



SAINTS HEALTHCARE

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BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:	Y-153	Entity Type:	Non-Profit Corporation
Original Date of Filing:	12/28/1984	Entity Status:	Active
Duration:	PERPETUAL	Good Standing:	2008
		(date of last annual filing)	

Name: Benedictine Health System Foundation
Registered Office Address: 1995 E Rum River Drv S
 Cambridge, MN, 55008

Agent Name: No Agent Filed

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Application to Mail at Nonprofit Standard Mail Prices

Application Number:

Section A - Application (Please read section B on page 2 before completion.)

Part 1 (For completion by applicant)

- All information entered below must be legible so that our records will show the correct information about your organization.
- The complete name of the organization must be shown in item 1. The name shown must agree with the name that appears on all documents submitted to support this application.
- A complete address representing a physical location for the organization must be shown in item 2. If you receive mail through a Post Office™ box, show your street address first and use alternate address for the box.
- The applicant named in item 7 must be the individual submitting the application for the organization and must be a responsible official of the organization. Printers and mailing agents may not sign for the organization.
- No additional organization categories may be added in item 9. To be eligible for the Nonprofit Standard Mail prices, the organization must qualify as one of the types listed.
- The applicant must sign the application in item 15.
- The date shown in item 17 must be the date that the application is submitted to the Post Office.

No application fee is required. (All information must be complete and typewritten or printed legibly.)

1. Complete Name of Organization (If voting registration official, include title)

Benedictine Health System Foundation, d.b.a. Saints Healthcare Foundation

2. Street Address of Organization (Include apartment or suite number)

1455 St. Francis Avenue

3. City, State, ZIP+4® Code

Shakopee MN 55379

4. Alternate Mailing Address

5. Alternate City, State, ZIP+ 4® Code

6. Telephone (Include area code)

952 428-2070

7. Name of Applicant (Must represent applying organization)

8. Email Address

Mary.Clem@allina.com

9. Type of Organization (Check only one)

- (01) Religious
 (03) Scientific
 (05) Agricultural
 (07) Veterans
 (09) Qualified political committee (Go to item 12)
 (02) Educational
 (04) Philanthropic
 (06) Labor
 (08) Fraternal
 (10) Voting registration official (Go to item 12)

Not all nonprofit organizations are eligible for the Nonprofit Standard Mail prices. Domestic Mail Manual® 703.1 lists certain organizations (such as business leagues, chambers of commerce, civic improvement associations, social and hobby clubs, governmental bodies, and others) that, although nonprofit, do not qualify for the Nonprofit Standard Mail prices.

10. Is this a for-profit organization or does any of the net income inure to the benefit of any private stockholder or individual? Yes No

12. Has this organization previously mailed at the Nonprofit Standard Mail prices? (If 'Yes,' list the Post Office locations where mailings were most recently deposited at these prices and provide the nonprofit authorization number, if known.) Yes No

11. Is this organization exempt from federal income tax? (If 'Yes,' attach a copy of the exemption issued by the Internal Revenue Service (IRS) that shows the section of the IRS code under which the organization is exempt. Required if exempt. Do not submit State tax exemption information.) Yes No

Shakopee newly merged org - old nonprofit name we did...

Has the IRS denied or revoked the organization's federal tax exempt status? (If 'Yes,' attach a copy of the IRS ruling to this PS Form 3624.) Yes No

13. Has your organization had Nonprofit Standard Mail privileges denied or revoked? (If 'Yes,' list the Post Office (city and state) where the application was denied or authorization was revoked and provide the nonprofit authorization number, if known.) Yes No

From your IRS exemption letter, check off the box corresponding to the section under which the organization is exempt:

- 501(c)(3)
 501(c)(5)
 501(c)(8)
 501(c)(19)
 Other 501(c) (____) (See statement in item 9 above)

14. Post Office (not a station or branch) where authorization requested and bulk mailings will be made (City, state, ZIP Code™).

I certify that the statements made by me are true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). I further understand that, if this application is approved, a postage refund for the difference between the regular Standard Mail and Nonprofit Standard Mail prices may be made for only mailings entered at regular Standard Mail prices at the Post Office identified above while this application is pending, provided that the conditions set forth in Domestic Mail Manual 703.1 and 703.1.9 are met.

15. Signature of Applicant

Mary E. Clem

16. Title

Executive Director

17. Date

10.26.09

Part 2 (For completion by postmaster at originating office when application filed)

1. Signature of Postmaster (Or designated representative)

2. Date Application Filed With Post Office (Round stamp)

Section B—General Information

Organization Eligibility

The Nonprofit Standard Mail prices may be granted only to:

1. The eight categories (01 through 08) of nonprofit organizations specified on page 1 in section A, item 9.
2. Qualified political committees (category 09), including the national and state committees of political parties as well as certain named congressional committees.
3. Voting registration officials (category 10), including local, state, and District of Columbia voting registration officials.

These organizations are defined in *Domestic Mail Manual (DMM®)* 703.1, available for review at pe.usps.com.

To qualify, a nonprofit organization must be both **organized** and **operated** for a **primary** purpose that is consistent with one of the types of organizations in DMM 703.1. Organizations that **incidentally** engage in qualifying activities do not qualify for the Nonprofit Standard Mail prices.

Application Procedures

1. Only organizations may apply. Individuals may not apply (except voting registration officials).
 2. Only the **one** category in item 9 that best describes the **primary purpose** of the organization may be checked.
 3. The application must be **signed** by someone in authority in the organization, such as the president or treasurer. It must not be signed by a printer or mailing agent.
 4. The completed PS Form 3624 must be submitted to the Post Office where Nonprofit Standard Mail mailings will be deposited. If the application is approved, the authorization will apply nationwide. Use *PS Form 3623 Request for Confirmation of Authorization (or Pending Application) to Mail at Nonprofit Standard Mail Prices* to deposit at a Post Office location that does participate in PostalOne!.
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Supporting Documentation

The documents listed in 1 and 2 below must be submitted with the completed applications for nonprofit organizations. The documents listed in 3 must be submitted for qualified political committees and, in 4, for voting registration officials.

1. Evidence that the organization is **nonprofit** and that none of its net income inures to the benefit of any private stockholder or individual. Acceptable evidence includes:
 - An Internal Revenue Service (IRS) letter of exemption from payment of federal income tax.
 - If an IRS exemption letter is not available, a complete financial statement from an independent auditor (such as a certified public accountant) substantiating that the organization is nonprofit. A statement from a member of the organization is not sufficient. (*Do not submit State tax exemption information.*)
 2. Documents describing the organization's **primary purpose**, such as:
 - Organizing instruments that state the purpose for which the group is organized, such as the constitution, articles of incorporation, articles of association, or trust indenture. The organizing instrument, including all amendments to the original, should bear the seal, certification, or signature of the Secretary of State or other appropriate state official. If one or more of these documents are not sealed, certified, or signed by state officials, an officer or other person authorized to sign for the applicant should submit a written declaration certifying that the documents are complete and accurate copies of the originals.
 - Materials showing how the organization actually **operated** during the previous 6 to 12 months and how it will operate in the future. Bulletins, financial statements, membership forms, publications produced by the organization, minutes of meetings, or a list of its activities may be used.
 3. For qualified political committees (category 09), organizational or other documents substantiating that the applicant is the state or national committee of the political party.
 4. For voting registration officials (category 10), a copy of the statute, ordinance, or other authority establishing responsibility for voter registration.
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Mail Eligibility

An organization authorized to mail at the Nonprofit Standard Mail prices may mail only **its own matter** at those prices. It may not delegate or lend the use of its Nonprofit Standard Mail authorization to any other person or organization. Cooperative mailings may be made at the Nonprofit Standard Mail prices **only** if **each** of the cooperating organizations is individually authorized to mail at those prices.

DMM 703.1 discusses the specific restrictions against the mailing of certain advertising materials and products.

**Postal Service™ Checklist for PS Form 3624,
Application to Mail at Nonprofit Standard Mail Prices**

Name of Organization

Benedictine Health System Foundation d.b.a. Saints Healthcare Foundation

The organization above provided the following evidence of eligibility for Nonprofit Standard Mail rates.

1. Nonprofit Status (Select at least one)

- IRS letter of exemption from payment of federal income tax
- Financial statement prepared by an independent auditor substantiating organization's nonprofit status (statement must include balance sheets, notes, etc.)
- Place of Worship

2. Organization (One complete copy; check all that apply. Must select at least one.)

- Articles of Incorporation
- Articles of Association
- Charter
- Constitution
- Enabling Legislation
- Trust Indenture
- Other (Explain):

3. Operation (Several samples of each; check types of information included with application)

- Bulletins
- Brochures
- Financial statements
- Listing of activities for past 6 to 12 months
- Membership applications
- Minutes of meetings
- Newsletters
- Organizational or other documents substantiating that the applicant is the state or national committee of the political party
- A copy of the statute, ordinance or other authority establishing responsibility for voter registration
- Other (Explain):

The name on all the documents presented as evidence must match the name on the application. If they do not match, please explain.

Postmaster: Mail completed form and all required documents to:

Pricing and Classification Service Center
PO Box 3623
New York NY 10008-3623

I certify that the applicant has completed all the items on the application and that each item is legible.

Signature of Postmaster (Or designated representative)	Date
Telephone (Include area code)	Post Office (City, state, ZIP Code™)
Date Application Returned to Organization for Correction	Date Application and Documentation Sent to Pricing and Classification Service Center



AN-OR

MINNESOTA SECRETARY OF STATE



CERTIFICATE OF ASSUMED NAME

Minnesota Statutes Chapter 333

Read the instructions before completing this form.

Filing fee: \$25.00

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)
Saints Healthcare Foundation

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box.
1455 St. Francis Avenue Shakopee MN 55379
Street City State Zip code

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address. Attach additional sheet(s) if necessary.
Name (please print) Street City State Zip
Benedictine Health System Foundation 503 East Third Street Duluth MN 55805

4. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this certificate under oath.

Signature (ONLY one person listed in #3 is required to sign.)
Lowell Larson

February 9, 2009
Date

Lowell Larson, President
Print Name and Title

Janel Paulson
Contact Person

763-552-3722
Daytime Phone Number

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

MAR 02 2009
Michelle Ritchie
Secretary of State