white	ing schedules and statem ch preparer has any know	ents, and to the best of my ki ledge.	nowledge and belief, it is tr	ue, correct,	—
Please						
Sign Here	Signature of officer DOUG JOHNSON, CFO		Date			
	Type or print name and title					
Paid	Preparer's signature 💳	Date	Check if self- employed <b>O</b>	Preparer's SSN or PTIN (S	iee Gen. Inst.	X)
Preparer's Use Only			EIN 9			_
	self-employed), 220 SOUTH SIXTH STREET, St address, and ZIP+4	UITE 300	Phone no.	<b>Q</b> 612-376-	<u>450</u> 0	
				Form	n <b>990</b> (200	06)

623164/01-26-07

9 09390213 131839 26447-ASSOC 2006.08020 LAKEVIEW MEMORIAL HOSPITAL 26447-A1

SCHI	EDUL	ΕA
(Form	990 or	990-EZ)

# Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) Q MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

09390213 131839

LAKEVIEW MEMORIAL HOSPITA	L ASSOC., IN	C.	41 0811	697
Part I Compensation of the Five Highest Paid Emp (See page 2 of the instructions. List each one. If there are none, ent		o Officers. Direc		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hour per week devoted to position	(c) Compensation	(d) Contributions employee benefi plans & deferred compensation	e (e) Expense account and other allowances
$\begin{smallmatrix} J = F \\ 341 \\ 341 \\ C \\ C \\ J \\ C \\ C \\ C \\ C \\ C \\ C \\ C$	LEAD ULTRASC 40.00	UND TECH 163,494.	15,637	
$\overset{MARY}{1} \overset{E.}{1} \overset{JONES}{1} \overset{1}{1} \overset{1}$	RN, WEEKENDE 40.00	R 140,406.	16,391	
CYNTHIA APPLESETH 1993 1411111 141111111111111111111111111	PHARMACY DIR 40.00	ECTOR 130,627.	16,409	
JODY HYATT 187211211111111111111111111111111111111	RN, WEEKENDE 40.00	R 122,721.	16,093	
JO DIERS 21412437BANK127,100RTH1413333,101141340	DIRECTOR OF 40.00	NURSING 119,130.	9,794	
Total number of other employees paid over \$50,000 Q	240			
Part II-A Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals			onal Servic	es
(a) Name and address of each independent contractor paid more that	n \$50,000	(b) Type of s	ervice	(c) Compensation
MIDWEST SLEEP LINK 1211111111111111111111111111111111111	111111151132	SLEEP STUD PROFESSION		216,700.
$\overset{\text{TMCK}}{\underline{1423}} \overset{\text{ASSOCIATES}}{\underline{1423}} \overset{\text{TMCK}}{\underline{1423}} \text{$			TURE RECOVER	214,491.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	111111111	MARKETING ADVERTISIN		149,043.
NORTHERN COUNTIES SECRETERIAL SERVICE	s 1 <sub>MN</sub> 1 1 <u>515</u> 336331 1	TRANSCRIPT SERVICES	ION	137,669.
FAF ADVISORS INC 10011NICOLLET MALL, 1MINNEAPOLIS, 1M1133	4991111111	INVESTMENT SERVICES		125,732.
Total number of others receiving over         \$50,000 for professional services	9			
Part II-B Compensation of the Five Highest Paid Inder (List each contractor who performed services other than profession	hal services, whether individ		ervices	
	t.	(b) Type of s	service	(c) Compensation
$\begin{array}{c} \hline 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$	1111111111	LAB TESTS/SERV	ICES	456,385.
$\begin{smallmatrix} \text{ST.} & \text{PAUL} & \text{HEART} & \text{CLINIC} \\ 1225 & 134111 & 1441 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 1411 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14111 & 14$	1111111111	EQUIPMENT RENTAL/TEC	HICIAN	334,380.
CENTURIA COMMERICAL LAUNDRY 111111111111111111111111111111111111	1111111111	LAUNDRY SE	RVICES	205,601.
ADP 122001141111111111111111111111111111111	3127111111	PAYROLL SE	RVICES	88,497.
ALLINA MEDICAL LABORATORIES 1011011143,11111111111111111111111111111	111,111,111,111,111,111,111,111,111,11	LAB TESTS/SERV	ICES	63,770.
Total number of other contractors receiving over       \$50,000 for other services	0			

26447-ASSOC

26447-A1

10 2006.08020 LAKEVIEW MEMORIAL HOSPITAL

Ρ	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities J \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
á	a Sale, exchange, or leasing of property?	2a		Х
ł	b Lending of money or other extension of credit? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b		Х
	c Furnishing of goods, services, or facilities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c		Х
(	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V=AEQRM_990	2d	Х	
e	e Transfer of any part of its income or assets? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2e		Х
3 a	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		Х
ł	b Dd the organization have a section 403(b) annuity plan for its employees?	3b	Х	
(	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3c		x
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3d		Х
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4a		х
ł	b Did the organization make any taxable distributions under section 4966? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ~~~~~~~~~ J		N/	A
	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ~~~~~ J			0.
ç	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ~~~~~~~~~ J			0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)									
I certify that th	ne organization is not a private foundation because it is: (P	lease check only ONE ap	plicable box.)						
5 🕇	A church, convention of churches, or association of chu	urches. Section 170(b)(1)	(A)(i).						
6 -	A school. Section 170(b)(1)(A)(ii). (Also complete Part	V.)							
7 <del>K</del>	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8 -	A federal, state, or local government or governmental u	nit. Section 170(b)(1)(A)	)(V).						
9 🗕	A medical research organization operated in conjunctio	n with a hospital. Section	170(b)(1)(A)(iii). Enter th	ne hospital's name, city,					
	and state J								
10 📕	An organization operated for the benefit of a college or	university owned or opera	ated by a governmental un	it. Section 170(b)(1)(A)(	iv).				
	(Also complete the Support Schedule in Part IV-A.)								
11a 📕	An organization that normally receives a substantial pa	rt of its support from a go	vernmental unit or from th	ne general public.					
	Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)							
11b 📕	A community trust. Section 170(b)(1)(A)(vi). (Also com	plete the Support Sched	lule in Part IV-A.)						
12 🕇	An organization that normally receives: (1) more than 3	33 1/3% of its support fro	m contributions, member	ship fees, and gross					
	receipts from activities related to its charitable, etc., fun	,	1 / ()						
	its support from gross investment income and unrelate		· /	•					
	by the organization after June 30, 1975. See section 50	19(a)(2). (Also complete f	the Support Schedule in	Part IV-A.)					
13 🕇	An organization that is not controlled by any disqualified	d persons (other than four	ndation managers) and ot	herwise meets the require	ments of section				
	509(a)(3). Check the box that describes the type of sup	porting organization:							
	Type I Type II	Type III-Fur	nctionally Integrated	Type II	I-Other				
	Provide the following information a	bout the supported organ	izations. (See page 7 of t	he instructions.)					
	(a)	(b)	(c)	(d)	(e)				
	Name(s) of supported organization(s)	Employer	Type of organization	Is the supported	Amount of				
		identification	(described in lines	organization listed in	support				

Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the supported organization listed in the supporting organization's governing documents?			
			Yes	No		
Total J						

14 — An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 LAKEVIEW	MEMORIAL	HOSPITAL	ASSOC.,	INC.	41-0811697	Page 4
-----------------------------------------------	----------	----------	---------	------	------------	--------

Par	t IV-A Support Schedule (Co You may use the work	omplete only if you che sheet in the instruction	ecked a box on line 10	, 11, or 12.) Use cash	method of acco	ounting	9. Note: N/A
	idar year (or fiscal year ning in) ~~~~~~~~	(a) 2005	(b) 2004	(c) 2003	(d) 2002	unting	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual	(4) 2000		(0) 2000	(0) 2002		(0) ! 000
10	grants. See line 28.) ~~~~~						
	Membership fees received ~~~						
17	Gross receipts from admissions, merchandise sold or services						
	performed, or furnishing of						
	facilities in any activity that is related to the organization's						
	charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ~~~~						
22	Other income Attach a schedule	 					
	Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22 $\sim \sim$	0.	0.	0.		0.	0.
24	Line 23 minus line 17 ~~~~~						
25	Enter 1% of line 23 ~~~~~						
26	Organizations described on lines 10	0 or 11: a Enter 2% of a	amount in column (e), line	e 24 ~~~~~~~~	~~~~ J	26a	N/A
b	Prepare a list for your records to show	w the name of and amoun	nt contributed by each per	rson (other than a govern	mental		
	unit or publicly supported organization		•				<b>DT</b> / <b>D</b>
	Do not file this list with your return						N/A N/A
C d	Total support for section 509(a)(1) t Add: Amounts from column (e) for lir	est: Enter line 24, column				26c	N/A
u					~~_ J	264	N/A
е	Public support (line 26c minus line 2	22 26d total) ~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~			N/A
f	Public support percentage (line 26	,					N/A %
27	Organizations described on line 12:						
	records to show the name of, and tot	al amounts received in ea	ach year from, each "disqu	alified person." Do not fil	e this list with you	ur retur	n. Enter the sum of
	such amounts for each year:						
	(2005) ~~~~~~~~~	· ,	,	,		,	
b	For any amount included in line 17 th				•		
	and amount received for each year, the						
	described in lines 5 through 11b, as the larger amount described in (1) of						amount received and
	(2005) ~~~~~~~~~	( ):	•	, .		12) ~	
с	Add. Assessed for an extension (a) for all	45		10			
-	17	nes: 15 20		21	~ J	27c	N/A
d	Add: Line 27a total 🛛 🥧	a	nd line 27b total $\sim$ $\sim$ $\sim$ $\sim$	~~	~ J	27d	N/A
е	Public support (line 27c total minus I	ine 27d total) ~~~~	~~~~~~	~~~~~~	~~~~ J	27e	N/A
f	Total support for section 509(a)(2) te						/-
g	Public support percentage (line						N/A %
	Investment income percentage					27h	N/A %
S re	Inusual Grants: For an organization how, for each year, the name of the co eturn. Do not include these grants in li 1 01-18-07	ontributor, the date and an	nount of the grant, and a l	brief description of the na	ture of the grant.	Do not	list for your records to file this list with your ule A (Form 990 or 990-EZ) 2006
22010			13			2 5.1001	

-		81169		Page 5
Pa	rt V Private School Questionnaire (See page 9 of the instructions.)	N/	A	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
20	Describe experiencies have a registly pendicaring petery palicy toward students by statement in its shorter, bylows, other sources in a		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	- 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	- 23		
	and other written communications with the public dealing with student admissions, programs, and scholarships?	- 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- 31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		-		
32	Does the organization maintain the following:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ~~~~~~			
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ <u>32c</u>		
d	Copies of all material used by the organization or on its behalf to solicit contributions? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- <u>32</u> d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	-		
а				
b				
С				
d	Scholarships or other financial assistance? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
е	Educational policies? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
f	Use of facilities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
g	Athletic programs? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
h	Other extracurricular activities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ <u>33h</u>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		_		
	Does the organization receive any financial aid or assistance from a governmental agency? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Has the organization's right to such aid ever been revoked or suspended?	- <u>34b</u>		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

Scl	hedule A (Form 990 or 990-EZ) 2006 LAKEVIEW MEMORIAL HOSPITAL	ASS	DC.,	INC.	41-0811697	Page 6
Р	<u>art VI-A</u> Lobbying Expenditures by Electing Public Charities (See part (To be completed ONLY by an eligible organization that filed Form 5768)	age 10	of the ir	nstructions.)	N/	A
Ch	eck 🧕 a 🛨 if the organization belongs to an affiliated group. Check 🧕 b 🛨 if	f you cl	necked	a" and "limited co	control provisions apply.	
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed electing organiza	
	(The term experiationes means amounts paid of incurred.)			N/A		
36 37	Total lobbying expenditures to influence public opinion (grassroots lobbying) $\sim \sim \sim \sim \sim \sim \sim \sim$ Total lobbying expenditures to influence a legislative body (direct lobbying) $\sim \sim \sim$	<u>36</u> 37		N/A		
-	Total lobbying expenditures (add lines 36 and 37) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	38				
39		39				
	Total exempt purpose expenditures (add lines 38 and 39) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	40				
	Lobbying nontaxable amount. Enter the amount from the following table -					
	If the amount on line 40 is -       The lobbying nontaxable amount is -         Not over \$500,000 ~~~~~       20% of the amount on line 40 ~~~~~~         Over \$500,000 but not over \$1,000,000 ~~~~       \$100,000 plus 15% of the excess over \$500,000 ~~~~	2				
	Over \$1,000,000 but not over \$1,500,000 ~~~ \$175,000 plus 10% of the excess over \$1,000,000 ~~~ ↑	41				
	Over \$1,500,000 but not over \$17,000,000 ~~~       \$225,000 plus 5% of the excess over \$1,500,000 ~~~         Over \$17,000,000 ~~~       \$1,000,000 ~~~	j				
42	Grassroots nontaxable amount (enter 25% of line 41) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	42				
	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	43				
	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	43				
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.					

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns	
below. See the instructions for lines 45 through 50 on page 13 of the instructions.)	

	Lobbying Expenditures During 4-Year Averaging Pe				eriod		N/A
Calendar year (or fiscal year beginning in)					(d) 2003		(e) Total
45 Lobbying nontaxableamount	, ,						0.
46 Lobbying ceiling amount (150% of line 45(e))							0.
47 Total lobbying expenditures							0.
48 Grassroots nontaxable amount							0.
49 Grassroots ceiling amount (150% of line 48(e))							0.
50 Grassroots lobbying expenditures							0.
	Activity by Nonelectonly by organizations that dic			ons.)			
During the year, did the organizati influence public opinion on a legis	•	•	n, including any attempt to		Yes	No	Amount
a Volunteers ~~~~~~ b Paid staff or management (In						X X	
c Media advertisements ~~- d Mailings to members, legisla						X X	
e Publications, or published o	Publications, or published or broadcast statements ~~~~~~~~~~~~~~~~~ X						
g Direct contact with legislator	Grants to other organizations for lobbying purposes       X         Direct contact with legislators, their staffs, government officials, or a legislative body       X         Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means       X						
i Total lobbying expenditures							0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

623151 01-18-07

Schedule A (Form 990 or 990-EZ) 2006

26447-A1

Part				Relationships With Noncharital	ble		
		zations (See page 13 of the instru					
		irectly or indirectly engage in any of th		-			
		ection 501(c)(3) organizations) or in		tical organizations?	Г	V.	N.
		anization to a noncharitable exempt of				Yes	No
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	51a(i)		X
(i	<li>ii) Other assets ~~~~~~</li>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~~~~~~	a(ii)		Х
bО	ther transactions:						
					b(i)		Х
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	b(ii)		Х
(ii	i) Rental of facilities, equipme	ent, or other assets ~~~~~~~	~~~~~~	~~~~~~~~	b(iii)		Х
(i	v) Reimbursement arrangeme	ents ~~~~~~~~~~~	~~~~~~~	~~~~~~~~	b(iv)		Х
(	v) Loans or loan guarantees	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	b(v)		Х
(\	vi) Performance of services or	r membership or fundraising solicitat	ions ~~~~~~~~		b(vi)		Х
					с		Х
				ways show the fair market value of the			
		given by the reporting organization. I		-			
-		nent, show in column (d) the value of	-	-		N/A	
(a)	(b)	(c)		(d)			
Line no.	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and sha	aring arr	angem	nents
52 a ls	the organization directly or inc	directly affiliated with, or related to, or	ne or more tax-exempt organ	nizations described in section 501(c) of the			
С	ode (other than section 501(c)	(3)) or in section 527? ~~~~~	~~~~~~	~~~~~ <b>I †</b>	Yes	-K	- No
b lf	"Yes," complete the following s	schedule: N/A					
	(a	)	(b)	(c)			
	Name of org	ganization	Type of organization	Description of relationship			
623152				1			
623152 01-18-07				Schedule A (Form S	990 or 9	90-EZ	) 2006

26447-A1

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

#### Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

## 2006

Employer identification number

Name of	organization
---------	--------------

L	AKEVIEW MEMORIAL HOSPITAL ASSOC., INC.	41-0811697			
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2006)
for Form 990, Form 990-EZ, and Form 990-PF.	

623451 03-19-07

LAKEV	IEW MEMORIAL HOSPITAL ASSOC., INC.	41	-0811697
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANDERSON FOUNDATION 2424 TERRITORIAL RD ST. PAUL, MN 55114	\$100,000.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution. )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

18

623452 01-18-07

09390213 131839 26447-ASSOC 2006.08020 LAKEVIEW MEMORIAL HOSPITAL 26447-A1

Page 1 of 1 of Part I Employer identification number

11 0011005

Schedule B (	(Form 990,	990-EZ, o	r 990-PF)	(2006)

Name of organization

#### 2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

#### 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	LAND IMPROVEMENT	VARIES		.000	16	272,744.			272,744.	235,250.		0.
12	BUILDINGS	VARIES		.000	16	36,137,678.			36,137,678.	16,784,148.		0.
13	MOVEABLE EQUIPMENT	VARIES		.000	16	22,072,520.			22,072,520.	15,386,260.		Ο.
14	FIXED EQUIPMENT	VARIES		.000	16	1,389,262.			1,389,262.	1,173,422.		0.
15		VARIES		.000	16	3,270,413.			3,270,413.			Ο.
	* TOTAL 990 PAGE 2 DEPR					63,142,617.		0.	63,142,617.	33,579,080.	0.	0.

1

PROPERTY AND EQUIPMENT ARE DEPRECIATED USING THE STRAIGHT LINE METHOD OF DEPRECIATION OVER THE ESTIMATED USEFUL LIFE OF THE ASSET.

FOOTNOTES

STATEMENT

}}}}}ACTIVITYGROSSKIND AND LOCATION OF PROPERTYNUMBERRENTAL INCOME}}}}}NUMBERRENTAL INCOME}}}}>}}}}>}}}WARFARIN CLINIC - PHARMACY17,415CARDIAC CLINIC RENTAL INCOME275,020SPEC CLINIC LEASE INCOME3590	LAKEVIEW MEMORIAL HOSPITAL ASSOC  }}}}}}}}		41-0811697 }}}}}}
KIND AND LOCATION OF PROPERTYNUMBERRENTALINCOMI}}}}}}}}}}}}}}}}}}}}}}}}}WARFARIN CLINIC - PHARMACY17,415CARDIAC CLINIC RENTAL INCOME275,020SPEC CLINIC LEASE INCOME3590			
	<pre>}}}}}}}}}% }}} }} }} } } } } } } } } }</pre>	NUMBEF } } } } 3	RENTAL INCOME

LAKEVIEW MEMORIAL HOSPI }}}}}}}}			~~~~~~~~~~~~	41-0811697 }}}}}}}
FORM 990 GAIN (1 }}}}}}}}		E OF OTHER A }}}}}}}		STATEMENT 3 }}}}}}
DESCRIPTION }}}}}} VARIOUS MOVEABLE EQUIPMEN	г	DATE ACQUIRED }}}}}}	SOLD #	METHOD ACQUIRED {}}}}}} PURCHASED
}}}}}	<pre>ES PRICE OTHER }}}}}}}}  ES PRICE OTHER }} }} }} } } } } </pre>	BASIS OF }}}}}} }} 1,762.	0. }}}}}}}	NET GAIN OR (LOSS) }}}}}} 0. 10,638. }}}} 0. 10,638.
FORM 990 OTHER CHA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			STATEMENT 4
MINIMUM PENSION LIABILITY CHANGE IN TEMP. RESTRICTE FORGIVENESS OF INTERCOMPA	D NET ASSETS			AMOUNT }}}}}},3}},3}} 636,785. 19,838. 694,74319,8381,571,169. }}}}}},239,641.
 FORM 990 }}}}}}}}}		~~~~~~ EXPENSES }}}}}}}	~~~~~~ }}}}}}}}	STATEMENT 5
DESCRIPTION }}}}}} } } } OUTSIDE SERVICES BAD DEBT VEHICLE EXPENSE FORMS EXPENSE OTHER EXPENSE LICENSES AND TAXES ADVERTISING/MARKETIN CONSULTING COMMUNITY SERVICE PURCHASED MEDICAL SERVICES MN CARE TAX	<pre>(A) TOTAL }}}}}}}3}}3} 3,241,708. 2,543,151. 126,288. 280,948. 128,862. 827,227. 343,368. 609,450. 570,712. 3,090,473. 790,321.</pre>	<pre>(B) PROGRAM SERVICES }}}}}}1,984,424. 2,543,151. 105,006. 225,622. 22,134. 695,245. 214,913. 236,441. 2,998,204. 790,321.</pre>	<pre>(C) MANAGEMENT AND GENERAL }}}}}}1} 1,257,284. 21,282 55,326 106,728 131,982 128,455 373,009 570,712 92,269.</pre>	

TOTAL TO FM 990, LN 43 14,430,154. 11,69	<pre>}}}}</pre> }} }}  }
	ACCOMPLISHMENTS STATEMENT 6 }}}}}}}}
DESCRIPTION OF PROGRAM SERVICE ONE }}}}}}}}PROVIDED ROUTINE AND EMERGENCY HEALTHCARE SE COMMUNITY AND SURROUNDING AREA, AND PROVIDED PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF T APPROXIMATELY \$444,000 WAS FORGIVEN ON EXPEN HOSPITAL FOR CHARITY CARE SERVICES. IN ADDI FOLLOWING APPROXIMATE AMOUNTS WERE SPENT FOR COMMUNITY BENEFIT ACTIVITIES: COMMON HEALTH COMMUNITY EDUCATION \$66,000; DONATED DRUGS \$ COMMUNITY PROGRAMS \$7,000; SUPPORT GROUPS \$2 SUPPORT \$8,000; AND DONATED CASH AND OTHER T FOR A TOTAL OF APPROXIMATELY \$779,000.	FOR THE IS PATIENTS. DED BY THE TION, THE ADDITIONAL CLINIC \$32,000; 58,000; ,000; SCHOOL
TO FORM 990, PART III, LINE A	GRANTS EXPENSES }}}}}}}} }}} }} }} } } } } } } } } }
FORM 990 STATEMENT OF ORGANIZATION'S PRIM	
<pre>PAR1 111 }}}}}}}}&lt;</pre>	}}}}}}}
EXPLANATION }}}}} PROVIDE HEALTH CARE SERVICES AND HEALTH EDUC COMMUNITY EDUCATION SUPPORT CROUPS AND OTHER	

COMMUNITY EDUCATION, SUPPORT GROUPS AND HEALTH EDUCATION TO THE SURROUNDING SERVICES AT NO CHARGE OR AT REDUCED RATES. AN ESTIMATED \$444,000 WAS FORGIVEN OR SPENT FOR SUCH SERVICES, INCLUDING PATIENT CHARGES, COMMUNITY EDUCATION, SUPPORT GROUPS, AND OTHER SPECIAL PROGRAMS.

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}	41-0811697 }}}}}}}
FORM 990 OTHER NOTES AND LOANS REPORTED SEPARATELY }}}}}}}}	STATEMENT 8
BORROWER'S NAME       TERMS OF REPAYMENT         }}}}}}}       }}}}}         }}}}}       }}}}         WASHINGTON COUNTY JAIL	
DATE OF         MATURITY         ORIGINAL         INTEREST         FMV OF           NOTE         DATE         LOAN         AMOUNT         RATE         CONSIDERATION           }}}}}}}}         }}}}}}         }}}}         }}}}         }}}         }}}         }}}         }}         }}         }}         }}         }}         }}         }}         }}         }}         }}         }}         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         `` <t< td=""><td></td></t<>	
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN }}}}}}}}}	
RELATIONSHIP OF BORROWERDESCRIPTION OFDOUBTFUL ACCT}}}}}}CONSIDERATIONALLOWANCE}}}}}}}}}}}}}}}}}}}}}}}}}}}HOSPITAL PROVIDES MEALSAND OTHER SERVICES TO	
$\begin{array}{c} \text{THE JAIL} & 0. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	24,018. }}}}}}}
BORROWER'S NAME       TERMS OF REPAYMENT         }}}}}}}       }}}}}         }}}}}       }}}}         HIGH POINT SURGERY CENTER	
DATE OF         MATURITY         ORIGINAL         INTEREST         FMV OF           NOTE         DATE         LOAN         AMOUNT         RATE         CONSIDERATION           }}}}}}}}         }}}}}}         }}}}         }}}}         }}}         }}}         }}}         }}         }}         }}         }}         }}         }}         }}         }}         }}         }}         }}         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         ``         `` <t< td=""><td></td></t<>	
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN }}}}}}}}}	
DESCRIPTION OF       DOUBTFUL ACCT         RELATIONSHIP OF BORROWER       CONSIDERATION       ALLOWANCE         }}}}}}       }}}}}       }}}}       }}}}       }}}       }}}       }}}       }}}       }}}       }}}       }}}       }}}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       `` <td><pre>}}}}}}}</pre> 21,548.</td>	<pre>}}}}}}}</pre> 21,548.

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}	41-0811697 }}}}}}}
	TERMS OF REPAYMENT
DATE OF MATURITY ORIGINAL INTERE NOTE DATE LOAN AMOUNT RATE }}}}}}}} }}}}	E CONSIDERATION }} }}}}
SECURITY PROVIDED BY BORROWER PURPOSE OF }}}}}}}}	-
DESCRIPTION OF RELATIONSHIP OF BORROWER CONSIDERATION }}}}}}}} FOR SERVICES PROV BY LAKEVIEW }}}}}}	0. 61,035.
	TERMS OF REPAYMENT
DATE OF MATURITY ORIGINAL INTERE NOTE DATE LOAN AMOUNT RATE }}}}}}}} }}} } } }	E CONSIDERATION }}}}}}}
SECURITY PROVIDED BY BORROWER PURPOSE OF }}}}}}}}	-
DESCRIPTION OF RELATIONSHIP OF BORROWER CONSIDERATION }}}}}}}} FOR SERVICES PROV BY LAKEVIEW }}}}}}	0. 18,755.
111111111111111111111111111111111111111	

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}}}	41-0811697 }}}}}}}
BORROWER'S NAME       TERMS OF REPAYMENT         }}}}}}       }}}}}         }}}}}       }}}         A/R IP & RETAIL PHARMACY       }}}}	
DATE OF MATURITY       ORIGINAL       INTEREST       FMV OF         NOTE       DATE       LOAN AMOUNT       RATE       CONSIDERATION         }}}}}}}       }}}}}}       }}}}}       }}}}       }}}       }}}       }}}       }}}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }       }}       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``       ``	
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN }}}}}}}}}	
DESCRIPTION OF       DOUBTFUL ACCT         RELATIONSHIP OF BORROWER CONSIDERATION       ALLOWANCE       BAL         }}}}}}       }}}}}       }}}}       }}}}       }}}       }}}       }}}       }}}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }`       }`       }`       ````````````````````````````````````	223,957.
BORROWER'S NAME       TERMS OF REPAYMENT         }}}}}}}       }}}}}         BORROWER'S NAME       }}}}}}         BORROWER'S NAME       }}}}}         BORROWER'S NAME       }}}}}         BORROWER'S NAME       }}}}         BORROWER'S NAME       }}}         BORROWER'S NAME       }}}         BORROWER'S NAME       }}	
DATE OF MATURITY ORIGINAL INTEREST FMV OF NOTE DATE LOAN AMOUNT RATE CONSIDERATION }}}}}}}}} }} }}}}} 000% 0.	
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN }}}}}}}}}	
DESCRIPTION OF       DOUBTFUL ACCT         RELATIONSHIP OF BORROWER       CONSIDERATION       ALLOWANCE       BAL         }}}}}}       }}}}}       }}}}}       }}}}       }}}}       }}}       }}}       }}}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }}       }       }}       }}       }       }}       }}       }       }}       }}       }}       }}       }}       }}       }       }       }}       }       }       }       }       }       }       }       }       }	200,486. }}}}}}
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51 0.	549,799.

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| LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.<br>}}}}}}}}}}}  | 41-0811697<br>}}}}}}}   |
|---|---|
| FORM       990       OTHER       INVESTMENTS         }}}}}}       }}}}       }}}}       }}}       }}}       }       }}       ``` <t< td=""><td>STATEMENT 9</td></t<> | STATEMENT 9   |
| DESCRIPTION } } } } J } J J J J INVESTMENT IN ASC SERVICES ALLIANCE C   | ALUATION<br>METHOD AMOUNT<br>}}}}}}<br>OST 843,093.<br>OST 551,284.<br>OST 944,973.<br>}}}}}}<br>2,339,350. |
| FORM 990       DEPRECIATION OF ASSETS NOT HELD FOR         }}}}}}}       }}}}   |   |
| DESCRIPTIONOTHER BASIS}}}}}OTHER BASIS}}}}}}}}LAND IMPROVEMENT272,744.BUILDINGS36,137,678.MOVEABLE EQUIPMENT22,072,520.FIXED EQUIPMENT1,389,262.LAND3,270,413.  | 16,784,148. 19,353,530.<br>15,386,260. 6,686,260.<br>1,173,422. 215,840.<br>0. 3,270,413.<br>}}}}}}}3}}3    |
| FORM 990 OTHER LIABILITIES }}}}}}}}   | STATEMENT 11 }}}}}}}}   |
| DESCRIPTION<br>}}}}}}<br>DUE TO THIRD PARTY PAYOR<br>PENSION RESERVE<br>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B   | AMOUNT }}}}}}31}}3131,372. 7,238,990. }}}}}}3}}3}}3131  |

| LAKEVIEW MEMORIAL HOSPITAL ASSOC<br>}}}}}}}}}                                   |  |                   | }.    | L-0811697<br>}}}}}}} |
|---|--|-------------------|-------|----------------------|
| FORM 990 PART V-A - LIST OF CU  |  |                   |       | EMENT 12             |
| TRUSTEES A  | ND KEY EMPLOYE   |                   | }}}}} | }}}}}}               |
| NAME AND ADDRESS }}}}}}}<br>BRUCE BARTIE, D.O. P.O. BOX 16 STILLWATER, MN 55082 | TITLE AND<br>AVRG HRS/WK<br>}}}}}}<br>BOARD MEMBER<br>1.00 | }}}}}}}           |       | ACCOUNT } } } } } }  |
| KEVIN BJORK, MD<br>4605 MCDONALD DRIVE OVERLOOK N.<br>STILLWATER, MN 55082      | BOARD MEMBER<br>1.00                                       | 0.                | 0.    | 0.                   |
| ARBA-DELLA BECK<br>306 LAURIE COURT<br>STILLWATER, MN 55082                     | BOARD MEMBER<br>2.00                                       | (SECRETARY)<br>0. | 0.    | 0.                   |
| REBECCA BILLINGSLEY<br>2700 LISBON AVE N<br>LAKE ELMO, MN 55042                 | BOARD MEMBER<br>1.00                                       | 0.                | 0.    | 0.                   |
| JIM BRADSHAW<br>1310 HILLCREST DRIVE<br>STILLWATER, MN 55082                    | BOARD MEMBER<br>1.00                                       | 0.                | 0.    | 0.                   |
| PETER CLEMENTS<br>672 2nd ave n<br>Bayport, Mn 55003                            | BOARD MEMBER<br>2.00                                       | (CHAIR)<br>0.     | 0.    | 0.                   |
| PHIL DONALDSON<br>9120 IVY AVE N<br>GRANT, MN 55082                             | BOARD MEMBER<br>2.00                                       | 0.                | 0.    | 0.                   |
| DOUG JOHNSON<br>693 BUTTERCUP COURT<br>HUDSON, WI 54016                         | CFO<br>60.00   | 0.                | 0.    | 0.                   |
| RON PHILLIPPO<br>576 PERCH LAKE ROAD<br>HUDSON, WI 54016                        | BOARD MEMBER<br>1.00                                       | 0.                | 0.    | 0.                   |
| PAT RILEY<br>1119 QUENTIN AVE S<br>LAKELAND, MN 55043                           | BOARD MEMBER<br>1.00                                       | 0.                | 0.    | 0.                   |
| DAVID REAMER<br>1303 SOUTH 3RD ST<br>STILLWATER, MN 55082                       | BOARD MEMBER<br>1.00                                       | 0.                | 0.    | 0.                   |

| LAKEVIEW MEMORIAL HOSPITAL ASSOC<br>}}}}}}}}}                         | } } } } }              |   |                                    | 1-0811697<br>}}}}}}} |
|---|------------------------|---|------------------------------------|----------------------|
| JEFFERY J. ROBERTSON<br>120 NORTHLAND AVE<br>STILLWATER, MN 55082     | CEO<br>60.00           | 0.                                      | 0.                                 | 0.                   |
| DOUGLAS CARLSON, MD<br>1419 N 1ST ST<br>STILLWATER, MN 55082          | BOARD MEMBER<br>1.00   | ENDING 7/1/07<br>0.                     | 70.                                | 0.                   |
| JIM SCHUG<br>1208 S EVERETTE ST<br>STILLWATER, MN 55082               | BOARD MEMBER<br>1.00   | (VICE CHAIR)<br>0.                      | 0.                                 | 0.                   |
| MARY NORD<br>1940 FULHAM ST #306<br>ROSEVILLE, MN 55132               | BOARD MEMBER<br>1.00   | 0.                                      | 0.                                 | 0.                   |
| DAVID WETTERGREN<br>6315 ST CROIX TRAIL<br>OAK PARK HEIGHTS, MN 55082 | BOARD MEMBER<br>3.00   | 0.                                      | 0.                                 | 0.                   |
| MARY WEBER<br>205 W. CHESTNUT STREET<br>STILLWATER, MN 55082          | BOARD MEMBER<br>1.00   | 0.                                      | 0.                                 | 0.                   |
| CURT GEISSLER<br>1500 CURVE CREST BLVD<br>STILLWATER, MN 55082        | HOSPITAL PRES<br>40.00 | SIDENT<br>284,855.                      | 49,494.                            | 0.                   |
| TOTALS INCLUDED ON FORM 990, PART                                     | V-A                    | -                                       | <pre>}}}}}}}</pre> 49,494. ~~~~~~~ | 0.                   |
| FORM 990 IDENTIFICATION   |                        | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~                           | ~~~~~~               |
| PAR   | r vi, line 80          | 3                                       |                                    | EMENT 13             |
| }}}}}}}   | }}}}}                  | \}}}}}.                                 | }}}}}}.                            | } } } } } } }        |
| NAME OF ORGANIZATION }}}}}}}}   |                        |   |                                    | NONEXEMPT<br>}       |
| LAKEVIEW HEALTH SYSTEM<br>LAKEVIEW HOPSITAL FOUNDATION                |                        |   | X<br>X                             |                      |
| ST. CROIX VALLEY HEALTHCARE & RESE                                    | ARCH FOUNDATIO         | NC                                      | X                                  |                      |
| VSSA<br>CMDI  |                        |   | X<br>X                             |                      |
| HIGH POINTE SURGERY CENTER  |                        |   |                                    | Х                    |

#### LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. }}}}}}}

FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 14 RELATED ORGANIZATIONS }}}}}}

41-0811697

} } } } } }

EMPLOYER ID NUMBER

83-0379473

EMPLOYER ID NUMBER

}}}}}} 30-0221189

\_

|                 |              | EMPLOYEE     |         |  |
|-----------------|--------------|--------------|---------|--|
|                 |              | BENEFIT PLAN | EXPENSE |  |
| OFFICER'S NAME  | COMPENSATION | CONTRIBUTION | ACCOUNT |  |
| }}}}}}          | }}}}}}       | }}}}}}       | }       |  |
| DR. KEVIN BJORK | 496,653.     | 48,064.      | 0.      |  |
|                 |              |              |         |  |

NAME OF RELATED ORGANIZATION }}}}}}} STILLWATER MEDICAL GROUP

RELATIONSHIP BETWEEN ORGANIZATIONS }}}}}}} ENTITIES ARE RELATED ORGANIZATIONS

COMPENSATION DESCRIPTION }}}}}} SALARY AND BENEFITS

#### }}}}}}

|                   |              | EMPLOYEE     |         |
|-------------------|--------------|--------------|---------|
|                   |              | BENEFIT PLAN | EXPENSE |
| OFFICER'S NAME    | COMPENSATION | CONTRIBUTION | ACCOUNT |
| }}}}}}            | }}}}}}       | }}}}}}       | }       |
| JEFFERY ROBERTSON | 346,082.     | 56,730.      | 0.      |
|                   |              |              |         |

NAME OF RELATED ORGANIZATION }}}}}}} STILLWATER HEALTH SYSTEM

RELATIONSHIP BETWEEN ORGANIZATIONS }}}}}}} ENTITIES ARE RELATED ORGANIZATIONS

COMPENSATION DESCRIPTION }}}}}}} SALARY AND BENEFITS

#### LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697 }}}}}}}} }}}}} EMPLOYEE BENEFIT PLAN EXPENSE OFFICER'S NAME COMPENSATION CONTRIBUTION ACCOUNT }}}}}} }}}}} }}}}} } } DOUGLAS JOHNSON 202,402. 38,041. 0. NAME OF RELATED ORGANIZATION EMPLOYER ID NUMBER }}}}}} STILLWATER HEALTH SYSTEM 30-0221189 RELATIONSHIP BETWEEN ORGANIZATIONS }}}}}}} ENTITIES ARE RELATED ORGANIZATIONS

COMPENSATION DESCRIPTION

}}
}}
}}
}}
SALARY AND BENEFITS

#### }}}}}}

| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
|---|---|---|
| FORM 990                                | OTHER REVENUE                           | STATEMENT 15                            |
| }}}}}}}                                 | }}}}}}                                  | }}}}}}                                  |

RELATED OR

STATEMENT(S) 14, 15

|                            |        |              |      |             | RELAIED OR   |
|----------------------------|--------|--------------|------|-------------|--------------|
|                            | BUS    | UNRELATED    | EXCL | EXCLUDED    | EXEMPT FUNC- |
| DESCRIPTION                | CODE   | BUSINESS INC | CODE | AMOUNT      | TION INCOME  |
| }}}}}}                     | }      | }}}}}}       | }    | }}}}}}      | }}}}}}       |
| COURIER SERVICE            | 812900 | 24,000.      |      |             |              |
| ANSWERING SERVICE          | 812900 | 28,677.      |      |             |              |
| RETAIL PHARMACY            | 446110 | 4,068,000.   |      |             |              |
| SALE OF DRUGS              |        |              | 03   | 102,889.    |              |
| CAFETERIA INCOME           |        |              | 03   | 255,859.    |              |
| MEDICAL RECORDS            |        |              | 03   | 8,672.      |              |
| MICELLANEOUS               |        |              | 03   | 766,959.    |              |
| EMS EDUCATION AMBULENCE    |        |              | 03   | 19,341.     |              |
| ATM REVENUE                |        |              | 03   | 2,315.      |              |
| FOUNDATION/GRANT REVENUE   |        |              | 03   | 2,335.      |              |
| HOME CARE THERAPY          |        |              | 03   | 7,645.      |              |
| HIGH POINT DELI            |        |              | 03   | 54,007.     |              |
|                            |        | }}}}}}       |      | }}}}}}      | }}}}}        |
| TO FORM 990, PART VII, LIN | E 103  | 4,120,677.   |      | 1,220,022.  |              |
|                            |        | ~~~~~~~~~~~  |      | ~~~~~~~~~~~ | ~~~~~~~~~~~  |

09390213 131839 26447-ASSOC 2006.08020 LAKEVIEW MEMORIAL HOSPITAL 26447-A1

31

### TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

SEPTEMBER\_30\_\_2007

| Prepared for                                       | LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.<br>927 WEST CHURCHILL STREET<br>STILLWATER, MN 55082 |
|--|--|
| Prepared by  | LARSONALLEN LLP<br>220 SOUTH SIXTH STREET, SUITE 300<br>MINNEAPOLIS, MN 55402                |
| Amount due<br>or refund                            | NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN<br>THE AMOUNT OF \$1             |
| Make check<br>payable to                           | NO AMOUNT IS DUE.  |
| Mail tax return<br>and check (if<br>applicable) to | INTERNAL REVENUE SERVICE CENTER<br>OGDEN, UT 84201-0027                                      |
| Return must be<br>mailed on<br>or before           | FEBRUARY 15, 2008  |
| Special<br>Instructions                            | THE RETURN SHOULD BE SIGNED AND DATED.   |

| Form <b>990-T</b><br>Department of the Treasury<br>Internal Revenue Service |  | Organization Bus<br>(and proxy tax und  | ler se       | ection 6033(        | e))     |              |          | OMB No. 1545-0687<br>2006<br>Open to Public Inspection for<br>501(c)(3) Organizations Only |
|---|--|---|--------------|---------------------|---------|--------------|----------|--|
| A Check box if<br>address changed   | Check box if Name of organization ( Check box if name changed and see instructions.) |   |              |                     |         |              |          |  |
| B Exempt under section<br>→ 501(C)(3)<br>→ 408(e) → 220(e                   | or<br>Type Number, stre  | EW MEMORIAL HOSP<br>et, and room or suite no. If a P.O. box<br>ST CHURCHILL STE | k, see pa    | age 9 of instructio |         | NC.          | E Unrel  | <u>1-0811697</u><br>ated business activity codes<br>nstructions for Block E<br>ge 9.)      |
| 408(e) 220(e)<br>408A - 530(a<br>529(a)                                     | ) City or town,  | state, and ZIP code<br>IATER, MN 55082  |              |                     |         |              | 6215     |  |
| C Book value of all assets<br>at end of year<br>53613397.                   | · · ·  | type ∎€ 501(c) corporati  | -            | 501(c) trust        |         | 401(a) trust |          | Other trust  |
| H Describe the organization   | n's primary unrelated b  | usiness activity.   | SEE          | STATEMEN            | JT 1    | 6            |          |  |
| · · · · · · · · · · · · · · · · · · ·                                       |  | diary in an affiliated group or a parer   | nt-subsid    | iary controlled g   | roup?   | ~~~~~   -    | - Y      | es 🕂 No  |
| If "Yes," enter the name  | and identifying number   | of the parent corporation.  |              |                     |         |              |          |  |
| J The books are in care of  |  | JOHNSON   |              |                     |         | one number 6 | 51-      | 430-4581   |
| Part I Unrelated  | d Trade or Busi  |   | -            | (A) Incom           | e       | (B) Expense  | es       | (C) Net  |
| 1 a Gross receipts or sal   |  | ,525.   |              | 7 669 /             | 120     |              |          |  |
| b Less returns and allo   |  | 6,095. cBalance ~~~   | 1c           | 7,668,4             | 130.    |              |          |  |
|   |  | ~~~~~~  | 2            | 7,668,4             | 130     |              |          | 7,668,430.   |
|   |  |   | 3            | 7,000,4             | . 30.   |              |          | 7,000,430.   |
|   |  | (attach Form 4797) ~~~~~  | 4a<br>4b     |                     |         |              |          |  |
|   |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  | 40<br>4c     |                     |         |              |          |  |
|   |  | prations (attach statement) ~~~   | 5            |                     |         |              |          |  |
|   |  |   | 6            |                     |         |              |          |  |
|   |  | :) ~~~~~~~~~~~  | 7            |                     |         |              |          |  |
|   |  | controlled organizations (Sch. F)~  | 8            |                     |         |              |          |  |
|   | of a section 501(c)(7), (9   |   |              |                     |         |              |          |  |
|   |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   | 9            |                     |         |              |          |  |
| , ,   |  | ) ~~~~~~  | 10           |                     |         |              |          |  |
|   |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   | 11           |                     |         |              |          |  |
|   |  | dule.) ~~~~~~~~~~   | 12           |                     |         |              |          |  |
| 13 Total. Combine lines   | s 3 through 12   | •   | 13           | 7,668,4             | 130.    |              |          | 7,668,430.   |
| (Except for   | contributions, deduc   | Elsewhere (See instructions for<br>tions must be directly connected             | d with       | the unrelated b     | usiness | •            | 1        |  |
|   |  | stees (Schedule K) ~~~~~~   |              |                     |         |              | 14       |  |
|   |  | ~~~~~~~   |              |                     |         |              | 15       | 1,592,810.   |
|   |  | ~~~~~~~~~~~~  |              |                     |         |              | 16       |  |
|   |  | ~~~~~~~~~~~   |              |                     |         |              | 17       |  |
|   |  | ~~~~~~  |              |                     |         |              | 18       |  |
|   |  | ~~~~~~  |              |                     |         |              | 19       | 4,252.   |
|   |  | or limitation rules.) ~~~~~~  |              |                     |         |              | 20       |  |
|   |  | ~~~~~~  |              |                     |         | 32,436.      |          | 32,436.  |
|   |  | nd elsewhere on return ~~~~~  |              |                     |         |              | 22b      | 52,450.  |
|   |  |   |              |                     |         |              | 23       |  |
|   |  | ns ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |              |                     |         |              | 24       | 22,363.  |
|   |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |              |                     |         |              | 25<br>26 |  |
|   |  | ~~~~~~~~~~~~~   |              |                     |         |              | 27       |  |
|   |  | ~~~~~~~   |              |                     |         |              | 28       | 6,200,532.   |
|   |  | 28 ~~~~~~~~~~   |              |                     |         |              | 29       | 7,852,393.   |
|   |  | et operating loss deduction. Subtrac  |              |                     |         |              | 30       | -183,963.  |
|   |  | amount on line 30) ~~~~~~   |              |                     |         |              | 31       |  |
|   |  | pecific deduction. Subtract line 31 fro   |              |                     |         |              | 32       | -183,963.  |
|   |  | ee instructions for exceptions) $\sim \sim$                                     |              |                     |         |              | 33       | 1,000.   |
|   |  | Subtract line 33 from line 32. If line 3  |              |                     |         |              |          |  |
| of zero or line 32  |  |   |              |                     |         |              | 34       | -183,963.  |
| 623701<br>01-30-07 LHA For Pri  | vacy Act and Paperwor  | k Reduction Act Notice, see instruc   | tions.<br>33 |                     |         |              |          | Form 990-T (2006)  |

| 00200212 | 1 2 1 0 2 0 |             | 2006 00000 | T 3 12 D 1 2 T D 1.1 |          | HOODTHAT |
|----------|-------------|-------------|------------|----------------------|----------|----------|
| 09390213 | 131839      | 26447-ASSOC | 2006.08020 | LAKEVIEW             | MEMORIAL | HOSPITAL |

L 26447-A1

| Form 990-T (2006) | LAKEVIEW | MEMORTAL. | HOGDTTAL. | 20224  | . INC |
|-------------------|----------|-----------|-----------|--------|-------|
| Form 990-1 (2006) |          | MEMORIAL  | HOSPIIAL  | ASSUC. |       |

Page 2

| Part III           | Tax Computation  |   |   |  |                         |                           |  |  |
|--------------------|--|---|---|--|-------------------------|---------------------------|--|--|
|                    | ganizations Taxable as Corporat  | ions. See instructions for tax co   | mputation.  |  |                         |                           |  |  |
| Со                 | ontrolled group members (sections  | s 1561 and 1563) check here   | See instructions an   | d:   |                         |                           |  |  |
|                    | ter your share of the \$50,000, \$2  | ,   | -   |  |                         |                           |  |  |
| (1                 | Í  | (2) \$  | (3) \$  | í I  |                         |                           |  |  |
| •                  | nter organization's share of: (1) A  |   |   |  |                         |                           |  |  |
|                    | 2) Additional 3% tax (not more that  |   |   |  |                         |                           |  |  |
|                    | come tax on the amount on line 3   |   |   |  | ~~~ <u>35c</u>          | 0.                        |  |  |
|                    | usts Taxable at Trust Rates. See   |   |   |  |                         |                           |  |  |
|                    | Tax rate schedule or   |   |   |  |                         |                           |  |  |
|                    | oxy tax. See instructions $\sim \sim \sim$   |   |   |  |                         |                           |  |  |
|                    | ernative minimum tax $\sim \sim \sim \sim$   |   |   |  | -                       |                           |  |  |
|                    |  |   | ~~~~~~~   | ~~~~~~~  | ~~~~ 38                 | 0.                        |  |  |
|                    | tal. Add lines 37 and 38 to line 35  | c of 50, whichever applies  |   |  | 39                      |                           |  |  |
|                    | Tax and Payments   |   | (((0))  |  |                         |                           |  |  |
|                    | preign tax credit (corporations atta   |   | ,   | 40a  |                         |                           |  |  |
|                    | her credits (see instructions) ~   |   |   | 40b  |                         |                           |  |  |
| _                  | eneral business credit. Check here   |   |   |  |                         |                           |  |  |
|                    | Form 3800 Form(s) (  |   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                      | 40c  |                         |                           |  |  |
|                    | edit for prior year minimum tax (a   |   |   | 40d  |                         |                           |  |  |
|                    | otal credits. Add lines 40a through  |   |   |  |                         |                           |  |  |
| 41 Su              | ubtract line 40e from line 39 $\sim$ $\sim$  | ~~~~~~  | ~~~~~~~~~~  |  | ~~~~ 41                 | 0.                        |  |  |
| 42 Ot              | ther taxes. Check if from: 🕂 Fo  | rm 4255 📕 🛛 Form 8611 📕   | - Form 8697 - Form 88   | 66 - Other (atta                               | ach schedule) 42        |                           |  |  |
|                    | otal tax. Add lines 41 and 42 $\sim$   |   |   |  | ~~~~ 43                 | 0.                        |  |  |
| 44a Pa             | yments: A 2005 overpayment cr  | edited to 2006 ~~~~~~   |   | 44a  |                         |                           |  |  |
| b 20               | 06 estimated tax payments ~~   | .~~~~~~~~~~~  |   | 44b  |                         |                           |  |  |
| c Ta               | x deposited with Form 8868 $\sim$ $\sim$   |   |   | 44c  |                         |                           |  |  |
| d Fo               | reign organizations: Tax paid or v   | vithheld at source (see instruction   | ons) ~~~~~~~~   | 44d  |                         |                           |  |  |
|                    | ackup withholding (see instructio  |   |   |  |                         |                           |  |  |
|                    | redit for federal telephone excise   |   |   | 44f  | 1.                      |                           |  |  |
|                    |  | Form 2439   |   |  |                         |                           |  |  |
|                    | - Form 4136  | Other   | Total   | 44a  |                         |                           |  |  |
|                    | tal payments. Add lines 44a throu  | • • • • • • • • • • • • • • • • •   |   |  | ~~~~ 45                 | 1.                        |  |  |
|                    | timated tax penalty (see instruction   |   |   |  |                         |                           |  |  |
|                    | ix due. If line 45 is less than the to   |   |   |  |                         |                           |  |  |
|                    | verpayment. If line 45 is larger that  |   |   |  | _                       | 1.                        |  |  |
|                    | ter the amount of line 48 you war  |   |   |  | nded 49                 | 1.                        |  |  |
| Part V             | Statements Regardin  |   |   |  |                         |                           |  |  |
|                    | time during the 2006 calendar year   |   |   |  |                         | Yes No                    |  |  |
|                    | securities, or other) in a foreign of  |   |   |  |                         | X                         |  |  |
|                    | country here   |   |   | 0-22.1. II 120, en                             |                         |                           |  |  |
| 2 During th        | tax year, did the organization receive<br>ee page 5 of the instructions for other for          | a distribution from, or was it the gran   | ntor of, or transferor to, a foreign tru                                | ist?   |                         | X                         |  |  |
| _                  |  |   |   | ~~~~~~~  | ~~~~~~                  | -~~~                      |  |  |
|                    | ne amount of tax-exempt interest interest  |   |   | \  |                         |                           |  |  |
| Schedule           | e A - Cost of Goods S  |   |   | 7  |                         |                           |  |  |
|                    | mu at he simple a funan  |   |   |  |                         |                           |  |  |
|                    | ry at beginning of year ~~~  | 1   | 6 Inventory at end of year  |  | ~~~~ 6                  |                           |  |  |
|                    | ases ~~~~~~~~  | 2   | 7 Cost of goods sold. Su  |  | _                       |                           |  |  |
|                    | labor~~~~~~~   | 3   | from line 5. Enter here   | ,  |                         |                           |  |  |
|                    | 4a Additional section 263A costs ~~~ 4a 8 Do the rules of section 263A (with respect to Yes No |   |   |  |                         |                           |  |  |
|                    | b Other costs (attach schedule) ~~~ 4b property produced or acquired for resale) apply to      |   |   |  |                         |                           |  |  |
| 5 Total. A         | Add lines 1 through 4b   | 5   | the organization?   |  |                         | X                         |  |  |
| Cian               | Under penalties of perjury, I declare the<br>correct, and complete. Declaration of p           | at I have examined this return, includin<br>preparer (other than taxpayer) is based | ng accompanying schedules and s<br>d on all information of which prepai | tatements, and to the<br>er has any knowledge. | best of my knowledge an | d belief, it is true,     |  |  |
| Sign               |  | I   | 1   |  | May the IRS             | Sdiscuss this return with |  |  |
| Here               |  | Dete  | <u>CFO</u>  |  |                         | r shown below (see        |  |  |
|                    | Signature of officer   | Date  | Title   |  |                         | )? - K- Yes - No          |  |  |
| Paid               | Preparer's   |   | Date  | Check if                                       | Preparer's              | SSN or PTIN               |  |  |
| Paid<br>Preparer's | signature <b>—</b>   |   |   | self-emplove                                   |                         |                           |  |  |
| Use Only           | yours if self-   | NALLEN LLP  |   |  | FIN 41-074              |                           |  |  |
| 622714             | employed), 220 SC  |   | EET, SUITE 30   | 0  | Phone no. 612           | -376-4500                 |  |  |
| 623711<br>01-30-07 | address, and<br>ZIP code MINNE   | APOLIS, MN 554  | 02  |  |                         | Form <b>990-T</b> (2006)  |  |  |

| Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)     3 Container stering concentration of schedule (See instructions on page 20)       1 Description of debt-financed propenty     2 Grass income from the schedule (See instructions on page 20)     3 Container stering concentration of the schedule (See instructions on page 20)       (1)     0 Grass income from the schedule (See instructions on page 20)     (Geophrade propenty inter-schedule (See instructions on page 20)       (1)     (Geophrade propenty inter-schedule (See instructions on page 20)     (Geophrade propenty inter-schedule (See instructions on page 20)       (1)     (Geophrade propenty inter-schedule (See instructions on page 20)     (Geophrade propenty inter-schedule (See instructions on page 20)       (4)     (Geophrade propenty inter-schedule (See instructions on page 20)     (Geophrade propenty inter-schedule (See instructions on page 20)       (1)     (Geophrade instructions (See instructions on page 1, Earl here and on page 1, Earl h   | _(2)   |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
|---|--|----------------------------------|-------------------|-----------------------------|---------------|----------------------|------------|---------|------------|---------------------------|----------|-------------------------------|-------|
| 2.8 tor transled of accurate         3 Backations directly convected with the lincer is in accurate of the percent property proceeds 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in the lincer is in accurate 00% of all in all al  | _(3)   |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| (a)       (b)       For expression property is not in an expression property is in the property is the proper   | (4)  |                                  |                   |                             |               |                      |            |         |            | 1                         |          |                               |       |
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| 12         12         12           (3)         1 <td>(a) From personal property (if the rent for personal property is 10% but not more than 10\% but not more than 1</td> <td>ne percenta<br/>more than<br/>50%)</td> <td>age of</td> <td>(b) <sup>F</sup>o</td> <td>of rent for p</td> <td>ersonal property ex</td> <td>kceeds 50%</td> <td>6 or if</td> <td>ge</td> <td>columns 2</td> <td>(a) and</td> <td>2(b) (attach schedule)</td> <td>1</td> | (a) From personal property (if the rent for personal property is 10% but not more than 10\% but not more than 1 | ne percenta<br>more than<br>50%) | age of            | (b) <sup>F</sup> o          | of rent for p | ersonal property ex  | kceeds 50% | 6 or if | ge         | columns 2                 | (a) and  | 2(b) (attach schedule)        | 1     |
| (3)     Treat     0.       (4)     0.     Treat     0.       (5)     Treat     0.     Treat     0.       (6)     Treat     0.     Treat     0.       (7)     Treat     0.     Treat     0.       (8)     Treat     0.     Treat     0.       (1)     0.     Treat     0.     Treat     0.       (1)     0.     Treat     0.     Treat     0.       (1)     0.     Treat     0.     Treat     0.       (2)     0.     Treat     0.     Treat     0.       (1)     0.     Treat     0.     Treat     0.       (2)     0.     Treat     0.     Treat     0.       (2)     0.     Treat     0.     Treat     0.       (2)     0.     Treat     0.     Treat     0.       (3)     0.     Treat     0.     Treat     0.       (3)     0.     Treat     Treat     0.     Treat       (2)     0.     Treat     Treat     Treat     Treat       (3)     0.     Treat     Treat     Treat     Treat       (2)     0.     Treat </td <td>(1)</td> <td></td>  | (1)  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| (4)       Total       Total       O.       Total       Total       O.       Total deductions.   |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| Total         O.         Total         O.           Total income. Add totals of columns 2(a) and 2(b). Enter<br>mean do ngage 1, Part 1, Inie 8, column 8;         Total deductions.<br>Enter the set of ngage 1,<br>Part 1, Inie 8, column 8;         Total deductions.<br>Enter the set of ngage 1,<br>Part 1, Inie 8, column 8;         Total deductions.<br>Enter the set of ngage 1,<br>Part 1, Inie 8, column 8;         Total deductions.<br>Enter the set of ngage 1,<br>Part 1, Inie 8, column 8;         Total deductions.<br>Enter the set of ngage 1,<br>Part 1, Inie 8, column 8;         Total deductions.<br>Enter the set of ngage 1,<br>Part 1, Inie 8, column 8;         Total deductions.<br>Enter the set of ngage 1,<br>Part 1, Inie 8, column 8;         Total deductions.<br>(b) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h  | (3)  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| Total income. Add totals of columns 2(a) and 2(b). Enter       Total declarations.       Total declarations   | (4)  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| Control of the set of the se   | Total  |                                  | 0.                | Total                       |               |                      |            |         | 0.         |                           |          |                               |       |
| 1 Description of debt-financed property     2 Gross income from or discribed or debt-financed property     3 Description discribed connected with or discribed in the debt in debt-financed property       11     1     1     1     1     1     1     1     1       12     1     1     1     1     1     1     1       13     1     1     1     1     1     1     1       14     1     1     1     1     1     1     1       16     1     1     1     1     1     1     1       17     1     1     1     1     1     1     1     1       10     1     1     1     1     1     1     1     1       10     1  |  | · · /                            | ( )               | I                           |               |                      |            |         | 0.         | Enter here and on page    |          |                               | 0     |
| 1 Description of debt-financed property     2 Gross income from<br>or all debte is debt-<br>financed property     (a) Straight-line deptersation<br>(b) Date debution<br>(b) Date debution<br>(c) Date debution  | Schedule E - Unrelated   | Debt-                            | Financec          | Incom                       | e (See        | instructions or      | n page 2   | 20)     |            |                           |          |                               |       |
| 1 Description of dobtinanced property         or allocable to debi-<br>freened property         (a) Straight-ine depresation<br>listical's checkule;         (b) Other deductions<br>platch's checkule;           (1)         (a)         (b) Other deductions         (c) Other deductions           (3)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)         (c)         (c)           (4)         (c)   |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| 121         13         1         1           133         1 <td>1 Description of d</td> <td>ebt-finance</td> <td>ed property</td> <td></td> <td></td> <td>or allocabl</td> <td>e to debt-</td> <td></td> <td>(a)</td> <td>Straight-line depreciatio</td> <td></td> <td>(b) Other deduction</td> <td>s</td>   | 1 Description of d   | ebt-finance                      | ed property       |                             |               | or allocabl          | e to debt- |         | (a)        | Straight-line depreciatio |          | (b) Other deduction           | s     |
| (3)     (4)     (5)       (4)     (7)     (7)       (4)     (7)     (7)       (1)     (7)     (7)       (2)     (7)     (7)       (3)     (7)     (7)       (2)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (3)     (7)     (7)       (4)     (7)     (7)       (2)     (7)     (7)       (2)     (7)     (7)       (3)     (7)     (7)       (4)     (7)     (7)       (4)     (7)     (7)       (4)     (7)     (7)       (4)     (7)     (7)       (4)     (7)     (7)       (4)     (7)     (7)       (1)     (7)     (7)       (1)     (7)   | (1)  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| (3)   | (0)  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| (4)     4 Amount diverage acquisition desit<br>on or allocable to date financed<br>property pittach schedule)     5 Average acquisate basis<br>(6) allocable to allocable<br>of allocable to allocable<br>property pittach schedule)     7 Gross income<br>reportable (column 6)     Column 4 third of colum<br>2 x column 6)       (1)     96  |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| or allocable is debt-financed<br>property latiskh shedule!     of of allocable to<br>debt-financed property<br>pilled inchedule?     '' by column 5     reportable (column<br>2 x column 6)     (column 6 x betal of colum<br>3(a) and 3(b))       (1)     %  |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| 12     %        (3)     %        (4)     %        (4)     %        Total     %        Totals      %       Total of pace 14, line 7, column (8).        Total of pace 14, line 7, column (8).        Schedule F - Interest. Annuities. Royalties. and Rents From Controlled Organizations (See instructions on page 21)       1 Name of Controlled Organization     2       1 Name of Controlled Organization     2       1 Name of Controlled Organization     3       2     Employer identification       Net unrelated income<br>loss) (see instructions)     4       10     2       (1)     2       (2)     2       (3)     2       (4)     2       Not unrelated income<br>loss)     9       7 Taxable Income     8       8     Ver unrelated income<br>loss)       (3)     2       (4)     2       10     2       (2)     2       (3)     4       (4)     2       (5)     2       (6)     2       (7)     8       (11)     4       (2)     4       (3)     4   | on or allocable to debt-financed   | t                                | of or a debt-fina | allocable to<br>nced proper |               |                      |            |         |            | reportable (column        |          | (column 6 x total of col      |       |
| (2)     %        (3)     %        (4)     %        Total     %        Totals     %        Totals     %        Totals     0.        Totals     0.        Schedule F - Interest. Annuities. Royalties. and Rents From Controlled Organizations (See instructions on page 21)        1 Name of Controlled Organization     2     Exempt Controlled Organizations     5 Part or column 4 that is included with income in column (S)       (1)     2     3     Total of specified payments made     5 Part or column 4 that is included with income in column (S)       (1)     2     1     1     1       (2)     1     1     1     1       (3)     1     1     1     1       (3)     1     1     1     1       (2)     1     1     1     1       (3)     1     1     1     1       (4)     1     1     1     1       (2)     1     1     1     1       (3)     1     1     1     1       (3)     1     1     1     1       (1)     1     1     1     1  | (1)  |                                  |                   |                             |               |                      |            | %       |            |                           |          |                               |       |
| 33       %          (4)       %       Enter here and on page 1, Part I, Iie 7, column (8).         Total dividends-received deductions included in column 8       Image 1, Part I, Iie 7, column (8).         Total dividends-received deductions included in column 8       Image 1, Part I, Iie 7, column (8).         Schedule F - Interest, Annuities, Royalities, and Rents From Controlled Organizations (See instructions on page 21)       Image 2         1 Name of Controlled Organization       Exempt Controlled Organizations       6 Deductions directly consected with income in column (5)         (1)       Image 3       Net unrelated income (loss) (see instructions)       9 Net unrelated income in column 4 that is included in the controlling organization's gross income       6 Deductions directly connected with income in column (5)         (1)       Image 3       Image 3       Image 3       Image 3       Image 3         (2)       Image 3       Image 3       Image 3       Image 3       Image 3       Image 3         (3)       Image 3  |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| (4)     %     Enter here and on page 1.     Enter here and on page 1.     Forter here and on page 1.     Part I, line 7, column (B).       Tratals     0     0     0       Total dividends-received deductions included in column 8     0     0       Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)     Exempt Controlled Organizations     6       1 Name of Controlled Organization     2     3     Net unrelated income (loss) (see instructions)     Fortal of specified payments made     5       (1)     2     3     Net unrelated income (loss) (see instructions)     9     Total of specified payments made     6       (2)     3     1     1     1     1     1     1       (4)     1     1     1     1     1       (4)     1     1     1     1     1       (1)     1     1     1     1     1       (2)     1     1     1     1     1       (4)     1     1     1     1     1       (4)     1     1     1     1     1       (1)     1     1     1     1     1       (2)     1     1     1     1        (4)     1  |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| Totals Total s  Enter here and on page 1, Part I, line 7, column (A).   Enter here and on page 1, Part I, line 7, column (A).   Controlled Organizations included in column 8  Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)  I Name of Controlled Organization  I Nonexempt Controlled Organization  I Name of Controlled Organization  I O Part of column 9 that is included in the controlling organization's gross income  I O I I I I I I I I I I I I I I I I I   |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| State       State <th< td=""><td></td><td>·</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>   |  | ·                                |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)         Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations       Spart of column 4 that is included in the controlling organizations on page 21)         I Name of Controlled Organization       Exempt Controlled Organizations       Spart of column 4 that is included in the controlling organization's gross income       6 Deductions directly controlled organizations         (1)  | Totals ~~~~~~~~~~  | ~~~~                             | ~~~~~             | -~~~                        | ~~~~          | ~~~~~                |            | ∙∎L     |            |                           | 0.       |                               | 0     |
| I Name of Controlled Organization     Exempt Controlled Organizations     5 Part of column 4 that is<br>included in the controlling<br>organization's gross income<br>in column (5)     6 Deductions directly<br>connected with income<br>in column (5)       (1)     Image: Controlled Organization     5 Part of column 4 that is<br>included in the controlling<br>organization's gross income     6 Deductions directly<br>connected with income<br>in column (5)       (1)     Image: Controlled Organization     Image: Controlled Organization     6 Deductions directly<br>connected with income<br>in column (5)       (2)     Image: Controlled Organizations     Image: Controlled Organization     Image: Controlled Organization       (3)     Image: Controlled Organization     9 Total of specified payments<br>made     10 Part of column 9 that is included<br>in the controlling organization's<br>gross income     11 Deductions directly connected<br>with income in column 10       (1)     Image: Controlled Organization     Image: Controlling Organization's<br>gross income     11 Deductions directly connected<br>with income in column 10       (1)     Image: Controlling Organization's<br>gross income     Image: Controlling Organization's<br>gross income     11 Deductions directly connected<br>with income in column 10       (1)     Image: Controlling Organization's<br>gross income     Image: Controlling Organization's<br>gross income     11 Deductions directly connected<br>with income in column 10       (4)     Image: Controlling Organization's<br>gross income     Add columns 5 and 10.<br>Enterhere and on page 1, Part 1,<br>line 8, column (A).     Add columns 6 and 11.<br>Enterhere   |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               | 0     |
| 1 Name of Controlled Organization       2<br>Employer identification<br>Number       3<br>Net unrelated income<br>(loss) (see instructions)       4<br>Total of specified<br>payments made       5 Part of column 4 that is<br>included in the controlling<br>organization's gross income       6 Deductions directly<br>connected with income<br>in column (5)         (1)   | <u>Schedule F - Interest, A</u>  | nnuitie                          | <u>s, Royal</u>   | <u>ties, ar</u>             |               |                      |            |         | Orga       | nizations (See            | instru   | uctions on page 21)           |       |
| (1)       (loss) (see instructions)       payments made       organization's gross income       in column (5)         (1)       (1)       (1)       (1)       (1)       (1)       (1)         (2)       (2)       (1)       (2)       (1)       (1)       (1)         (3)       (3)       (1)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (3)       (3)       (3)       (3)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (3)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (3)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (5)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)   | 1 Name of Controlled Organizatio   | n                                | 2                 |                             |               | 3                    | ľ          | 4       |            | 5 Part of column          | 1 that i | s 6 Deductions direct         | ctly  |
| (2)     Image: Second Sec  |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               | me    |
| (2)   | (1)  |                                  |                   |                             |               |                      | -          |         |            |                           |          | 1                             |       |
| (3)     (4)     Image: Controlled Organizations       Y Taxable Income     8 Net unrelated income (loss)<br>(see instructions)     9 Total of specified payments<br>made     10 Part of column 9 that is included<br>in the controlling organization's<br>gross income     11 Deductions directly connecte<br>with income in column 10       (1)     Image: Controlled Organization's<br>(see instructions)     9 Total of specified payments<br>made     10 Part of column 9 that is included<br>in the controlling organization's<br>gross income     11 Deductions directly connecte<br>with income in column 10       (1)     Image: Controlled Organization's<br>(see instructions)     Image: Controlled Organization's<br>gross income     11 Deductions directly connecte<br>with income in column 10       (1)     Image: Controlled Organization's<br>(see instructions)     Image: Controlled Organization's<br>gross income     Image: Controlled Organization's<br>gross income <td></td> <td>1</td> <td></td>  |  |                                  |                   |                             |               |                      |            |         |            |                           |          | 1                             |       |
| (4)       Nonexempt Controlled Organizations         7 Taxable Income       8 Net unrelated income (loss)<br>(see instructions)       9 Total of specified payments<br>made       10 Part of column 9 that is included<br>in the controlling organization's<br>gross income       11 Deductions directly connecte<br>with income in column 10         (1)   |  |                                  | <u> </u>          |                             |               |                      | 1          |         |            |                           |          |                               |       |
| Nonexempt Controlled Organizations       9 Total of specified payments made       10 Part of column 9 that is included in the controlling organization's gross income       11 Deductions directly connected with income in column 10         (1)   |  |                                  |                   |                             |               |                      | 1          |         |            |                           |          |                               |       |
| 7 Taxable Income       8 Net unrelated income (loss)<br>(see instructions)       9 Total of specified payments<br>made       10 Part of column 9 that is included<br>in the controlling organization's<br>gross income       11 Deductions directly connected<br>with income in column 10         (1)   |  | ations                           | I                 |                             | 1             |                      | 1          |         |            | <b>I</b>                  |          | 1                             |       |
| (see instructions)       imade       in the controlling organization's gross income       with income in column 10         (1)       (1)       (1)       (1)       (1)       (1)       (1)         (2)       (2)       (1)       (1)       (1)       (1)       (1)         (3)       (1)       (1)       (1)       (1)       (1)       (1)       (1)         (4)       (1)  |  |                                  | Inrelated incom   | e (loss)                    | 9 To          | tal of specified pay | ments      | 10      | Part of co | olumn 9 that is included  | 1        | 1 Deductions directly conne   | ected |
| (2)     (2)     (2)     (3)       (3)     (3)     (4)       (4)     (4)     (4)       Add columns 5 and 10.     (4)       Enter here and on page 1, Part 1,<br>line 8, column (A).     Add columns 6 and 11.       Fotals     (2)   |  |                                  |                   |                             |               |                      |            |         | the cont   | rolling organization's    |          |                               |       |
| (2)     Image: Constraint of the second of the  | (1)  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| (3)     Image: Constraint of the second const  |  |                                  |                   |                             |               |                      |            | L       |            |                           |          |                               |       |
| (4)     Add columns 5 and 10.<br>Enter here and on page 1, Part I,<br>line 8, column (A).     Add columns 6 and 11.<br>Enter here and on page 1, Part I,<br>line 8, column (B).   |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| Add columns 5 and 10.       Add columns 5 and 10.       Add columns 6 and 11.         Enter here and on page 1, Part I,       Enter here and on page 1, Part I,       Enter here and on page 1, Part I,         ine 8, column (A).       J       O       O  |  |                                  |                   |                             |               |                      |            |         |            |                           |          |                               |       |
| olais 0   |  |                                  |                   |                             |               |                      |            | Enter   | r here an  | d on page 1, Part I,      | Ent      | er here and on page 1, Part I | I,    |
|   |  |                                  |                   |                             |               |                      |            |         |            | 0                         |          |                               | 0     |
| 523721/01-30-07 Form 990-T (20  |  |                                  |                   |                             |               |                      | J          |         |            | 0                         | •        |                               |       |

Form 990-T (2006) LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC. 41-0811697

1 Description of property

(1)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

Page 3

<sup>09390213 131839 26447-</sup>ASSOC 2006.08020 LAKEVIEW MEMORIAL HOSPITAL 26447-A1

#### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

| (see insti                          | uctior    | ns on page 22)   |  |   |  | 1                    |  | 1         |                                      |   |
|-------------------------------------|-----------|--|--|---|--|----------------------|--|-----------|--------------------------------------|---|
| 1 Desc                              | ription o | of income  |  |   | 2 Amount of income   | directly of          | luctions<br>connected<br>schedule)             |           | Set-asides<br>ch schedule)           | 5 Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                                    |
| (1)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (2)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (3)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (4)                                 |           |  |  |   |  |                      |  |           |                                      |   |
|                                     |           |  |  |   | Enter here and on page 1,<br>Part I, line 9, column (A).   |                      |  |           |                                      | Enter here and on page 1,<br>Part I, line 9, column (B).  |
| Totals                              |           |  |  | a   | 0.   |                      |  |           |                                      | 0.  |
| Schedule I - Exploited              | Evor      | not Activity   | Income   |   |  | ing Inco             | mo   |           |                                      |   |
|                                     |           | s on page 22)  | meome,   | Other                                     | man Auvenus  | ing inco             | me   |           |                                      |   |
| 1 Description of exploited activity | bu        | Gross unrelated<br>siness income<br>from<br>de or business | 3 Expe<br>directly cor<br>with prod<br>of unrel:<br>business i | nnected<br>uction<br>ated                 | 4 Net income<br>(loss) from<br>unrelated trade<br>or business<br>(column 2 minus<br>column 3). If a<br>gain, compute<br>cols. 5 through 7. | from act<br>is not u | s income<br>ivity that<br>nrelated<br>s income | attr      | Expenses<br>ributable to<br>column 5 | 7 Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4).     |
| (1)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (2)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (3)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (4)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| <u></u>                             |           | ter here and on<br>ge 1, Part I, line<br>10, col. (A).     | Enter here<br>page 1, Pa<br>10, col.                           | rt I, line                                |  | 1                    |  | J         |                                      | Enter here and<br>on page 1,<br>Part II, line 26.   |
| Totals 9                            |           | 0.   |  | Ο.  |  |                      |  |           |                                      | 0.  |
| Schedule J - Advertisi              |           |  | instructions   |   |  |                      |  |           |                                      |   |
| Part I Income From I                | Peric     | dicals Rep   | orted on   | a Con                                     | solidated Basis  |                      |  |           |                                      |   |
| 1 Name of periodical                |           | 2 Gross<br>advertising<br>income                           |  | Direct<br>sing costs                      | 4 Advertising<br>gain or (loss) (col.<br>2 minus col. 3). If a<br>gain, compute<br>cols. 5 through 7.                                      |                      | culation<br>come                               | 6 R       | eadership<br>costs                   | 7 Excess<br>readership costs<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4). |
| (1)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (2)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (3)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (4)                                 |           |  |  |   |  |                      |  |           |                                      |   |
|                                     |           |  |  |   |  |                      |  |           |                                      |   |
| Totals (carry to Part II, line (5)) | Q         |  | Ο.   | 0   |  |                      |  |           |                                      | 0.  |
| Part II Income From I               | Perio     | dicals Rep   | orted on   | a Sepa                                    | arate Basis (For   | each perio           | dical listed                                   | d in Parl | t II, fill in                        |   |
| columns 2 through                   |           |  |  | -   |  | -                    |  |           |                                      |   |
| (1)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (2)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (3)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (4)                                 |           |  |  |   |  |                      |  |           |                                      |   |
| (5) Totals from Part I              |           |  | 0.   | 0   | •  |                      |  |           |                                      | 0.  |
|                                     | •         | Enter here and<br>page 1, Part I, li<br>11, col. (A).      | ine page<br>line 1   | ere and on<br>a 1, Part I<br>1, col. (B). |  |                      |  |           |                                      | Enter here and<br>on page 1,<br>Part II, line 27.   |
| Totals, Part II (lines 1-5)         | <u>Q</u>  |  | 0.   | 0   | -  |                      |  |           |                                      | 0.  |
| Schedule K - Compen                 | satio     | on of Officer  | rs, Direct   | <u>tors, ar</u>                           | nd Trustees (see   | instruction          | ns on pag<br>3 Perce                           |           |                                      |   |
| 1 N                                 | lame      |  |  |   | 2 Title  |                      | time devo<br>busine                            | ted to    |                                      | ensation attributable<br>elated business  |
|                                     |           |  |  |   |  |                      |  | %         |                                      |   |
|                                     |           |  |  |   |  |                      |  | %         |                                      |   |
|                                     |           |  |  |   |  |                      |  | %         |                                      |   |
|                                     |           |  |  |   |  |                      |  | %         |                                      |   |
| Total. Enter here and on page 1, P  | art II, I | ine 14   |  |   |  |                      |  | g         |                                      | 0.  |
|                                     |           |  |  |   |  |                      |  |           |                                      | Form 990-T (2006)   |

623731 01-30-07

| Form 4562   |                         | Deprec<br>(Including   | iation a      | tion_on List                    | nortizatio                | /)                  |                     | OMB No. 1545-0172          |
|---|-------------------------|------------------------|---------------|---------------------------------|---------------------------|---------------------|---------------------|----------------------------|
| Department of the Treasury<br>Internal Revenue Service                        | <b>O</b> Se             | e separate instr       | uctions.      |                                 | to your tax ret           |                     |                     | Sequence No. 67            |
| Name(s) shown on return   |                         |                        |               | Busin                           | ess or activity to whic   | ch this form relate | S                   | Identifying number         |
| LAKEVIEW MEM  |                         |                        |               |                                 |                           | GE 2                | ()                  | 41-0811697                 |
|   | pense Certain Property  |                        |               |                                 |                           |                     |                     |                            |
| 1 Maximum amount. S   |                         | -                      |               |                                 |                           |                     |                     | 108,000.                   |
| <ul><li>2 Total cost of section</li><li>3 Threshold cost of section</li></ul> |                         |                        |               |                                 |                           |                     |                     | 430,000.                   |
| <ul><li>3 Threshold cost of se</li><li>4 Reduction in limitation</li></ul>    |                         |                        |               |                                 |                           |                     |                     | 100,000                    |
| 5 Dollar limitation for tax year  |                         |                        |               |                                 |                           |                     | ~ 5                 |                            |
| 6   | (a) Description of prop | erty                   |               | (b) Cost (busir                 | ness use only)            | (c) Elected         | l cost              |                            |
|   |                         |                        |               |                                 |                           |                     |                     |                            |
|   |                         |                        |               |                                 |                           |                     |                     |                            |
|   |                         |                        |               |                                 |                           |                     |                     |                            |
|   |                         |                        |               |                                 |                           |                     |                     |                            |
| 7 Listed property. Ente   |                         |                        |               |                                 |                           |                     |                     |                            |
| <ul><li>8 Total elected cost of</li><li>9 Tentative deduction.</li></ul>      |                         |                        |               |                                 |                           |                     |                     |                            |
| 10 Carryover of disallow  |                         |                        |               |                                 |                           |                     |                     |                            |
| 11 Business income lim  |                         |                        |               |                                 |                           |                     |                     |                            |
| 12 Section 179 expense  |                         |                        |               |                                 | ,                         |                     | _ 12                |                            |
| 13 Carrvover of disallov  | ved deduction to 20     | 07. Add lines 9 a      | and 10. less  | line 12 💶 🗕                     |                           |                     |                     |                            |
| Note: Do not use Part II  |                         |                        |               |                                 |                           |                     |                     |                            |
|   | preciation Allowan      |                        | •             |                                 |                           | ty.)                |                     |                            |
| 14 Special allowance for que<br>placed in service during                      |                         | , ,,                   |               |                                 | • • • • • •               |                     |                     |                            |
| 15 Property subject to s  |                         |                        |               |                                 |                           |                     |                     |                            |
| <u>16 Other depreciation (i</u>   |                         |                        |               |                                 |                           |                     | ~ <u>15</u><br>- 16 |                            |
|   | epreciation (Do not     |                        |               |                                 |                           |                     | _ 10                |                            |
|   |                         | •                      | S             | ection A                        | ,                         |                     |                     |                            |
| 17 MACRS deductions   | for assets placed in    | service in tax ye      | ars beginnin  | g before 200                    | 6 ~~~~~~                  | ~~~~~               | ~ 17                |                            |
| 18 If you are electing to group   |                         |                        |               |                                 |                           |                     |                     |                            |
|   | Section B - Assets F    | (b) Month and          |               | 06 Tax Year                     |                           | eral Deprecia       | ation Syste         | m                          |
| (a) Classification  | of property             | year placed in service | (business/i   | investment use<br>instructions) | (d) Recovery<br>period    | (e) Convention      | (f) Method          | (g) Depreciation deduction |
| <u>19a</u> <u>3-year property</u>   |                         |                        |               |                                 |                           |                     |                     |                            |
| b 5-year property   |                         |                        |               |                                 |                           |                     |                     |                            |
| c 7-year property<br>d 10-year property                                       | ,                       |                        |               |                                 |                           |                     |                     |                            |
| e 15-year property  |                         |                        |               |                                 |                           |                     |                     |                            |
| f 20-year property  |                         |                        |               |                                 |                           |                     |                     |                            |
| g 25-year property  |                         |                        |               |                                 | 25 yrs.                   |                     | S/L                 |                            |
| h Desidential rent  | l proporti              | /                      |               |                                 | 27.5 yrs.                 | MM                  | S/L                 |                            |
| h Residential renta   | arproperty              | /                      |               |                                 | 27.5 yrs.                 | MM                  | S/L                 |                            |
| i Nonresidential re   | eal property            | /                      |               |                                 | 39 yrs.                   | MM                  | S/L                 |                            |
|   |                         | /                      | During 000    | 0 T )/                          | a in an the second second | MM                  | S/L                 | 1                          |
|   | ction C - Assets Pl     | aced in Service        | During 200    | 6 Tax Year U                    | sing the Altern           | ative Depred        |                     | tem                        |
| 20a Class life<br>b 12-year   |                         |                        |               |                                 | 12 yrs.                   |                     | S/L<br>S/L          |                            |
| c 40-year   |                         | /                      |               |                                 | 40 yrs.                   | MM                  | S/L                 |                            |
|   | see instructions)       | ,                      |               |                                 |                           |                     | 0,2                 |                            |
| 21 Listed property. Ente  |                         | 28 ~~~~~               | ~~~~~         | ~~~~~                           |                           | -~~~~               | ~ 21                |                            |
| 22 Total. Add amounts   |                         |                        |               |                                 |                           |                     |                     |                            |
| Enter here and on th  | e appropriate lines o   | of your return. Pa     | artnerships a | ind S corporation               | tions - <u>see instr.</u> | ~~~~~               | ~ 22                | 0.                         |
| 23 For assets shown at  |                         | -                      | current yea   | r, enter the                    |                           |                     |                     |                            |
| portion of the basis  |                         |                        | <u></u>       | <u></u>                         | 23                        |                     |                     | <b>P</b> . (Pac (ac)       |
| 616251<br>10-17-06 LHA For Pap  | erwork Reduction        | ACT INOTICE, SEE       | separate in   | structions.<br>37               |                           |                     |                     | Form 4562 (2006)           |

<sup>09390213 131839 26447-</sup>ASSOC 2006.08020 LAKEVIEW MEMORIAL HOSPITAL 26447-A1

| Fo   | rm 4562 (2006)  | LA                      | KEVIEW                  | MEMOF                     | RIAL       | HOSE            | PITAL                    | AS       | SOC.,        | INC        |                           | 41-       | 0811      | 697                | Page 2   |
|--|---|-------------------------|-------------------------|---------------------------|------------|-----------------|--------------------------|----------|--------------|------------|---------------------------|-----------|-----------|--------------------|----------|
| Ρ  | art V Listed Propert                                      |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | recreation, or a Note: For any                            | amusemen<br>vehicle for | nt.)<br>which vou are   | usina the                 | standar    | d milead        | ne rate or               | deduc    | ctina lease  | expens     | e. comp                   | lete only | / 24a. 24 | b. colum           | ins (a)  |
|  | through (c) of S  | Section A,              | all of Section E        | , and Se                  | ction C if | applica         | ble.                     |          | g            |            | -,                        | only      | ,,        | ,                  | (-)      |
| Se   | ction A - Depreciation a                                  | and Other               | Information (C          | aution:                   | See the i  | nstructio       | ons for li               | mits fo  | r passeng    | erautom    | obiles.)                  |           |           |                    |          |
|  | a Do you have evidence to s                               |                         |                         |                           |            |                 |                          |          |              |            |                           | nce writt | ten? —    | Yes-               |          |
| <u>-                                    </u> |   | (b) Date                |                         |                           | (d) Cost   |                 | (e)                      |          | (f)          |            | g)                        |           | (h)       |                    | lected   |
|  | (a)<br>Type of property                                   | placed in               |                         |                           | or other   | Ba              | sis for depr             |          | Recovery     |            | thod/                     |           | eciation  |                    | n 179    |
|  | (list vehicles first )                                    | service                 | investment<br>percentag | use                       | basis      | (bu             | usiness/inve<br>use only |          | period       |            | ention                    |           | uction    | CC                 | ost      |
| 25   | Chaniel allowance for qualif                              | ind New Yes             |                         |                           | . Zana ni  | ronort ( n      | ۔<br>م ما اممما          | ,<br>    | uning the to | l.         |                           |           |           |                    |          |
| 25   | Special allowance for qualif<br>and used more than 50% ir |                         |                         |                           |            |                 |                          |          |              |            | 25                        |           |           |                    |          |
| 26   | Property used more that                                   |                         |                         |                           |            |                 |                          |          |              |            | 25                        |           |           |                    |          |
| 20   | Property used more that                                   |                         |                         |                           |            |                 |                          |          |              |            |                           | 1         |           |                    |          |
|  |   | + + +                   |                         | %                         |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   | + $+$ $+$               |                         | %                         |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   |                         |                         | %                         |            |                 |                          |          |              |            |                           |           |           |                    |          |
| 27   | Property used 50% or I                                    | ess in a qu<br>I        | alified busines         |                           |            |                 |                          |          | I            |            |                           | 1         |           |                    |          |
|  |   | + + +                   |                         | %                         |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   |                         |                         | %                         |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   |                         |                         | %                         |            |                 |                          |          |              | S/L -      |                           |           |           |                    |          |
| 28   | Add amounts in column                                     | (h), lines 2            | 25 through 27.          | Enter her                 | e and or   | n line 21       | , page 1                 | ~~~      | ~~~~~        | ~~~~       | 28                        |           |           |                    |          |
| 29   | Add amounts in column                                     | (i), line 26            | . Enter here an         | d on line                 | 7, page    | 1               |                          |          |              |            |                           |           | 29        |                    |          |
|  |   |                         |                         | Section                   | B - Info   | rmation         | on Use                   | of Veł   | nicles       |            |                           |           |           |                    |          |
| Со   | mplete this section for ve                                | hicles use              | ed by a sole pro        | prietor, p                | artner. c  | or other '      | "more th                 | an 5%    | owner." o    | or related | person                    |           |           |                    |          |
|  | ou provided vehicles to y                                 |                         |                         |                           |            |                 |                          |          |              |            |                           |           | ng this s | ection fo          | r        |
|  | se vehicles.  | •                       |                         |                           |            |                 |                          |          |              |            |                           | ·         | 0         |                    |          |
|  |   |                         |                         |                           | (a)        |                 | (b)                      |          | (c)          | (          | d)                        | (         | e)        | (f                 | )        |
| 30   | Total business/investment                                 | milae drivan            | during the              |                           | hicle      |                 | hicle                    | v        | (ehicle      |            | uicle                     |           | nicle     | Veh                |          |
| 00   | year (do not include com                                  |                         | 0                       | VC                        |            | ve              |                          | v        | enicie       | VCI        |                           | Vei       | licie     | VCII               |          |
| 24   |   | -                       |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | Total commuting miles of                                  |                         | 0,                      |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
| 32   | Total other personal (no                                  | ncommuti                | ng) miles               |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | driven~~~~~~~~  | ~~~~~                   | ~~~~~~                  |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
| 33   | Total miles driven during                                 |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | Add lines 30 through 32                                   | !~~~~~                  | ~~~~~~                  |                           |            |                 | 1                        |          |              |            |                           |           | 1         |                    |          |
| 34   | Was the vehicle availab                                   | le for perse            | onal use                | Yes                       | No         | Yes             | No                       | Yes      | No           | Yes        | No                        | Yes       | No        | Yes                | No       |
|  | during off-duty hours?                                    | ~~~~                    | ~~~~~~                  |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
| 35   | Was the vehicle used p                                    | rimarily by             | a more                  |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | than 5% owner or relate                                   | ed person?              | ? ~~~~~                 |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
| 36   | Is another vehicle availa                                 | able for per            | sonal                   |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   |                         | C - Questions           | for Emp                   | lovers V   |                 | vide Vel                 | nicles f | for Use b    | / Their F  | mplove                    | es        |           |                    |          |
| Δn   | swer these questions to                                   |                         |                         |                           |            |                 |                          |          |              |            |                           |           | e not m   | ore than           | 5%       |
|  | mers or related persons.                                  |                         | ii you meet an          | слеерно                   |            | picting         | Occuon                   |          |              |            | npioyee                   | 3 1110 81 | c not m   |                    | 570      |
|  | Do you maintain a writte                                  | n policy c              | totomont that r         | robibite c                |            |                 | ofvobick                 | incl     | uding con    | muting     | by you                    |           |           | Vee                | No       |
| 51   | employees?~~~~~   |                         |                         |                           |            |                 |                          |          | -            | -          | by your                   |           |           | Yes                | No       |
| 20   |   |                         |                         |                           |            |                 |                          |          |              |            | ~~~~                      | ~~~~      | ~~~~      |                    |          |
| 38   | Do you maintain a writte                                  |                         | •                       |                           |            |                 |                          | •        |              | • • •      |                           |           |           |                    |          |
| ~ ~  | employees? See the ins                                    |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | Do you treat all use of v                                 |                         |                         |                           |            |                 |                          |          |              |            | ~~~~                      | ~~~~      | ~~~~      |                    |          |
| 40   | Do you provide more that                                  |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | the use of the vehicles,                                  |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
| 41   | Do you meet the require                                   | ments cor               | ncerning qualifi        | ed autom                  | obile de   | monstra         | tion use                 | ?~~~     | ~~~~~        | ~~~~       | ~~~~                      | ~~~~      | ~~~~      |                    |          |
| _  | Note: If your answer to                                   | 37, 38, 39              | ), 40, or 41 is "Y      | res," do n                | ot comp    | lete Sec        | ction B fo               | or the c | covered ve   | ehicles.   |                           |           |           |                    |          |
| P  | art VI Amortization                                       |                         | -                       |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  | (a)   | 6 1 -                   |                         | (b)                       |            | (C)<br>Amortiza | bla                      |          | (d)<br>Code  |            | (e)                       | and a d   | ٥         | (f)<br>nortization |          |
|  | Description of  | COSIS                   | Da                      | te amortization<br>begins |            | amoun           |                          |          | section      |            | Amortization<br>or percer |           | foi       | this year          |          |
| 42   | Amortization of costs th                                  | at begins               | during your 20          | 06 tax ye                 | ar:        |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
|  |   |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           |                    |          |
| 43   | Amortization of costs th                                  | at began k              | pefore your 200         | )6 tax ve                 | ar ~~~     | ~~~~            | ~~~~                     | ~~~      | ~~~~         | ~~~~       | ~~~                       | 43        |           |                    |          |
| <u>۵</u> ۸                                   | Total. Add amounts in c                                   | -                       | •                       | •                         |            |                 |                          |          |              |            |                           | 44        |           |                    |          |
| 610  | 252/10-17-06  |                         |                         |                           |            |                 |                          |          |              |            |                           |           |           | orm 4562           | (2006)   |
| 010  | 202/10-17-00  |                         |                         |                           |            |                 | 38                       |          |              |            |                           |           | ſ         |                    | . (2000) |
|  |   |                         |                         |                           |            |                 | 50                       |          |              |            |                           |           |           |                    |          |

| Form 4562   |                         | Deprec<br>(Including                       | iation a     | and Arr  | nortizatio              | on <sup>990</sup>   |                     | OMB No. 1545-0172          |
|---|-------------------------|--|--------------|--|-------------------------|---------------------|---------------------|----------------------------|
| Internal Revenue Service  | <b>O</b> Se             | e separate instr                           | uctions.     |  | to your tax ref         |                     |                     | Sequence No. 67            |
| Name(s) shown on return   |                         |  |              | Busin  | ess or activity to whic | ch this form relate | S                   | Identifying number         |
| LAKEVIEW MEM  |                         |  |              |  |                         |                     | / h of and          | 41-0811697                 |
|   | pense Certain Property  |  |              |  |                         |                     |                     |                            |
| 1 Maximum amount. S   |                         | -  |              |  |                         |                     |                     | 108,000.                   |
| <ul><li>2 Total cost of section</li><li>3 Threshold cost of section</li></ul> |                         |  |              |  |                         |                     |                     | 430,000.                   |
| 4 Reduction in limitation   |                         |  |              |  |                         |                     |                     | 130,000.                   |
| 5 Dollar limitation for tax year  |                         |  |              |  |                         |                     |                     |                            |
| 6   | (a) Description of prop |  |              | (b) Cost (busir                                      |                         | (c) Elected         |                     |                            |
|   |                         |  |              |  |                         |                     |                     |                            |
|   |                         |  |              |  |                         |                     |                     |                            |
|   |                         |  |              |  |                         |                     |                     |                            |
|   |                         |  |              |  |                         |                     |                     |                            |
| 7 Listed property. Ente   | er the amount from li   | ine 29 ~~~~                                | ~~~~~        | ~~~~~  | ~~ 7                    |                     |                     |                            |
| 8 Total elected cost of   |                         |  |              |  |                         |                     |                     |                            |
| 9 Tentative deduction.  |                         |  |              |  |                         |                     |                     |                            |
| 10 Carryover of disallow  | ved deduction from I    | ine 13 of your 20                          | 005 Form 45  | 62 ~~~~  | ~~~~~~~                 | -~~~~~              | ~ 10                |                            |
| 11 Business income lim  | itation. Enter the sm   | aller of business                          | income (no   | t less than ze                                       | ro) or line 5 ~~        |                     | ~ 11                |                            |
| 12 Section 179 expense  |                         |  |              |  | $\mathbf{A}$            | <u></u>             | _ 12                |                            |
| 13 Carryover of disallow<br>Note: Do not use Part II                          | ved deduction to 200    | 07. Add lines 9 a                          | and 10, less | line 12  | <u> </u>                |                     |                     |                            |
|   |                         |  |              |  | de Peterdonan en        | ()                  |                     |                            |
|   | preciation Allowan      |  |              |  |                         | ty.)                |                     |                            |
| 14 Special allowance for que<br>placed in service during                      |                         | • • • •                                    | • • •        | • •  | • • • • •               |                     |                     |                            |
| 15 Property subject to s  |                         |  |              |  |                         |                     |                     |                            |
| <u>16 Other depreciation (i</u>   |                         |  |              |  |                         |                     | ~ <u>15</u><br>- 16 |                            |
|   | epreciation (Do not     |  |              |  |                         |                     | _ 10                |                            |
|   |                         |  |              | ection A   | /                       |                     |                     |                            |
| 17 MACRS deductions   | for assets placed in    | service in tax ye                          | ars beginnir | ng before 200  | 6 ~~~~~                 | -~~~~~              | ~ 17                |                            |
| 18 If you are electing to group   | •                       | •  | -            | -  |                         |                     |                     |                            |
|   | Section B - Assets F    | Placed in Service                          | e During 20  | 06 Tax Year  | Using the Gene          | eral Deprecia       | tion Syste          | m                          |
| (a) Classification  | of property             | (b) Month and<br>year placed in<br>service | (business/   | or depreciation<br>investment use<br>e instructions) | (d) Recovery<br>period  | (e) Convention      | (f) Method          | (g) Depreciation deduction |
| 19a 3-year property   |                         |  |              |  |                         |                     |                     |                            |
| b 5-year property   |                         |  |              |  |                         |                     |                     |                            |
| c 7-year property   |                         |  |              |  |                         |                     |                     |                            |
| d 10-year property  | ,                       |  |              |  |                         |                     |                     |                            |
| e 15-year property  |                         |  |              |  |                         |                     |                     |                            |
| f 20-year property  |                         |  |              |  |                         |                     |                     |                            |
| g 25-year property  | 1                       |  |              |  | 25 yrs.                 |                     | S/L                 |                            |
| h Residential renta   | al property             | /  |              |  | 27.5 yrs.               | MM                  | S/L                 |                            |
|   |                         | /  |              |  | 27.5 yrs.               | MM                  | S/L                 |                            |
| i Nonresidential re   | eal property            | /  |              |  | 39 yrs.                 | MM                  | S/L                 |                            |
| Se  | ction C - Assets Pla    | /<br>aced in Service                       | During 200   | 6 Tay Year II  | sing the Altern         | MM<br>ative Deprec  | S/L                 | tem                        |
| 20a Class life  |                         |  | Duning 200   |  |                         |                     | S/L                 |                            |
| b 12-year   |                         |  |              |  | 12 yrs.                 |                     | S/L                 |                            |
| c 40-year   |                         | /  |              |  | 40 yrs.                 | MM                  | S/L                 |                            |
|   | see instructions)       | ,  |              |  | 10 910.                 |                     | 0/2                 |                            |
| 21 Listed property. Ente  |                         | 28 ~~~~~                                   | ~~~~~        | ~~~~~  | .~~~~~~                 | -~~~~~              | ~ 21                |                            |
| 22 Total. Add amounts   |                         |  |              |  |                         |                     |                     |                            |
| Enter here and on th  |                         | -  |              |  |                         | <u>~~~~</u> ~       | ~ 22                | 3,812,369.                 |
| 23 For assets shown ab  |                         | -  | -            | -  |                         |                     |                     |                            |
| portion of the basis  |                         | -  | <u></u> .    | <u></u> _  | 23                      |                     |                     |                            |
| 616251<br>10-17-06 LHA For Pap  | erwork Reduction        | Act Notice, see                            | separate in  | structions.<br>39                                    |                         |                     |                     | Form 4562 (2006            |

| 09390213 1 | L31839 | 26447-ASSOC  | 2006.08020 | LAKEVIEW | MEMORIAL | HOSPITAL     | 26447-A1  |
|------------|--------|--------------|------------|----------|----------|--------------|-----------|
| 0)))0110 1 | 57052  | 2011, 110000 | 2000.00020 |          |          | 11001 1 1111 | 2011/ 111 |

| Form 4562 (2006) L.   | AKEVIEW M                   | EMOR                | IAL       | HOSF             | PITAL                        | J AS             | SOC.,         | INC.      |                     | 41-       | 0811      | 697                | Page 2        |
|---|-----------------------------|---------------------|-----------|------------------|------------------------------|------------------|---------------|-----------|---------------------|-----------|-----------|--------------------|---------------|
| Part V Listed Property (Includ  |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| recreation, or amuseme<br>Note: For any vehicle fo                      | ent.)<br>or which you are u | sing the            | standar   | d milead         | e rate or                    | r deduo          | cting lease   | expense   | e, comp             | lete only | , 24a, 24 | b, colum           | ıns (a)       |
| through (c) of Section A  | A, all of Section B,        | and Sec             | tion C if | applica          | ble.                         |                  |               |           |                     | only      |           |                    | ( )           |
| Section A - Depreciation and Other                                      | r Information (Ca           | ution: S            | See the i | nstructio        | ons for li                   | mits fo          | r passeng     | er autom  | obiles.)            |           |           |                    |               |
| 24a Do you have evidence to support the                                 |                             |                     |           |                  |                              |                  |               |           |                     | nce writt | en? -     | Yes-               | - No          |
| (a) (b) Dat   |                             |                     | (d) Cost  |                  | (e)                          |                  | (f)           | (         | g)                  |           | (h)       |                    | lected        |
| Type of property placed   |                             |                     | or other  |                  | sis for depr<br>Isiness/inve |                  | Recovery      | Met       | hod/                | Depre     | eciation  |                    | on 179<br>ost |
| (list vehicles first )  | percentage                  |                     | basis     | (bu              | use only                     |                  | period        | Conv      | ention              | ded       | uction    |                    | 551           |
| 25 Special allowance for qualified New Y                                | ork Liberty or Gulf C       |                     | / Zone pr | operty pl        | laced in s                   | ervice d         | luring the ta | xvear     |                     |           |           |                    |               |
| and used more than 50% in a qualified                                   | d business use ~~           | ~~~~                | ~~~~      | ~~~~             | ~~~~                         | ~~~~             | ~~~~~         | ~~~~      | 25                  |           |           |                    |               |
| 26 Property used more than 50% in                                       |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
|   |                             | 6                   |           |                  |                              |                  |               |           |                     |           |           |                    |               |
|   |                             | %                   |           |                  |                              |                  |               |           |                     |           |           |                    |               |
|   |                             | %                   |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 27 Property used 50% or less in a c                                     |                             | -                   |           |                  |                              |                  |               |           |                     | ļ         |           |                    |               |
|   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
|   |                             | 6                   |           |                  |                              |                  |               |           |                     |           |           |                    |               |
|   |                             | / <u>6</u>          |           |                  |                              |                  |               | 0/1       |                     |           |           |                    |               |
| 29. Add amounta in column (b) lines                                     |                             |                     |           | line 21          | nono 1                       |                  |               | S/L -     |                     |           |           |                    |               |
| 28 Add amounts in column (h), lines                                     | -                           |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 29 Add amounts in column (i), line 2                                    |                             |                     |           |                  |                              |                  |               |           |                     |           | 29        |                    |               |
|   |                             |                     |           |                  | on Use                       |                  |               |           |                     |           |           |                    |               |
| Complete this section for vehicles us                                   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| If you provided vehicles to your empl                                   | loyees, first answe         | er the qu           | estions   | in Secti         | on C to                      | see if y         | you meet a    | an excep  | tion to a           | completi  | ng this s | ection fo          | or            |
| those vehicles.   |                             |                     |           |                  |                              |                  |               |           |                     | 1         |           |                    |               |
|   |                             | (4                  | a)        | (                | (b)                          |                  | (c)           | (0        | d)                  | (         | e)        | (f                 | )             |
| 30 Total business/investment miles drive                                | en during the               | Veł                 | nicle     | Vel              | hicle                        | V                | /ehicle       | Veh       | icle                | Veł       | nicle     | Veh                | icle          |
| year (do not include commuting mil                                      | les) ~~~~~                  |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 31 Total commuting miles driven du                                      | -                           |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 32 Total other personal (noncommu                                       |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| driven~~~~~~~~~~~~~~~~~   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 33 Total miles driven during the year                                   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| Add lines 30 through 32~~~~   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 34 Was the vehicle available for per-                                   |                             | Maa                 | NL        | N/s s            | NL                           | V.               | N             | N.        | N                   | N         | NL        | Mara               |               |
|   |                             | Yes                 | No        | Yes              | No                           | Yes              | s No          | Yes       | No                  | Yes       | No        | Yes                | No            |
| during off-duty hours? ~~~~   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 35 Was the vehicle used primarily by                                    |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| than 5% owner or related persor   | 1? ~~~~~                    |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 36 Is another vehicle available for pe                                  | ersonal                     |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| use?  |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| Section   | n C - Questions f           | or Empl             | oyers V   | Vho Prov         | vide Veł                     | nicles           | for Use by    | / Their E | mploye              | es        |           |                    |               |
| Answer these questions to determine                                     | e if you meet an e          | xception            | to com    | pleting \$       | Section                      | B for v          | ehicles us    | ed by en  | nployee             | s who ar  | e not m   | ore than           | 5%            |
| owners or related persons.  |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 37 Do you maintain a written policy                                     | statement that pro          | ohibits a           | ll persor | nal use c        | of vehicle                   | es, incl         | uding com     | muting,   | by your             |           |           | Yes                | No            |
| employees?~~~~~~~~~   | ~~~~~~                      | ~~~~                | ~~~~      | ~~~~             | ~~~~                         | ~~~              | ~~~~          | ~~~~      | ~~~~                | ~~~~      | ~~~~      |                    |               |
| 38 Do you maintain a written policy                                     | statement that pro          | ohibits p           | ersonal   | use of v         | ehicles,                     | except           | t commutii    | na, by ya | bur                 |           |           |                    |               |
| employees? See the instructions   |                             |                     |           |                  |                              |                  |               |           |                     | ~~~~      | ~~~~      |                    |               |
| 39 Do you treat all use of vehicles by                                  |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 40 Do you provide more than five ve                                     |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| the use of the vehicles, and retain                                     |                             |                     |           |                  |                              | -                |               |           |                     |           |           |                    |               |
|   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    | 1             |
| 41 Do you meet the requirements co<br>Note: If your answer to 37, 38, 3 | 39 40 or 41 is "Ye          | s " do n            | ot comp   | lete Sec         | tion B for                   | $\sim \sim \sim$ | covered ve    | ~~~~~     | ~~~~                | ~~~~      | ~~~~      |                    |               |
|   |                             | io, uo ii           | or comp   | 1010 000         |                              |                  |               |           |                     |           |           |                    |               |
| Part VI Amortization  |                             | (1-)                |           | (-)              |                              |                  | ( -1)         |           | (-)                 |           |           | (1)                |               |
| (a)<br>Description of costs   | Date                        | (b)<br>amortization |           | (C)<br>Amortizal | ble                          |                  | (d)<br>Code   |           | (e)<br>Amortizatior | period    |           | (f)<br>nortization |               |
| · · ·   |                             | begins              |           | amoun            | t                            |                  | section       |           | orpercen            |           | fo        | this year          |               |
| 42 Amortization of costs that begins                                    | <u>s during your 2006</u>   | 6 tax yea           | ar:       |                  |                              |                  |               |           |                     |           |           |                    |               |
|   |                             | + +                 |           |                  |                              |                  |               |           |                     |           |           |                    |               |
|   |                             | i i                 |           |                  |                              |                  |               |           |                     |           |           |                    |               |
| 43 Amortization of costs that began                                     | before your 2006            | tax yea             | r ~~~     | ~~~~             | ~~~~                         | ~~~              | ~~~~          | ~~~~      | ~~~                 | 43        |           |                    |               |
| 44 Total. Add amounts in column (f)                                     |                             | -                   |           |                  |                              |                  |               |           |                     | 44        |           |                    |               |
| 616252/10-17-06   |                             |                     |           |                  |                              |                  |               |           |                     |           | F         | orm 4562           | 2 (2006)      |
|   |                             |                     |           |                  | 40                           |                  |               |           |                     |           |           |                    | . ,           |
|   |                             |                     |           |                  |                              |                  |               |           |                     |           |           |                    |               |

| 41-0811697<br>}}}}}}}          |
|--------------------------------|
| STATEMENT 16                   |
|                                |
|                                |
| STATEMENT 17                   |
| AMOUNT }}}}}}}6,200,532. }}}}} |
|                                |

|  | **** THIS IS NOT A FILEABLE COPY ****  |  |   |
|--|--|--|---|
| _  | IRS e-file Signature Authorization   |  | OMB No. 1545-1878   |
| Form 8879-EO   | for an Exempt Organization   |  |   |
|  |  | 07   | 2006  |
| Department of the Treasury   | Do not send to the IRS. Keep for your records.   |  | 2000  |
| Internal Revenue Service   | See instructions.  |  |   |
| Return ID (20-digit numbe  | <sup>r)</sup> <b>—</b> N/A   |  |   |
| Name of exempt organization  | LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.  |  | identification number<br>811697   |
| Name and title of officer  | DOUG JOHNSON, CFO<br>CFO   |  |   |
| Part I Type of I   | Return and Return Information (Whole Dollars Only)   |  |   |
| on line 1a, 2a, 3a, 4a, or 5   | rn for which you are using this Form 8879-EO and enter the applicable amount from the r<br>a below and the amount on that line for the return for which you are filing this form was bl<br>ble, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the app<br>in Part I.   | ank, then  | leave line 1b, 2b, 3b, 4b,  |
| 1a Form 990 check here   | b Total revenue, if any (Form 990, line 12) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  | ~~ 1b  | 90793956  |
| 2a Form 990-EZ check h   |  |  |   |
| 3a Form 1120-POL chec  | k here b Total tax (Form 1120-POL, line 22) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   | ~~ 3b  |   |
| 4a Form 990-PF check h   | ere b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) ~-   | ~~ 4b  |   |
| 5a Form 8868 check here  | b Balance Due (Form 8868, line 3c)   | ~~ 5b  |   |
| Part II Declarat   | ion and Signature Authorization of Officer   |  |   |
| provider, transmitter, or ele<br>acknowledgement of rece<br>the return or refund, and (<br>electronic funds withdrawa<br>organization's federal taxe<br>the U.S. Treasury Financia<br>institutions involved in the<br>issues related to the paym | bove is the amount shown on the copy of the organization's electronic return. I consent to<br>ectronic return originator (ERO) to send the organization's return to the IRS and to receive<br>pt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the<br>d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Fi<br>al (direct debit) entry to the financial institution account indicated in the tax preparation so<br>s owed on this return, and the financial institution to debit the entry to this account. To re<br>I Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement<br>processing of the electronic payment of taxes to receive confidential information necessare<br>ent. I have selected a personal identification number (PIN) as my signature for the organize<br>n's consent to electronic funds withdrawal. | e from the<br>e reason for<br>nancial Ago<br>oftware for<br>evoke a pa<br>) date. I al<br>ary to ans | IRS (a) an<br>or any delay in processing<br>gent to initiate an<br>r payment of the<br>yment, I must contact<br>so authorize the financial<br>wer inquiries and resolve |
| Officer's PIN: check one   | box only   |  |   |
| as my signature<br>is being filed wit  | ERO firm name<br>on the organization's tax year 2006 electronically filed return. If I have indicated within th<br>h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut<br>the return's disclosure consent screen.  |  | do not enter all zeros that a copy of the return  |
| As an officer o indicated within   | f the organization, I will enter my PIN as my signature on the organization's tax year 2006<br>this return that a copy of the return is being filed with a state agency(ies) regulating char<br>nter my PIN on the return's disclosure consent screen.   |  |   |
| Dart III Cartifica   | tion and Authoritication   |  |   |
| Part III Certifica   | tion and Authentication  |  |   |
| ERO's EFIN/PIN. Enter yo   | ur six-digit EFIN followed by your five-digit self-selected PIN. 41312709876<br>do not enter all zeros   |  |   |

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

| ERO's signature   | Date                |
|---|---------------------|
| ERO Must Retain This Form<br>Do Not Submit This Form To the IRS                 |                     |
| LHA For Paperwork Reduction Act Notice, see instructions.<br>623051<br>10-30-06 | Form 8879-EO (2006) |
| 42  |                     |

| Form     | 89            | 13     |
|----------|---------------|--------|
| Departme | ent of the Tr | easury |

Internal Revenue Service

#### Credit for Federal Telephone Excise Tax Paid



Form 8913 (2006)

26447-A1

Attach to your income tax return.

Identifying number

41-0811697

Name(s) as shown on your income tax return

return

LAKEVIEW MEMORIAL HOSPITAL ASSOC., INC.

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

| Amount of federal excise tax on long distance or<br>bundled service only  |   |   |   |                                    |
|---|---|---|---|------------------------------------|
| (a) Bills dated during:   | (b) Long distance<br>service  | (c) Bundled service   | (d) Tax credit or refund<br>(add columns (b) and (c)) | (e) Interest<br>(see instructions) |
| 1 March, April, and<br><u>May 2003</u>  | \$  | \$  | \$  | \$                                 |
| 2 June, July, and<br>August 2003  |   |   |   |                                    |
| 3 September, October, and<br>November 2003  |   |   |   |                                    |
| 4 December 2003; January and<br>February 2004   |   |   |   |                                    |
| 5 March, April, and<br>May 2004   |   |   |   |                                    |
| 6 June, July, and<br>August 2004  |   |   |   |                                    |
| 7 September, October, and<br>November 2004  |   |   |   |                                    |
| 8 December 2004; January and<br>February 2005   |   |   |   |                                    |
| 9 March, April, and<br>May 2005   |   |   |   |                                    |
| 10 June, July, and<br>August 2005   |   |   |   |                                    |
| 11 September, October, and<br>November 2005   |   |   |   |                                    |
| 12 December 2005; January and<br>February 2006  |   |   |   |                                    |
| 13 March, April, and<br>May 2006  |   |   |   |                                    |
| 14 June and<br>July 2006  | 1.  |   | 1.  |                                    |
|   |   | I   | \$ 1.   | ¢                                  |
| <ul> <li><u>15</u> Add lines 1 - 14 in columns (d) an</li> <li>16 Total credit or refund requested.</li> <li>Form 1040, line 71; Form 1040A,</li> <li>Form 1040NR, line 69; Form 1040</li> <li>line 28g; Form 1120S, line 23d; F</li> </ul> | Add columns (d) and (e) on lir<br>line 42; Form 1040EZ, line 9;<br>)NR-EZ, line 21; Form 1120, li | ne 15. Enter here and on<br>Form 1040EZ-T, line 1a;<br>ne 32g; Form 1120-A, | v   | <u>ی</u>                           |
| Form 1065, line 23; Form 990-T, I   |   |   |   | \$ 1.                              |

LHA For Paperwork Reduction Act Notice, see the instructions.

612891 12-09-06