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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

INNOVIS HEALTH LLC

Doing business as

ESSENTIA HEALTH WEST

Number and street (or P O box if mail is not delivered to street address)

3000 32ND AVE S

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FARGO, ND 58103

F Name and address of principal officer

WILLIAM HEEGAARD MD

3000 32ND AVE S

FARGO, ND 58103

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ESSENTIAHEALTH.ORG

K Form of organization

☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ LLC

L Year of formation 2007

M State of legal domicile DE

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

WE ARE CALLED TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	156,981	287,979
9 Program service revenue (Part VIII, line 2g)	368,689,895	388,542,493
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-682,038	-519,767
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,226,392	2,102,493
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	370,391,230	390,413,198
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	388,694	577,141
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	199,752,589	205,829,773
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	178,801,544	190,506,612
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	378,942,827	396,913,526
19 Revenue less expenses Subtract line 18 from line 12	-8,551,597	-6,500,328

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	280,506,448	275,039,328
21 Total liabilities (Part X, line 26)	277,532,422	281,666,766
22 Net assets or fund balances Subtract line 21 from line 20	2,974,026	-6,627,438

Part II

Signature Block

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

Sign Here

Signature of officer

2020-05-11

Date

KYLE DOROW VICE PRESIDENT, FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

WE ARE CALLED TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 353,397,465	including grants of \$ 577,141)	(Revenue \$ 388,542,493)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	353,397,465
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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	3,068			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ KYLE DOROW 1702 S UNIVERSITY DR FARGO, ND 58103 (701) 364-8900

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

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

1

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

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								11,480,255	350,838	997,756

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 431

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	189,938		
	e	Government grants (contributions)	1e	20,791		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	77,250		
	g	Noncash contributions included in lines 1a - 1f \$ _____				
	h	Total. Add lines 1a-1f ▶		287,979		
Program Service Revenue			Business Code			
	2a	INPATIENT AND OUTPATIENT REVENUES	621110	388,288,088	388,196,735	91,353
	b	PARK RAPIDS AREA INVESTMENT	900099	137,429	137,429	
	c	DAKOTA CLINIC PHARMACY INVESTMENT	621400	116,976	116,976	
	d	_____				
	e	_____				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f ▶		388,542,493		

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		4,583			4,583	
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
			356,441	255,733				
		b	Less rental expenses	0	84,383			
		c	Rental income or (loss)	356,441	171,350			
	d	Net rental income or (loss) ▶		527,791		171,350	356,441	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				72,120				
		b	Less cost or other basis and sales expenses		596,470			
		c	Gain or (loss)		-524,350			
	d	Net gain or (loss) ▶		-524,350			-524,350	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
		b	Less direct expenses b					
		c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities See Part IV, line 19 a						
		b	Less direct expenses b					
		c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a						
			298,307					
		b	Less cost of goods sold b		96,406			
c	Net income or (loss) from sales of inventory ▶		201,901		182,565	19,336		
Miscellaneous Revenue		Business Code						
11a	CAFETERIA & VENDING SALES	722514	1,340,725			1,340,725		
b	RELEASE OF INFORMATION	900099	31,494			31,494		
c	SITE SURVEY REIMBURSEMENT	900099	582			582		
d	All other revenue							
e	Total. Add lines 11a-11d ▶		1,372,801					
12	Total revenue. See Instructions ▶		390,413,198	388,451,140	445,268	1,228,811		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	562,885	562,885		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	14,256	14,256		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,742,257	2,096,300	3,645,957	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	98,732	98,732		
7 Other salaries and wages.	167,637,008	157,488,533	10,148,475	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,628,796	6,316,692	312,104	
9 Other employee benefits.	15,810,933	14,856,518	954,415	
10 Payroll taxes.	9,912,047	9,250,889	661,158	
11 Fees for services (non-employees):				
a Management.				
b Legal.	12,706		12,706	
c Accounting.				
d Lobbying.	7,343		7,343	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	24,551,280	18,316,354	6,234,926	
12 Advertising and promotion.	1,291,283	3,626	1,287,657	
13 Office expenses.	11,447,537	10,118,829	1,328,708	
14 Information technology.	9,161,683	8,607,049	554,634	
15 Royalties.				
16 Occupancy.	4,916,086	4,618,474	297,612	
17 Travel.	1,563,244	1,206,724	356,520	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	365,244	91,873	273,371	
20 Interest.	10,213,716	10,213,716		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	21,209,855	19,925,844	1,284,011	
23 Insurance.	3,147,184	3,115,625	31,559	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a UNRELATED BUSINESS TAX	194,591		194,591	
b MEDICAL SUPPLIES	57,270,927	57,270,927		
c AFFILIATE SUPPORT FEE	30,605,171	11,468,440	19,136,731	
d BAD DEBT EXPENSE	17,236,195	17,236,195		
e All other expenses	-2,687,433	518,984	-3,206,417	
25 Total functional expenses. Add lines 1 through 24e.	396,913,526	353,397,465	43,516,061	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	20,370	1	20,370
	2 Savings and temporary cash investments	110,396	2	1,262,791
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	47,981,717	4	48,730,172
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,301,662	7	2,677,508
	8 Inventories for sale or use	11,721,295	8	10,538,065
	9 Prepaid expenses and deferred charges	3,920,269	9	3,637,411
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	332,336,077		
	b Less: accumulated depreciation	133,404,883		
		204,898,011	10c	198,931,194
	11 Investments—publicly traded securities	499,436	11	5,951
	12 Investments—other securities. See Part IV, line 11	1,357,112	12	2,067,015
	13 Investments—program-related. See Part IV, line 11	4,404,307	13	4,100,244
	14 Intangible assets	3,291,873	14	3,068,607
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	280,506,448	16	275,039,328
Liabilities	17 Accounts payable and accrued expenses	34,428,805	17	36,877,738
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	117,609,607	20	117,375,839
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	112,276,629	23	114,297,127
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	13,217,381	25	13,116,062
	26 Total liabilities. Add lines 17 through 25	277,532,422	26	281,666,766
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,974,026	27	-6,627,438
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,974,026	33	-6,627,438
	34 Total liabilities and net assets/fund balances	280,506,448	34	275,039,328

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	390,413,198
2	Total expenses (must equal Part IX, column (A), line 25)	2	396,913,526
3	Revenue less expenses Subtract line 2 from line 1	3	-6,500,328
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,974,026
5	Net unrealized gains (losses) on investments	5	-527,085
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,574,051
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-6,627,438

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 26-1175213
Name: INNOVIS HEALTH LLC

Form 990 (2018)

Form 990, Part III, Line 4a:

INNOVIS HEALTH, LLC, DBA ESSENTIA HEALTH WEST, IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES. IN FURTHERANCE OF ITS PURPOSES, ESSENTIA HEALTH WEST PROVIDES HEALTH CARE SERVICES IN MINNESOTA AND NORTH DAKOTA THROUGH ITS 133 BED HOSPITAL AND 16 CLINICS, INCLUDING CHARITABLE CARE TO PERSONS UNABLE TO PAY. THE MULTI-SPECIALTY HOSPITAL, WHICH HAS APPROXIMATELY 100 PRIVATE PATIENT ROOMS, OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES FOR ITS PATIENTS, INCLUDING CRITICAL CARE, MEDICAL SURGICAL CARE, PEDIATRIC SERVICES, NEONATAL INTENSIVE CARE, AND MATERNITY CARE. THE HOSPITAL'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS PER DAY AND IS DESIGNED AS A LEVEL II TRAUMA CENTER. THE HOSPITAL ALSO HAS 10 OPERATING ROOM SUITES, WHICH INCLUDE BOTH INPATIENT AND DAY SURGERY. IN ADDITION TO THE HOSPITAL AND CLINICS, ESSENTIA HEALTH WEST ALSO OPERATES URGENT AND WALK-IN CARE, OPTICAL CENTERS, INFUSION THERAPY CENTERS, AND OUTPATIENT SURGERY CENTERS. ESSENTIA HEALTH WEST IS AN ADVANCED PRIMARY STROKE CENTER AND IS ACCREDITED AS A BREAST CENTER AND CANCER CENTER WITH COMMENDATION. ESSENTIA HEALTH WEST EMPLOYS APPROXIMATELY 1,700 FULL TIME EQUIVALENTS. THE HOSPITAL PROVIDED FOR APPROXIMATELY 32,000 HOSPITAL PATIENT DAYS AND 125,000 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2019. THE CLINICS HAD APPROXIMATELY 423,000 ENCOUNTERS DURING THE SAME TIME PERIOD. DURING THE FISCAL YEAR ENDED JUNE 30, 2019, ESSENTIA HEALTH WEST PROVIDED THE FOLLOWING COMMUNITY BENEFITS: \$5.4 MILLION IN CHARITY CARE, \$9.6 MILLION COSTS IN EXCESS OF MEDICAID PAYMENTS, \$293,000 IN COMMUNITY SERVICES, \$1.4 MILLION IN HEALTH PROFESSION EDUCATION, AND \$13,500 IN CASH AND IN-KIND CONTRIBUTIONS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES ANDERSON BOARD CHAIR	1 00 6 00	X		X				0	39,000	0
KEVIN MOUG BOARD VICE CHAIR/SECRETARY/TREASURER	1 00 3 00	X		X				0	34,500	0
JOEL HAUGEN MD BOARD DIRECTOR	37 00 3 00	X						301,796	18,375	45,229
SISTER BEVERLY HORN BOARD DIRECTOR	1 00 0 00	X						0	0	0
LAURIE LEWANDOWSKI BOARD DIRECTOR	1 00 0 00	X						0	4,700	0
THOMAS MOHS MD BOARD DIRECTOR	40 00 0 00	X						305,186	4,500	46,274
CURT NOYES BOARD DIRECTOR	1 00 0 00	X						0	4,875	0
JERRY ROGERS MD BOARD DIRECTOR	40 00 0 00	X						6,478	4,500	1,476
ROBERT WROBLEWSKI MD BOARD DIRECTOR	1 00 39 00	X						572,638	4,500	26,998
GREGORY GLASNER MD PRESIDENT	57 00 3 00			X				645,561	0	106,543

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KYLE DOROW	60 00			X				306,811	0	61,428
VICE PRESIDENT, FINANCE	0 00				X			156,176	0	36,854
DAN BEAUCHAMP	60 00				X			188,287	0	37,206
FACILITIES ADMINISTRATOR	0 00				X			248,627	0	15,586
KERRY CARLSON	60 00				X			564,496	0	32,998
OPERATIONS ADMINISTRATOR	0 00				X			412,916	0	48,963
NICOLE CHRISTENSEN	60 00				X			484,198	0	83,797
CHIEF NURSING OFFICER	0 00				X			382,660	0	79,172
JOSHUA GEBUR MD	60 00				X			541,904	0	97,634
PHYSICIAN LEADER	0 00				X			276,457	0	13,447
STEFANIE GEFROH ELLISON MD	60 00				X					
PHYSICIAN LEADER	0 00				X					
RICHARD VETTER MD	56 00				X					
CHIEF MEDICAL OFFICER	4 00				X					
PETER JACOBSON	1 00				X					
SENIOR VP, OPERATIONS THRU 6/19	59 00				X					
TIMOTHY SAYLER	55 00				X					
CHIEF OPERATING OFFICER THRU 4/19	5 00				X					
KIMBERLEY WOLF	60 00				X					
VP SERVICE LINES THRU 5/18	0 00				X					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY MATTHYS MD PHYSICIAN	40 00 0 00					X		1,380,606	0	0
DANIEL SMITH MD PHYSICIAN	1 00 39 00					X		1,293,396	0	51,673
SUMIT TIWARI MD PHYSICIAN	40 00 0 00					X		1,103,072	0	49,129
PRASAD SAWARDEKER MD PHYSICIAN LEADER	60 00 0 00					X		1,047,172	0	35,318
BENJAMIN SMITH MD PHYSICIAN	1 00 39 00					X		1,015,640	0	64,034
ROBERT CUNNINGHAM FORMER SVP WEST & METRO	0 00 0 00						X	246,178	0	25,227
KRISTINE OLSON FORMER SVP MKTG/QUALITY/PHY SRVCS	0 00 60 00						X	0	235,888	38,770

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

INNOVIS HEALTH LLC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

26-1175213

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:
Software Version:
EIN: 26-1175213
Name: INNOVIS HEALTH LLC

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization INNOVIS HEALTH LLC	Employer identification number 26-1175213
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,343
j	Total Add lines 1c through 1i			7,343
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING ACTIVITY EXPLANATION ESSENTIA HEALTH WEST PAYS DUES TO CERTAIN ORGANIZATIONS RELATED TO THE INDUSTRY WHICH HAVE LOBBYING EXPENSES THE AMOUNT LISTED IS THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR LOBBYING

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INNOVIS HEALTH LLC

Employer identification number
26-1175213

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,546,856		13,546,856
b Buildings		190,544,758	57,487,762	133,056,996
c Leasehold improvements		14,677,692	6,106,962	8,570,730
d Equipment		105,970,507	67,743,262	38,227,245
e Other		7,596,264	2,066,897	5,529,367
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				198,931,194

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYABLES TO RELATED TAX-EXEMPT ORGANIZATION	1,000,000
NON-CURRENT SWAP LIABILITY	4,242,809
PARK RAPIDS AREA HEALTH CARE, LLC PAYABLE	7,873,253
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	13,116,062

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INNOVIS HEALTH LLC

Employer identification number
26-1175213

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 16000 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 31000 0000000000 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,427,387		5,427,387	1 430 %
b Medicaid (from Worksheet 3, column a)			48,235,985	38,631,371	9,604,614	2 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			53,663,372	38,631,371	15,032,001	3 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	5,278	293,450		293,450	0 080 %
f Health professions education (from Worksheet 5)			1,387,554		1,387,554	0 370 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3		13,539		13,539	0 %
j Total. Other Benefits	20	5,278	1,694,543		1,694,543	0 450 %
k Total. Add lines 7d and 7j	20	5,278	55,357,915	38,631,371	16,726,544	4 410 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	21	430	150,371		150,371	0.040 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	21	430	150,371		150,371	0.040 %

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,236,195	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	80,572,121
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	103,774,633
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,202,512
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 DAKOTA CLINIC PHARMACY LLC	RETAIL PHARMACY	49.000 %	0 %	0 %
2 2 PARK RAPIDS AREA HEALTH CENTER LLC	CLINIC	50.000 %	0 %	0 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ESSENTIA HEALTH WEST**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ESSENTIAHEALTH.ORG/ABOUT/CHNA/</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>WWW.ESSENTIAHEALTH.ORG/ABOUT/CHNA/</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ESSENTIA HEALTH WEST			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 160 000000000000 % and FPG family income limit for eligibility for discounted care of 310 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ESSENTIAHEALTH ORG/PATIENTS-VISITORS/BILLING/FINANCIAL-ASSISTANCE/		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ESSENTIAHEALTH ORG/PATIENTS-VISITORS/BILLING/FINANCIAL-ASSISTANCE/		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ESSENTIAHEALTH ORG/PATIENTS-VISITORS/BILLING/FINANCIAL-ASSISTANCE/		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

ESSENTIA HEALTH WEST

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V **Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ESSENTIA HEALTH WEST

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **16**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

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Form and Line Reference	Explanation
PART I, LINE 3C	ASSETS WILL BE CONSIDERED ALONG WITH THE PATIENT'S INCOME TO DETERMINE ELIGIBILITY FOR THE FINANCIAL ASSISTANCE PROGRAM TO BE ELIGIBLE, REPORTABLE ASSETS MAY NOT EXCEED \$25,000 FOR A HOUSEHOLD OF ONE (1), OR \$50,000 FOR A HOUSEHOLD OF TWO (2) OR MORE ASSETS MAY INCLUDE, BUT ARE NOT LIMITED TO, SUCH ITEMS AS CHECKING AND SAVINGS ACCOUNTS, IRAS, 401(K)S, PENSIONS, HEALTH SAVINGS ACCOUNTS, ADDITIONAL PROPERTY, AND ANY OTHER RETIREMENT FUNDING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THE ORGANIZATION'S COMMUNITY BENEFIT INFORMATION IS INCLUDED ON ESSENTIA HEALTH'S (EMPLOYER IDENTIFICATION NUMBER 20-0360007) WEBSITE AT WWW.ESSENTIAHEALTH.ORG. ESSENTIA HEALTH, HEADQUARTERED IN DULUTH, MINNESOTA, IS THE PARENT OF A FULLY INTEGRATED HEALTH SYSTEM SERVING PATIENTS IN MINNESOTA, WISCONSIN, NORTH DAKOTA, AND IDAHO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES WAS USED TO CALCULATE THE COSTS FOR THE FOLLOWING COMMUNITY BENEFITS CHARITY CARE AND UNREIMBURSED MEDICAID ACTUAL COSTS WERE USED FOR THE REMAINDER OF THE COMMUNITY BENEFITS REPORTED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE THAT WAS SUBTRACTED FROM TOTAL EXPENSE TO OBTAIN THE % OF COMMUNITY BENEFIT TO TOTAL EXPENSE AMOUNTED TO \$17,236,195

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES THE COALITION BUILDING ACTIVITIES INCLUDE CONTRIBUTIONS FOR WORKFORCE DEVELOPMENT, DENTAL ACCESS FOR UNDERSERVED AREAS, A COMMUNITY FITNESS CENTER, AND ESSENTIA HEALTH LEADERSHIP PARTICIPATION IN NON-PROFIT BOARDS RELATED TO SOCIAL DETERMINANTS OF HEALTH AND STATEWIDE COALITIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	DISCOUNTS, CHARITY CARE, AND BAD DEBT EXPENSE ARE ACCOUNTED FOR AS REDUCTIONS TO REVENUE. BAD DEBT EXPENSE ON PATIENT ACCOUNTS WOULD BE IDENTIFIED AS ANY BALANCE ON THE ACCOUNT, LESS ANY PREVIOUS PAYMENTS AND DISCOUNTS, THAT HAS AGED AND IS ABSENT OF ANY PAYMENTS. IF, DURING THE COLLECTION PROCESS, IT BECOMES KNOWN THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE AMOUNTS INCLUDED WITHIN BAD DEBT EXPENSE WOULD BE RECLASSIFIED TO CHARITY CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	<p>ESSENTIA HEALTH PROVIDES BOTH FULL AND PARTIAL CHARITY CARE THROUGH ITS TRADITIONAL APPLICATION PROCESS. FULL CHARITY CARE IS A COMPLETE WRITE-OFF OF ELIGIBLE GROSS HOSPITAL AND CLINIC CHARGES WHILE "PARTIAL" IS A PORTION OF ELIGIBLE CHARGES. EACH ARE DETERMINED RESPECTIVELY BASED ON THE PATIENT'S INCOME IN RELATION TO THE FEDERAL POVERTY GUIDELINES. ESSENTIA HEALTH ALSO RECOGNIZES THAT IT IS NOT FEASIBLE, OR SOMETIMES NECESSARY, FOR ALL PATIENTS TO COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND PROVIDE DOCUMENTATION REQUIRED THROUGH THE TRADITIONAL PROCESS. ESSENTIA HEALTH IMPLEMENTED AN ALTERNATIVE DOCUMENTATION AND PRESUMPTIVE PROCESS USING A TOOL THAT IDENTIFIES ACCOUNTS THAT AUTOMATICALLY QUALIFY FOR CHARITY CARE AND RECLASSIFIED THOSE ACCOUNTS TO CHARITY CARE ALLOWANCE. AS A RESULT, WE ESTIMATE \$0 OF PATIENT ACCOUNTS WRITTEN OFF TO BAD DEBT WOULD QUALIFY FOR CHARITY CARE. ESSENTIA HEALTH WEST IS A PART OF A LARGER ORGANIZATION, ESSENTIA HEALTH. ESSENTIA HEALTH AND ITS MEMBER ORGANIZATIONS INCORPORATE THE COST OF BAD DEBT AS A COMMUNITY BENEFIT. AS A TAX-EXEMPT HOSPITAL, WE MUST PROVIDE THE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THAT CARE. IN DOING SO, ESSENTIA HEALTH MAKES QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS.</p>

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Form and Line Reference	Explanation
PART III, LINE 4	PAGES 16 AND 17 OF ESSENTIA HEALTH'S CONSOLIDATED AUDIT REPORT CONTAINS THE FOOTNOTE DESCRIBING THE ORGANIZATION'S BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	<p>RECONCILIATION FOR MEDICARE SHORTFALL BETWEEN TOTAL MEDICARE PROGRAM AND WHAT IS ALLOWED ON THE COST REPORT THE HOSPITAL FACILITY'S TOTAL MEDICARE SHORTFALL IS \$33,871,312, OF WHICH A SHORTFALL OF \$23,202,512 (CONSISTING OF \$80,572,121 REVENUE AND \$103,774,633 COST) IS INCLUDED IN PART III, SECTION B, LINES 5-7, AND A SHORTFALL OF \$10,668,800 (CONSISTING OF \$37,745,798 REVENUE AND \$48,414,598 COST) REPRESENT ALL OTHER MEDICARE SERVICES NOT INCLUDED IN THE ANNUAL COST REPORT THE COSTING METHODOLOGY USED IN DETERMINING THE MEDICARE ALLOWABLE COST REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6 THE METHODOLOGY USED IN DETERMINING THE REPORTED MEDICARE ALLOWABLE COST BEGINS WITH THE HOSPITAL'S GENERAL LEDGER SYSTEM THE COSTS ARE OBTAINED FROM THE GENERAL LEDGER AND THEN ADJUSTED AND REPORTED IN ACCORDANCE WITH CENTERS FOR MEDICARE SERVICES (CMS) "COST FINDING" GUIDELINES AS PUBLISHED IN THEIR PROVIDER REIMBURSEMENT MANUAL ONCE THE MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE HOSPITAL'S COST REPORT, ANY COSTS ATTRIBUTED TO SUBSIDIZED HEALTH SERVICES, AND MEDICAL EDUCATION, ARE REMOVED AND REPORTED SEPARATELY EXPLANATION FOR ANY PRIOR YEAR SETTLEMENTS FOR MEDICARE-RELATED SERVICES IN THE CURRENT TAX YEAR EACH ESSENTIA HEALTH HOSPITAL IS REQUIRED TO FILE A MEDICARE COST REPORT 5 MONTHS AFTER THE CLOSE OF THEIR FISCAL YEAR THE COST REPORT PROVIDES MEDICARE WITH INFORMATION THAT IS USED TO DETERMINE UTILIZATION AND SPENDING TRENDS BUT ALSO IS USED TO SET FUTURE PAYMENT RATES FOR MOST MEDICARE SERVICES IF THE INTERIM PAYMENTS PAID TO A HOSPITAL ARE HIGHER OR LOWER THAN THE FILED COST REPORT ALLOWABLE REIMBURSEMENT THERE WILL BE A SETTLEMENT FOR THAT FISCAL YEAR THIS CAN BE DUE TO CHANGES IN UTILIZATION OR COST OF PROVIDING SERVICES FOR CRITICAL ACCESS HOSPITALS (CAH) OR DIFFERENCES BETWEEN INTERIM AND FINAL PAYMENT FACTORS FOR DISPROPORTIONATE SHARE, BAD DEBTS, OR INDIRECT MEDICAL EDUCATION FOR NON-CAH HOSPITALS AN ESTIMATE FOR THESE SETTLEMENTS IS RECORDED AT THE CLOSE OF THE FISCAL YEAR IF THE ESTIMATE VARIES FROM THE FINAL SETTLEMENT RECEIVED 6-7 MONTHS AFTER THE FISCAL YEAR ENDS THEN THESE AMOUNTS ARE RECORDED AS PRIOR YEAR MEDICARE REVENUE THE EXTENT TO WHICH ANY SHORTFALL REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT AND THE RATIONALE FOR THE ORGANIZATION'S OPINION ESSENTIA HEALTH WEST IS A PART OF A LARGER ORGANIZATION, ESSENTIA HEALTH ESSENTIA HEALTH AND ITS MEMBER ORGANIZATIONS INCORPORATE THE FULL VALUE OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT THE RATIONALE FOR THE ORGANIZATION'S OPINION IS PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE AND IT IS LIKELY TO GET WORSE MANY MEDICARE BENEFICIARIES ARE POOR AND ARE ELIGIBLE FOR MEDICAID IN ADDITION TO MEDICARE MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY</p>

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Form and Line Reference	Explanation
PART III, LINE 9B	<p>THE POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR ESSENTIA HEALTH'S FINANCIAL ASSISTANCE POLICY (FAP) AND FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR FINANCIAL ASSISTANCE FROM ESSENTIA HEALTH, AND THE PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS/HER PAYMENT AGREEMENTS THE ORGANIZATION OFFERS EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS AND WILL NOT IMPOSE LIENS ON PRIMARY RESIDENCES NOR REPORT PATIENTS TO A CREDIT RATING AGENCY FOR OUTSTANDING PATIENT BILLS THE ORGANIZATION WILL NOT CHARGE A PATIENT THE GROSS AMOUNT OF CHARGES FOR ANY UNINSURED TREATMENT UNINSURED DISCOUNTS WILL BE APPLIED TO THE GROSS CHARGES PRIOR TO ANY FINANCIAL ASSISTANCE OR OTHER DISCOUNTS IF AT ANY TIME THE ORGANIZATION RECOGNIZES THAT A PATIENT MAY BE ELIGIBLE FOR STATE OR FEDERAL PROGRAMS, A REPRESENTATIVE WILL ASSIST THE PATIENT IN OBTAINING INFORMATION ABOUT THESE PROGRAMS OR PROVIDE CONTACT INFORMATION FOR THESE PROGRAMS THE ORGANIZATION CONTRACTS WITH AN OUTSIDE PATIENT ADVOCACY AGENCY, WHICH MAY PROVIDE ASSISTANCE TO THE UNINSURED PATIENT IN APPLYING TO CERTAIN STATE AND FEDERAL PROGRAMS AT ANY STAGE OF THE PATIENT EXPERIENCE AND UP THROUGH THE COLLECTION PROCESS, THE PATIENT MAY EXPRESS A CONCERN THAT THEY ARE UNABLE TO PAY THEIR BILL IN FULL OR MEET THE PAYMENT PLAN REQUIREMENTS AT THAT TIME, THE PATIENT WILL BE GIVEN EVERY OPPORTUNITY TO COMPLETE AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE THE ORGANIZATION TRAINS ITS OUTSIDE DEBT COLLECTION AGENCIES AND ATTORNEYS ABOUT THE FAP AND HOW A PATIENT MAY OBTAIN MORE INFORMATION ABOUT THE FAP OR SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE THE ORGANIZATION REQUIRES ITS OUTSIDE COLLECTION AGENCIES AND ATTORNEYS TO REFER PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE TO ESSENTIA HEALTH IF A PATIENT HAS SUBMITTED AN APPLICATION FOR FINANCIAL ASSISTANCE AFTER AN ACCOUNT HAS BEEN REFERRED FOR COLLECTION ACTIVITY, THE ORGANIZATION SUSPENDS ALL COLLECTION ACTIVITY UNTIL THE PATIENT'S FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND ESSENTIA HEALTH HAS NOTIFIED THE PATIENT OF ITS DECISION PATIENTS ARE ADVISED AT THAT TIME TO NOTIFY THE COLLECTION AGENCY TO HOLD THEIR ACCOUNT THE OUTSIDE DEBT COLLECTION AGENCIES ARE NOTIFIED BY ESSENTIA HEALTH ONCE AN ACCOUNT ADJUSTMENT HAS BEEN MADE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT WE ASSESS AND RESPOND TO THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THROUGH MANY WAYS INCLUDING THE FOLLOWING MARKETING RESEARCH - THE ESSENTIA HEALTH MARKETING RESEARCH DEPARTMENT CONDUCTS SURVEYS, FOCUS GROUPS AND REVIEWS INTERNAL DATA TO BETTER UNDERSTAND THE NEEDS AND USE(S) OF OUR SERVICES THIS INCLUDES ACCESS TO SERVICE AREAS (E G , PRIMARY CARE), PAYOR INFORMATION (E G , ESSENTIA CARE), AND OVERALL GAPS IN SERVICES ASSESSMENTS HAVE RESULTED IN INTERNAL CHANGES IN BOTH STAFFING AND PROCESSES ESSENTIA HEALTH POPULATION CARE MANAGEMENT - WE USE AN ANALYSIS OF MULTIPLE POPULATIONS, ONE SUCH GROUP IS "ACO POPULATIONS " THE ANALYSES DONE INCLUDE THE IDENTIFICATION OF PATIENTS WHO HAVE UNCONTROLLED ASTHMA, UNCONTROLLED DIABETES, ARE PRE-DIABETIC, OR WHO HAVE DEPRESSION, THE RESULTS ARE USED IN TARGETED OUTREACH BY THE POPULATION CARE TEAM TARGETED OUTREACH HAS PROVEN TO LEAD TO BETTER OUTCOMES FOR THESE POPULATIONS PATIENT AND FAMILY ADVISORY COUNCILS - EACH MONTH, SEVERAL PATIENTS IN ESSENTIA HEALTH WEST COME TOGETHER TO SHARE THEIR INSIGHTS, EXPERIENCES, AND IDEAS TO HELP ESSENTIA HEALTH DESIGN A HEALTH CARE SYSTEM THAT IS PATIENT- AND FAMILY-CENTERED PLANNED INTERACTION WITH VARIOUS COMMUNITY HEALTH, HEALTHCARE, AND SOCIAL WELFARE GROUPS - THIS INCLUDES GATHERING PERSPECTIVES ON COMMUNITY NEEDS AND THE ROLE ESSENTIA HEALTH CAN PLAY IN ADDRESSING THOSE NEEDS AS A COLLABORATIVE PARTNER INTERNAL QUALITY INDICATORS - WE TRACK DATA THAT LEADS TO THE IMPROVED CARE AND TREATMENT OF PATIENTS WITH CHRONIC DISEASES, TOBACCO USE, AND MENTAL HEALTH CONDITIONS THIS DATA INCLUDES PATIENT ACTIVITY AND OUTCOMES, WHICH ALLOWS FOR ESSENTIA HEALTH TO BETTER IDENTIFY THE NEEDS OF THE PATIENTS AND CAN BE UTILIZED TO ASSESS THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE HEALTH DATA PROVIDED BY PAYOR ORGANIZATIONS, NAMELY GOVERNMENT AND COMMERCIAL HEALTH INSURERS - THIS HEALTH DATA TYPICALLY INVOLVES MEDICAL TREATMENT AND OUTCOMES THAT REFLECT TRENDS OF UNHEALTHY LIFESTYLES AND BEHAVIORS OUR OBJECTIVE IS TO UNDERSTAND THESE RELATIONSHIPS AND TO DEVELOP ACTION STEPS TO INTERVENE ON THE FRONT END TO PREVENT SUCH MEDICAL SITUATIONS FROM OCCURRING ESSENTIA HEALTH HUMAN RESOURCES DEPARTMENT - THE ANALYSIS OF CURRENT STAFFING TRENDS AIDES IN PROVIDING HEALTHCARE ACCESS APPROPRIATELY TO THE COMMUNITIES WE SERVE ESSENTIA INSTITUTE OF RURAL HEALTH (EIRH) - EIRH PROVIDES RESEARCH OF PATIENT DATA, COMMUNITY DATA, AND THE OUTCOMES ASSOCIATED WITH CURRENT CLINICAL PRACTICES AS WELL AS PREVENTION STRATEGIES (E G , FALL PREVENTION AND DIABETES PREVENTION)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION MAKES INFORMATION ON ITS FINANCIAL ASSISTANCE POLICY (FAP) READILY AVAILABLE TO PATIENTS INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS IS AVAILABLE ON THE ESSENTIA HEALTH WEBSITE (WWW.ESSENTIAHEALTH.ORG, SELECT PATIENTS & VISITORS) WHERE THE INFORMATION AND APPLICATION IS EASILY ACCESSIBLE TO BE VIEWED, DOWNLOADED, AND PRINTED AT NO CHARGE TO THE PATIENT NOTICES ON THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE CONSPICUOUSLY POSTED IN EMERGENCY ROOM DEPARTMENTS FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE DURING THE PRE-ADMISSION FINANCIAL SCREENING, AT THE TIME OF REGISTRATION, AND PRIOR TO A HOSPITAL DISCHARGE INFORMATION ABOUT THE FAP IS IN ALL COLLECTION LETTERS AND PATIENT STATEMENTS FAP INFORMATION AND/OR APPLICATIONS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED THE ORGANIZATION EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS PROVIDING DIRECT PATIENT TREATMENT AND WHO WORK IN ADMISSIONS, BILLING, AND COLLECTIONS, ABOUT THE EXISTENCE OF THE FAP AND HOW A PATIENT MAY OBTAIN MORE INFORMATION ANNUAL EDUCATION/AWARENESS OF THE FAP IS PROVIDED TO ENSURE ALL EMPLOYEES WITH PATIENT CONTACT ARE AWARE OF THE PROGRAM AND HOW PATIENTS CAN OBTAIN ADDITIONAL INFORMATION CLINICAL AND HOSPITAL STAFF WHO PROVIDE DIRECT PATIENT CARE HAVE KNOWLEDGE OF THE FAP AND KNOW TO DIRECT PATIENTS TO A REGISTRATION INTERVIEWER OR BUSINESS OFFICE REPRESENTATIVE REGISTRATION STAFF HAVE AN UNDERSTANDING OF THE POLICY, KNOWLEDGE OF WHERE THE RELATED DOCUMENTS ARE LOCATED, AND WHERE TO DIRECT THE PATIENT FOR MORE INFORMATION ON THE FAP DESIGNATED EMPLOYEES (FINANCIAL COUNSELORS & PATIENT ACCOUNTS REPRESENTATIVES) HAVE A THOROUGH UNDERSTANDING OF THE FAP AND OFFER THE INFORMATION ON THE FAP TO THOSE PATIENTS WHO MAKE AN INQUIRY ABOUT THE PROGRAM OR ARE DETERMINED THROUGH A FINANCIAL SCREENING TO BE ELIGIBLE FOR THIS PROGRAM PATIENT ADVOCACY SERVICES ALSO INFORM THE PATIENT ABOUT THE AVAILABILITY OF ASSISTANCE A REQUEST FOR FINANCIAL ASSISTANCE MAY BE MADE BY THE PATIENT, A PATIENT'S GUARANTOR, A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS THE ORGANIZATION RESPONDS TO ANY ORAL OR WRITTEN REQUESTS FOR MORE GENERAL INFORMATION ON THE FAP MADE BY A PATIENT OR ANY INTERESTED PARTY</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION ESSENTIA HEALTH WEST IS LOCATED IN FARGO, ND ESSENTIA HEALTH WEST IS A PART OF ESSENTIA HEALTH, WHICH IS DEFINED IN PART VI, LINE 6 ESSENTIA HEALTH WEST OPERATES 1 HOSPITAL AND 16 CLINICS THAT PRIMARILY SERVE CASS AND CLAY COUNTIES THE OVERALL COMMUNITY IS CLASSIFIED AS A COMBINATION OF SUBURBAN AND RURAL ESSENTIA HEALTH WEST COVERS A SERVICE AREA OF APPROXIMATELY 469,000 PEOPLE THE SERVICE AREA AGE DISTRIBUTION IS 22% UNDER THE AGE OF 18, 61% BETWEEN THE AGES OF 18 AND 65, AND 17% OVER THE AGE OF 65 THE RACIAL MAKEUP OF THE SERVICE AREA IS 91% CAUCASIAN, 1% AFRICAN AMERICAN, 1% ASIAN, 2% HISPANIC, AND 5% OTHER THE GENDER SPLIT RATIO IS 50% WOMEN AND 50% MEN THE AVERAGE INCOME FOR THE SERVICE AREA IS APPROXIMATELY \$58,000 ESSENTIA HEALTH WEST, AS PART OF ESSENTIA HEALTH, IS COMMITTED TO SERVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY APPROXIMATELY 2 8% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 12 7% FROM MEDICAID RECIPIENTS ESSENTIA HEALTH WEST HAS CLINICS IN BECKER, CLAY, AND RANSOM COUNTIES ALONG WITH HANKINSON, ND WHICH ARE CURRENTLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS AS MENTIONED ABOVE, ESSENTIA HEALTH WEST IS PART OF ESSENTIA HEALTH ESSENTIA HEALTH STAFFS HOSPITALS AND CLINICS IN FEDERALLY-RECOGNIZED UNDERSERVED AREAS AND SUPPORTS THE HEALTH OF ITS COMMUNITIES THROUGH AN ACTIVE OUTREACH PROGRAM THAT BRINGS SPECIALISTS LIKE ONCOLOGISTS, CARDIOLOGISTS, NEUROLOGISTS, AND OTHERS INTO ITS SMALLER COMMUNITIES THIS ELIMINATES BARRIERS TO CARE FOR MANY PATIENTS, PARTICULARLY THOSE WHO ARE ELDERLY, LIVING ON LOW INCOMES, OR ARE FACED WITH OTHER CHALLENGES THAT MAKE IT DIFFICULT TO TRAVEL LONG DISTANCES FOR CARE THERE ARE 14 OTHER HOSPITALS OUTSIDE OF THE ESSENTIA HEALTH UMBRELLA THAT SERVICE THE COMMUNITY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH THE ORGANIZATION'S BOARD OF DIRECTORS IS COMPOSED MAINLY OF VOLUNTEER REPRESENTATIVES FROM THE COMMUNITIES IT SERVES ESSENTIA HEALTH WEST HAS AN OPEN MEDICAL STAFF, SO ANY QUALIFIED PHYSICIAN OF THE COMMUNITY IS ALLOWED TO APPLY ALL APPLICANTS THAT APPLY MUST MEET THE CREDENTIALING STANDARDS AND BE APPROVED BY THE ESSENTIA HEALTH WEST GOVERNING BOARD, IN ACCORDANCE WITH THE RESERVED POWERS, IN ORDER TO COME AND PROVIDE SERVICES AT ESSENTIA HEALTH WE REINVEST IN THE ORGANIZATION BY ACQUIRING THE LATEST STATE OF THE ART EQUIPMENT AND BY INVESTING IN PROGRAMS THAT ARE NEEDED IN OUR COMMUNITY IN ADDITION TO THE ACTIVITIES LISTED IN PART I, LINE 7 AS WELL AS PART V, SECTION B, LINE 11, THE ORGANIZATION SUPPORTS THE HEALTH AND VITALITY OF OUR COMMUNITIES WITH SPECIAL DEDICATION TO MAKING A DIFFERENCE IN AREAS WE KNOW SUPPORT THE SOCIAL DETERMINANTS OF HEALTH WE MAKE SIGNIFICANT CONTRIBUTIONS TO COMMUNITY NON-PROFITS WORKING TO ACCESS TO HEALTHY FOODS, MENTAL WELLBEING, AND HEALTHY YOUTH DEVELOPMENT ADDITIONALLY, WE ENCOURAGE OUR COLLEAGUES TO CONTRIBUTE THEIR TIME IN MEANINGFUL WAYS THROUGH A FORMAL EMPLOYEE VOLUNTEER PROGRAM THAT INCENTIVIZES COMMUNITY VOLUNTEERING THROUGH A MATCHING FINANCIAL CONTRIBUTION WITH MORE THAN 20,000 IMPACTFUL HOURS REPORTED FOR ESSENTIA HEALTH OUR LEADERS ARE ACTIVELY ENGAGED IN LENDING THEIR EXPERTISE ON COMMUNITY BOARDS INCLUDING WORKFORCE DEVELOPMENT EFFORTS THAT CONTRIBUTE TO THE ECONOMIC VITALITY OF OUR REGION LASTLY, THE HOSPITAL ENGAGED COMMUNITIES IN COMING TOGETHER AND CREATING SOCIAL CONNECTIVITY THROUGH SUPPORT OF VARIOUS LOCAL EVENTS, FUNDRAISERS AND OUTINGS, MANY OF WHICH INVOLVED PHYSICAL ACTIVITY AND SUPPORTED BUSINESSES THAT SUPPORT THE VIABILITY OF OUR COMMUNITIES ESSENTIA HEALTH WEST IS A PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH FACILITIES IN MINNESOTA, WISCONSIN, NORTH DAKOTA, AND IDAHO AS A NON-PROFIT ORGANIZATION, ESSENTIA HEALTH REINVESTS SURPLUS REVENUES INTO MEDICAL TRAINING, PROGRAMS, AND TECHNOLOGY DESIGNED TO REDUCE THE RISK OF PREVENTABLE HARM TO OUR PATIENTS AND INCREASE THE HEALTH AND VITALITY OF THE COMMUNITIES WE SERVE ESSENTIA HEALTH PROVIDES SERVICES PREDOMINANTLY IN RURAL COMMUNITIES AND IS COMMITTED TO ELIMINATING GEOGRAPHIC BARRIERS TO CARE MANY OF ESSENTIA HEALTH'S CLINICS AND COMMUNITY HOSPITALS ARE LOCATED IN COMMUNITIES THAT ARE FEDERALLY RECOGNIZED AS BEING MEDICALLY UNDERSERVED WE INVEST IN FACILITY UPGRADES, TECHNOLOGY, AND STAFFING THAT ENHANCE CARE IN THESE COMMUNITIES TO ENSURE PATIENTS CAN RECEIVE AS MUCH CARE AS POSSIBLE CLOSE TO HOME A VITAL COMPONENT OF COMMUNITY HEALTH IN AREAS WHERE RESIDENTS ARE OFTEN ELDERLY, LIVING ON LIMITED INCOMES, AND RESTRICTED IN THEIR TRANSPORTATION OPTIONS RESIDENTS OF GEOGRAPHICALLY ISOLATED COMMUNITIES SERVED BY ESSENTIA HEALTH ALSO BENEFIT FROM TELEHEALTH SERVICES THAT PROVIDE LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES USUALLY AVAILABLE ONLY IN LARGER URBAN AREAS SERVICES ARE AVAILABLE IN MORE THAN 20 SPECIALTIES, RANGING FROM CARDIOLOGY AND BEHAVIORAL HEALTH TO SPEECH THERAPY AND MEDICAL WEIGHT LOSS PATIENTS TREATED IN SMALLER ESSENTIA HEALTH EMERGENCY DEPARTMENTS BENEFIT FROM TELEHEALTH CONNECTIONS THAT ALLOW COMMUNITY HOSPITAL PHYSICIANS AND NURSES TO COMMUNICATE WITH TRAUMA AND OTHER SPECIALISTS LOCATED IN ESSENTIA HEALTH'S LARGER HOSPITALS ESSENTIA HEALTH WAS ONE OF THE ONLY ACCOUNTABLE CARE ORGANIZATIONS (ACO) IN THE COUNTRY TO RECEIVE THE HIGHEST LEVEL OF ACCREDITATION FROM THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) AS AN ACO, ESSENTIA HEALTH IS COMMITTED TO MEETING THE TRIPLE AIM OF IMPROVING CARE AND POPULATION HEALTH, WHILE REDUCING THE OVERALL COSTS FOR PATIENTS AND SOCIETY AS A WHOLE ONE OF THE NEWEST PROGRAMS UNDER THE ACO IS A POPULATION CARE MANAGEMENT TEAM OF REGISTERED NURSES WHO CAREFULLY REVIEW MEDICAL HISTORIES OF HIGH-RISK PATIENTS ON GOVERNMENT ASSISTANCE PROGRAMS TO ENSURE THEY ARE GETTING THE CARE NEEDED TO KEEP THEM HEALTHY AND OUT OF THE HOSPITAL PATIENTS WITH MULTIPLE HIGH-RISK CONDITIONS (E.G. DIABETES, CONGESTIVE HEART FAILURE, MENTAL HEALTH ISSUES) AND THOSE WHO HAVE NOT RECENTLY RECEIVED CARE ARE CONNECTED WITH PRIMARY CARE CLINICIANS, NURSES, SPECIALISTS, THERAPISTS, AND OTHERS WHO CAN PROVIDE ADDITIONAL CARE, THERAPY, OR EDUCATION THE GOAL IS IMPROVING PATIENTS' HEALTH AND REDUCING THE LIKELIHOOD OF HOSPITALIZATIONS OR OTHER HIGH-COST CARE SINCE A MAJORITY OF HEALTHCARE COSTS ARE DIRECTLY RELATED TO CARING FOR PATIENTS WHO HAVE CHRONIC CONDITIONS, ESSENTIA HEALTH IS COMMITTED TO IMPROVING HEALTH OUTCOMES FOR PATIENTS, ESPECIALLY THOSE WITH CHRONIC DISEASES FOR EXAMPLE, ESSENTIA HEALTH NOW OFFERS ONE-ON-ONE TOBACCO CESSATION COUNSELING AT 32 SITES ACROSS MINNESOTA, WISCONSIN, AND NORTH DAKOTA THESE SITES COVER A WIDE GEOGRAPHY, FROM SMALL RURAL COMMUNITIES TO LARGER URBAN AREAS, AND OFTEN SERVE PEOPLE LIVING ON LOW AND MODERATE INCOMES IN CASES WHERE THESE SERVICES ARE NOT COVERED BY PRIVATE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>IVATE OR GOVERNMENT INSURANCE OR PROGRAMS, ESSENTIA HEALTH COVERS THE REMAINING COSTS DOZE NS OF ESSENTIA HEALTH NURSES AND DIABETES EDUCATORS ARE ALSO INVOLVED IN DIABETES EDUCATIO N, PREVENTION, AND OUTREACH PROGRAMS IN THE COMMUNITIES ESSENTIA HEALTH SERVES THEIR WORK HAS BEEN RECOGNIZED BY A NUMBER OF COMMENDATIONS AND AWARDS FROM GOVERNMENT AGENCIES AND DIABETES ORGANIZATIONS THESE COMMUNITY-BASED EFFORTS ARE FREE TO THE PUBLIC AND ALL INDIV IDUALS ARE WELCOME ESSENTIA HEALTH SUPPORTS THE HEALTH OF OUR COMMUNITIES THROUGH ACTIVE R ESEARCH AND CLINICAL TRIALS THROUGH THE ESSENTIA INSTITUTE OF RURAL HEALTH (INSTITUTE) TH E INSTITUTE CONDUCTS CLINICAL, TRANSLATIONAL, AND HEALTH SERVICES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS VARIOUS ESSENTIA HEALTH ORGANIZATIONS CONTRIBUTED A PPROXIMATELY \$3 5 MILLION IN SUPPORT TO THE INSTITUTE DURING THE PAST YEAR ESSENTIA HEALT H IS ALSO A PRIMARY SUPPORTER OF MEDICAL EDUCATION, PARTICULARLY IN THE AREA OF RURAL PRIM ARY CARE ESSENTIA HEALTH PHYSICIANS SERVE AS FACULTY AND PRECEPTORS FOR THE UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE IN DULUTH, MN ESSENTIA HEALTH ALSO PROVIDES FUNDING, ADMINI STRATIVE SUPPORT, AND RESIDENCY OPPORTUNITIES FOR THE DULUTH FAMILY PRACTICE RESIDENCY PRO GRAM THIS PROGRAM IS VITAL IN ADDRESSING THE GROWING SHORTAGE OF PRIMARY CARE PHYSICIANS IN RURAL COMMUNITIES</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM ESSENTIA HEALTH WEST IS PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH 15 HOSPITALS, MORE THAN 70 CLINICS, SIX LONG-TERM CARE FACILITIES, THREE ASSISTED LIVING FACILITIES, THREE INDEPENDENT LIVING FACILITIES, SIX AMBULANCE SERVICES, AND ONE RESEARCH INSTITUTE IN FOUR STATES MINNESOTA, WISCONSIN, NORTH DAKOTA AND IDAHO ESSENTIA HEALTH SERVES A PREDOMINANTLY RURAL POPULATION WHOSE MEDIAN INCOMES GENERALLY FALL BELOW AVERAGES OF THE STATES WHERE THEY LIVE THE PRESENCE OF OUR CLINICS AND HOSPITALS ENSURES THAT PEOPLE WITH FEW ECONOMIC RESOURCES DO NOT HAVE TO DRIVE AN HOUR OR MORE TO RECEIVE BASIC (AND IN SOME CASES LIFESAVING) MEDICAL CARE IN ADDITION TO STAFFING HOSPITALS AND CLINICS IN FEDERALLY RECOGNIZED UNDERSERVED AREAS, ESSENTIA HEALTH SUPPORTS THE HEALTH OF COMMUNITIES THROUGH ACTIVE OUTREACH PROGRAMS THAT BRING ONCOLOGISTS, CARDIOLOGISTS, NEUROLOGISTS, AND OTHERS INTO SMALL HOSPITALS AND CLINICS ESSENTIA HEALTH'S SIZE AND INTEGRATED STRUCTURE ALSO ALLOW THE ORGANIZATION TO EXTEND SERVICES LIKE CHEMOTHERAPY, CONGESTIVE HEART FAILURE MANAGEMENT, WOUND CARE, AND HOSPICE CARE TO SMALLER COMMUNITIES PATIENTS ARE ABLE TO TRAVEL SEAMLESSLY BETWEEN ESSENTIA HEALTH'S SMALLER COMMUNITY CLINICS AND ITS LARGER SPECIALTY CARE CENTERS THANKS TO SIGNIFICANT INVESTMENTS IN ELECTRONIC HEALTH RECORDS (EHR'S) EVERY ESSENTIA HEALTH HOSPITAL AND CLINIC IS LINKED TO THIS SYSTEM, ALLOWING CLINICIANS TO SHARE EVERYTHING FROM LAB RESULTS AND RADIOLOGY IMAGES TO NOTES ON CLINIC VISITS, HOSPITAL STAYS, AND SERVICES LIKE PHYSICAL REHABILITATION THE EHR IS ALSO AN INCREASINGLY VALUABLE TOOL FOR PATIENTS AND THEIR FAMILIES, THANKS TO MYHEALTH, WHICH OFFERS PATIENTS SECURE, 24/7 ONLINE ACCESS TO THEIR MEDICAL RECORD MYHEALTH ALSO ALLOWS PATIENTS TO CONTACT THEIR PHYSICIAN OR CLINIC, SCHEDULE APPOINTMENTS, AND ORDER MEDICATION REFILLS THESE SERVICES ARE ALL OFFERED AT NO COST TO PATIENTS AND THEIR AUTHORIZED FAMILY, FRIENDS, AND CAREGIVERS ESSENTIA HEALTH ALSO PROMOTES THE HEALTH OF ALL OF ITS COMMUNITIES THROUGH ADHERENCE TO EVIDENCE-BASED BEST PRACTICE STANDARDS AND CLINICAL QUALITY GOALS DESIGNED TO ENSURE THAT PATIENTS RECEIVE THE SAME HIGH STANDARD OF CARE AT ANY ESSENTIA HEALTH HOSPITAL OR CLINIC THE ESSENTIA INSTITUTE OF RURAL HEALTH (INSTITUTE) ACTIVELY SUPPORTS COMMUNITY HEALTH THROUGH ITS TRANSLATIONAL AND HEALTH SERVICES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS THE INSTITUTE ALSO SPONSORS A NUMBER OF CONFERENCES AND OTHER EDUCATIONAL EVENTS, OPEN TO ALL MEDICAL PROFESSIONALS IN THE REGION, TO ENSURE THAT RURAL CLINICIANS HAVE ACCESS TO CURRENT MEDICAL EDUCATION AND TRAINING CLOSE TO HOME TELEHEALTH ALLOWS PATIENTS TO RECEIVE CARE FROM A SPECIALIST WHO IS NOT AVAILABLE IN THEIR HOME COMMUNITY TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CLINICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEOCONFERENCING PATIENTS FEEL LIKE THEY ARE IN THE SAME ROOM WITH THEIR DOCTOR THIS EXPERIENCE OFFERS THE SAME HIGH-QUALITY CARE THAT PATIENTS EXPECT DURING AN IN-PERSON VISIT TELEHEALTH CAN BE USED FOR SERVICES SUCH AS HEART CARE, PSYCHIATRY, STROKE CARE, OR WEIGHT LOSS ESSENTIA HEALTH'S HOSPITALS AND CLINICS PLAY ADDITIONAL ROLES IN PROMOTING HEALTH WITHIN THEIR COMMUNITIES EACH OF ESSENTIA HEALTH'S 15 HOSPITALS CONDUCTS A COMMUNITY HEALTH ASSESSMENT TO DETERMINE THE UNIQUE HEALTH NEEDS OF COMMUNITY RESIDENTS THESE ASSESSMENTS, WHICH ARE BASED ON INPUT FROM A BROAD RANGE OF COMMUNITY RESIDENTS AND STAKEHOLDERS, ARE THE BASIS FOR ACTION PLANS AIMED AT ADDRESSING THE COMMUNITY'S MOST PRESSING HEALTH NEEDS MOST RECENTLY, TOPICS OF CONCERN HAVE INCLUDED ELIMINATING SOCIAL AND ECONOMIC BARRIERS TO HEALTH AND WELLNESS, IMPROVING MENTAL HEALTH SERVICES AND AWARENESS, ADDRESSING YOUTH SUBSTANCE ABUSE, FOOD INSECURITY, AND OBESITY THESE ISSUES ARE THEN ADDRESSED THROUGH COLLABORATION WITH PRIVATE BUSINESSES, GOVERNMENT AGENCIES, AND OTHER NON-PROFITS CURRENTLY, TWO OF THE MOST PROMINENT COLLABORATIONS ARE WITH CROW WING ENERGIZED AND CASS COUNTY ENERGIZED, JOINT PUBLIC-PRIVATE PARTNERSHIPS AIMED AT IMPROVING THE OVERALL HEALTH STATUS OF THESE COUNTIES THROUGH COORDINATED PROGRAMMING AIMED AT LIFESTYLE ISSUES RANGING FROM EXERCISE TO HEALTHY EATING IN ADDITION TO VARIOUS TYPES OF IN-KIND ASSISTANCE, THE COORDINATORS OF THESE PROGRAMS RECEIVE 50 PERCENT OF THEIR COMPENSATION FROM ESSENTIA HEALTH IN AN EFFORT TO HELP SOME OF OUR COMMUNITIES' OLDEST AND FRAILEST RESIDENTS REMAIN AT HOME AND OUT OF THE HOSPITAL OR NURSING HOME, ESSENTIA HEALTH HAS LAUNCHED COMMUNITY PARAMEDIC PROGRAMS IN FARGO, ND, AS WELL AS BRAINERD, ADA, AND DETROIT LAKES, MN PARAMEDICS MAKE HOUSE CALLS TO PATIENTS WHO HAVE BEEN IDENTIFIED AS AT RISK FOR EMERGENCY DEPARTMENT VISITS DURING THE CALLS, THEY TAKE VITAL SIGNS, ASSESS FOR POSSIBLE HEALTH AND SAFETY RISKS, AND DETERMINE IF PATIENTS MAY BENEFIT FROM ADDITIONAL COMMUNITY RESOURCES ESSENTIA HEALTH EMPLOYEES CONTRIBUTE DIRECTLY TO THE HEALTH A</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>ND WELLNESS OF THEIR COMMUNITIES BY VOLUNTEERING IN PROGRAMS RANGING FROM HABITAT FOR HUMA NITY TO UNITED WAY FOOD AND CLOTHING DRIVES THEY ARE ACTIVE FUNDRAISERS FOR HEALTH-RELATE D ORGANIZATIONS IN THEIR COMMUNITIES, LIKE LOCAL CHAPTERS OF THE AMERICAN HEART ASSOCIATIO N AND MARCH OF DIMES ESSENTIA HEALTH ENCOURAGES AND SUPPORTS THESE VOLUNTEER EFFORTS IN A VARIETY OF WAYS, INCLUDING SPONSORSHIPS, FINANCIAL CONTRIBUTIONS, AND VOLUNTEER RECOGNITI ON WE ALSO SUPPORT COMMUNITY HEALTH THROUGH THE ESSENTIA HEALTH FOUNDATION AND THROUGH CON TRIBUTIONS THAT FOCUS ON PROGRAMS AND SERVICES THAT BENEFIT THE OVERALL HEALTH OF THE COMM UNITIES WE SERVE SOME EXAMPLES OF THESE PROGRAMS ARE AFTER-SCHOOL MEALS, TUTORING PROGRAM S, AND RESPITE SERVICES FOR CAREGIVERS OF LOVED ONES WITH DEMENTIA</p>

Additional Data

Software ID:
Software Version:
EIN: 26-1175213
Name: INNOVIS HEALTH LLC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ESSENTIA HEALTH WEST 3000 32ND AVE S FARGO, ND 58103 WWW.ESSENTIAHEALTH.ORG 5067	X	X		X			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	<p>PART V, SECTION B, LINE 5 THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS INCLUDED COLLECTING DATA FROM A TWO-PART SURVEY AND UTILIZING SECONDARY SOURCES OF DATA THE GREATER FARGO-MOORHEAD COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVE COLLECTED PRIMARY DATA BY ADMINISTARTING TWO SURVEYS ONE TO KEY COMMUNITY STAKEHOLDERS AND ONE TO RESIDENTS OF CASS AND CLAY COUNTIES THE KEY STAKEHOLDER SURVEY WAS DEVELOPED IN COLLABORATION WITH PUBLIC HEALTH EXPERTS, AND THE SURVEY WAS CONDUCTED THROUGH A PARTNERSHIP BETWEEN THE GREATER FARGO-MOORHEAD COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVE AND THE CENTER FOR SOCIAL RESEARCH (CSR) AT NORTH DAKOTA STATE UNIVERSITY QUESTIONS WERE FOCUSED ON IDENTIFYING THE PERCEPTION OF THE NEED OF VARIOUS HEALTH INDICATORS INCLUDING ECONOMY, TRANSPORTATION, CHILD CARE ACCESS, HEALTH BEHAVIORS, MENTAL HEALTH AND SUBSTANCE ABUSE AND MORE THE DATA WAS COLLECTED BY ONLINE SURVEY DURING THE MONTH OF DECEMBER 2017, AND A TOTAL OF 222 KEY STAKEHOLDERS PARTICIPATED THE SECOND PART OF THE SURVEY FOR RESIDENTS WAS SECURED THROUGH A QUALIFIED VENDOR, QUALTRICS DELIBERATE EFFORT WAS MADE TO SEEK INPUT FROM MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE COMMUNITY, OR ORGANIZATIONS SERVING OR REPRESENTING THE INTERESTS OF SUCH POPULATIONS THIS WAS DONE BY ENCOURAGING ADDITIONAL SURVEY RESPONSES FROM CLIENTS OF THE FAMILY WELLNESS CENTER'S NEW AMERICAN CLINIC, SPECIFIC GROUPS THROUGH PUBLIC HEALTH, AND BY DISTRIBUTING PAPER SURVEYS AT CLAY COUNTY PUBLIC HEALTH AND THE NEW AMERICAN CLINIC THROUGH FAMILY HEALTHCARE QUESTIONS WERE FOCUSED ON INDIVIDUAL HEALTH BEHAVIORS AND DEMOGRAPHICS DATA COLLECTION FOR THE RESIDENT SURVEY OCCURRED DURING DECEMBER 2017 AND JANUARY 2018, AND A TOTAL OF 547 RESPONSES WERE RECEIVED ON JULY 31, 2018, 56 KEY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY GATHERED TO REVIEW THE RESULTS OF THE SURVEYS AND THE SECONDARY DATA AT THE MEETING, THE COLLABORATIVE STEERING MEMBERS FACILITATED TABLE DISCUSSIONS TO SEEK FURTHER INPUT FROM THE COMMUNITY LEADERS AND TO IDENTIFY EMERGING THEMES OF COMMUNITY HEALTH ISSUES AGENCIES REPRESENTED AT THE KEY STAKEHOLDER MEETING INCLUDED SANFORD HEALTH, UNITED WAY, FARGO CASS PUBLIC HEALTH, CLAY COUNTY PUBLIC HEALTH, FAMILY HEALTHCARE CENTER, RED RIVER CHILD ADVOCACY CENTER, WEST FARGO COMMISSION, FARGO BOARD OF HEALTH, FARGO MOORHEAD METROCOG, FARGO FIRE DEPARTMENT, AND FARGO MOORHEAD VISITORS & CONVENTION BUREAU ESSENTIA HEALTH WEST DID NOT RECEIVE ANY COMMENTS ON THEIR PREVIOUS CHNA ANY COMMENTS WOULD HAVE BEEN TAKEN INTO CONSIDERATION IN THE DEVELOPMENT OF THE CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	PART V, SECTION B, LINE 6A IN PREPARATION OF ITS CHNA, ESSENTIA HEALTH WEST PARTNERED WITH THE FARGOMOORHEAD COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVE SANFORD HEALTH, AN UNRELATED HOSPITAL SYSTEM WITH FACILITIES IN FARGO, ND, WAS ALSO PART OF THE COLLABORATIVE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	PART V, SECTION B, LINE 6B TO HAVE THE GREATEST IMPACT ON THE COMMUNITY SERVED, ESSENTIA HEALTH WEST WORKED COLLABORATIVELY ON THE ASSESSMENT PROCESS WITH CLAY COUNTY PUBLIC HEALTH AND FARGO CASS PUBLIC HEALTH NOT ONLY DID THIS ENSURE FEEDBACK FROM A REPRESENTATIVE OF PUBLIC HEALTH THROUGHOUT THE ENTIRE COMMUNITY HEALTH NEEDS ASSESSMENT, IT ALSO PROVIDED THE BACKBONE FOR CONTINUED COLLABORATION ON THE IMPLEMENTATION PLANS

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	<p>PART V, SECTION B, LINE 11 BASED ON THE ASSESSMENT & STAKEHOLDER GROUP FEEDBACK, THE TOP COMMUNITY HEALTH NEEDS THAT ESSENTIA HEALTH WEST IDENTIFIED ARE PHYSICAL HEALTH & MENTAL H EALTH AREAS THAT WON'T BE DIRECTLY ADDRESSED INCLUDE AGING SERVICES, LIFESTYLE, CHILDREN & YOUTH, SAFETY, HEALTHCARE & PREVENTIVE HEALTH THE STAKEHOLDER GROUP AGREED THAT WORK WIL L CONTINUE IN THESE AREAS WHEN POSSIBLE, BUT OUR LIMITED RESOURCES WILL BE FOCUSED WHERE W E CAN HAVE THE GREATEST IMPACT THE PHYSICAL & MENTAL HEALTH PRIORITIES WILL INDIRECTLY AD DRESS AGING SERVICES, CHILDREN & YOUTH, AS WELL AS THE HIGHEST SAFETY CONCERN DRUG & ALCO HOL ADDICTION ESSENTIA HEALTH WEST LACKS RESOURCES &/OR EXPERTISE TO ADDRESS LIFESTYLE (A FFORDABLE HOUSING) & SKILLED NURSING FACILITIES COSTS DURING FY19, ESSENTIA HEALTH ADDRESS ED SIGNIFICANT NEEDS IDENTIFIED IN THE FY16 ASSESSMENT PHYSICAL ACTIVITY, MENTAL HEALTH & AGING SERVICES SOME ACTIVITIES WERE LED BY THE HOSPITAL, WHILE OTHERS WERE PART OF LARGE R COLLABORATIVE EFFORTS WITH LOCAL PARTNERS THE FOLLOWING DESCRIBES SIGNIFICANT ACCOMPLIS HMENTS & OUTCOMES PRIORITY AREA #1 PHYSICAL HEALTH WITH A FOCUS ON FITNESS & DIETTHE CASS CLAY ALIVE INITIATIVE WAS A COLLABORATION OF SEVERAL ORGANIZATIONS IN THE FARGO-MOORHEAD COMMUNITY, INCLUDING ESSENTIA HEALTH FARGO, THAT FOCUSED ON PROMOTING PHYSICAL ACTIVITY & HEALTHY EATING TO REDUCE CHILDHOOD OBESITY ALTHOUGH THE INITIATIVE DISSOLVED DURING THE 2 016-2019 CHNA IMPLEMENTATION PERIOD, THE PARTICIPATING ORGANIZATIONS CONTINUE TO CARRY ON KEY ACTIVITIES ONE ACTIVITY THAT HAS LIVED ON IS THE POPULAR STREETS ALIVE EVENT, WHICH C LOSES STREETS IN DOWNTOWN FARGO-MOORHEAD TO VEHICLES TO ENCOURAGE WALKING, BIKING, DANCING & FAMILY FUN ALONG THE ROUTE ESSENTIA HEALTH FARGO IS A MAJOR EVENT SPONSOR & ENCOURAGES STAFF TO VOLUNTEER SINCE ITS BEGINNING IN 2010, NEARLY 82,000 PEOPLE HAVE ATTENDED STREE TS ALIVE EVENTS INCLUDING 2,500 ATTENDEES AT THE MOST RECENT EVENT ON JUNE 24, 2018 IN 201 6, REPRESENTATIVES OF ESSENTIA HEALTH FARGO MET WITH PARTNERS FROM THE CASS CLAY ALIVE INI TIATIVE TO DEVELOP CURRICULUM FOR A NEW BUILDING HEALTHIER BABIES PROGRAM THE PROGRAM'S G OAL WAS TO ENCOURAGE HEALTHY HABITS FROM THE VERY BEGINNING OF LIFE BY TEACHING NEW PARENT S THE SKILLS THEY WOULD NEED TO HELP THEIR BABY GROW AS A SOCIAL & EMOTIONAL LEARNER, ADVE NTUROUS TASTER & CONFIDENT MOVER IN 2018, ESSENTIA HEALTH FARGO PARTNERED WITH TNT KIDS F ITNESS & OTHERS FROM THE CASS CLAY ALIVE INITIATIVE TO PILOT THE PROGRAM AS A 3-PART EDUCA TIONAL SERIES ALTHOUGH ATTENDANCE WAS LOWER THAN EXPECTED, PARTICIPANTS' COURSE EVALUATIO NS INDICATED THAT THEY INCREASED THEIR KNOWLEDGE & IDENTIFIED TIPS THEY WOULD USE TO HELP THEIR BABIES LIVE HEALTHY ESSENTIA HEALTH FARGO ALSO SUPPORTS NEW MOTHERS WITH EVIDENCE-BA SED FEEDING & INFANT CARE IN ITS BIRTHING CENTER & OFFERS "TENDER TRANSITIONS," A BREASTFE EDING SUPPORT SERVICE, WHICH IS OPEN TO THE COMMUNITY IN MAY 2018, ESSENTIA HEALTH FARGO BECAME THE FIRST BABY FRIENDLY</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	<p>HOSPITAL IN THE REGION ESSENTIA HEALTH FARGO HAS MADE SIGNIFICANT IMPROVEMENTS IN EXCLUS IVE BREAST MILK FEEDING RATES IN 2016, THE RATE OF EXCLUSIVE BREASTFEEDING AT ESSENTIA HE ALTH FARGO WAS 68% (JOINT COMMISSION BENCHMARK WAS 53%), & IN 2018 THE RATE CONTINUED TO I NCREASE TO 76% (JOINT COMMISSION BENCHMARK 51%) ESSENTIA HEALTH FARGO COLLABORATES WITH ND SU EXTENSION & SANFORD HEALTH TO OFFER THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) IN THE FARGO-MOORHEAD COMMUNITY ESSENTIA HEALTH FARGO ALSO SUPPORTS NDPP IN THE COMMUNITIES OF JAMESTOWN, VALLEY CITY & WAHPETON, ND THIS IS AN EVIDENCE-BASED LIFESTYLE CHANGE PROGR AM FOR TYPE 2 DIABETES PREVENTION, BY REDUCING BODY WEIGHT & INCREASING PHYSICAL ACTIVITY IN PARTICIPANTS, THERE IS A LOWERED RISK OF TYPE 2 DIABETES ESSENTIA HEALTH FARGO PROVIDE S A LIFESTYLE COACH TO LEAD FREE CLASSES TO THOSE AT RISK THE PROGRAM IN WAHPETON RECEIVE D FULL RECOGNITION BY THE CDC ON APRIL 23, 2018 BY ACHIEVING ALL THE PERFORMANCE CRITERIA INCLUDING AN AVERAGE WEIGHT LOSS OVER THE ENTIRE 12-MONTH INTERVENTION PERIOD OF A MINIMUM OF 5% OF STARTING BODY WEIGHT OUR GOAL FOR NDPP WAS TO INCREASE ATTENDANCE BY 10% OVER T HE 3-YEAR PERIOD & WE HAVE FAR EXCEEDED THAT GOAL IN 2015, 42 INDIVIDUALS ENROLLED IN THE PROGRAM & IN 2017 THERE WERE 164 INDIVIDUALS BY JULY 2018, 82 INDIVIDUALS HAD ALREADY EN ROLLED PRIORITY AREA #2 MENTAL HEALTH & ADDICTION SERVICES</p> <p>ESSENTIA HEALTH FARGO HAS BEEN A FOUNDING MEMBER OF THE MAYOR'S BLUE RIBBON COMMISSION ON ADDICTION, WHICH WAS FORMED TO ADDRESS THE RISING OPIOID ADDICTION IN CASS & CLAY COUNTIES THE COMMISSION IS WORKING TO ADDRESS THE CONTINUUM OF ADDICTION INCLUDING PREVENTION, EARLY INTERVENTION, TREATMENT/REC OVERY & TRANSITIONAL HOUSING WHILE OPIOID ADDICTION LED TO THE FORMATION OF THE COMMISSIO N, WE RECOGNIZE THAT THERE IS A NEED TO ADDRESS ALL ADDICTION INCLUDING ALCOHOL & OTHER DR UGS A MAJOR ACCOMPLISHMENT HAS BEEN ESTABLISHING A COMMUNITY ADDICTION NAVIGATOR HOUSED A T FIRSTLINK TO HELP THOSE WITH ADDICTION GET CONNECTED WITH SERVICES & SUPPORT A MOBILE O UTREACH PROGRAM WAS FORMED AT THE WITHDRAWAL MANAGEMENT UNIT IN FARGO TO PROVIDE SPECIALLY TRAINED STAFF TO TRANSPORT THOSE IN NEED OF DETOX SERVICES IN FARGO OR MOORHEAD THIS PRO GRAM ALSO HELPS TO ALLEVIATE THE BURDEN OF TRANSPORTS BY AMBULANCE & POLICE REDUCTION IN O PIOID PRESCRIPTIONS & EXPANSION OF MEDICATION-ASSISTED TREATMENT FOR THOSE WITH OPIOID ADD ICTION HAVE BEEN THE FOCUS OF THE TREATMENT & RECOVERY WORKGROUP ESSENTIA HEALTH ALSO CON TINUES TO WORK WITHIN OUR HEALTH CARE SYSTEM TO REDUCE THE NUMBER OF PATIENTS STARTED ON O PIOID THERAPY & CURRENTLY ON OPIOIDS FOR CHRONIC PAIN AS WELL AS REDUCE DIVERSION & ABUSE OF OPIOIDS ESSENTIA HEALTH FARGO PROVIDES TOBACCO CESSATION SERVICES & HAS A DEDICATED TOB ACCO CESSATION COUNSELOR POSITION FOR ADDRESSING TOBACCO USE THE HOSPITAL WORKS WITH A CO MMUNITY COALITION TO ENGAGE TEENS IN HELPING DRIVE TOBACCO CESSATION ESSENTIA HEALTH FARGO IS A LEADING MEMBER OF THE RE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	<p>THINK MENTAL HEALTH INITIATIVE, WHICH WAS FORMED AFTER THE 2013 CHNA IDENTIFIED MENTAL HEALTH AS A PRIORITY ISSUE. COMMUNITY LEADERS AGREED TO WORK TOGETHER TO IMPROVE A FRAGMENTED, CRISIS-DRIVEN SERVICE SYSTEM & INVEST IN PREVENTION. THE GROUP CONVENES AN ANNUAL MENTAL HEALTH SUMMIT THAT EMPHASIZES KEY MENTAL HEALTH BEST PRACTICE INITIATIVES. RETHINK MENTAL HEALTH HAS SPONSORED SEVERAL EDUCATIONAL SESSIONS TO PROMOTE COMMUNITY-WIDE ADOPTION OF THE COLUMBIA SUICIDE SEVERITY RATING SCALE (CSSRS). CSSRS TRAINING WAS GIVEN TO FIRST RESPONDERS, POLICE DEPARTMENTS, SCHOOLS, FAITH COMMUNITIES, SHELTERS & MOBILE CRISIS UNITS. IN ADDITION TO THE TRAINING, COMMUNITY PARTNERS CAME TOGETHER TO DEVELOP A TRIAGE PLAN FOR EACH LEVEL OF SUICIDE RISK IDENTIFIED ON THE CSSRS. ESSENTIA HEALTH HAS ADOPTED THE CSSRS SYSTEM-WIDE IN BOTH HOSPITAL & CLINIC SETTINGS. IN ADDITION, THE RETHINK MENTAL HEALTH COLLABORATIVE COMPLETED A 2017-2018 TRAUMA-SENSITIVE PILOT PROJECT CALLED "BUILDING COMPASSIONATE SCHOOLS" WITH 18 SCHOOL & AFTERSCHOOL PROGRAMS. EACH SCHOOL BUILDING HAD A TEAM OF AT LEAST 5 PEOPLE, INCLUDING THE PRINCIPAL, PARTICIPATE IN 4 EDUCATIONAL & ACTION-PLANNING SESSIONS OVER A 6-MONTH PERIOD. EACH ORGANIZATION COMPLETED AN INITIAL TRAUMA-SENSITIVE CHECKLIST & THEN COMPLETED IT AGAIN IN MAY 2018. ALL 18 TEAMS AGREED TO CONTINUE INTO A SECOND YEAR & 15 NEW SCHOOLS BEGAN IN THE FALL OF 2018. THE MENTAL WELL-BEING WORKGROUP HAS DEVELOPED AN INITIATIVE, "THE PEOPLE PROJECT," & IS ENGAGING LOCAL BUSINESSES TO PROVIDE IT TO THEIR EMPLOYEES IN THE 2019 PILOT YEAR. THE RECOVERY WORKGROUP HOSTS QUARTERLY "RECOVERY ROUNDUPS" TO PROVIDE NETWORKING OPPORTUNITIES AMONG THE RECOVERY COMMUNITY & INCREASE COMMUNITY AWARENESS OF RECOVERY RESOURCES. ITS ATTENDANCE CONTINUES TO GROW. PRIORITY AREA #3: AGING SERVICES. THE AGING SERVICES COLLABORATIVE WITH SANFORD HEALTH, CASS & CLAY SOCIAL SERVICES, NDSU EXTENSION & OTHER STAKEHOLDERS CONTINUES TO MEET & STRATEGICALLY PLAN INTERVENTIONS THAT FOCUS ON KEEPING OUR AGING POPULATION IN THEIR HOMES, PREVENTING FALLS & SUPPORTING THEIR CAREGIVERS. ESSENTIA HEALTH FARGO & HOSPICE OF THE RED RIVER VALLEY ARE CO-LEADING A COMMUNITY WORKGROUP TO INCREASE AWARENESS FOR ADVANCE CARE PLANNING. IN 2018, THE GROUP CREATED A PROMOTIONAL TOOLKIT FOR NATIONAL HEALTHCARE DECISIONS DAY THAT INCLUDED SAMPLE SOCIAL MEDIA POSTINGS, A "BEFORE I DIE" INTERACTIVE DISPLAY BANNER TEMPLATE & SAMPLE PRESS RELEASES. THE TOOLKIT, AVAILABLE ON BOTH THE NORTH DAKOTA & MINNESOTA HONORING CHOICES WEBSITES, WAS USED BY MANY BUSINESSES & INDIVIDUALS TO SPREAD THE WORD THROUGHOUT THE MONTH OF APRIL ABOUT THE IMPORTANCE OF COMPLETING A HEALTH CARE DIRECTIVE. THE SOCIAL MEDIA CAMPAIGN YIELDED OVER 30,000 IMPRESSIONS. 5 "BEFORE I DIE" BANNERS WERE DISPLAYED IN PROMINENT PUBLIC AREAS THROUGHOUT THE FARGO-MOORHEAD COMMUNITY. INDIVIDUALS WERE ENCOURAGED TO WRITE SOMETHING THEY WISH TO DO BEFORE THEY DIE & TO CONSIDER HOW THEY WANT TO LIVE TOWARDS THE END OF THEIR LIFE.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	PART V, SECTION B, LINE 23 IN JANUARY 2020, THE HOSPITAL DISCOVERED THAT IT CHARGED CERTAIN FAP-ELIGIBLE PATIENTS MORE THAN AMOUNTS GENERALLY BILLED ON SERVICES BETWEEN JULY 1, 2018 AND JUNE 30, 2019 THIS OCCURRED BECAUSE THE PATIENT PAYMENTS WERE APPLIED ON PATIENT BILLS BEFORE AND/OR AFTER THE FINANCIAL ASSISTANCE POLICY (FAP) ADJUSTMENTS WERE APPLIED IN FEBRUARY 2020, THE HOSPITAL PROVIDED THOSE PATIENTS WITH A \$5 OR MORE OVERPAYMENT WITH A REFUND CHECK, EXPLANATION LETTER, AND DETAILED SUMMARY OF SERVICES IMPACTED THE NUMBER OF PATIENTS AFFECTED AND THE TOTAL DOLLAR AMOUNT INVOLVED WAS 46 INDIVIDUALS & \$5,366 ESSENTIA HEALTH'S REVENUE CYCLE DEPARTMENT CONFIRMS IF ANY PATIENT PAYMENTS ARE MADE AFTER THE FAP APPLICATION HAS BEEN RECEIVED IF SO, THE PATIENT PAYMENT IS UNAPPLIED AND THEN THE FAP ADJUSTMENT IS APPLIED THE PATIENT PAYMENT IS THEN POSTED, AND IF THE PATIENT PAYMENT IS GREATER THAN THE REMAINING BALANCE ON THE BILL, A REFUND TO THE PATIENT IS PROVIDED GOING FORWARD, THERE COULD BE FAP-ELIGIBLE PATIENT OVERPAYMENTS DEPENDING ON THE TIMING OF THE PATIENT PAYMENT OR IF THE PATIENT IS STILL PAYING THEIR CO-PAYMENT AT THE TIME OF SERVICE WE ARE CONTACTING THESE PATIENTS TO REMIND THEM THAT THEY HAVE CHARITY CARE AND DO NOT NEED TO PAY THEIR CHARGES UNTIL THEIR FAP ADJUSTMENTS HAVE BEEN MADE WE ARE REQUESTING THE REFUND AT THE TIME OF PROCESSING THE FAP APPLICATION IF APPLICABLE WE ARE ALSO PERFORMING QUARTERLY AUDITS FOR ANY FAP OVERPAYMENTS DUE TO THE TIMING OF PATIENT PAYMENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADDITIONAL DISCLOSURES NOT REQUIRED FOR PART V, SECTION C	SCHEDULE H, PART V, SECTION B, LINE 3E ESSENTIA HEALTH WEST CHOSE TO ADDRESS TWO PRIORITY HEALTH NEEDS BASED ON STAKEHOLDER GROUP FEEDBACK THE SIGNIFICANT HEALTH NEEDS ARE MENTAL HEALTH AND SUBSTANCE USE THE NEEDS ARE NOT RANKED IN ORDER, BOTH HEALTH NEEDS ARE CONSIDERED PRIORITIES THE HOSPITAL WILL WORK ON ADDRESSING EACH NEED SIMULTANEOUSLY SCHEDULE H, PART V, SECTION B, LINE 16I DUE TO THE SMALL SIZES OF THE LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS OF THE COMMUNITIES SERVED BY THE ORGANIZATION, THE ORGANIZATION WAS NOT REQUIRED TO TRANSLATE THE FINANCIAL ASSISTANCE POLICY (FAP), THE FAP APPLICATION FORM, OR THE PLAIN LANGUAGE SUMMARY OF THE FAP TO OTHER LANGUAGES ALTHOUGH IT WAS NOT REQUIRED, THE ORGANIZATION TRANSLATED THE FAP APPLICATION FORM INTO SPANISH

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 1 - ESSENTIA HEALTH SOUTH UNIVERSITY CLINIC 1702 S UNIVERSITY DR FARGO, ND 58103	MULTI-SPECIALTY CLINIC
1 2 - ESSENTIA HEALTH 32ND AVENUE CLINIC 3000 32ND AVE S FARGO, ND 58103	MULTI-SPECIALTY CLINIC
2 3 - ESSENTIA HEALTH WEST ACRES CLINIC 3902 13TH AVE S FARGO, ND 58103	PRIMARY CARE CLINIC
3 4 - ESSENTIA HEALTH 52ND AVENUE CLINIC 4110 51ST AVE S FARGO, ND 58104	MULTI-SPECIALTY CLINIC
4 5 - ESSENTIA HEALTH WEST FARGO CLINIC 1401 13TH AVE E WEST FARGO, ND 58078	MULTI-SPECIALTY CLINIC
5 6 - ESSENTIA HEALTH WAHPETON CLINIC 275 S 11TH ST S WAHPETON, ND 58075	MULTI-SPECIALTY CLINIC
6 7 - ESSENTIA HEALTH JAMESTOWN CLINIC 2430 20TH ST SW JAMESTOWN, ND 58401	MULTI-SPECIALTY CLINIC
7 8 - ESSENTIA HEALTH MOORHEAD CLINIC 801 BELSLY BLVD MOORHEAD, MN 56560	PRIMARY CARE CLINIC
8 9 - ESSENTIA HEALTH OSGOOD CLINIC 4622 40TH AVE S FARGO, ND 58104	MULTI-SPECIALTY CLINIC
9 10 - ESSENTIA HEALTH DOWNTOWN MOOREHEAD CLINI 720 MAIN AVE MOORHEAD, MN 56560	PRIMARY CARE CLINIC
10 11 - ESSENTIA HEALTH VALLEY CITY CLINIC 132 4TH AVE NE VALLEY CITY, ND 58072	MULTI-SPECIALTY CLINIC
11 12 - ESSENTIA HEALTH DETROIT LAKESHWY 10 CLI 1361 WENNER RD DETROIT LAKES, MN 56501	PRIMARY CARE CLINIC
12 13 - ESSENTIA HEALTH NORTH FARGO 1100 19TH AVE N FARGO, ND 58102	MULTI-SPECIALTY CLINIC
13 14 - ESSENTIA HEALTH LISBON CLINIC 819 MAIN ST LISBON LISBON, ND 58054	MULTI-SPECIALTY CLINIC
14 15 - ESSENTIA HEALTH CASSELTON CLINIC 5 9TH AVE N CASSELTON, ND 58102	PRIMARY CARE CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 16 - ESSENTIA HEALTH HANKINSON CLINIC 501 MAIN AVE S HANKINSON, ND 58041	PRIMARY CARE CLINIC

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
INNOVIS HEALTH LLC

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

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

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

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
26-1175213

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	18	9,000			SCHOLARSHIPS
(2) LIFEJACKETS	600		5,256		LIFEJACKETS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING GRANTS ESSENTIA HEALTH WEST MANAGEMENT REVIEWS THE GRANT ACTIVITY BY REVIEWING AND DOCUMENTING EACH EXPENDITURE REQUEST AND APPROVING THE EXPENSE ESSENTIA HEALTH WEST PROVIDES SCHOLARSHIPS TO GRADUATING HIGH SCHOOL SENIORS GOING INTO THE MEDICAL FIELD SEPARATE SCHOLARSHIP COMMITTEES EXIST FOR EACH HIGH SCHOOL WITHIN ESSENTIA HEALTH WEST'S SERVICE AREA SCHOLARSHIP WINNERS ARE SELECTED BY THE SCHOLARSHIP COMMITTEES BASED ON FINANCIAL NEED, GRADE POINT AVERAGE, AND VOLUNTEERISM

Additional Data

Software ID:
Software Version:
EIN: 26-1175213
Name: INNOVIS HEALTH LLC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA MEDICAL FOUNDATION 1441 28TH AVE S FARGO, ND 58104	45-6012318	501(C)3	90,000				PROGRAM SUPPORT
ESSENTIA HEALTH FOUNDATION 502 E 2ND ST DULUTH, MN 55805	27-1984704	501(C)3	256,805				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NORTH DAKOTA CHAMBER OF COMMERCE PO BOX 2639 BISMARCK, ND 585022639	45-0141100	501(C)6	5,980				PROGRAM SUPPORT
MINNESOTA STATE UNIVERSITY 1104 7TH AVE S MOOREHEAD, MN 56560	41-6007513	MINNESOTA STATE UNIV	6,440				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA STATE UNIVERSITY MOORHEAD ALUMNI FOUNDATION INC 1104 7TH AVE S MOOREHEAD, ND 56560	23-7101061	501(C)3	100,000				PROGRAM SUPPORT
NEW LIFE CENTER 1902 3RD AVE N FARGO, ND 58102	26-3074998	501(C)3	22,350				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN DENTAL ACCESS CENTER 1405 ANNE STREET NW BEMIDJI, MN 56601	84-1711812	501(C)3	10,000				PROGRAM SUPPORT
PRAIRIE ROOTS COMMUNITY FUND 1213 NP AVE N STE 100 FARGO, ND 58102	82-2553804	501(C)3	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CASS COUNTY PO BOX 1609 FARGO, ND 581071609	41-0810008	501(C)3	5,300				PROGRAM SUPPORT
UP AQUATICS INC 3740 ASPYN LANE N FARGO, ND 58102	27-1181382	501(C)3	13,378				PROGRAM SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization INNOVIS HEALTH LLC	Employer identification number 26-1175213
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	Yes
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	Yes

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	BENEFITS PROVIDED DURING CALENDAR YEAR 2018, CHARTER TRAVEL WAS USED BY THREE BOARD DIRECTORS, TWO OFFICERS, AND FOUR KEY EMPLOYEES FOR TRAVEL BETWEEN ESSENTIA HEALTH WEST AND OTHER RELATED ORGANIZATIONS. THE USE OF CHARTER TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS AS ALL TRAVEL WAS BUSINESS RELATED.

Return Reference	Explanation
PART I, LINE 3	ESTABLISHING CEO'S COMPENSATION ESSENTIA HEALTH, AS A SUPPORTING ORGANIZATION, USED THE FOLLOWING METHODS TO ESTABLISH ESSENTIA HEALTH WEST'S PRESIDENT'S COMPENSATION A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
PART I, LINES 4A-B	<p>SEVERANCE PAYMENT FORMER KEY EMPLOYEE, ROBERT CUNNINGHAM, RECEIVED PAYMENT TOTALING \$253,094 IN CALENDAR YEAR 2018 RELATED TO HIS TERMINATION THE TERMINATION TERMS ARE FROM NOVEMBER 1, 2017 TO MAY 1, 2019 MR CUNNINGHAM WILL RECEIVE PAY TOTALING \$379,642 & BENEFITS TOTALING \$32,779 RELATED TO HIS TERMINATION ALL OTHER INDIVIDUALS LISTED AS FORMERS IN FORM 990, PART VII, SECTION A, LINE 1A REMAIN EMPLOYED WITHIN ESSENTIA HEALTH AND ITS SUBSIDIARIES AND ARE NOT RECEIVING A TERMINATION PAYMENT SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ESSENTIA HEALTH'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO DESIGNATED ESSENTIA HEALTH EXECUTIVES THERE IS A MINIMUM FOUR YEAR VESTING DATE, OR VESTING IS AUTOMATIC UPON REACHING RETIREMENT AGE, DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING AND PAYABLE FROM ESSENTIA HEALTH'S GENERAL ASSETS REPORTED AS OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B (III), THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT OF THE VESTED BENEFIT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR GREGORY GLASNER, MD \$61,251 KYLE DOROW \$10,579 PETER JACOBSON \$32,179 TIMOTHY SAYLER \$66,223 KRISTINE OLSON \$6,395 REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C, ESSENTIA HEALTH MADE CONTRIBUTIONS, SUBJECT TO THE VESTING TERMS, DURING THE YEAR INTO THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ON BEHALF OF THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A GREGORY GLASNER, MD \$58,146 KYLE DOROW \$11,009 RICHARD VETTER, MD \$32,385 PETER JACOBSON \$29,416 TIMOTHY SAYLER \$45,240 KRISTINE OLSON \$2,824</p>

Return Reference	Explanation
PART I, LINE 8	INITIAL CONTRACT EXCEPTION ESSENTIA HEALTH WEST'S PHYSICIAN LEADER, JOSHUA GEBUR, MD, RECEIVED COMPENSATION DURING THE YEAR UNDER AN INITIAL EMPLOYMENT AGREEMENT SUBJECT TO THE INITIAL CONTRACT EXCEPTION THROUGH AN AUTHORIZED BODY, THIS COMPENSATION ARRANGEMENT WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND DELIBERATIONS AND DECISIONS WERE DOCUMENTED ESSENTIA HEALTH WEST'S CHIEF MEDICAL OFFICER, RICHARD VETTER, MD, RECEIVED COMPENSATION DURING THE YEAR UNDER AN INITIAL EMPLOYMENT AGREEMENT SUBJECT TO THE INITIAL CONTRACT EXCEPTION THROUGH THE ESSENTIA HEALTH EXECUTIVE COMPENSATION COMMITTEE, THIS COMPENSATION ARRANGEMENT WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND THE BASIS FOR DETERMINATION WAS DOCUMENTED ESSENTIA HEALTH WEST'S PHYSICIAN, GARY MATTHYS, MD, RECEIVED COMPENSATION DURING THE YEAR UNDER AN INITIAL EMPLOYMENT AGREEMENT SUBJECT TO THE INITIAL CONTRACT EXCEPTION THROUGH AN AUTHORIZED BODY OF THE ORGANIZATION, THIS COMPENSATION ARRANGEMENT WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND THE BASIS FOR DETERMINATION WAS DOCUMENTED



Additional Data

Software ID:
Software Version:
EIN: 26-1175213
Name: INNOVIS HEALTH LLC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOEL HAUGEN MD BOARD DIRECTOR	(i)	299,615	0	2,181	22,000	23,229	347,025	0
	(ii)	18,375	0	0	0	0	18,375	0
THOMAS MOHS MD BOARD DIRECTOR	(i)	304,713	0	473	22,000	24,274	351,460	0
	(ii)	4,500	0	0	0	0	4,500	0
ROBERT WROBLEWSKI MD BOARD DIRECTOR	(i)	572,156	0	482	22,638	4,360	599,636	0
	(ii)	4,500	0	0	0	0	4,500	0
GREGORY GLASNER MD PRESIDENT	(i)	496,973	80,061	68,527	76,477	30,066	752,104	49,414
	(ii)	0	0	0	0	0	0	0
KYLE DOROW VICE PRESIDENT, FINANCE	(i)	258,696	20,030	28,085	33,010	28,418	368,239	9,306
	(ii)	0	0	0	0	0	0	0
DAN BEAUCHAMP FACILITIES ADMINISTRATOR	(i)	150,375	0	5,801	8,269	28,585	193,030	0
	(ii)	0	0	0	0	0	0	0
KERRY CARLSON OPERATIONS ADMINISTRATOR	(i)	173,248	8,670	6,369	9,824	27,382	225,493	0
	(ii)	0	0	0	0	0	0	0
NICOLE CHRISTENSEN CHIEF NURSING OFFICER	(i)	224,930	10,853	12,844	12,177	3,409	264,213	0
	(ii)	0	0	0	0	0	0	0
JOSHUA GEBUR MD PHYSICIAN LEADER	(i)	564,190	0	306	22,933	10,065	597,494	0
	(ii)	0	0	0	0	0	0	0
STEFANIE GEFROH ELLISON MD PHYSICIAN LEADER	(i)	412,721	0	195	22,600	26,363	461,879	0
	(ii)	0	0	0	0	0	0	0
RICHARD VETTER MD CHIEF MEDICAL OFFICER	(i)	479,872	0	4,326	54,393	29,404	567,995	0
	(ii)	0	0	0	0	0	0	0
PETER JACOBSON SENIOR VP, OPERATIONS THRU 6/19	(i)	296,774	45,593	40,293	51,680	27,492	461,832	25,089
	(ii)	0	0	0	0	0	0	0
TIMOTHY SAYLER CHIEF OPERATING OFFICER THRU 4/19	(i)	399,166	67,169	75,569	67,689	29,945	639,538	66,223
	(ii)	0	0	0	0	0	0	0
KIMBERLEY WOLF VP SERVICE LINES THRU 5/18	(i)	55,063	0	221,394	3,691	9,756	289,904	0
	(ii)	0	0	0	0	0	0	0
GARY MATTHYS MD PHYSICIAN	(i)	1,380,606	0	0	0	0	1,380,606	0
	(ii)	0	0	0	0	0	0	0
DANIEL SMITH MD PHYSICIAN	(i)	1,286,810	0	6,586	24,367	27,306	1,345,069	0
	(ii)	0	0	0	0	0	0	0
SUMIT TIWARI MD PHYSICIAN	(i)	952,598	150,000	474	22,115	27,014	1,152,201	0
	(ii)	0	0	0	0	0	0	0
PRASAD SAWARDEKER MD PHYSICIAN LEADER	(i)	1,046,418	0	754	25,947	9,371	1,082,490	0
	(ii)	0	0	0	0	0	0	0
BENJAMIN SMITH MD PHYSICIAN	(i)	1,014,794	0	846	33,915	30,119	1,079,674	0
	(ii)	0	0	0	0	0	0	0
ROBERT CUNNINGHAM FORMER SVP WEST & METRO	(i)	0	0	246,178	0	25,227	271,405	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KRISTINE OLSON FORMER SVP MKTG/QUALITY/PHY SRVCS	(i)	0	0	0	0	0	0	0
	(ii)	208,389	19,463	8,036	21,401	17,369	274,658	3,869

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization
INNOVIS HEALTH LLC

Employer identification number
26-1175213

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CASS COUNTY NORTH DAKOTA	45-6002205	148047AU7	02-25-2010	59,573,111	SRS 2008A REOFF (SEE PART VI)		X		X		X
B WI HEALTH AND EDUCATION FACILITIES AUTHORITY	39-1337855	97710BSD5	02-25-2010	12,854,722	SRS 2008B REOFF (SEE PART VI)		X		X		X
C MN AG & ECON DEVEL BRD	41-6007162	6049202H0	02-25-2010	165,717,405	SRS 2008C REOFF (SEE PART VI)		X		X		X
D DULLUTH ECONOMIC DEVELOPMENT AUTHORITY	90-0848286	26444CHF2	11-01-2018	704,253,406	SRS 2018A (SEE PART VI)		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired					9,087,609			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	14,801,115		3,193,793		41,172,979		27,710,387	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds					713,185		239,569	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	14,801,115		3,193,793		40,459,794		27,470,818	
12	Other unspent proceeds								
13	Year of substantial completion	2010		2010		2010			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X			X
c	No rebate due?		X		X		X	X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X	X	
b Name of provider							SEE PART IV	
c Term of GIC							340 0000000000 %	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							X	
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME DULLUTH ECONOMIC DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2019 ISSUER NAME CASS COUNTY, NORTH DAKOTA DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2019

Return Reference	Explanation
SCHEDULE K PART VI	<p>ADDITIONAL INFORMATION/COMMENTS RELATING TO THE REPORTING OF LIABILITIES BY RELATED ORGANIZATIONS ESSENTIA HEALTH HAS AN OBLIGATED GROUP CREATED UNDER THE MASTER TRUST INDENTURE WHICH IS COMPOSED OF THE FOLLOWING MEMBERS ESSENTIA HEALTH, CRITICAL ACCESS GROUP, ESSENTIA HEALTH EAST, ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER, ESSENTIA HEALTH ST MARY'S HOSPITAL-SUPERIOR, ESSENTIA HEALTH BRAINERD SPECIALTY CLINIC, ESSENTIA HEALTH CENTRAL, ST MARY'S INNOVIA HEALTH, THE DULUTH CLINIC, LTD AND ESSENTIA HEALTH WEST (THE "OBLIGATED GROUP MEMBERS") THE OBLIGATED GROUP MEMBERS ARE JOINTLY AND SEVERALLY OBLIGATED ON ALL INDEBTEDNESS EVIDENCED OR SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE THE SERIES 2008A REOFFERED BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE ESSENTIA HEALTH IS THE CONDUIT BORROWER OF THE SERIES 2008A REOFFERED BONDS AND HAS RECORDED A PORTION OF THE BOND LIABILITY ON ITS BALANCE SHEET THE OBLIGATED GROUP MEMBERS, ESSENTIA HEALTH WEST, THE DULUTH CLINIC, LTD , AND ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ARE INDIRECT BENEFICIARIES OF THE SERIES 2008A REOFFERED BORROWING AND HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH THE SERIES 2008B REOFFERED BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE THE OBLIGATED GROUP MEMBERS THE DULUTH CLINIC, LTD , ESSENTIA HEALTH AND ESSENTIA HEALTH ST MARY'S HOSPITAL-SUPERIOR ARE THE CONDUIT BORROWERS OF THE SERIES 2008B REOFFERED BONDS THE CONDUIT BORROWERS, THE DULUTH CLINIC, LTD AND ESSENTIA HEALTH, HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH THE OBLIGATED GROUP MEMBERS, ESSENTIA HEALTH WEST AND ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ARE INDIRECT BENEFICIARIES OF A PORTION OF THE SERIES 2008B REOFFERED BORROWING AND HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH THE SERIES 2008C REOFFERED BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE THE OBLIGATED GROUP MEMBERS ESSENTIA HEALTH EAST, ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, THE DULUTH CLINIC, LTD , ESSENTIA HEALTH, AND ESSENTIA HEALTH ST MARY'S MEDICAL CENTER ARE THE CONDUIT BORROWERS OF THE SERIES 2008C REOFFERED BONDS THE CONDUIT BORROWERS, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ESSENTIA HEALTH, AND THE DULUTH CLINIC, LTD , HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH THE OBLIGATED GROUP MEMBER, ESSENTIA HEALTH WEST IS AN INDIRECT BENEFICIARY OF A PORTION OF THE SERIES 2008C REOFFERED BORROWING AND HAS RECORDED A PORTION OF THE BOND LIABILITY ON ITS BALANCE SHEET WHICH IS CONS</p>

Return Reference	Explanation
SCHEDULE K PART VI	<p>OLIDATED WITH ESSENTIA HEALTH THE SERIES 2018A BONDS ARE SECURED BY NOTES ISSUED UNDER TH E MASTER TRUST INDENTURE THE OBLIGATED GROUP MEMBERS ESSENTIA HEALTH, ESSENTIA HEALTH EA ST, THE DULUTH CLINIC, LTD , ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST MARY'S MEDICAL CE NTER, ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST MARY'S-DETROIT LAKE S, ESSENTIA HEALTH CENTRAL, ESSENTIA HEALTH BRAINERD SPECIALTY CLINIC, AND ESSENTIA HEALTH WEST ARE THE CONDUIT BORROWERS OF THE SERIES 2018A BONDS THE CONDUIT BORROWERS, ESSENTIA HEALTH, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ESSENTIA HEALTH DULUTH, THE DULUTH CLIN IC, LTD , ESSENTIA HEALTH WEST, AND ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, HAVE RECO RDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH E SSENTIA HEALTH THE SERIES 2018B BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE THE OBLIGATED GROUP MEMBERS ESSENTIA HEALTH EAST, THE DULUTH CLINIC, LTD , ESS ENTIA HEALTH, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, ESSENTIA HEALTH DULUTH, AND ESSEN TIA HEALTH WEST ARE THE CONDUIT BORROWERS OF THE SERIES 2018B BONDS THE CONDUIT BORROWER ESSENTIA HEALTH WEST HAS RECORDED THE BOND LIABILITY ON ITS BALANCE SHEET WHICH IS CONSOLI DATED WITH ESSENTIA HEALTH</p>

Return Reference	Explanation
<p>SCHEDULE K, PART 1, COLUMN (F)</p>	<p>DESCRIPTION OF PURPOSE SERIES 2008A REOFFERED REOFFER SERIES 2008 A-1 AND A-2 BONDS ISSUED MARCH 4, 2008 TO REFINANCE A PORTION OF THE ACQUISITION OF CERTAIN ASSETS OF ESSENTIA HEALTH WEST IN CONNECTION WITH THE AFFILIATION OF ESSENTIA HEALTH WITH ESSENTIA HEALTH WEST SERIES 2008B REOFFERED REOFFER SERIES 2008 B-1 BONDS ISSUED MARCH 4, 2008 TO REFUND SERIES 1999B BONDS ISSUED MAY 18, 1999 FOR CONSTRUCTION PROJECTS AND EQUIPMENT PURCHASES IN SUPERIOR, WI AND VARIOUS DULUTH CLINIC LOCATIONS IN NORTHWESTERN WISCONSIN SERIES 2008C REOFFERED REOFFER SERIES 2008 C-5 AND 2008 C-4A BONDS ISSUED MARCH 4, 2008 TO REFUND SERIES 2004 BONDS ISSUED MARCH 19, 2004 FOR VARIOUS ACQUISITIONS, CONSTRUCTION PROJECTS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES IN DULUTH, BRAINERD, AND DETROIT LAKES, MN AND REFUND SERIES 1999A BONDS ISSUED MAY 18, 1999 FOR VARIOUS ACQUISITIONS, CONSTRUCTION PROJECTS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES IN BRAINERD, DETROIT LAKES AND DULUTH, MN AND VARIOUS DULUTH CLINIC SITES IN NORTHERN MINNESOTA SERIES 2018A ACQUIRE, CONSTRUCT, BUILD, AND EQUIP MEDICAL CAMPUS PROJECT IN DULUTH, MN, REFUND SERIES 2008E BONDS ISSUED MAY 2, 2008 TO REFINANCE SERIES 1997 BONDS ISSUED DECEMBER 18, 1997 TO FINANCE EQUIPMENT PURCHASES IN DULUTH, MN AND FINANCE PROPERTY ACQUISITIONS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES IN NORTHERN MINNESOTA, AND REFUND SERIES 2014 BONDS ISSUED JULY 29, 2014 TO REFINANCE PRIOR NOTE USED FOR CAPITAL IMPROVEMENTS TO SKILLED NURSING FACILITY LOCATED IN DETROIT LAKES, MN AND VARIOUS CONSTRUCTION PROJECTS AND EQUIPMENT PURCHASES IN BAXTER, FRAZEE, AND PELICAN RAPIDS, MN AND FINANCE CAPITAL EXPENDITURES TO REPLACE THE CHILLER UNIT FOR ESSENTIA HEALTH VIRGINIA, RENOVATE APPROXIMATELY 118,000 SQUARE FEET OF CLINIC SPACE FOR ESSENTIA HEALTH BRAINERD SPECIALTY CLINIC, REMODEL AND EQUIP EXISTING CLINIC SPACE IN EMILY, MN FOR ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, AND EXPAND AND REMODEL THE IMAGING AREA IN THE EMERGENCY ROOM OF ESSENTIA HEALTH ST MARY'S-DETROIT LAKES' HOSPITAL SERIES 2018B REFUND SERIES 2014 BONDS ISSUED JUNE 30, 2014 TO FINANCE CONSTRUCTING AND EQUIPPING 125,000 SQUARE FOOT EXPANSION TO IN-PATIENT HOSPITAL FACILITIES LOCATED IN FARGO, ND AND RELATED REMODELING</p>

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	ISSUE PRICE THE SERIES 2008A REOFFERED, SERIES 2008B REOFFERED, SERIES 2008C REOFFERED, SERIES 2018A AND SERIES 2018B BONDS WERE ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP THE ISSUE PRICE LISTED IN ESSENTIA HEALTH WEST'S SCHEDULE K, PART I, COLUMN (E) REPRESENTS THE ESSENTIA HEALTH OBLIGATED GROUP'S TOTAL BORROWING

Return Reference	Explanation
SCHEDULE K, PART II, LINES 3 THROUGH 12	PROCEEDS THE SERIES 2008A REOFFERED, SERIES 2008B REOFFERED, SERIES 2008C REOFFERED, SERIES 2018A AND SERIES 2018B BONDS WERE ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP A PORTION OF THE SERIES 2008A REOFFERED, SERIES 2008B REOFFERED, SERIES 2008C REOFFERED, SERIES 2018A AND SERIES 2018B BONDS BORROWINGS WERE ALLOCATED TO ESSENTIA HEALTH WEST, AN ESSENTIA HEALTH OBLIGATED GROUP MEMBER THE PROCEEDS LISTED IN ESSENTIA HEALTH WEST'S SCHEDULE K, PART II, LINES 3 THROUGH 12 REPRESENT ESSENTIA HEALTH WEST'S ALLOCATED PORTION OF THE PROCEEDS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 5B	NAME OF PROVIDER OF GIC NATIXIS FUNDING CORP & THE TORONTO-DOMINION BANK

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIS HEALTH LLC

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

26-1175213

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CASS COUNTY NORTH DAKOTA	45-6002205	148047BF9	11-01-2018	42,050,194	SRS 2018B (SEE PART VI)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	42,050,194							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	380,994							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	41,669,200							
12	Other unspent proceeds								
13	Year of substantial completion	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIS HEALTH LLC

Employer identification number
26-1175213

Part I

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAUREN MOUG	RELATED TO KEVIN MOUG	51,581	COMPENSATION OF FAMILY MEMBER OF BOARD MEMBER		No
(2) RACHEL GEBUR	RELATED TO JOSHUA GEBUR	47,151	COMPENSATION OF FAMILY MEMBER OF KEY EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
INNOVIS HEALTH LLC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

26-1175213

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A	1099 REPORTING CERTAIN VENDOR PAYMENTS AND FORM 1099'S WERE PROCESSED THROUGH ESSENTIA HEALTH ON BEHALF OF CERTAIN LEGAL ENTITIES COMPRISING ESSENTIA HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OF ORGANIZATION ESSENTIA HEALTH IS THE SOLE MEMBER OF ESSENTIA HEALTH WEST AND MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7A ESSENTIA HEALTH AND BENEDICTINE SISTERS BENEVOLENT ASSOCIATION HAVE RESERVED POWERS WITH RESPECT TO ESSENTIA HEALTH WEST AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7B

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBER WITH RIGHT TO ELECT GOVERNING BODY ESSENTIA HEALTH APPOINTS AND REMOVES ESSENTIA HEALTH WEST'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>MEMBERS WITH RIGHT TO APPROVE GOVERNING BODY DECISION ESSENTIA HEALTH WEST IS A SUBSIDIARY OF ESSENTIA HEALTH, WHOSE BOARD OF DIRECTORS HAS RESERVED POWERS WITH RESPECT TO THIS CORPORATION AND ITS SUBSIDIARIES, AND ALL OF THE OTHER DIRECT AND INDIRECT SUBSIDIARIES OF ESSENTIA HEALTH (COLLECTIVELY, THE "SYSTEM") ESSENTIA HEALTH'S RESERVED POWERS ARE AS FOLLOWS STRATEGIC AND BUSINESS PLANS AUTHORITY TO CREATE, AND TO APPROVE, THE SYSTEM'S STRATEGIC AND BUSINESS PLANS MISSION AUTHORITY TO CREATE, AND TO APPROVE, THE MISSION, PURPOSE AND VISION STATEMENTS FOR ALL ENTITIES IN THE SYSTEM BY THE AFFIRMATIVE VOTE OF AT LEAST 67% OF THE ESSENTIA HEALTH BOARD OF DIRECTORS DEBT APPROVAL OF THE INCURRENCE OF DEBT BY, AND THE CREATION OF ALL MORTGAGES, LIENS, SECURITY INTERESTS, OR OTHER ENCUMBRANCES ON THE ASSETS OF, ALL ENTITIES IN THE SYSTEM IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE ESSENTIA HEALTH BOARD OF DIRECTORS, AND THE AUTHORITY TO CAUSE ALL ENTITIES IN THE SYSTEM TO PARTICIPATE IN SYSTEM BORROWING GOVERNING INSTRUMENTS AUTHORITY TO CAUSE, AND TO APPROVE, AMENDMENTS OF THE ARTICLES OF INCORPORATION, BYLAWS AND OTHER GOVERNING DOCUMENTS OF ALL ENTITIES IN THE SYSTEM MERGERS AND ACQUISITIONS AUTHORITY TO CAUSE, AND TO APPROVE, ALL MERGERS, CONSOLIDATIONS, AND DISSOLUTIONS OF ALL ENTITIES IN THE SYSTEM AFFILIATIONS AND JOINT VENTURES AUTHORITY TO CAUSE, AND TO APPROVE, ALL AFFILIATIONS, JOINT VENTURES AND OTHER ALLIANCES WITH THIRD PARTIES OF ALL ENTITIES IN THE SYSTEM TRANSFER OF ASSETS WITHIN THE SYSTEM AUTHORITY TO TRANSFER ASSETS, INCLUDING CASH, BETWEEN AND AMONG ENTITIES WITHIN THE SYSTEM, PROVIDED, HOWEVER, THAT ESSENTIA HEALTH SHALL NOT HAVE AUTHORITY TO REQUIRE ANY ENTITY IN THE SYSTEM TO TRANSFER ASSETS (A) THAT WOULD CAUSE SUCH ENTITY TO BE IN DEFAULT OF ITS COVENANTS OR OBLIGATIONS UNDER ANY BOND OR OTHER FINANCING DOCUMENTS, (B) FROM THE CATHOLIC ENTITIES TO THE SECULAR ENTITIES OR FROM THE SECULAR ENTITIES TO THE CATHOLIC ENTITIES IN A MANNER OR TO AN EXTENT THAT WOULD CAUSE THE CATHOLIC ENTITIES TO BE IN VIOLATION OF THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES (ERDS) IN THE JUDGMENT OF THE LOCAL ORDINARY, OR (C) SUCH THAT MONEY GENERATED BY SERVICES AT SECULAR FACILITIES WITHIN THE SYSTEM BY PROCEDURES THAT ARE CONTRARY TO THE ERDS WOULD BE USED AT THE CATHOLIC ENTITIES OR MONEY GENERATED BY CATHOLIC ENTITIES WOULD BE USED IN THE PROVIDING OF SERVICES CONTRARY TO THE ERDS AT SECULAR FACILITIES WITHIN THE SYSTEM TRANSFER OF ASSETS OUTSIDE THE SYSTEM AUTHORITY TO CAUSE, AND TO APPROVE, THE SALE, LEASE OR OTHER TRANSFER OF ASSETS OF ALL ENTITIES IN THE SYSTEM TO PARTIES OUTSIDE OF THE SYSTEM WHEN THE ASSET'S VALUE EXCEEDS THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE ESSENTIA HEALTH BOARD OF DIRECTORS SERVICES AUTHORITY TO CAUSE, AND TO APPROVE, THE DISCONTINUANCE OF SERVICES AND SERVICE LOCATIONS WITHIN ALL ENTITIES IN THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>E SYSTEM BUDGETS APPROVAL OF CAPITAL AND OPERATING BUDGETS OF ALL ENTITIES IN THE SYSTEM PROFESSIONAL SERVICES SELECTION OF THE GENERAL LEGAL COUNSEL AND EXTERNAL AUDITORS OF A LL ENTITIES IN THE SYSTEM ACQUISITIONS AUTHORITY TO CAUSE, AND TO APPROVE, ALL ACQUISITI ONS BY AND FORMATIONS OF ENTITIES IN THE SYSTEM MARKETING AUTHORITY TO IMPLEMENT SYSTEM- WIDE MARKETING AND PROMOTIONAL ACTIVITIES COMPLIANCE PLANS AUTHORITY TO CREATE, AND TO A PPROVE, CORPORATE COMPLIANCE, SAFETY AND RISK MANAGEMENT PLANS FOR ENTITIES WITHIN THE SYS TEM QUALITY PLAN AUTHORITY TO CREATE, AND TO APPROVE, THE SYSTEM'S QUALITY PLAN NON-BUD GETED PURCHASES APPROVAL OF NON-BUDGETED CAPITAL PURCHASES AND LEASES IN EXCESS OF THE SI NGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY ESSENTIA HEALTH FOR ENTITI ES WITHIN THE SYSTEM HUMAN RESOURCES AUTHORITY TO CREATE HUMAN RESOURCE POLICIES AND PRO CEDURES WITHIN THE SYSTEM RESERVED POWERS AUTHORITY TO CREATE ADDITIONAL ESSENTIA HEALTH RESERVED POWERS BY THE AFFIRMATIVE VOTE OF AT LEAST 80% OF THE ESSENTIA HEALTH BOARD OF D IRECTORS (EXCLUDING THE ESSENTIA HEALTH CEO), PROVIDED, HOWEVER, THAT ANY ADDITIONAL ESSEN TIA HEALTH RESERVED POWERS SHALL NOT CONTRAVENE OR HINDER THE RESERVED POWERS OF BENEDICTI NE SISTERS BENEVOLENT ASSOCIATION THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION ("BSBA") ALSO HAS CERTAIN RESERVED POWERS OVER ESSENTIA HEALTH'S CATHOLIC FACILITIES BSBA'S RESER VED POWERS ARE AS FOLLOWS MISSION AUTHORITY TO APPROVE THE MISSION AND PURPOSE STATEMENT S FOR CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM *ADHERENCE TO ETHICAL AND RELIGI OUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES (ERDS) AUTHORITY TO APPROVE THE METHODS, POLICIES AND PROCEDURES PERTAINING TO THE ADHERENCE OF CATHOLIC FACILITIES AND ENTITIES W ITHIN THE SYSTEM TO THE ERDS *OFFICIAL CATHOLIC DIRECTORY AUTHORITY TO OVERSEE THE LISTI NG OF QUALIFIED ENTITIES AND FACILITIES WITHIN THE SYSTEM IN THE OFFICIAL CATHOLIC DIRECTO RY, SUBJECT TO THE APPROVAL OF APPLICABLE CATHOLIC AUTHORITIES *CATHOLIC HEALTH ASSOCIATI ON AUTHORITY TO REQUIRE CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM TO JOIN THE ME MBERSHIP OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES ALIENATION OF STABLE PAT RIMONY OR ECCLESIASTICAL GOODS AUTHORITY TO APPROVE ALIENATION OF EITHER STABLE PATRIMONY OR OTHER ECCLESIASTICAL GOODS WITHIN THE SYSTEM IF SUCH GOODS INVOLVED IN A SPECIFIC TRAN SACTION APPROVED BY ESSENTIA HEALTH PURSUANT TO THE AFFILIATION AGREEMENT, HAVE A DOLLAR V ALUE EQUAL TO OR GREATER THAN 70% OF THE AMOUNT ESTABLISHED FROM TIME TO TIME THAT REQUIRE S APPROVAL FROM THE HOLY SEE, PROVIDED, HOWEVER, THAT IT IS THE INTENT OF THE PARTIES THAT THIS PROVISION NOT BE APPLIED TO RESTRICT OR TO IMPEDE ESSENTIA HEALTH FROM ACTING AND MA KING DECISIONS ON BEHALF OF THE SYSTEM IN THE ORDINARY COURSE OF BUSINESS BUT BE APPLIED T O PREVENT THE TRANSFER OF SUBSTANTIAL ASSETS OF CATHOLIC ENTITIES WITHIN THE SYSTEM TO SUP PORT THE SECULAR ENTITIES WITH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>IN THE SYSTEM WITHOUT THE PRIOR APPROVAL OF BSBA *MISSION EFFECTIVENESS AUTHORITY TO APPROVE ANNUAL PLANS AND EVALUATIONS RELATING TO MISSION EFFECTIVENESS AND CHAPLAINCY FOR CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM, INCLUDING THE USE OF RELIGIOUS SYMBOLS AND PRAYERS AMENDMENTS AUTHORITY TO APPROVE ANY AMENDMENTS TO THE GOVERNING DOCUMENTS OF ESSENTIA HEALTH, ESSENTIA HEALTH EAST (SMDC), ESSENTIA HEALTH CENTRAL (BLHS), ESSENTIA HEALTH WEST (INNOVIS) OR CRITICAL ACCESS GROUP (CAG), THAT WOULD ALTER THE NUMBER OF DULUTH BENEDECTINES OR BSBA BOARD OF DIRECTOR MEMBERS OR OTHER APPOINTEES OF THE DULUTH BENEDECTINES SERVING AS MEMBERS OF SUCH ENTITY'S BOARD OF DIRECTORS, AUTHORITY TO APPROVE ANY AMENDMENTS TO THE GOVERNING DOCUMENTS OF THE CATHOLIC CAG SUBSIDIARIES, THE CATHOLIC SMDC SUBSIDIARIES, THE CATHOLIC BLHS SUBSIDIARIES OR THE CATHOLIC SUBSIDIARIES OF INNOVIS, WHICH COULD MATERIALLY AFFECT SUCH ENTITY'S IDENTITY AS A CATHOLIC INSTITUTION, INCLUDING WITHOUT LIMITATION ANY AMENDMENT THAT WOULD ALTER THE NUMBER OF DULUTH BENEDECTINES OR BSBA BOARD OF DIRECTOR MEMBERS OR OTHER APPOINTEES OF THE DULUTH BENEDECTINES SERVING AS MEMBERS OF SUCH ENTITY'S BOARD OF DIRECTORS, AND AUTHORITY TO CAUSE ESSENTIA HEALTH TO MAKE AMENDMENTS TO THE GOVERNING DOCUMENTS OF THE CATHOLIC SUBSIDIARIES OF ESSENTIA HEALTH'S DIRECT SUBSIDIARIES, WHICH AMENDMENTS BSBA DETERMINES IN GOOD FAITH ARE NECESSARY TO PRESERVE SUCH ENTITY'S IDENTITY AS A CATHOLIC INSTITUTION MERGERS AND DISSOLUTION SUBJECT TO THE APPROVAL OF THE DULUTH BENEDECTINES, AUTHORITY TO APPROVE A PROPOSED MERGER, CONSOLIDATION, LIQUIDATION, DISSOLUTION OF ESSENTIA HEALTH ST MARY'S MEDICAL CENTER (SMMC), AND ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER (SJMC), OR THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF SMMC AND SJMC BSBA SPONSORSHIP AUTHORITY TO ESTABLISH, ACCEPT, TRANSFER OR TERMINATE BSBA SPONSORSHIP OR CO-SPONSORSHIP OF A HEALTHCARE FACILITY *RESERVED POWER CURRENTLY DELEGATED TO THE SPONSORSHIP COUNCIL NOTE SOME OF THE RESERVED POWERS OF THE BSBA BOARD LISTED ABOVE MAY ALSO BE RESERVED TO THE CHAPTER OF THE BSBA PRIOR TO THESE MATTERS GOING TO THE BSBA CHAPTER, ORDINARILY THEY WILL BE CONSIDERED AND ACTED UPON BY THE BSBA BOARD THE FOLLOWING ACTIONS OF THE BSBA BOARD ARE SUBJECT TO APPROVAL BY THE BSBA CHAPTER 1 APPROVE MERGERS, CONSOLIDATIONS, LIQUIDATIONS, OR DISSOLUTIONS INVOLVING SMMC OR SJMC 2 APPROVE THE ACQUISITION OR DISPOSITION OF REAL ESTATE OWNED BY BSBA 3 APPROVE DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, ASSETS OF SMMC OR SJMC 4 APPROVE INDEBTEDNESS THAT WILL BE GUARANTEED BY BSBA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE 2018 FORM 990, INCLUDING ALL SCHEDULES, WAS REVIEWED BY ESSENTIA HEALTH WEST'S MANAGEMENT AND GOVERNING BODY PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE EACH CURRENT DIRECTOR OF THE GOVERNING BODY RECEIVED A FINAL COPY OF THE 2018 FORM 990 ESSENTIA HEALTH WEST'S FINANCE LEADER REVIEWED THE FORM AND SCHEDULES AND ANY QUESTIONS WERE DISCUSSED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING AND ENFORCING CONFLICT OF INTEREST POLICY ESSENTIA HEALTH'S COMPREHENSIVE CONFLICT OF INTEREST PROGRAM PREVENTS, DETECTS, AND RESOLVES ACTUAL CONFLICTS OF INTERESTS OR THE ACTUAL OR POTENTIAL APPEARANCE OF SUCH FIDUCIARIES, DEFINED AS AN ESSENTIA HEALTH BOARD MEMBER/TRUSTEE, OFFICER, BOARD COMMITTEE MEMBER, SENIOR MANAGEMENT EMPLOYEE, OR ANY OTHERS CONSIDERED TO BE IN A POSITION OF INFLUENCE, ARE COVERED UNDER ESSENTIA HEALTH'S CONFLICT OF INTEREST PROGRAM UPON INITIAL APPOINTMENT, EACH FIDUCIARY MUST COMPLETE AN INITIAL CONFLICT OF INTEREST STATEMENT AND DISCLOSURE QUESTIONNAIRE AT THE CONCLUSION OF EACH CALENDAR YEAR, EACH FIDUCIARY MUST COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT AND DISCLOSURE QUESTIONNAIRE AS NEEDED, A FIDUCIARY WILL UPDATE HIS/HER MOST RECENTLY COMPLETED QUESTIONNAIRE EACH TIME THE FIDUCIARY BECOMES AWARE OF A FINANCIAL INTEREST, A POTENTIAL CONFLICT, OR CHANGE TO ANY INFORMATION THAT THE FIDUCIARY PREVIOUSLY REPORTED ESSENTIA HEALTH'S CHIEF COMPLIANCE OFFICER WILL COLLECT THE QUESTIONNAIRES AND EVALUATE THE DISCLOSURES IF A FIDUCIARY HAS A POTENTIAL CONFLICT OF INTEREST, THE CHIEF COMPLIANCE OFFICER OR DESIGNEE MAY REQUEST ADDITIONAL INFORMATION FROM THE FIDUCIARY, THE MANAGEMENT TEAM, AND OTHERS DURING THE EVALUATION PROCESS, THE CHIEF COMPLIANCE OFFICER MAY ALSO CONSULT WITH ESSENTIA HEALTH'S BOARD AND AUDIT COMMITTEE CHAIRS, SENIOR MANAGEMENT, LEGAL DEPARTMENT, OR APPROPRIATE REPRESENTATIVES FROM ESSENTIA HEALTH THE CHIEF COMPLIANCE OFFICER REPORTS TO THE ESSENTIA HEALTH AUDIT COMMITTEE AND THE ESSENTIA HEALTH BOARD OF DIRECTORS ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY THE FIDUCIARY, ALONG WITH RECOMMENDED ACTIONS THE ESSENTIA HEALTH BOARD OF DIRECTORS (OR DESIGNEE) WILL THEN DETERMINE WHETHER TO APPROVE THE SITUATION OR TO IMPLEMENT SPECIAL CONTROLS TO MANAGE THE POTENTIAL CONFLICT OF INTEREST THE CHIEF COMPLIANCE OFFICER WILL THEN OFFICIALLY NOTIFY THE FIDUCIARY IN WRITING OF THE BOARD'S DECISION THE DECISION OF WHETHER OR NOT THE DISCLOSURE CONSTITUTES A CONFLICT WILL BE AT THE ESSENTIA HEALTH BOARD OF DIRECTORS' (OR DESIGNEE) SOLE DISCRETION, AND ITS CONCERN MUST BE THE WELFARE OF ESSENTIA HEALTH AND ITS AFFILIATE(S) AND THE ADVANCEMENT OF ITS PURPOSES WHEN THE ESSENTIA HEALTH BOARD OF DIRECTORS (OR DESIGNEE) CONSIDERS A FIDUCIARY'S DISCLOSURE AS A CONFLICT OF INTEREST, SPECIAL CONTROLS WILL BE IDENTIFIED TO MANAGE, ELIMINATE OR REDUCE THE LIKELIHOOD AND/OR APPEARANCE OF A CONFLICT ARISING CONTROLS MAY INCLUDE, BUT ARE NOT LIMITED TO A IF THE CONFLICT INVOLVES AN ON-GOING MATTER OR RELATIONSHIP, THE FIDUCIARY MUST NOT PARTICIPATE IN BOARD, BOARD COMMITTEE, OR MANAGEMENT DISCUSSIONS RELATED TO THE CONFLICT AND MUST RECUSE THEMSELVES AND IF APPROPRIATE, WITHDRAW, FROM ANY BOARD MEETING OR PORTION THEREOF WHERE THE MATTER IS BEING DISCUSSED AND DURING THE VOTE ON THE POTENTIAL CONFLICT OF INTEREST THE FIDUCIARY MAY ANSWER QUESTIONS AT THE BOARD'S OR THE BOARD COMMITTEE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	E'S REQUEST B IF THE CONFLICT INVOLVES A SPECIFIC TRANSACTION OR DECISION, THE FIDUCIARY WILL FULLY DISCLOSE THEIR INTEREST AND ALL RELATED MATERIAL FACTS THE BOARD OR COMMITTEE OF THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO ESSENTIA HEALTH OR ITS AFFILIATE(S) IF THE BOARD DETERMINES A CONFLICT DOES NOT EXIST, THE FIDUCIARY MAY PROCEED WITH THE TRANSACTION, HOWEVER, HE OR SHE WILL NOT BE ELIGIBLE TO VOTE ON RELATED ISSUES SHOULD THEY ARISE IF THE BOARD DETERMINE S A CONFLICT DOES EXIST, THE FIDUCIARY WILL BE NOTIFIED OF THE DECISION REGARDING WHETHER THE CONTEMPLATED TRANSACTION WILL BE AUTHORIZED AS JUST, FAIR, AND REASONABLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>PROCESS FOR DETERMINING COMPENSATION THE INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE OF ESSENTIA HEALTH'S BOARD OF DIRECTORS IS AUTHORIZED TO FULFILL THE BOARD'S RESPONSIBILITIES REGARDING EXECUTIVE COMPENSATION CONSISTENT WITH ESSENTIA'S MISSION, VALUES AND TAX-EXEMP T STATUS, AND THE EXECUTIVE COMPENSATION COMMITTEE'S CHARTER THE EXECUTIVE COMPENSATION C OMMITTEE MEETS AT LEAST TWICE ANNUALLY TO CARRY OUT ITS RESPONSIBILITIES, WHICH INCLUDE, B UT ARE NOT LIMITED TO, ESTABLISHING, REVIEWING AND MODIFYING, AS APPROPRIATE, REASONABLE C OMPENSATION AND BENEFITS FOR DESIGNATED ESSENTIA EXECUTIVES WHO ARE OFFICERS OR KEY EMPLOY EES OF ESSENTIA OR ANY OF ITS AFFILIATES WHICH MAY BE PAID BY RELATED ORGANIZATIONS THE E XECUTIVE COMPENSATION COMMITTEE ENGAGES QUALIFIED INDEPENDENT COMPENSATION ADVISORS TO PRO VIDE OBJECTIVE AND IMPARTIAL COMPARATIVE DATA AND TO EXPRESS OPINIONS ON TOTAL COMPENSATIO N REASONABLENESS THE EXECUTIVE COMPENSATION COMMITTEE MAY REQUEST ITS INDEPENDENT ADVISOR S TO MONITOR COMPARABILITY DATA AND MARKETPLACE TRENDS, MAKE APPROPRIATE RECOMMENDATIONS REGARDING SALARY RANGES, AND PERIODICALLY REVIEW THE MARKET COMPETITIVENESS OF ESSENTIA EX ECUTIVE COMPENSATION PACKAGES PRIOR TO ESTABLISHING OR ADJUSTING EXECUTIVE COMPENSATION, THE EXECUTIVE COMPENSATION COMMITTEE WILL OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMP ARABILITY OF THE PROPOSED COMPENSATION OR ADJUSTMENTS THE EXECUTIVE COMPENSATION COMMITTEE WILL ADEQUATELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THOSE DETERMINATIONS THE EXECUTIVE COMPENSATION COMMITTEE MINUTES WILL INCLUDE THE TERMS OF TH E APPROVED COMPENSATION AND THE DATE APPROVED, THE EXECUTIVE COMPENSATION COMMITTEE MEMBER S PRESENT DURING THE REVIEW, DISCUSSION AND APPROVAL OF THE PROPOSED COMPENSATION AND THOS E WHO VOTED ON THE PROPOSED COMPENSATION, IDENTIFICATION OF THE COMPARABILITY DATA OBTAIN E D AND RELIED UPON BY THE EXECUTIVE COMPENSATION COMMITTEE AND HOW THE DATA WAS OBTAINED, A NY ACTIONS BY A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INTERE ST, AND DOCUMENTATION OF THE BASIS FOR THE DETERMINATION THE YEAR THIS PROCESS WAS LAST U NDERTAKEN FOR ESSENTIA HEALTH WEST'S PRESIDENT, VICE PRESIDENT OF FINANCE, CHIEF NURSING O FFICER, CHIEF MEDICAL OFFICER, AND CHIEF OPERATING OFFICER WAS 2019 THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA HEALTH WEST'S OPERATIONS ADMINISTRATOR AND SENIOR VICE P RESIDENT OF OPERATIONS WAS 2018 THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA HE ALTH WEST'S VICE PRESIDENT OF SERVICE LINES WAS 2017 THE ESSENTIA HEALTH WEST PHYSICIAN A ND PROVIDER COMPENSATION COMMITTEE HAS AN ANNUAL COMPENSATION PROCESS THAT INCLUDES A REVI EW AND RECOMMENDATION OF THE UPCOMING FISCAL YEAR'S PHYSICIAN AND PROVIDER COMPENSATION PL AN RATES, AND THE COMPENSATION PLAN METHODOLOGY COMPENSATION RATES FOR THE ESSENTIA HEALT H WEST PHYSICIAN LEADERSHIP ARE RECOMMENDED BY THE ESSENTIA HEALTH WEST EXECUTIVE LEADERSH IP TEAM BASED ON ITS REVIEW OF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MARKET SURVEYS, REGIONAL COMPETITIVE FACTORS, AND THE ANNUAL BUDGET PROCESS THE COMPENSATION OF ESSENTIA HEALTH WEST PHYSICIAN, PROVIDER AND PHYSICIAN LEADERSHIP, INCLUDING APPOINTED CHIEF AND CHAIR POSITIONS, IS REVIEWED AND APPROVED BY THE ESSENTIA HEALTH WEST BOARD OF DIRECTORS THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA HEALTH WEST'S PHYSICIAN LEADERS WAS 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS TO THE PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	AFFILIATE REVENUE AND EXPENSE ALLOCATION ESSENTIA HEALTH WEST, ESSENTIA HEALTH ADA, ESSENTIA HEALTH FOSSTON, ESSENTIA HEALTH HOLY TRINITY HOSPITAL, AND ESSENTIA HEALTH ST MARY'S-DETROIT LAKES ALLOCATE CERTAIN REVENUES AND EXPENSES DIRECTLY TO ESSENTIA HEALTH ADA, ESSENTIA HEALTH FOSSTON, ESSENTIA HEALTH HOLY TRINITY HOSPITAL, AND ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ALL RELATED ORGANIZATIONS NET AFFILIATE REVENUE AND EXPENSE ALLOCATIONS OF (\$7,434,686) INCLUDE THE FOLLOWING TYPES OF REVENUE AND EXPENSES NONPATIENT REVENUE, AMORTIZATION AND DEPRECIATION, PURCHASED SERVICES, PROFESSIONAL FEES, REPAIRS AND MAINTENANCE, SALARIES, WAGES, AND RELATED BENEFITS, SUPPLIES, UTILITIES, AGENCY FEES, PROVIDER AND OTHER TAXES, AND OTHER EXPENSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSET TRANSFER WITH RELATED ORGANIZATION -2,574,051

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 3	CONSOLIDATED A-133 ESSENTIA HEALTH WEST, AS PART OF ESSENTIA HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, WAS REQUIRED AND UNDERWENT A CONSOLIDATED AUDIT SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 THE CONSOLIDATED AUDIT IS REVIEWED BY THE ESSENTIA HEALTH AUDIT COMMITTEE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIS HEALTH LLC

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INNOVIS HEALTH LLC

Employer identification number
26-1175213

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PMC-GATEWAY IMAGING LLC 705 LUNDORFF DR S SANDSTONE, MN 55072 26-1634764	IMAGING SERVICES	MN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ESSENTIA HEALTH INSURANCE SERVICES SPC LTD PO BOX 1159 GRAND CAYMAN CJ 000000000	SELF INSURANCE	CJ	N/A	C				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ESSENTIA HEALTH	M	29,838,969	ACTUAL COSTS
(2) ESSENTIA HEALTH	P	21,006,395	ACTUAL COSTS
(3) ESSENTIA HEALTH	R	5,917,990	ACTUAL COSTS
(4) ESSENTIA HEALTH FOUNDATION	B	256,805	ACTUAL COSTS
(5) ESSENTIA HEALTH FOUNDATION	C	189,938	ACTUAL COSTS
(6) ST MARY'S REGIONAL HEALTH CENTER	A	742,554	ACTUAL COSTS

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (A)	THE FOLLOWING ESSENTIA HEALTH ENTITIES HAVE A DOING BUSINESS AS NAME LEGAL NAME, DOING BUSINESS AS NAME BRAINERD LAKES INTEGRATED HEALTH SYSTEM, ESSENTIA HEALTH CENTRAL BRAINERD MEDICAL CENTER, INC , ESSENTIA HEALTH BRAINERD SPECIALTY CLINIC BRIDGES MEDICAL CENTER, ESSENTIA HEALTH ADA DEER RIVER HEALTHCARE CENTER, INC , ESSENTIA HEALTH DEER RIVER FIRST CARE MEDICAL SERVICES, ESSENTIA HEALTH FOSSTON GRACEVILLE HEALTH CENTER, ESSENTIA HEALTH HOLY TRINITY HOSPITAL INNOVIS HEALTH, LLC, ESSENTIA HEALTH WEST MIDWEST MEDICAL EQUIPMENT AND SUPPLIES, INC , ESSENTIA HEALTH MEDICAL EQUIPMENT & SUPPLIES NORTHERN PINES MEDICAL CENTER, ESSENTIA HEALTH NORTHERN PINES PINE MEDICAL CENTER, ESSENTIA HEALTH SANDSTONE POLINSKY MEDICAL REHABILITATION CENTER, ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER SMDC MEDICAL CENTER, ESSENTIA HEALTH DULUTH ST JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER ST MARY'S DULUTH CLINIC HEALTH SYSTEM, ESSENTIA HEALTH EAST ST MARY'S EMS, ESSENTIA HEALTH ST MARY'S EMERGENCY MEDICAL SERVICES-DETROIT LAKES ST MARY'S HOSPITAL OF SUPERIOR, ESSENTIA HEALTH ST MARY'S HOSPITAL-SUPERIOR ST MARY'S MEDICAL CENTER, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER ST MARY'S REGIONAL HEALTH CENTER, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES



Additional Data

Software ID:
Software Version:
EIN: 26-1175213
Name: INNOVIS HEALTH LLC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2024 S 6TH ST BRAINERD, MN 56401 37-1532145	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
2024 S 6TH ST BRAINERD, MN 56401 37-1532148	CLINIC	MN	501(C)(3)	LINE 3	BRAINERD LAKES INTEGRATED HEALTH SYSTEM	Yes	
201 9TH ST W ADA, MN 56510 20-0479568	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
301 CEDAR OROFINO, ID 83544 82-0497771	HOSPITAL/CLINIC	ID	501(C)(3)	LINE 3	CRITICAL ACCESS GROUP	Yes	
503 E 3RD ST STE 400 DULUTH, MN 55805 26-1219624	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
115 10TH AVE NE DEER RIVER, MN 56636 41-0844574	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
502 E 2ND ST DULUTH, MN 55805 20-0360007	SUPPORTING ORG	MN	501(C)(3)	LINE 12C, III-FI	N/A		No
502 E 2ND ST DULUTH, MN 55805 27-1984704	FOUNDATION	MN	501(C)(3)	LINE 7	ESSENTIA HEALTH	Yes	
502 E 2ND ST DULUTH, MN 55805 27-1291124	RESEARCH	MN	501(C)(3)	LINE 4	THE DULUTH CLINIC LTD	Yes	
900 HILLIGOSS BLVD SE FOSSTON, MN 56542 41-0706143	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
115 WEST 2ND ST GRACEVILLE, MN 56240 41-0726173	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
4418 HAINES RD DULUTH, MN 55811 41-1674021	MEDICAL EQUIPMENT	MN	501(C)(3)	LINE 10	ST MARY'S MEDICAL CENTER	Yes	
5211 HWY 110 AURORA, MN 55705 41-0841441	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
705 LUNDORFF DR S SANDSTONE, MN 55072 41-1884597	HOSPITAL	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
530 E 2ND ST DULUTH, MN 55805 41-0691275	REHABILITATION SERVICES	MN	501(C)(3)	LINE 3	ST MARY'S MEDICAL CENTER	Yes	
502 E 2ND ST DULUTH, MN 55805 41-1878730	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
523 N 3RD ST BRAINERD, MN 56401 41-0695602	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	BRAINERD LAKES INTEGRATED HEALTH SYSTEM	Yes	
407 E 3RD ST DULUTH, MN 55805 41-1836633	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501 41-1805811	EMERGENCY SERVICES	MN	501(C)(3)	LINE 10	INNOVIS HEALTH LLC	Yes	
3500 TOWER AVE SUPERIOR, WI 54880 41-1811073	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S MEDICAL CENTER	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 137 COTTONWOOD, ID 83522 82-0226453	HOSPITAL/CLINIC	ID	501(C)(3)	LINE 3	CRITICAL ACCESS GROUP	Yes	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501 26-2861321	PHARMACY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
407 E 3RD ST DULUTH, MN 55805 41-0695604	HOSPITAL	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501 41-1620386	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
400 E 3RD ST DULUTH, MN 55805 41-0883623	CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ESSENTIA HEALTH	M	29,838,969	ACTUAL COSTS
(1)	ESSENTIA HEALTH	P	21,006,395	ACTUAL COSTS
(2)	ESSENTIA HEALTH	R	5,917,990	ACTUAL COSTS
(3)	ESSENTIA HEALTH FOUNDATION	B	256,805	ACTUAL COSTS
(4)	ESSENTIA HEALTH FOUNDATION	C	189,938	ACTUAL COSTS
(5)	ST MARY'S REGIONAL HEALTH CENTER	A	742,554	ACTUAL COSTS