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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3300 OAKDALE AVENUE NORTH

City or town, state or province, country, and ZIP or foreign postal code
ROBBINSDALE, MN 55422

D Employer identification number

41-0729979

E Telephone number

(763) 520-5200

F Name and address of principal officer:
J KEVIN CROSTON MD
3300 OAKDALE AVENUE NORTH
ROBBINSDALE, MN 55422

G Gross receipts \$ 971,947,969

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.NORTHMEMORIAL.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1954

M State of legal domicile: MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
EMPOWERING OUR CUSTOMERS TO ACHIEVE THEIR BEST HEALTH.

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) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6,094

6 Total number of volunteers (estimate if necessary) 6 650

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,147,037

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 445,388 1,837,985

9 Program service revenue (Part VIII, line 2g) 841,234,034 848,432,419

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,343,817 14,666,007

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 872,326 169,975

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 860,895,565 865,106,386

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 50,000 50,000

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) 496,117,349 483,015,394

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 351,131,564 364,637,499

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 847,298,913 847,702,893

19 Revenue less expenses. Subtract line 18 from line 12 13,596,652 17,403,493

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 566,156,236 661,551,956

21 Total liabilities (Part X, line 26) 208,891,600 260,740,687

22 Net assets or fund balances. Subtract line 21 from line 20 357,264,636 400,811,269

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-11-12
DAN FROMM CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-11-12 Check ☐ if self-employed PTIN P00447603
Firm's name ▶ BAKER TILLY US LLP Firm's EIN ▶ 39-0859910
Firm's address ▶ 225 S 6TH ST 2300 Phone no. (612) 876-4500
MINNEAPOLIS, MN 55402

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 (2019)

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:

EMPOWERING OUR CUSTOMERS TO ACHIEVE THEIR BEST HEALTH.

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 \$ 728,116,157 | including grants of \$ 50,000 | (Revenue \$ 733,976,460) |
| See Additional Data | | | | |



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

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

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

| | | |
|-----------|---|-------------|
| 4e | Total program service expenses ▶ | 728,116,157 |
|-----------|---|-------------|

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 Yes | |
| 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 Yes | |
| 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 Yes | |
| 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 | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|---|------------|-----|
| 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 | 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? If "Yes," complete Schedule J | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | Yes |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | 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? If "Yes," complete Schedule R, Part I | 33 | Yes |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | 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? If "Yes," complete Schedule R, Part VI | 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 | 564 |
| 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 | |

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

| | | | | |
|--|-----------------|-----|----|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 6,094 | | | |
| 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 | Yes | | |
| b If "Yes," enter the name of the foreign country: ▶BD 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 | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a 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 720, Schedule N. | 15 | Yes | | |
| 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 | 14 | |
| | 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 | 10 | |
| 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 | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | No |
| 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 | No |
| 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:
DAN FROMM 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 (763) 520-5200

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 ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[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 | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 14,213,452 | 0 | 1,105,835 |

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 ▶ 751

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------------|---------------------|
| VOYAGE HEALTHCARE 9201 WEST BROADWAY STE 501 ROBBINSDALE, MN 55422 | PHYSICIAN SERVICES | 12,819,938 |
| REGENTS OF THE UNIVERSITY OF MINNESOTA 3366 OAKDALE AVE N 401 ROBBINSDALE, MN 55422 | MEDICAL RESIDENT AND FELLOW TRAINING | 5,124,993 |
| RESPIRATORY CONSULTANTS PA 3366 OAKDALE AVE N 401 ROBBINSDALE, MN 55422 | INTENSIVISTS STAFFING | 4,598,352 |
| UNIVERSITY OF MINNESOTA PHYSICIANS 720 WASHINGTON AVE SE STE 200 MINNEAPOLIS, MN 55414 | PHYSICIAN SERVICES | 2,426,915 |
| BRANDFIRE LLC 555 8TH AVENUE STE 1802 NEW YORK, NY 10018 | MEDIA ADVERTISING | 2,191,528 |

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 ▶ 119

| | | | | | | | | |
|--|-----|--|---|--|---|--|------------|--|
| Form 990 (2019) | | Page 9 | | | | | | |
| Part VIII | | Statement of Revenue | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | | | |
| | | | (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 | 580,322 | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,257,663 | | | | |
| | g | Noncash contributions included in lines 1a - 1f:\$ | 1g | 611,735 | | | | |
| | h | Total. Add lines 1a-1f ▶ | 1,837,985 | | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | HOSPITAL PATIENT REVEN | 621500 | 736,953,522 | 733,806,485 | 3,147,037 | | |
| | b | CONTRACT REVENUE | 900099 | 37,352,407 | | 37,352,407 | | |
| | c | PHARMACY | 900099 | 15,720,627 | | 15,720,627 | | |
| | d | JOINT VENTURE REVENUE | 900099 | 10,700,803 | | 10,700,803 | | |
| | e | EHR/MEDICARE & OTHER | 900099 | 9,142,120 | | 9,142,120 | | |
| | f | All other program service revenue. | | 38,562,940 | | 38,562,940 | | |
| | g | Total. Add lines 2a-2f. ▶ | 848,432,419 | | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) ▶ | 542,198 | | 542,198 | | |
| | 4 | | Income from investment of tax-exempt bond proceeds ▶ | 2,126 | | 2,126 | | |
| | 5 | | Royalties ▶ | | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | | 6a | 13,698,299 | | | | |
| | | | b | Less: rental expenses | 6b | 13,528,324 | | |
| | | | c | Rental income or (loss) | 6c | 169,975 | | |
| | d | | Net rental income or (loss) ▶ | 169,975 | 169,975 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 7a | 107,434,942 | | | | |
| | | | b | Less: cost or other basis and sales expenses | 7b | 91,923,999 | 1,389,260 | |
| | | | c | Gain or (loss) | 7c | 15,510,943 | -1,389,260 | |
| | d | | Net gain or (loss) ▶ | 14,121,683 | | 14,121,683 | | |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | | b | Less: direct expenses | 8b | | | |
| | c | | Net income or (loss) from fundraising events ▶ | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | | b | Less: direct expenses | 9b | | | |
| | c | | Net income or (loss) from gaming activities ▶ | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b | | | Less: cost of goods sold | 10b | | | | |
| c | | Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | All other revenue | | | | | | |
| e | | Total. Add lines 11a-11d ▶ | | | | | | |
| 12 | | Total revenue. See instructions ▶ | 865,106,386 | 733,976,460 | 3,147,037 | 126,144,904 | | |

Form 990 (2019)

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 | 50,000 | 50,000 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 10,063,930 | | 10,063,930 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 377,676,275 | 325,556,949 | 52,119,326 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 24,688,377 | 21,281,381 | 3,406,996 | |
| 9 Other employee benefits | 45,282,494 | 39,033,510 | 6,248,984 | |
| 10 Payroll taxes | 25,304,318 | 21,812,322 | 3,491,996 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 2,294,342 | 1,977,723 | 316,619 | |
| c Accounting | 311,711 | 268,695 | 43,016 | |
| d Lobbying | 125,000 | | 125,000 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 770,974 | | 770,974 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 83,589,146 | 72,159,870 | 11,429,276 | |
| 12 Advertising and promotion | 4,766,879 | 4,109,050 | 657,829 | |
| 13 Office expenses | 7,346,573 | 6,332,746 | 1,013,827 | |
| 14 Information technology | 16,826,957 | 14,504,837 | 2,322,120 | |
| 15 Royalties | | | | |
| 16 Occupancy | 29,607,149 | 25,521,362 | 4,085,787 | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 4,016,228 | 3,461,989 | 554,239 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 30,981,574 | 26,706,117 | 4,275,457 | |
| 23 Insurance | 7,358,413 | 6,342,952 | 1,015,461 | |
| 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 SUPPLIES | 108,473,393 | 93,504,065 | 14,969,328 | |
| b BAD DEBT EXPENSE | 37,409,109 | 37,409,109 | | |
| c MAINTENANCE & REPAIR | 15,595,012 | 13,442,900 | 2,152,112 | |
| d GOVERNMENT TAXES | 11,414,608 | 11,414,608 | | |
| e All other expenses | 3,750,431 | 3,225,972 | 524,459 | |
| 25 Total functional expenses. Add lines 1 through 24e | 847,702,893 | 728,116,157 | 119,586,736 | 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 | | 13,578 | 1 | 18,278 | |
| | 2 | Savings and temporary cash investments | | 826,498 | 2 | 838,082 | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | 95,019,676 | 4 | 85,881,544 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | | |
| | 7 | Notes and loans receivable, net | | 6,539,018 | 7 | 0 | |
| | 8 | Inventories for sale or use | | 7,906,501 | 8 | 8,025,270 | |
| | 9 | Prepaid expenses and deferred charges | | 12,342,786 | 9 | 11,741,576 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 635,273,670 | | | |
| | b | Less: accumulated depreciation | 10b | 460,680,357 | 197,683,081 | 10c | 174,593,313 |
| | 11 | Investments—publicly traded securities | | 230,151,850 | 11 | 242,547,489 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 56,712,610 | 12 | 121,127,258 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | 1,909,697 | 14 | 1,692,266 | |
| | 15 | Other assets. See Part IV, line 11 | | -42,949,059 | 15 | 15,086,880 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 566,156,236 | 16 | 661,551,956 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 72,761,563 | 17 | 69,856,172 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 520,002 | 19 | 491,461 | |
| | 20 | Tax-exempt bond liabilities | | 113,436,326 | 20 | 103,412,339 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 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 | | 22,173,709 | 25 | 86,980,715 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 208,891,600 | 26 | 260,740,687 | | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 357,264,636 | 27 | 400,811,269 | |
| | 28 | Net assets with donor restrictions | | | 28 | | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| 32 | Total net assets or fund balances | | 357,264,636 | 32 | 400,811,269 | | |
| 33 | Total liabilities and net assets/fund balances | | 566,156,236 | 33 | 661,551,956 | | |

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 | 865,106,386 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 847,702,893 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 17,403,493 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 357,264,636 |
| 5 | Net unrealized gains (losses) on investments | 5 | 33,879,044 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -7,735,904 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 400,811,269 |

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? | | No |
| 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. | | |

Additional Data

Software ID:

Software Version:

EIN: 41-0729979

Name: NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Form 990 (2019)

Form 990, Part III, Line 4a:

NORTH MEMORIAL HEALTH CARE DBA NORTH MEMORIAL HEALTH IS A HEALTHCARE SYSTEM THAT INCLUDES A GENERAL ACUTE CARE HOSPITAL PROVIDING HIGHLY SPECIALIZED TRAUMA AND EMERGENCY SERVICES, CORONARY CARE, OPEN HEART SURGERY, ONCOLOGY, HIGH RISK MATERNITY AND NEONATAL CARE, AND GENERAL MEDICAL: SURGICAL, OBSTETRICAL, PEDIATRIC, REHABILITATION, BEHAVIORAL HEALTH, MEDICAL TRANSPORTATION AND HOME HEALTH AND HOSPICE SERVICES PLUS PRIMARY AND SPECIALTY CARE CLINICS. NORTH MEMORIAL HEALTH'S MISSION IS EMPOWERING ITS CUSTOMERS TO ACHIEVE THEIR BEST HEALTH. IN ADDITION TO CHARITY AND UNCOMPENSATED CARE, NORTH MEMORIAL HEALTH ALSO PROVIDES NUMEROUS COMMUNITY BENEFITS (AT NO COST OR BELOW COST) IN FURTHERANCE OF ITS CHARITABLE PURPOSE. NORTH MEMORIAL HEALTH OFFERS VARIOUS COMMUNITY-BASED PROGRAMS INCLUDING HEALTH SCREENINGS, SUPPORT COUNSELING FOR PARENTS AND FAMILIES, PASTORAL CARE, CRISIS INTERVENTION, TRANSPORTATION TO AND FROM THE HOSPITAL CAMPUS, AND THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS. ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING WELLNESS SEMINARS AND CLASSES ON SPECIFIC CONDITIONS. NORTH MEMORIAL HEALTH ALSO PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COSTS TO RESIDENTS OF ITS COMMUNITY, PRIMARILY THROUGH (A) THE DIFFERENCES BETWEEN PUBLIC PROGRAM PAYMENTS (PRIMARILY MEDICARE AND MEDICAID) AND THE RELATED COSTS OF PROVIDING SUCH SERVICES, AND (B) SERVICES PROVIDED TO PATIENTS EXPRESSING A WILLINGNESS TO PAY BUT WHO ARE DETERMINED UNABLE TO PAY BECAUSE OF ECONOMIC FACTORS. IN ADDITION, NORTH MEMORIAL HEALTH CONTRIBUTES TO FUNDING MEDICAL CARE FOR THE UNINSURED THROUGH PAYMENT OF PATIENT SERVICE TAXES, WHICH INCLUDE THE MEDICAID SURCHARGE AND THE MINNESOTA CARE TAX ON CERTAIN NET REVENUE.

| 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 | | | |
| J KEVIN CROSTON MD CEO NORTH MEMORIAL | 42.00 10.00 | X | | X | | | | 1,274,710 | 0 | 47,162 |
| ROBERT KING MD CARDIAC SURGEON | 50.00 0.00 | | | | | X | | 846,924 | 0 | 120,103 |
| ALOK MAHESHWARI MD CARDIAC SURGEON | 50.00 0.00 | | | | | X | | 877,365 | 0 | 48,667 |
| OSAMA IBRAHIM MD CARDIOLOGIST | 50.00 0.00 | | | | | X | | 879,919 | 0 | 38,277 |
| JOSEPH VAN CAMP MD CARDIAC SURGEON | 50.00 0.00 | | | | | X | | 851,695 | 0 | 50,495 |
| STEVEN ROH MD CARDIOLOGIST | 50.00 0.00 | | | | | X | | 864,480 | 0 | 32,633 |
| DEEPAK KADEMANI MD BOARD MEMBER/SURGEON | 50.00 2.00 | X | | | | | | 684,540 | 0 | 45,591 |
| JEFFREY WICKLANDER PRESIDENT, NORTH MEMORIAL MC | 50.00 2.00 | | | | X | | | 562,019 | 0 | 123,234 |
| CAROLYN OGLAND VUKICH CHIEF MEDICAL OFFICER, AMBULATORY SVCS | 50.00 2.00 | | | | X | | | 570,794 | 0 | 39,490 |
| JENNIFER CLOSE PRESIDENT & CHIEF AMBULATORY OFFICER | 50.00 2.00 | | | | X | | | 567,968 | 0 | 36,254 |

| 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 | | | |
| ANDREW COCHRANE CEO, MAPLE GROVE HOSPITAL | 50.00 2.00 | | | | X | | | 537,106 | 0 | 45,592 |
| SAMANTHA HANSON CHIEF ADMINISTRATIVE OFFICER | 50.00 2.00 | | | | X | | | 539,999 | 0 | 42,699 |
| JENNIFER TESSMER-TUCK VP, MEDICAL AFFAIRS | 50.00 0.00 | | | | X | | | 518,253 | 0 | 29,213 |
| AARON BLOOMQUIST VP FINANCE, CFO | 42.00 10.00 | | | X | | | | 462,955 | 0 | 37,186 |
| PATRICK COYNE VP, AMBULANCE SERVICES | 50.00 0.00 | | | | X | | | 437,914 | 0 | 42,578 |
| KELLY WHITE VP, PATIENT CARE & CNO | 50.00 0.00 | | | | X | | | 425,917 | 0 | 29,083 |
| PATRICK TAFFE VP, INFORMATION SYSTEMS & CIO | 50.00 0.00 | | | | X | | | 409,942 | 0 | 39,569 |
| KARL THOMAS CHIEF INNOVATION OFFICER | 50.00 0.00 | | | | X | | | 328,304 | 0 | 43,074 |
| RYAN JOHNSON VP, TREASURY & BUSN DEVELOPMENT | 50.00 0.00 | | | | X | | | 322,219 | 0 | 36,022 |
| DAVID ALBRIGHT VP, FINANCE PLANNING AND ACCOUNTING | 50.00 0.00 | | | | X | | | 322,415 | 0 | 26,428 |

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 | | | |
| KENT SPAULDING VP, CHIEF DEVELOPMENT OFFICER | 50.00 1.00 | | | | X | | | 278,667 | 0 | 41,846 |
| TRUDY MARSHALL VP, MARKETING, COMM. & OUTREACH | 50.00 0.00 | | | | X | | | 289,702 | 0 | 28,417 |
| STEVEN HORSTMANN VP, OPERATIONS | 50.00 0.00 | | | | X | | | 297,498 | 0 | 18,254 |
| NATHAN DELL VP, REVENUE CYCLE | 50.00 0.00 | | | | X | | | 291,539 | 0 | 14,440 |
| MEETUL SHAH CHIEF MED INFO OFFICER, AMB | 50.00 0.00 | | | | X | | | 250,349 | 0 | 18,197 |
| KELSEY BRODSHO CHIEF COMPLIANCE OFFICER-OUTGOING | 50.00 0.00 | | | | X | | | 227,996 | 0 | 26,870 |
| DAWN BACKLUND CHIEF COMPLIANCE OFFICER-INTERIM | 50.00 0.00 | | | | X | | | 192,263 | 0 | 4,461 |
| MICHAEL STEINHAUSER CHAIRMAN OF BOARD | 2.00 0.00 | X | | X | | | | 7,500 | 0 | 0 |
| TED FERRARA VICE CHAIRMAN OF BOARD | 2.00 0.00 | X | | X | | | | 7,500 | 0 | 0 |
| TIMOTHY BAYLOR BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |

| 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 | | | |
| BRUCE CHRISTENSEN BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| SCOTT COLSON MD BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| ROBERT DAHL BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| TODD GENGERKE MD BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| DIANE HUSTON BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| LAURIE LAFONTAINE BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| WARREN MACK BOARD MEMBER - OUTGOING | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| BETTY PAKZAD MD BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| ROBERT PRENTISS JR BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |
| JEFF SMITH BOARD MEMBER - OUTGOING | 2.00 0.00 | X | | | | | | 2,500 | 0 | 0 |

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 | | | |
| HEIDI WILSON BOARD MEMBER | 2.00 0.00 | X | | | | | | 7,500 | 0 | 0 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Employer identification number
41-0729979

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 | |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 | |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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 | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

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

Additional Data

Software ID:
Software Version:
EIN: 41-0729979
Name: NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

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

2019

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 NORTH MEMORIAL HEALTH CARE DBA NORTH MEMORIAL HEALTH | Employer identification number 41-0729979 |
|---|--|

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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (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? | Yes | | 123,000 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 2,000 |
| j | Total. Add lines 1c through 1i | | | 125,000 |
| 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: | CONTACTS AND VISITS WERE MADE WITH STATE LEVEL LEGISLATORS TO PROMOTE HEALTH CARE RELATED ISSUES. LINE 1I INCLUDES THE NON-DEDUCTIBLE PORTION OF MHA DUES. |

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Employer identification number
41-0729979

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:

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes☐ No

b

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

☐

Part V

Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back | |
|----|--|----------------|--------------------|----------------------|---------------------|-----------|
| 1a | Beginning of year balance | 2,919,654 | 3,344,063 | 3,029,196 | 2,203,143 | 3,591,423 |
| b | Contributions | 7,300 | 82,062 | | 155,228 | |
| c | Net investment earnings, gains, and losses | 659,124 | -75,671 | 370,959 | 707,969 | 17,322 |
| d | Grants or scholarships | 52,094 | | | | |
| e | Other expenditures for facilities and programs | | 414,300 | 56,092 | 37,144 | 1,405,602 |
| f | Administrative expenses | | 16,500 | | | |
| g | End of year balance | 3,533,984 | 2,919,654 | 3,344,063 | 3,029,196 | 2,203,143 |

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 68.530 %

c

Temporarily restricted endowment ▶ 31.470 %

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?

4

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

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

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 | 13,669,541 | | 13,669,541 |
| b | Buildings | 249,806,517 | 169,476,123 | 80,330,394 |
| c | Leasehold improvements | 11,009,677 | 8,525,961 | 2,483,716 |
| d | Equipment | 350,643,749 | 274,799,856 | 75,843,893 |
| e | Other | 10,144,186 | 7,878,417 | 2,265,769 |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | 174,593,313 |

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) RREEF AMERICA REIT II | 29,710,708 | F |
| (B) MELLON AGGREGATE BOND INDEX FUND | 55,559,868 | F |
| (C) CASH ON DEPOSIT WITH BOND TRUSTEE | 775,806 | F |
| (D) AGENCY ACCOUNT | 41,594 | F |
| (E) CASUALTY INSURANCE SECURITY | 3,934,750 | F |
| (F) HELD FOR SALE | 31,104,532 | F |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 121,127,258 | |

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 | |
| See Additional Data Table | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 86,980,715 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

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

Additional Data

Software ID:
Software Version:
EIN: 41-0729979
Name: NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4: | <p>ALL ENDOWMENT FUNDS ARE HELD BY A RELATED ENTITY: NORTH MEMORIAL FOUNDATION. 1) RALPH ROSS EN ENDOWMENT: THIS ENDOWMENT WAS ESTABLISHED IN 1986 TO PROVIDE RECOGNITION TO NURSING STA</p> <p>FF THAT PROVIDE REMARKABLE SERVICE TO NORTH MEMORIAL PATIENTS AND THEIR FAMILIES. MEMBERS OF THE ROSSEN FAMILY SERVE ON A COMMITTEE ALONG WITH THE VP AND CHIEF NURSING OFFICER OF N ORTH MEMORIAL TO SELECT THE RECIPIENTS. 2) HAROLD B. KAISER HONORARY LECTURESHIP ENDOWMENT : DR. KAISER IS THE FOUNDER OF ALLERGY & ASTHMA SPECIALISTS, P.A. ESTABLISHED IN 1966. THE HAROLD B KAISER HONORARY LECTURESHIP ENDOWMENT PROVIDES FUNDING FOR A KEYNOTE SPEAKER FOR THE ANNUAL ALLERGY & ASTHMA CONFERENCE HELD IN THE MINNEAPOLIS AREA IN MARCH. 3) HAROLD E CKER ENDOWMENT: ESTABLISHED IN 1994 IN HONOR OF THE EXCELLENT CARE THAT MR. ECKER RECEIVED AS A PATIENT AT NORTH MEMORIAL, THE HAROLD ECKER ENDOWMENT PROVIDES A \$500 AWARD TO THREE NORTH MEMORIAL EMPLOYEES RECOGNIZING THEIR OUTSTANDING PERFORMANCE AND PERSONAL ATTITUDE.</p> <p>THE AWARD IS OPEN TO ALL EMPLOYEES AND THE WINNERS ARE SELECTED BY A COMMITTEE OF NORTH M EMORIAL EMPLOYEES AND PRESENTED AT THE ANNUAL QUALITY AWARDS LUNCHEON IN NOVEMBER EACH YEA</p> <p>R. 4) RESIDENTIAL HOSPICE ENDOWMENT: THE RESIDENTIAL HOSPICE ENDOWMENT WAS ESTABLISHED BY DR. JOHN AND PATTY MANION TO PROVIDE ASSISTANCE TO THE RESIDENTIAL HOSPICE PROGRAM AT NORT H MEMORIAL. FUNDS ARE USED TO UPGRADE THE FACILITIES AND EQUIPMENT AT THE NORTH RESIDENTIA L HOSPICE FACILITY IN BROOKLYN CENTER, PROVIDE ADDITIONAL PROGRAM SUPPORT, STAFF TRAINING AND TO ASSIST THOSE FAMILIES THAT CANNOT AFFORD THIS SERVICE. THE RESIDENTIAL HOSPICE FACI LITY WAS SOLD IN 2017 AND WE ARE CURRENTLY WORKING THROUGH THE PROCESS TO REPURPOSE THE EN DOWMENT FUNDS. NO FUNDS WILL BE USED UNTIL THE PROCESS IS COMPLETE. 5) HELEN MURRAY MEMORI AL ENDOWMENT THIS ENDOWMENT WAS ESTABLISHED WITH AN IRREVOCABLE CHARITABLE REMAINDER TRUST</p> <p>BY JEANNE MITHUN TO RECOGNIZE THE OUTSTANDING SERVICE THAT NORTH RESIDENTIAL HOSPICE PROV IDED TO HER MOTHER (HELEN MURRAY) AND HER FAMILY. FUNDS ARE USED TO PROVEDE CARE TO INDIVID UALS UNABLE TO PAY FOR SERVICES AT THE FACILITY. 6) MEDICAL STAFF ENDOWMENT THIS ENDOWMENT WAS ESTABLISHED IN 2010 BY THE NORTH MEMORIAL MEDICAL STAFF EXECUTIVE COMMITTEE. PROCEEDS FROM THE ENDOWMENT WILL FUND NORTH MEMORIAL PROGRAMS SUCH AS JUNIOR VOLUNTEER SCHOLARSHIP</p> <p>, SAFEJOURNEY, PASTORAL CARE, ETC. 7) MAPLE GROVE MEDICAL STAFF ENDOWMENT WAS ESTABLISHED IN 2013 BY THE MAPLE GROVE MEDICAL STAFF EXECUTIVE COMMITTEE. PROCEEDS FROM THE ENDOWMENT WILL FUND MAPLE GROVE PROGRAMS.</p> |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| PART X, LINE 2: | NORTH MEMORIAL EVALUATES ITS UNCERTAIN POSITIONS ON AN ANNUAL BASIS, AND THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2019 OR 2018. |

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Employer identification number
41-0729979

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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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. | 3a | Yes | |
| | | 3b | Yes | |
| 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 | Yes | |
| 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 | | No |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | | No |
| b | If "Yes," did the organization make it available to the public? | 6b | | |
| 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) | | | 15,869,318 | | 15,869,318 | 1.870 % |
| b Medicaid (from Worksheet 3, column a) | | | 108,838,795 | 75,055,485 | 33,783,310 | 3.990 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 124,708,113 | 75,055,485 | 49,652,628 | 5.860 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 4,802,330 | 58,800 | 4,743,530 | 0.560 % |
| f Health professions education (from Worksheet 5) | | | 6,435,064 | 1,312,854 | 5,122,210 | 0.600 % |
| g Subsidized health services (from Worksheet 6) | | | 10,432,631 | 6,428,594 | 4,004,037 | 0.470 % |
| h Research (from Worksheet 7) | | | 54,749 | | 54,749 | 0.010 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 646,693 | | 646,693 | 0.080 % |
| j Total. Other Benefits | | | 22,371,467 | 7,800,248 | 14,571,219 | 1.720 % |
| k Total. Add lines 7d and 7j | | | 147,079,580 | 82,855,733 | 64,223,847 | 7.580 % |

Part II

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

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.

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.

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.

5

Enter total revenue received from Medicare (including DSH and IME)

6

Enter Medicare allowable costs of care relating to payments on line 5

7

Subtract line 6 from line 5. This is the surplus (or shortfall)

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:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

9a

Did the organization have a written debt collection policy during the tax year?

9b

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

1

Yes

2

13,506,261

3

5

187,498,939

6

232,351,323

7

-44,852,384

9a

Yes

9b

Yes

Section B. Medicare

Section C. Collection Practices

Part IV

Management Companies and Joint Ventures

| (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 MAPLE GROVE HOSPITAL | HOSPITAL | 75.000 % | 0 % | 0 % |
| 2 2 NM AMBULATORY SURGERY CENTER MAPLE GROVE | OUTPATIENT SURG CTR | 50.000 % | 0 % | 50.000 % |
| 3 3 MN DIAGNOSTIC IMAGING PARTNERS | OUTPATIENT IMAGING CTR | 60.000 % | 0 % | 40.000 % |
| 4 4 INSTITUTE OF ATHLETIC MEDICINE | CLINIC | 37.000 % | 0 % | 0 % |
| 5 5 MONTICELLO CANCER CENTER | OPTNT CANCER CENTER | 40.000 % | 0 % | 0 % |
| 6 6 NORTH RADIATION ONCOLOGY | OPTNT RADIATION ONC CLNC | 50.000 % | 0 % | 50.000 % |
| 7 7 MINNETONKA AMBULATORY SURGERY CENTER | OUTPATIENT SURGERY CENTER | 100.000 % | 0 % | 0 % |
| 8 8 FAIRVIEW HOME INFUSION | OPTNT INFUSION CLINIC | 49.000 % | 0 % | 0 % |
| 9 9 BLAINE AMBULATORY SURGERY CENTER | OUTPATIENT SURGERY CENTER | 10.000 % | 0 % | 37.000 % |
| 10 10 CDI ROSEVILLE | OUTPATIENT IMAGING CENTER | 25.000 % | 0 % | 0 % |
| 11 11 MONTICELLO SURGERY CENTER | OPTNT SURGERY CENTER | 25.000 % | 0 % | 14.000 % |
| 12 12 MULTICARE SLEEP CENTER LLC | OPTNT SLEEP CENTER | 50.000 % | 0 % | 0 % |
| 13 13 VHA UPPER MIDWEST | HLTHCARE GRP PURCHASING ORG CO-OP | 10.000 % | 0 % | 0 % |

Schedule H (Form 990) 2019

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 | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

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)

NORTH MEMORIAL HEALTH

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

1

Community Health Needs Assessment

| | Yes | No |
|---|------------|-----|
| 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: 20 <u>19</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 | No |
| 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 | No |
| 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>SEE PART V FOR FULL URL</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: 20 <u>19</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V FOR FULL URL</u> | 10 | Yes |
| a | | |
| 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)

| | | | | |
|---|---|----|-----|----|
| NORTH MEMORIAL HEALTH | | | | |
| Name of hospital facility or letter of facility reporting group | | | Yes | No |
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of 275.000000000000%</div><div>b</div><div><input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 13 | Yes | |
| 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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 15 | Yes | |
| 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): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V FOR FULL URL</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V FOR FULL URL</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V FOR FULL URL</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><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)</div><div>f</div><div><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)</div><div>g</div><div><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</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 16 | Yes | |

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

NORTH MEMORIAL HEALTH

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 type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input checked="" 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)

NORTH MEMORIAL HEALTH

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 |
|-----------|-----|----|
| 22 | | |
| 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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[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? 7

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 1 1 - MINNESOTA DIAGNOSTIC IMAGING PARTNERS 2955 XENIUM LANE SUITE 40 PLYMOUTH, MN 55441 | OUTPATIENT RADIOLOGY |
| 2 2 - BLAINE URGENCY CENTER 480 OSBORNE RD NE FRIDLEY, MN 55432 | URGENT CARE |
| 3 3 - NM AMBUL SURGERY CENTER MAPLE GROVE 9875 HOSPITAL DRIVE MAPLE GROVE, MN 55369 | OUTPATIENT SURGERY |
| 4 4 - NORTH RADIATION THERAPY CENTER 6950 FRANCE AVE S SUITE 200 EDINA, MN 55435 | OUTPATIENT RADIOLOGY |
| 5 5 - MINNETONKA AMBULATORY SURGERY CENTER 15450 HIGHWAY 7 SUITE 200 MINNETONKA, MN 55345 | OUTPATIENT SURGERY |
| 6 6 - CRYSTAL IMAGING CENTER 5700 BOTTINEAU BLVD CRYSTAL, MN 55429 | OUTPATIENT RADIOLOGY |
| 7 7 - MULTICARE SLEEP CENTER LLC 10600 OLD COUNTY ROAD 15 PLYMOUTH, MN 55441 | OUTPATIENT SLEEP CENTER |
| 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.

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 2: | AMOUNT REPRESENTS THE HOSPITAL'S BAD DEBT PROVISION REDUCED BY THE HOSPITAL'S COST TO CHARGE RATIO WHICH REPRESENTS THE BEST ESTIMATE OF COST FOR THE BAD DEBT PROVISION. |
| PART III, LINE 4: | NORTH MEMORIAL HEALTH'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE DESCRIPTION ABOUT BAD DEBT EXPENSE. THE COST TO CHARGE RATIO WAS USED TO DETERMINE THE AMOUNT ON PART III, SECTION A, LINE 2. WE DO NOT HAVE THE INFORMATION NECESSARY TO DETERMINE WHICH PORTION OF THE AMOUNT REPORTED ON LINE 2 IS COMMUNITY BENEFIT. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 8: | THE SHORTFALL REPORTED REPRESENTS THE AMOUNT MEDICARE REIMBURSEMENT IS LESS THAN THE ESTIMATED COST OF PROVIDING SERVICES TO THOSE PATIENTS. THE METHOD USED TO ESTIMATE THOSE COSTS IS THE COST TO CHARGE RATIO APPROACH WHICH CALCULATES THE RATIO OF TOTAL HOSPITAL COSTS / TOTAL HOSPITAL GROSS REVENUE AND THEN APPLIES THAT RATIO TO TOTAL MEDICARE GROSS REVENUE. |
| PART III, LINE 9B: | NORTH MEMORIAL HEALTH HAS POLICIES AND PROCEDURES IN PLACE FOR COLLECTION PRACTICES THAT INCLUDE IDENTIFICATION AND SCREENING FOR CHARITY CARE AND FINANCIAL ASSISTANCE. THE POLICIES ARE AVAILABLE ON THE ORGANIZATION'S INTRANET AND PERTAIN TO ALL ENTITIES UNDER THE NORTH MEMORIAL CORPORATE UMBRELLA. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 2: | NORTH MEMORIAL HEALTH WORKS CLOSELY WITH THE COMMUNITY HEALTH STEERING COMMITTEE MEMBERS TO DETERMINE AREAS OF NEED AND COMMUNITY HEALTH CONCERNS. OUR COMMUNITY HEALTH OUTREACH MANAGER IS A MEMBER OF THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP STEERING COMMITTEE WHICH ALLOWS NORTH MEMORIAL MEDICAL CENTER TO BE INVOLVED IN KEY COMMUNITY HEALTH ISSUES. A NEW COMMUNITY HEALTH NEEDS ASSESSMENT HAS BEEN COMPLETED IN 2019, INCLUDING COMMUNITY FOCUS GROUPS, TO BETTER UNDERSTAND THE COMMUNITY'S HEALTH NEEDS. |
| PART VI, LINE 3: | NORTH MEMORIAL HEALTH HAS A VERY PROACTIVE PROGRAM TO ASSIST UNINSURED AND UNDERINSURED PATIENTS WITH THEIR MEDICAL BILLS. WE COMPLY WITH THE ATTORNEY GENERAL'S REQUIREMENT TO PROVIDE A DISCOUNT TO UNINSURED MINNESOTA RESIDENTS AS WELL AS A FINANCIAL ASSISTANCE PROGRAM FOR FINANCIALLY QUALIFIED PATIENTS. WE HAVE PATIENT FINANCIAL ADVOCATES AS WELL AS A CONTRACTED VENDOR THAT MEETS WITH ALL OF OUR UNINSURED INPATIENTS AND SPECIFIC OUTPATIENTS TO ASSIST THEM IN MEDICAL ASSISTANCE ELIGIBILITY AND APPLICATIONS. THIS COULD INCLUDE A VISIT TO THEIR RESIDENCE IF THEY NEED HELP IN COMPLETING ASSISTANCE APPLICATIONS. SHOULD THEY NOT QUALIFY FOR STATE OR FEDERAL ASSISTANCE PROGRAMS, WE OFFER AND ASSIST THEM IN APPLYING FOR THE HOSPITAL'S FINANCIAL ASSISTANCE (CHARITY CARE) PROGRAM. IN ADDITION, OUR INTERNAL COLLECTIONS DEPARTMENT AND OUR COLLECTION AGENCIES ARE WELL VERSED IN OUR ASSISTANCE PROGRAMS AND WILL ASSESS DURING THEIR CONVERSATIONS WITH PATIENTS IF REFERRAL TO EITHER A STATE OR FEDERAL PROGRAM OR OUR CHARITY CARE PROGRAM WOULD BE APPROPRIATE. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 4: | NORTH MEMORIAL HEALTH SERVES A GEOGRAPHIC AREA THAT INCLUDES 58 ZIP CODES IN THE NORTHWEST QUADRANT OF THE TWIN CITIES METRO. THIS SERVICE AREA INCLUDES BOTH URBAN, SUBURBAN, EX-URBAN, AND RURAL AREAS. THIS SERVICE AREA INCLUDES A DIVERSE POPULATION OF 1,280,000 PEOPLE LIVING IN HENNEPIN, WRIGHT, SHERBURNE, ANOKA AND RAMSEY COUNTIES. |
| PART VI, LINE 5: | NORTH MEMORIAL HEALTH HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL PROVIDING SPECIALIZED TRAUMA AND EMERGENCY SERVICES, CARDIOVASCULAR AND OPEN-HEART SERVICES, ONCOLOGY, HIGH RISK MATERNITY AND NEONATAL CARE, AND GENERAL MEDICAL-SURGICAL, OBSTETRICAL, PEDIATRIC, REHABILITATIVE AND BEHAVIORAL SERVICES. NORTH MEMORIAL HEALTH ALSO PROVIDES AN ARRAY OF HEALTH CARE SERVICES TO OUR COMMUNITY INCLUDING PRIMARY CARE, AMBULANCE TRANSPORTATION AND HOSPICE SERVICES. NORTH MEMORIAL HEALTH IS GOVERNED BY A BOARD OF 16 REPRESENTATIVES CONSISTING OF PHYSICIANS AND LEADERS FROM THROUGHOUT THE COMMUNITY. BOARD MEMBERS ARE ELECTED TO SERVE THREE-YEAR TERMS FOR A TOTAL OF FIVE TERMS. THE HOSPITAL ALSO SUPPORTS AN OPEN MEDICAL STAFF ORGANIZATION INCLUDING APPROXIMATELY 900 BOARD CERTIFIED PHYSICIANS AND 300 ALLIED HEALTH PROFESSIONALS. THE NORTH MEMORIAL HEALTH BOARD OF TRUSTEES ESTABLISHES AN ANNUAL MARGIN TARGET FOR MANAGEMENT. PER BOARD POLICY 75% OF ANY EXCESS AVAILABLE CASH FLOW IS INVESTED IN CAPITAL IMPROVEMENTS. THE REMAINING 25% IS USED TO SUPPORT LONG TERM OPERATIONS. WE PROVIDE EDUCATION TO THE COMMUNITY ON CHILD SAFETY, STROKE RISK FACTORS, HEART DISEASE RISK FACTORS AND OTHER HEALTH PROMOTION INFORMATION. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 6: | NORTH MEMORIAL HEALTH IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE. THROUGH TARGETED OUTREACH, EDUCATION AND PARTNERSHIPS, WE IMPROVE THE HEALTH OF OUR COMMUNITIES BY LISTENING TO THEIR NEEDS AND RESPONDING WITH APPROPRIATE PROGRAMS AND SERVICES. OUR PROGRAMS, MANY OF WHICH HAVE BEEN NATIONALLY RECOGNIZED, RANGE FROM HEALTH EDUCATION AND FREE SCREENINGS TO TRAINING HEALTH PROFESSIONALS. |
| PART VI, LINE 7: | NORTH MEMORIAL HEALTH FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF MINNESOTA. |

Additional Data

Software ID:
Software Version:

EIN: 41-0729979

Name: NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

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 | NORTH MEMORIAL HEALTH 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 WWW.NORTHMEMORIAL.COM | 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 |
| NORTH MEMORIAL HEALTH | PART V, SECTION B, LINE 5: NORTH MEMORIAL HEALTH HAS A COMMUNITY STEERING COMMITTEE WHICH IS COMPOSED OF COMMUNITY MEMBERS WHICH SUPERVISED THE ASSESSMENT PROCESS AND VOTED ON THE TOP HEALTH PRIORITIES. THE MEMBERS REPRESENT A VARIETY OF COMMUNITY ORGANIZATIONS. BOTH OF THESE COMMITTEES HAVE REPRESENTATIVES FROM PUBLIC HEALTH WHOSE MAIN FOCUS IS TO REPRESENT THE COMMUNITY'S INTERESTS RELATED TO HEALTH TOPICS. |

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 |
|-------------------------|--|
| NORTH MEMORIAL HEALTH | <p>PART V, SECTION B, LINE 11: IN 2019 NMHH CONDUCTED OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), BASED ON THE THREE YEAR CYCLE. THE 2019 CHNA WAS APPROVED BY THE NNHH COMMUNITY ENG AGEMENT ADVISORY TEAM (CEAT) ON NOVEMBER 12, 2019 AND BY THE NORTH MEMORIAL HEALTH STRATEG IC AND BUSINESS DEVELOPMENT COMMITTEE ON DECEMBER 9, 2019. IT WAS POSTED TO OUR WEBSITE ON DECEMBER 30, 2019. THE COMMUNITY HEALTH WORK CARRIED OUT DURING 2019, WHILE THE 2019 CHNA WAS BEING CONDUCTED, WAS BASED ON THE 2016 CHNA FINDINGS. THE OVERALL CHNA WAS GUIDED BY THE COMMUNITY ENGAGEMENT ADVISORY TEAM (CEAT) WHICH IS COMPOSED OF COMMUNITY MEMBERS, NORT H MEMORIAL HEALTH EMPLOYEES, AND PUBLIC HEALTH REPRESENTATIVES. DATA USED TO IDENTIFY THE TOP PRIORITIES INCLUDED: DEMOGRAPHIC DATA; QUANTITATIVE DATA FROM THE MINNESOTA HOSPITAL A SSOCIATION, MINNESOTA DEPARTMENT OF HEALTH, HENNEPIN COUNTY SHAPE 2014, COMMUNITY NEED IND EX AND ATTRIBUTED PATIENT DATA; QUALITATIVE DATA FROM FOCUS GROUPS, KEY STAKEHOLDER INTERV IEWS, AND COMMUNITY ASSET MAPPING. THE FOLLOWING TOP PRIORITIES WERE IDENTIFIED IN THE ASS ESSMENT:-MENTAL HEALTH/SUBSTANCE ABUSE/USE-FOOD - ACCESS, AFFORDABILITY, NUTRITION EDUCATI ON RESPIRATORY DISEASE-YOUTH - EDUCATION ABOUT HEALTH CARE CAREERS, LEADERSHIP DEVELOPMENT -OBESITY-CULTURAL DIVERSITYAFTER DISCUSSION OF THE HEALTH PRIORITIES, THE CEAT VOTED TO FO CUS ON TWO HEALTH PRIORITIES. PRIORITIZATION WAS BASED ON THE FOLLOWING CRITERION:-HOW WID ESPREAD IS THE HEALTH NEED?-HOW SERIOUS OR IMPORTANT DO YOU THINK THIS HEALTH NEED IS FOR INDIVIDUALS AND/OR THE COMMUNITY?-WHAT IS THE POTENTIAL FOR NORTH MEMORIAL HEALTH HOSPITAL AND COMMUNITY PARTNERS TO HAVE A POSITIVE IMPACT ON THIS HEALTH NEED WITHIN THREE TO FOUR YEARS?BASED ON THESE CRITERIA THE TOP NEEDS WERE IDENTIFIED AS:-MENTAL HEALTH/SUBSTANCE A BUSE/USE 207 VOTES-FOOD - ACCESS, AFFORDABILITY, NUTRITION EDUCATION 182 VOTES-OBESITY 177 VOTES-CULTURAL DIVERSITY 175 VOTES-RESPIRATORY DISEASE 161 VOTES-YOUTH - EDUCATION ON HEA LTH CARE CAREERS, LEADERSHIP DEVELOPMENT 158 VOTESAFTER A REVIEW OF POTENTIAL IMPLEMENTATI ON PROJECTS TO ADDRESS THESE HEALTH PRIORITIES, A DECISION WAS MADE TO SEPARATE MENTAL HEA LTH AND SUBSTANCE ABUSE/USE. THE FINAL TOP HEALTH PRIORITIES FROM THE 2016 CHNA ARE:-MENTA L HEALTH-SUBSTANCE ABUSE/USE AND-FOOD - ACCESS, AFFORDABILITY, NUTRITION EDUCATIONTHESE HE ALTH PRIORITIES WILL BE ADDRESSED WITH COMMUNITY PARTNERSHIPS, COMMUNITY SUPPORT AND CULTU RAL APPROPRIATENESS IN MIND. MENTAL HEALTH AND SUBSTANCE ABUSE/USE ARE BEING ADDRESSED SYS TEM WIDE.NORTH MEMORIAL HEALTH HOSPITAL HAS SEVERAL STRATEGIES THAT IT IS USING TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES. PRIORITY 1: MENTAL HEALTH (SYSTEM WIDE PRIORITY)GOAL - TO SUPPORT THE MENTAL HEALTH OF COMMUNITY MEMBERS ALONG THE MENTAL HEALTH CONTINUUM.OBJECT IVES:I. REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH CONDITIONS STRATEGIES:-INCORPORATE D THE MAKE IT OKAY MESSAGE INTO ANNUAL EMPLOYEE TRAINING-ACTION - NORTH MEMORIAL HEALTH HO SPITAL INCORPORATED THE MAKE I</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 |
|-------------------------|--|
| NORTH MEMORIAL HEALTH | <p>T OKAY MESSAGE INTO THE ANNUAL EMPLOYEE TRAINING. MAKE IT OKAY IS DESIGNED TO REDUCE STIGMA A SURROUNDING MENTAL HEALTH. THIS EDUCATION IS DESIGNED TO EMPOWER OUR EMPLOYEES TO FEEL C OMFORTABLE ADDRESSING MENTAL HEALTH ISSUES WITH THEIR CLIENTS, FAMILY, FRIENDS AND COMMUNI TY MEMBERS. -TO REDUCE THE STIGMA AROUND SUICIDE A SAFETALK CLASS WAS OFFERED TO THE COMMU NITY ON MAY 16, 2019 AT THE NEW HOPE YMCA.-STAFF AT MAPLE GROVE HOSPITAL HELD A MENTAL HEA LTH/MAKE IT OKAY RESISTANCE EVENT FOR STAFF AND HOSPITAL VISITORS.-STAFF AT NORTH MEMORIAL HEALTH HOSPITAL EXPRESSED AN INTEREST IN BEING TRAINED IN MAKE IT OKAY, AFTER LEARNING AB OUT THE MAKE IT OKAY PROGRAM IN THE ANNUAL EMPLOYEE TRAINING, IN ORDER TO PROVIDE COMMUNIT Y TRAINING IN THE FUTURE. II. INCREASE EDUCATION ABOUT MENTAL HEALTH STRATEGIES:-OFFER A M INIMUM OF FOUR EVIDENCE BASED MENTAL HEALTH FIRST AID (MHFA) CLASSES ACROSS THE SYSTEM ANN UALLY-ACTION - 4 MENTAL HEALTH FIRST AID CLASSES WERE OFFERED TO THE COMMUNITY IN 2019. -T HESE INCLUDE: -JANUARY 24, 2019 YOUTH MENTAL HEALTH FIRST AID CLASS AT MAPLE GROVE HOSPITA L 14 PEOPLE ATTENDED. -MARCH 1, 2019 ADULT FOCUSED MENTAL HEALTH FIRST AID CLASS AT MAPLE GROVE HOSPITAL 22 PERSONS ATTENDED. -APRIL 19, 2019 - ADULT FOCUSED MENTAL HEALTH FIRST AI D CLASS AT NORTH MARKET 16 PERSONS ATTENDED. -NOVEMBER 15, 2019 YOUTH MENTAL HEALTH FIRST AID CLASS AT NORTH SPECIALTY CENTER 6 PERSONS ATTENDED.-ACTION - IN 2018 BEGAN OFFERING SA FETALK SUICIDE AWARENESS CLASSES AFTER THE COMMUNITY REQUESTED SUICIDE PREVENTION EDUCATIO N AND SHORTER CLASSES. 5 SAFETALK CLASSES WERE OFFERED TO THE COMMUNITY IN 2019. -THESE IN CLUDE: -FEBRUARY 27, 2019 SAFETALK CLASS AT NORTH MARKET 17 PERSONS ATTENDED. -MAY 16, 201 9 SAFETALK CLASS AT NEW HOPE YMCA 10 PEOPLE ATTENDED. -JULY 19, 2019 SAFETALK CLASS AT MAP LE GROVE HOSPITAL 19 PERSONS ATTENDED. -SEPTEMBER 19, 2019 SAFETALK CLASS AT MAPLE GROVE H OSPITAL - 10 PERSONS ATTENDED. -NOVEMBER 8, 2019 SAFETALK CLASS AT THE CRYSTAL COMMUNITY C ENTER 15 PERSONS ATTENDED. III. IMPROVE ACCESS TO MENTAL HEALTH SERVICESSTRATEGIES:-OPENED THE NORTH MEMORIAL MENTAL HEALTH & ADDICTION CARE CLINIC -ACTION - THE CLINIC LOCATED IN ROBBINSDALE OPENED IN DECEMBER OF 2016 IN RESPONSE TO AN IDENTIFIED COMMUNITY NEED. THE CL INIC HAS 10,300 SQ. FT. AND FOCUSES ON GENERAL MENTAL HEALTH PROBLEMS WITH A SPECIFIC FOCU S ON SERIOUS AND PERSISTENT MENTAL ILLNESS AND POST-TRAUMATIC STRESS DISORDER.-CONTINUED A SSESSMENT OF COMMUNITY NEEDS AND DEVELOPMENT OF PROGRAMS AS NEED IS IDENTIFIED-ACTION - IN 2019, TO MEET THE NEEDS OF THE PRESENTING PATIENT COMMUNITY, WE CONTINUED OUR PARTIAL HOS PITALIZATION PROGRAM FOCUSED ON SEVERE AND PERSISTENT MENTAL ILLNESS (SPMI) POPULATIONS AL ONG WITH OUR INTENSIVE OUTPATIENT PROGRAM FOCUSED ON POST-TRAUMATIC STRESS DISORDER (PTSD) , THE FIRST OF ITS KIND IN THE STATE AND IN THE METRO AREA. IN 2019, WE HIRED AND ON-BOARD ED TWO ADDITIONAL PRESCRIBERS, FOUR PSYCHOLOGISTS, AND ONE INTEGRATIVE BEHAVIORAL HEALTH P ROVIDER WHO IS LOCATED OUT OF</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 |
|-------------------------|--|
| NORTH MEMORIAL HEALTH | <p>THE CAMDEN PRIMARY CARE CLINIC. WE CONTINUED TO OFFER MENTAL HEALTH PROGRAMMING WITH A FOCUS ON HOLISTIC CARE, TRAUMA/PSTD, AND SPMI. WE HIRED TWO ADDITIONAL PSYCHIATRISTS IN 2019, WHO WILL START IN SUMMER/FALL 2020.-AT MAPLE GROVE HOSPITAL BEHAVIORAL HEALTH PROVIDERS WERE CONTACTED WITH TO INCREASE BEHAVIORAL HEALTH COVERAGE FOR THE ECC STARTING IN JULY OF 2019. IV. SUPPORT NORTH MEMORIAL HEALTH'S DOMESTIC VIOLENCE ADVOCACY PROGRAM SAFEJOURNEY. THIS PROGRAM TRANSITIONED FROM COMMUNITY VOLUNTEERS TO HOSPITAL BASED SOCIAL WORKERS DECEMBER OF 2019. STRATEGIES:-ENSURE 24-HOUR ADVOCACY IS PROVIDED BY TRAINED VOLUNTEERS-ACTION - 24-HOUR ADVOCACY IS IN PLACE.-TRAINED NEW VOLUNTEERS IN 2019-ACTION - FIVE NEW SYSTEM WIDE ADVOCATES WERE TRAINED IN 2019. VOLUNTEERS SERVE BOTH MAPLE GROVE HOSPITAL AND NORTH MEMORIAL HEALTH HOSPITAL. -CLIENTS SERVED-ACTION - 58 CLIENTS WERE SERVED BY WALK IN ADVOCACY IN 2019. -ACTION - 70 CLIENTS ATTENDED SUPPORT GROUPS AT MAPLE GROVE HOSPITAL AND 39 CLIENTS ATTENDED SUPPORT GROUPS AT NORTH MEMORIAL HEALTH HOSPITAL IN 2019. -DISTRIBUTE CLIENT EMERGENCY FUNDS TO QUALIFIED CLIENTS-ACTION - SYSTEM WIDE WE SERVED 61 INDIVIDUAL CLIENTS AND DISTRIBUTED \$8,349 IN EMERGENCY SUPPORT.-PROVIDE COMMUNITY OUTREACH AND EDUCATION ON SAFEJOURNEY-ACTION - PARTICIPATED IN COMMUNITY OUTREACH AT GOLDEN VALLEY LUTHERAN CHURCH ON SEPTEMBER 22, 2019. 75 PEOPLE ATTENDED. CONTINUED...</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 |
|--|--|
| SCHEDULE H, PART V, SECTION B, LINE 11 CONTINUATION: | <p>V. WORK WITH COMMUNITY PARTNERS TO COLLECTIVELY IDENTIFY OPPORTUNITIES TO ADDRESS MENTAL H EALTH ISSUES AND SOCIAL CONDITIONS THAT AFFECT MENTAL HEALTH CONDITIONS - CHIP, CCH, WEST METRO HOSPITAL GROUP, LOCAL PUBLIC HEALTH, GOVERNMENT AND OTHERS.STRATEGIES:-CONTINUE ACTI VE INVOLVEMENT IN HENNEPIN COUNTY CHIP AND SOCIAL ISOLATION WORKGROUP.-ACTION - CHIP 1.0 E NDED IN 2017 AND REGULAR INVOLVEMENT STOPPED. CONTINUED PARTICIPATION WITH CHIP COLLABORAT IVE BY ATTENDING MEETINGS ON COMMUNITY MENTAL HEALTH AND HOUSING STABILITY WHEN APPROPRIAT E. COMMUNITY HEALTH OUTREACH MANAGER ATTENDED CHIP COLLABORATIVE MEETING APRIL 25, 2019.-C ONTINUE ACTIVE INVOLVEMENT WITH THE CENTER FOR COMMUNITY HEALTH COLLECTIVE ACTION GROUP.-A CTION - GROUP CONTINUES TO WORK ON INCREASING AWARENESS OF MENTAL HEALTH FIRST AID CLASSES IN THE METRO COMMUNITY. MAY MENTAL HEALTH AWARENESS MONTH IS A FOCUS FOR GETTING THE WORD OUT ON MAKE IT OKAY AND CLASSES FOCUSED ON MENTAL HEALTH. COMMUNITY HEALTH OUTREACH MANAG ER CONTINUES TO REPRESENT THE SYSTEM AT MONTHLY MEETINGS AND IS NOW A MEMBER OF THE CENTER FOR COMMUNITY HEALTH BOARD.-EXPLORE COMMUNITY PARTNERSHIP OPPORTUNITIES THAT ADDRESS MENT AL HEALTH AND VIOLENCE.-ACTION - YOUTH SUICIDE PREVENTION COALITION CONTINUED TO MEET IN 2 019. MANY GROUPS SUCH AS PARTNERS IN PREVENTION, THE NORTHWEST HENNEPIN FAMILY SERVICE COL LABORATIVE AND THE ROBBINSDALE REDESIGN FAMILY SERVICE COLLABORATIVE ARE WORKING WITH LOCA L SCHOOLS TO ADDRESS SUICIDE PREVENTION. DECISION WAS MADE TO TABLE THIS COALITION UNTIL 2 020 AFTER THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT ARE COMPLETED. -NORTH MEMORIAL HEALTH HOSPITAL CONTINUES TO WORK WITH THE CITY OF MINNEAPOLIS ON THE VIOLENCE INTERVENTIO N PROGRAM NEXT STEP. IN 2019 112 CLIENTS WERE ENROLLED. PRIORITY 2: SUBSTANCE ABUSE/USE (S YSTEM WIDE PRIORITY)GOAL TO CREATE AN ENVIRONMENT WHERE SUBSTANCE ABUSE/USE AMONG THE GENE RAL POPULATION AND SUBSTANCE ABUSE/USE AMONG YOUTH IS REDUCED. OBJECTIVES:I. INCREASE AWAR ENESS OF SUBSTANCE ABUSE/USE ISSUES AMONG YOUTH AND YOUNG ADULTS AND ACTIVITIES TO ADDRESS THESE ISSUES. STRATEGIES:-CONTINUE WORKING WITH AND SUPPORTING COMMUNITY COLLABORATIVE SU CH AS PARTNERSHIP FOR CHANGE AND PARTNERS IN PREVENTION-ACTION - STAFF ATTENDED PARTNERSHI P FOR CHANGE AND PARTNERS IN PREVENTION MEETINGS.-ACTION - FINANCIALLY SUPPORTED PARTNERS IN PREVENTION'S UNCOVER THE TRUTH CAMPAIGN WHICH EDUCATES WAYZATA HIGH SCHOOL STUDENTS ABO UT DRUG AND ALCOHOL ISSUES WITH REGARD TO THEIR PEERS.-ACTION - PARTNERSHIP FOR CHANGE, HO USED OUT OF NORTH MEMORIAL HEALTH HOSPITAL'S TRAUMA DEPARTMENT, LEVERAGES COMMUNITY PARTNE RSHIPS TO PREVENT AND REDUCE SUBSTANCE USE/ABUSE IN THE COMMUNITY THROUGH STRATEGIES SUCH AS: -POLD (PLACE OF LAST DRINK) AND RAVE (RESPONSIBLE VENDOR EDUCATION & ENFORCEMENT) -EXP ANDED SOCIAL HOST ORDINANCE. -MEDICINE ABUSE PREVENTION WORKGROUP WHICH INCLUDES MEDICATIO N DROP BOXES - 2 BOXES OPENED IN 2019 AT BROOKLYN PARK AND CRYSTAL POLICE DEPARTMENTS. -MA RIJUANA PERCEPTION OF HARM PAR</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 |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 11 CONTINUATION: | <p>TICIPATED ON THE EXECUTIVE COMMITTEE OF SMART APPROACHES TO MARIJUANA MINNESOTA TO HELP ED UCATE COMMUNITY MEMBERS ABOUT POTENTIAL HEALTH IMPACTS OF MARIJUANA USE AND EXPANDED ACCES S. II. IMPROVE ACCESS TO ADDICTION MEDICINE SERVICES STRATEGIES:-OPENED THE NORTH MEMORIAL MENTAL HEALTH & ADDICTION CARE CLINIC. -ACTION - THE CLINIC LOCATED IN ROBBINSDALE OPENED IN DECEMBER OF 2016 IN RESPONSE TO AN IDENTIFIED COMMUNITY NEED. ORIGINALLY THE CLINIC IN CLUDED ADDITION MEDICINE, HOWEVER WHEN OUR ONLY ADDITION MEDICINE PROVIDER LEFT IN EARLY 2 017 A REPLACEMENT WAS NOT OBTAINED. SUBSTANCE USE DISORDERS ARE ADDRESSED WITHIN THE CONTE XT OF MENTAL HEALTH CARE. -CONTINUED ASSESSMENT OF COMMUNITY NEEDS AND DEVELOPMENT OF PROG RAMS AS NEED IS IDENTIFIED-ACTION - IN 2019, WE CONTINUED TO ADDRESS, WHEN APPROPRIATE, SU BSTANCE USE ISSUES IN INDIVIDUAL APPOINTMENTS AND PROGRAMMING, HOWEVER, NONE OF OUR PROGRA MMING IS SUBSTANCE USE DISORDER SPECIFIC. WE DO HAVE SEVERAL PROVIDERS WHO HAVE SPECIALIZA TION IN SUBSTANCE USE TREATMENT AND TWO OF OUR OUTPATIENT PROVIDERS ARE DUALY LICENSED AS LADC AND LPCC. -IN 2019, WE HIRED AND ON-BOARDED TWO ADDITIONAL PRESCRIBERS, FOUR PSYCHOL OGISTS, AND ONE INTEGRATIVE BEHAVIORAL HEALTH PROVIDER WHO IS LOCATED OUT OF THE CAMDEN PR IMARY CARE CLINIC. WE CONTINUED TO OFFER MENTAL HEALTH PROGRAMMING WITH A FOCUS ON HOLISTI C CARE, TRAUMA/POST-TRAUMATIC STRESS DISORDER, AND SEVERE AND PERSISTENT MENTAL ILLNESS. W E HIRED TWO ADDITIONAL PSYCHIATRISTS IN 2019, WHO WILL START IN SUMMER/FALL 2020.-IN 2019, TWO OF THE NEWLY HIRED OUTPATIENT PSYCHOLOGISTS CAME TO NORTH WITH A SIGNIFICANT PROFESSI ONAL BACKGROUND IN WORKING WITH POPULATIONS STRUGGLING WITH ADDICTION. DEVELOPING CO-OCCUR RING MH/SUD PROGRAMMING REMAINS A POSSIBLE PLAN FOR EXPANSION, BUT WE HAVE BEEN LIMITED BY NOT HAVING ADDICTION SPECIALISTS AMONGST OUR OUTPATIENT PRESCRIBERS. III. INCREASE AWARE NESS OF OPIOID MISUSE AND WORK TO PUT SYSTEMS IN PLACE TO REDUCE THIS MISUSESTRATEGIES:-GRO W OPIOIDS CLINICAL PRACTICE COUNCIL TO MANAGE OPIOID PROGRAM DEVELOPMENT AND DEPLOY INSTIT UTE FOR CLINICAL IMPROVEMENT (ICSI) OPIOID GUIDELINES-ACTION WORKGROUPS HAVE BEEN FORMED A ROUND:-BEST PRACTICE PRESCRIBING-IMPLEMENTED ENHANCED FUNCTIONALITY TO INTEGRATE THE MINNE SOTA PRESCRIPTION MONITORING PROGRAM (PMP) WITHIN THE ELECTRONIC MEDICAL RECORD TO ENHANCE USE AND FUNCTIONALITY.-DEPLOYED A POST-OPERATIVE PAIN MANAGEMENT PATIENT GUIDE TO ENHANCE PATIENT ENGAGEMENT IN CARE AND REDUCE SOLE RELIANCE ON OPIOIDS.-ACTIVE ENGAGEMENT WITHIN THE MN HEALTH COLLABORATIVE ACTIVATED BY THE INSTITUTE FOR CLINICAL IMPROVEMENT TO DRIVE E FFORTS STATEWIDE.-IMPLEMENTED DEFAULT OPIOID PRESCRIBING SETTINGS AND ALERTS IN THE ELECTR ONIC MEDICAL RECORD TO SUPPORT BEST PRACTICE PRESCRIBING. -SURGICAL PRESCRIBING AT OR BELO W THE PRESCRIBING BENCHMARKS CONTINUED ROLLOUT TO PROCEDURES IN 3 ADDITIONAL SPECIALTIES, RESULTING IN A 24% INCREASE IN PROCEDURES PRESCRIBED AT OR BELOW BENCHMARK AND 100,000 FEW ER PILLS PRESCRIBED FROM BASEL</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 |
|--|---|
| SCHEDULE H, PART V, SECTION B, LINE 11 CONTINUATION: | <p>INE. -IN 2019, THE EMERGENCY DEPARTMENT PRESCRIPTIONS WERE IN LINE WITH GUIDELINES 95% OF THE TIME RESULTING IN 42,000 FEWER OPIOID PILLS PRESCRIBED. -THE AMBULATORY SETTING DECREA SED PRESCRIBING OPIOIDS TO OPIOID NAVE CUSTOMERS AND INCREASED THE VOLUME OF SCRIPTS AT OR BELOW BASELINE FOR ACUTE PRESCRIBING.-HIGH RISK POPULATIONS-MEDICATION ASSISTED THERAPY G UIDELINE AND WORKFLOW WITHIN THE EMERGENCY DEPARTMENT INITIATED TO SUPPORT RAPID TREATMENT INITIATION AND COMMUNITY-BASED ADDICTION CARE FOLLOW-UP. -IMPLEMENTED OUTPATIENT MEDICATI ON ASSISTED THERAPY BEST PRACTICE GUIDELINE AND ELECTRONIC MEDICAL RECORD TOOLS.-PROPER DI SPOSAL OF UNUSED OPIOIDS -NORTH MEMORIAL HEALTH HOSPITAL AND MAPLE GROVE HOSPITAL CONTINUE D TO PROTECT OUR COMMUNITIES BY PROVIDING ACCESS TO SAFE DISPOSAL OPTIONS FOR UNWANTED MED ICATIONS. THE DISPOSAL KIOSKS ARE INSTALLED AT BOTH NORTH MEMORIAL HEALTH PHARMACY ROBBINS DALE ON THE FIRST FLOOR OF NORTH MEMORIAL HEALTH HOSPITAL AND NORTH MEMORIAL HEALTH PHARMA CY MAPLE GROVE AT MAPLE GROVE MEDICAL CENTER. -LANGUAGE ADDED TO ALL AFTER VISIT SUMMARIES INSTRUCTING PATIENTS OF HOW TO DISPOSE OF MEDICATIONS PROPERLY.STRATEGIES: -GROW INTERNAL TEAM TO MANAGE OPIOID PROGRAM DEVELOPMENT AND DEPLOY ICSI CONTENT-ACTION - A WORKGROUP HA S BEEN FORMED AROUND:-CHRONIC PRESCRIBING FOR CHRONIC PAIN.-PUBLISHED OPIOID USE DISORDER ALGORITHM AND TAPERING GUIDELINE.-IMPLEMENTED ENHANCED FUNCTIONALITY TO INTEGRATE THE MINN ESOTA PRESCRIPTION MONITORING PROGRAM (PMP) WITHIN THE ELECTRONIC MEDICAL RECORD TO ENHANC E USE AND FUNCTIONALITY.-IMPLEMENTED ALERTS IN THE ELECTRONIC MEDICAL RECORD TO SUPPORT BE ST PRACTICE PRESCRIBING. -CONTINUE INVOLVEMENT WITH PARTNERSHIP FOR CHANGE AND MINNESOTA'S PRESCRIPTION MONITORING PROGRAM (PMP)-ACTION - PARTNERSHIP FOR CHANGE WORKING IN PARTNERS HIP WITH THE PHARMACY DEPARTMENT ON INTEGRATING PMP INTO EPIC, PATIENT PORTAL AND EDUCATIO N.-PROVIDER FORUM: PANEL DISCUSSION ON OPIOIDS, OCTOBER 2019-THE MEDICINE ABUSE PREVENTION WORKGROUP COLLABORATED WITH NORTH MEMORIAL ED AND GRAND ROUNDS STAFF TO PLAN A PROVIDER E DUCATION EVENT SURROUNDING THE OPIOID EPIDEMIC. MORE THAN 50 PROVIDERS ATTENDED THE EVENT IN OCTOBER, WHICH UPDATED ON OPIOID PRESCRIBING TRENDS, HOW THE PRESCRIPTION DRUG MONITORI NG PROGRAM IS NOW ACCESSIBLE DIRECTLY THROUGH EPIC, AND TRIPS FOR HAVING CONVERSATIONS WIT H PATIENTS ABOUT LIMITING AND TAPERING OPIOID PRESCRIPTIONS.-RESEARCH COMMUNITY BASED OPIO ID ABUSE PREVENTION PROGRAMS-ACTION - BEING ADDRESSED BY WORK WITH ICSI AND PARTNERSHIP FO R CHANGE.CONTINUED...</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 |
|--|---|
| SCHEDULE H, PART V, SECTION B, LINE 11 CONTINUATION: | <p>PRIORITY 3: FOOD/ACCESS/AFFORDABILITY/ NUTRITION EDUCATIONGOAL TO IMPROVE ACCESS TO NUTRIT IOUS FOOD AND PROMOTE HEALTHY LIFESTYLES FOR EMPLOYEES AND COMMUNITY MEMBERS. OBJECTIVES: I. IMPROVE ACCESS TO HEALTHY FOODS IN THE NORTH MINNEAPOLIS CAMDEN COMMUNITY. STRATEGIES:- CONTINUE WORKING WITH PILLSBURY UNITED ON COMMUNITY EDUCATION AT NORTH MARKET-ACTION - NOR TH MEMORIAL WAS A MAJOR PARTNER IN THE DEVELOPMENT OF NORTH MARKET, A GROCERY STORE IN NOR TH MINNEAPOLIS THAT IS A FOOD DESSERT. NORTH MEMORIAL WORKED WITH PILLSBURY UNITED IN BUILD ING NORTH MARKET. NORTH MEMORIAL IS OPERATING A WELLNESS RESOURCE CENTER WHICH IS STAFFED BY A COMMUNITY WELLNESS COORDINATOR, COMMUNITY HEALTH WORKERS, A PHARMACY TECHNICIAN, AND A NUTRITIONIST. NORTH MARKET OPENED DECEMBER 14, 2017.-EXPLORED NUTRITION EDUCATION PROGR AMS FOR NORTH MARKET-ACTION - NORTH MARKET OPENED DECEMBER 14, 2017. CLASSES OFFERED AT NO RTH MARKET IN 2019 INCLUDED:-JULY 11, 2019 TO AUGUST 22, 2019 - STEPPING ON, FALLS PREVENT ION CLASS 4 PARTICIPANTS.-JULY 2019 - PARTNERED WITH COMMUNITY HEALTH WORKER'S FOR THE PIL LSBURY UNITED COMMUNITIES QUIT LOUNGE EVENT 5 PARTICIPANTS. -AUGUST 6, 2019 TO SEPTEMBER 1 0, 2019 LIVING WELL WITH CHRONIC CONDITIONS CLASS 5 PARTICIPANTS2019 COMMUNITY EVENTS NORT H MARKET PARTICIPATED IN INCLUDED:-MID-MAY 2019 TO DECEMBER 2019 - CONDUCTED GROCERY STORE TOURS - 32 PARTICIPANTS.-MID-MAY 2019 TO DECEMBER 2019 ASSISTED CUSTOMERS GET ESTABLISHED WITH NEW PRIMARY CARE PHYSICIANS AT NORTH MEMORIAL HEALTH 11 PERSONS SERVED-AUGUST 2019 - PARTNERED WITH PILLSBURY UNITED COMMUNITIES COMMUNITY HEALTH WORKER'S SAMPLING HEALTHY SN ACKS AND INFUSED WATER FOR THEIR FEED YOUR POTENTIAL PROGRAM AT THE CAMDEN FARMERS MARKET HELD IN THE NORTH MARKET PARKING LOT 30 PARTICIPANTS-MIDAUGUST 2019 TO 1ST WEEK OF SEPTEMB ER 2019 - BACK TO SCHOOL SUPPLY DRIVE, DISTRIBUTED BAGS FULL OF SCHOOL SUPPLIES BETWEEN TH E CAMDEN FARMERS MARKET HELD IN THE NORTH MARKET PARKING LOT AND THE WELLNESS RESOURCE CEN TER 100 BAGS DISTRIBUTED-OCTOBER 31, 2019 WELLNESS RESOURCE CENTER HALLOWEEN PARTY - 100 P ERSONS ATTENDED.-NOVEMBER 2019 - DECEMBER 2019 ASSISTED PILLSBURY UNITED COMMUNITIES COMMUNITY HEALTH WORKER'S PROMOTE THEIR DIABETES PREVENTION PROGRAM-NOVEMBER 16, 2019 DECEMBER 31, 2019 - SURVEYED CUSTOMERS FOR WELLNESS RESOURCE CENTER: WELLNESS WEDNESDAY'S 2020 POTE NTIAL CLASSES 58 PARTICIPANTS.-NOVEMBER 18, 2019 NOVEMBER 29, 2019 HOSTED A HOLIDAY RECIPE EXCHANGE 25 PARTICIPANTS-DECEMBER 2, 2019 DECEMBER 20, 2019 HOSTED A HOLIDAY RECIPE EXCHA NGE 40 PARTICIPANTSII. INCREASE COLLABORATION AND CONNECTIVITY BETWEEN NORTH MEMORIAL HEAL TH HOSPITAL AND COMMUNITY ORGANIZATIONS WORKING ON FOOD ACCESS AND NUTRITIONSTRATEGIES:-EX PLORE PARTNERSHIP OPPORTUNITIES WITH NORTHSIDE FRESH-ACTION - NO PARTNERSHIP PROGRAMS HAVE BEEN IDENTIFIED AT THIS TIME.-EXPLORE PARTNERSHIP OPPORTUNITIES WITH CEAP AND SECOND HARV EST HEARTLAND -ACTION - CURRENTLY WORKING WITH CEAP ON SPONSORING FARM FRESHFEST (A FREE F ARMERS MARKET FOR ANY AND ALL)</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 |
|--|--|
| SCHEDULE H, PART V, SECTION B, LINE 11 CONTINUATION: | <p>AND EXPLORING NEW PROGRAMS AROUND FOOD DELIVERY. PROVIDING COMMUNITY PARAMEDICS WITH BRID GE BAGS TO PROVIDE TO PATIENTS IN NEED. BRIDGE BAGS CONTINUE TO BE REQUESTED BY THE NMH CO MMUNITY PARAMEDIC TEAM. FINANCIALLY SUPPORTING FARM FRESHFEST EACH YEAR HAS BECOME AN ANTI CIPATED EVENT BY THE NMH TEAM!-ACTION - WE CONTINUE TO WORK WITH CEAP TO BRAINSTORM NEW ID EAS TO UTILIZE THEIR PROGRAMS.-ACTION - WORKING WITH SECOND HARVEST HEARTLAND TO PROVIDE F OOD ASSISTANCE SCREENING, FOOD BOXES AND DISEASE MANAGEMENT EDUCATION TO OUR PATIENTS. WE HAVE SCREENED 260 PEOPLE, IDENTIFIED 226 FOOD INSECURE INDIVIDUALS, AND ENROLLED 191 PEOPL E IN THE FOOD RX PROGRAM. WE ALSO MADE 27 REFERRALS TO SNAP SERVICES AND PROVIDED ADDITION AL FOOD RESOURCE INFORMATION TO 46 INDIVIDUALS IN NEED. -ACTION - CONTINUE COLLABORATION O F ENROLLING AND EXPANDING THE FOOD RX PROGRAM TO MORE ENROLLEES. WE HAVE UTILIZED VOLUNTEE RS THROUGH MED TRANS TO BEGIN DOING HOME DELIVERIES FOR THOSE WHO STRUGGLE WITH TRANSPORTA TION.III. CONTINUATION OF THE COMMUNITY PARAMEDIC FOOD INSECURITY PROGRAMSTRATEGY:-CONTINU E IMPLEMENTATION OF THE FOOD INSECURITY GUIDELINES.-ACTION - PREPARED AND PURCHASED EMERGE NCY FOOD SUPPLIES WHICH INCLUDED THE DELIVERY OF 15 BRIDGE BAGS AND 125 SNACK BOXES TO CUS TOMERS THAT SHOWED INDICATIONS OF FOOD INSECURITY. THE HEALTH PRIORITIES NOT BEING ADDRESS ED DIRECTLY INCLUDE:-OBESITY -CULTURAL DIVERSITY -RESPIRATORY DISEASE -YOUTH - EDUCATION O N HEALTH CARE CAREERS, LEADERSHIP DEVELOPMENTTHE COMMUNITY ENGAGEMENT ADVISORY TEAM FELT T HAT TO MAKE A MEANINGFUL DIFFERENCE IN THE TOP THREE IDENTIFIED HEALTH PRIORITIES RESOURCE S SHOULD BE FOCUSED ON THESE PRIORITIES AND NOT SPREAD ACROSS A MULTITUDE OF PRIORITIES. O BESITY IS BEING ADDRESSED IN THE COMMUNITY BY THE NEW HOPE YMCA AND LOCAL PARK AND RECREAT ION DEPARTMENTS. CULTURAL DIVERSITY IS BEING WOVEN INTO THE TOP THREE PRIORITIES. THE AMER ICAN LUNG ASSOCIATION IS ADDRESSING RESPIRATORY DISEASES. YOUTH HAVE ACCESS TO VOLUNTEER O PPORTUNITIES THROUGH NORTH MEMORIAL HEALTH HOSPITAL VOLUNTEER DEPARTMENT.</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 |
|-----------------------------------|--|
| PART V, SECTION B, LINE 7A & 10A: | THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT HAS BEEN POSTED ONLINE AT: HTTPS://NORTHMEMORIAL.COM/WP-CONTENT/UPLOADS/2016/10/NMHH-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-123019.PDF THE IMPLEMENTATION PLAN HAS BEEN POSTED ONLINE AT: HTTPS://NORTHMEMORIAL.COM/WP-CONTENT/UPLOADS/2016/10/NMH-COMMUNITY-HEALTH-NEEDS-ASSESSMENT_2020.PDF |

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 |
|-----------------------------|---|
| PART V, SECTION B, LINE 16: | FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY IS AVAILABLE AT: HTTPS://NORTHMEMORIAL.COM/FINANCIAL-ASSISTANCE/ |

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

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Employer identification number
41-0729979

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) PORTICO HEALTHNET 1600 UNIVERSITY AVENUE WEST SUITE 211 SAINT PAUL, MN 55104 | 41-1814659 | 501(C)(3) | 50,000 | | | | TO SUPPORT CHARITABLE PURPOSE OF ORGANIZATION |

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

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) | | | | | |
| (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: | GRANT RECIPIENTS PROVIDE A YEAR END REPORT AS TO THE AMOUNT EXPENDED AND THE NUMBER OF CLIENTS ASSISTED AND THE DEMOGRAPHICS OF THOSE SERVED. |

| | | |
|---|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization NORTH MEMORIAL HEALTH CARE DBA NORTH MEMORIAL HEALTH | | Employer identification number 41-0729979 |

| 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 type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 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 on 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 | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | No |
| 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 | Yes |
| b Any related organization? | | 6b | Yes |
| 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 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

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 | THE ORGANIZATION PAYS FOR THE MONTHLY SOCIAL DUES FOR ONE OF THE EXECUTIVE MEMBERS AT THE GOLDEN VALLEY COUNTRY CLUB. THE DUES FOR 2019 WERE \$90 PER MONTH OR \$1,080 PER YEAR. BOTH NORTH MEMORIAL HEALTH AND THE NORTH MEMORIAL COMMUNITY FOUNDATION UTILIZE THE COUNTRY CLUB TO HOST VARIOUS MEETINGS AND EVENTS THROUGH-OUT THE YEAR. |
| PART I, LINE 6 | NORTH MEMORIAL HEALTH'S ANNUAL INCENTIVE PLAN REQUIRES ACHIEVEMENT OF STATED PERFORMANCE METRICS, WHICH INCLUDES OPERATING MARGIN. |

Additional Data

Software ID:
Software Version:
EIN: 41-0729979
Name: NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

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 | | | | |
| 1J KEVIN CROSTON MD CEO NORTH MEMORIAL | (i) | 954,231 | 310,489 | 9,990 | 19,450 | 27,712 | 1,321,872 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1ROBERT KING MD CARDIAC SURGEON | (i) | 812,500 | 14,081 | 20,343 | 95,200 | 24,903 | 967,027 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2ALOK MAHESHWARI MD CARDIAC SURGEON | (i) | 870,069 | 3,000 | 4,296 | 19,600 | 29,067 | 926,032 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3OSAMA IBRAHIM MD CARDIOLOGIST | (i) | 794,906 | 82,119 | 2,894 | 19,600 | 18,677 | 918,196 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4JOSEPH VAN CAMP MD CARDIAC SURGEON | (i) | 830,095 | 14,081 | 7,519 | 19,450 | 31,045 | 902,190 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5STEVEN ROH MD CARDIOLOGIST | (i) | 827,406 | 32,750 | 4,324 | 19,600 | 13,033 | 897,113 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6DEEPAK KADEMANI MD BOARD MEMBER/SURGEON | (i) | 481,724 | 199,958 | 2,858 | 19,250 | 26,341 | 730,131 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7JEFFREY WICKLANDER PRESIDENT, NORTH MEMORIAL MC | (i) | 449,615 | 109,996 | 2,408 | 95,200 | 28,034 | 685,253 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8CAROLYN OGLAND VUKICH CHIEF MEDICAL OFFICER, AMBULATORY SV | (i) | 465,000 | 98,813 | 6,981 | 16,029 | 23,461 | 610,284 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9JENNIFER CLOSE PRESIDENT & CHIEF AMBULATORY OFFICER | (i) | 444,038 | 41,996 | 81,934 | 19,250 | 17,004 | 604,222 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10ANDREW COCHRANE CEO, MAPLE GROVE HOSPITAL | (i) | 433,654 | 99,996 | 3,456 | 19,450 | 26,142 | 582,698 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11SAMANTHA HANSON CHIEF ADMINISTRATIVE OFFICER | (i) | 431,538 | 104,996 | 3,465 | 19,600 | 23,099 | 582,698 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 JENNIFER TESSMER-TUCK VP, MEDICAL AFFAIRS | (i) | 424,378 | 92,089 | 1,786 | 19,600 | 9,613 | 547,466 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13AARON BLOOMQUIST VP FINANCE, CFO | (i) | 399,657 | 60,000 | 3,298 | 19,250 | 17,936 | 500,141 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14PATRICK COYNE VP, AMBULANCE SERVICES | (i) | 288,846 | 141,687 | 7,381 | 19,600 | 22,978 | 480,492 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15KELLY WHITE VP, PATIENT CARE & CNO | (i) | 335,000 | 89,882 | 1,035 | 19,600 | 9,483 | 455,000 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16PATRICK TAFFE VP, INFORMATION SYSTEMS & CIO | (i) | 324,038 | 69,998 | 15,906 | 19,250 | 20,319 | 449,511 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17KARL THOMAS CHIEF INNOVATION OFFICER | (i) | 265,000 | 61,831 | 1,473 | 19,600 | 23,474 | 371,378 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18RYAN JOHNSON VP, TREASURY & BUSN DEVELOPMENT | (i) | 247,404 | 68,649 | 6,166 | 19,600 | 16,422 | 358,241 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19DAVID ALBRIGHT VP, FINANCE PLANNING AND ACCOUNTING | (i) | 240,000 | 79,423 | 2,992 | 6,498 | 19,930 | 348,843 | 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 | | | | |
| 21KENT SPAULDING VP, CHIEF DEVELOPMENT OFFICER | (i) | 225,000 | 52,498 | 1,169 | 19,425 | 22,421 | 320,513 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1TRUDY MARSHALL VP, MARKETING, COMM. & OUTREACH | (i) | 231,664 | 48,446 | 9,592 | 18,280 | 10,137 | 318,119 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2STEVEN HORSTMANN VP, OPERATIONS | (i) | 239,038 | 57,685 | 775 | 12,048 | 6,206 | 315,752 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3NATHAN DELL VP, REVENUE CYCLE | (i) | 250,000 | 40,625 | 914 | 10,856 | 3,584 | 305,979 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4MEETUL SHAH CHIEF MED INFO OFFICER, AMB | (i) | 204,657 | 30,000 | 15,692 | 5,954 | 12,243 | 268,546 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5KELSEY BRODSHO CHIEF COMPLIANCE OFFICER-OUTGOING | (i) | 180,769 | 46,665 | 562 | 15,630 | 11,240 | 254,866 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6DAWN BACKLUND CHIEF COMPLIANCE OFFICER-INTERIM | (i) | 159,313 | 28,920 | 4,030 | 4,461 | 0 | 196,724 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Employer identification number
41-0729979

| 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 CITY OF MAPLE GROVE | 41-0873250 | 56516TAY1 | 08-26-2015 | 44,915,000 | REFUND SERIES 2005 BONDS | | X | X | | | X |
| B CITY OF ROBBINSDALE | 41-6005496 | | 12-05-2017 | 38,870,000 | REFUND SERIES 2011 BONDS | | X | X | | | X |
| C CITY OF ROBBINSDALE | 41-6005496 | | 12-05-2017 | 10,830,000 | REFUND SERIES 2011 BONDS | | X | X | | | X |

| Part II | | Proceeds | | | | | | | |
|---------|--|------------|----|------------|----|------------|----|-----|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 4,435,000 | | 8,475,000 | | 2,155,000 | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 48,679,699 | | 38,870,000 | | 10,830,000 | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | 48,135,634 | | | | | | | |
| 7 | Issuance costs from proceeds | 544,065 | | 337,596 | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2015 | | 2017 | | 2017 | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | X | | X | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X | | X | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | 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 | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | 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 | | |
| 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? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | 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 ▶ | 0 % | | 0 % | | 0 % | | | |
| 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 ▶ | 0 % | | 0 % | | 0 % | | | |
| 6 | Total of lines 4 and 5 | 0 % | | 0 % | | 0 % | | | |
| 7 | Does the bond issue meet the private security or payment test? . . . | | 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 | | |
| 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 | | | |

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 | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | X | | X | | | |
| b | Exception to rebate? | | X | | X | | X | | |
| c | No rebate due? | | 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 | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | 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 | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? . . . | 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 | | | |

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

| | |
|---|--|
| Name of the organization NORTH MEMORIAL HEALTH CARE DBA NORTH MEMORIAL HEALTH | Employer identification number 41-0729979 |
|---|--|

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

| 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

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

| (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) CORNER HOME MEDICAL | BOARD MEMBER IS MAJORITY OWNER | 597,812 | MICHAEL STEINHAUSER, CHAIRMAN OF THE BOARD, IS A MAJORITY SHAREHOLDER IN CORNER HOME MEDICAL, WHICH SUPPLIES DURABLE MEDICAL EQUIPMENT TO NORTH MEMORIAL HEALTH. | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Employer identification number
41-0729979

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | X | 1 | 15,000 | FMV |
| 2 Art—Historical treasures . . | | | | |
| 3 Art—Fractional interests . . | | | | |
| 4 Books and publications . . | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . . . | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded . | | | | |
| 10 Securities—Closely held stock . | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous . . | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential . . | | | | |
| 16 Real estate—Commercial . . | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies . | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts . . . | | | | |
| 25 Other ► (OPC PHARMACY) | X | 1 | 324,943 | FMV |
| 26 Other ► (IMAGING HOPE CHEST) | X | 1 | 201,160 | FMV |
| 27 Other ► (CONSTRUCTION) | X | 1 | 54,632 | FMV |
| 28 Other ► (THERAPY EQUIPMENT) | X | 1 | 16,000 | FMV |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|---------------------|---|
| PART I, COLUMN (B): | THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS ON PART I, COLUMN B. |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH**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

2019**Open to Public
Inspection****Employer identification number**

41-0729979

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE ORGANIZATION'S FINANCE AND AUDIT COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS FILED. REPRESENTATIVES FROM THE HOSPITAL'S INDEPENDENT ACCOUNTING FIRM REVIEW THE FORM 990 WITH THE FINANCE AND AUDIT COMMITTEE IN DETAIL AND NOTES FOR THE COMMITTEE ANY CHANGES IN THE FORM 990 FROM PRIOR YEARS. AFTER THOROUGH DISCUSSION, THE FINANCE AND AUDIT COMMITTEE APPROVES THE FORM 990 AND FORWARDS IT TO THE FULL BOARD FOR ITS REVIEW. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | ALL MEMBERS OF THE BOARD OF DIRECTORS AND ALL EMPLOYEES RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY EACH YEAR. EACH BOARD MEMBER AND STAFF MEMBER FILLS OUT A CONFLICT OF INTEREST QUESTIONNAIRE IN WHICH THEY ARE ASKED TO IDENTIFY ANY RELATIONSHIP THAT WOULD CREATE A CONFLICT OF INTEREST. THE RESULTS ARE SUMMARIZED AND REVIEWED TO DETERMINE ANY ACTUAL OR POTENTIAL CONFLICT AND ARE REPORTED TO THE BOARD OF DIRECTORS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION FOR KEY POSITIONS IS REVIEWED BY THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH AN OUTSIDE CONSULTANT. THE COMPENSATION COMMITTEE INSURES THAT THE SALARY AND BENEFIT ADMINISTRATION REVIEW PROCESS IS BEING FOLLOWED, WHICH INCLUDES SALARY AND BENEFIT SURVEYS AND COMPARISONS OF ALL POSITIONS. THE CEO'S COMPENSATION IS SENT TO THE FULL BOARD FOR APPROVAL. THE COMPENSATION OF ALL OTHER KEY POSITIONS IS APPROVED BY THE CEO. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ONLINE THROUGH THE OFFICE OF THE ATTORNEY GENERAL VIA THE CHARITY REPORT FILED WITH THE STATE OF MINNESOTA. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| FORM 990, PART XII, LINE 2C: | NEITHER THE OVERSIGHT OF THE AUDIT NOR THE SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT WERE CHANGED DURING THE TAX YEAR. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization
NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

Employer identification number
41-0729979

| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|---|----------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) OAKDALE MEDICAL CENTER 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 32-0022819 | LEASE MEDICAL OFFICE SPACE | MN | 6,084,712 | 19,156,893 | NORTH MEMORIAL |
| (2) NORTH CLINIC LLC 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 | MEDICAL CARE | MN | -93,625 | 2,421,469 | NORTH MEMORIAL |
| (3) MINNETONKA AMBULATORY SURGERY CENTER 3300 OAKDALE AVE NORTH ROBBINSDALE, MN 55422 46-5653486 | OUTPATIENT SURGERY | MN | 2,661,000 | 701,032 | NORTH MEMORIAL |
| | | | | | |
| | | | | | |
| | | | | | |

| Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (1)NORTH MEMORIAL FOUNDATION 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 41-1777966 | FUNDRAISING | MN | 501(C)(3) | 7 | NORTH MEMORIAL | | No |
| (2)ASSOCIATED HEALTH ASSURANCE 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 98-0343815 | INSURANCE | BD | 501(C)(3) | LINE 12B, II | NORTH MEMORIAL | Yes | |
| (3)MAPLE GROVE HOSPITAL CORPORATION 9875 HOSPITAL DRIVE MAPLE GROVE, MN 55369 20-8316475 | ACUTE CARE | MN | 501(C)(3) | 3 | NORTH MEMORIAL | Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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) NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE 9855 HOSPITAL DRIVE MAPLE GROVE, MN 55369 26-0393039 | OUTPATIENT SURGERY | MN | NORTH MEMORIAL HEALTH CARE | RELATED | 2,338,971 | 3,841,158 | | No | | Yes | | 53.220 % |
| (2) MINNESOTA DIAGNOSTIC IMAGING PARTNERS LLC 2955 XENIUM LANE SUITE 40 PLYMOUTH, MN 55441 35-2162215 | RADIOLOGY | MN | | RELATED | 522,137 | 1,679,073 | | No | | | No | 60.000 % |
| (3) NORTH RADIATION THERAPY CENTER LLC 6950 FRANCE AVE S SUITE 200 EDINA, MN 55435 74-3069974 | RADIOLOGY | MN | | RELATED | 1,213,951 | 2,207,140 | | No | | | No | 50.000 % |
| (4) MULTICARE SLEEP CENTER LLC 10600 OLD COUNTY ROAD 15 PLYMOUTH, MN 55441 27-4833673 | OUTPATIENT SLEEP CENTER | MN | | RELATED | -13,661 | | | No | | | No | 50.000 % |
| (5) MINNETONKA AMBULATORY SURGERY CENTER 3300 OAKDALE AVE NORTH ROBBINSDALE, MN 55422 46-5653486 | OUTPATIENT SURGERY | MN | | RELATED | -2,387 | 109,978 | | No | | Yes | | 100.000 % |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) OAKDALE HEALTH ENTERPRISES INC 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 41-1546422 | AMBULANCE | MN | NORTH MEMORIAL | C | 3,984,073 | 3,398,380 | 100.000 % | Yes | |
| (2) NORTH COLLABORATIVE CARE 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422 46-1680666 | PRIMARY CARE | MN | | C | | | 43.840 % | | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2019

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 |
|------------------|-------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 41-0729979
Name: NORTH MEMORIAL HEALTH CARE
DBA NORTH MEMORIAL HEALTH

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 |
|---------------------------------------|---------------------------------|------------------------|--|
| ASSOCIATED HEALTH ASSURANCE | A | 1,250,586 | FMV |
| MAPLE GROVE HOSPITAL CORP | C | 19,875,000 | FMV |
| MN DIAGNOSTIC IMAGING | C | 412,524 | FMV |
| NORTH MEMORIAL FOUNDATION | C | 574,360 | FMV |
| MINNETONKA ASC | C | 700,000 | FMV |
| MAPLE GROVE HOSPITAL CORP | D | 89,895,436 | FMV |
| MN DIAGNOSTIC IMAGING | F | 420,000 | FMV |
| MULTICARE SLEEP CENTER | F | 38,452 | FMV |
| NORTH MEMORIAL AMBULATORY SURGERY CEN | F | 2,040,823 | FMV |
| MAPLE GROVE HOSPITAL CORP | J | 3,711,487 | FMV |
| NORTH RADIATION OPC | J | 228,555 | FMV |
| MAPLE GROVE HOSPITAL CORP | L | 19,660,714 | FMV |
| MINNETONKA ASC | L | 200,000 | FMV |
| ASSOCIATED HEALTH ASSURANCE LLC | M | 4,244,848 | FMV |
| MAPLE GROVE HOSPITAL CORP | Q | 10,777,608 | FMV |
| NORTH RADIATION THERAPY CENTER LLC | D | 1,158,514 | FMV |
| NORTH RADIATION THERAPY CENTER LLC | F | 1,215,000 | FMV |