

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
SMDC MEDICAL CENTER

Doing business as
ESSENTIA HEALTH DULUTH

Number and street (or P O box if mail is not delivered to street address) Room/suite
502 E 2ND ST

City or town, state or province, country, and ZIP or foreign postal code
DULUTH, MN 55805

D Employer identification number
41-1878730

E Telephone number
(218) 786-8364

G Gross receipts \$ 596,909,013

F Name and address of principal officer
BRADLEY BEARD
502 E 2ND ST
DULUTH, MN 55805

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)

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

J Website: WWW ESSENTIAHEALTH ORG

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1997

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE ARE CALLED TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES

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

| | | |
|----------------------------------------------------------------------------------------|-----------|---------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 3 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 2 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 3,085 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 170 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 926,447 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 370,995 |

| | Prior Year | Current Year |
|---------------------------------------------------------------------------------------------|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,811,396 | 2,078,980 |
| 9 Program service revenue (Part VIII, line 2g) | 525,881,768 | 548,244,216 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,373,549 | 2,425,617 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,845,560 | 6,645,866 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 536,912,273 | 559,394,679 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,468,570 | 1,190,310 |
| 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) | 334,397,281 | 342,399,104 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 194,474,818 | 207,782,783 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 530,340,669 | 551,372,197 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 6,571,604 | 8,022,482 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 670,924,103 | 1,327,199,794 |
| 21 Total liabilities (Part X, line 26) | 515,244,564 | 1,166,094,721 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 155,679,539 | 161,105,073 |

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 KEVIN BOREN VICE PRESIDENT FINANCE
Date 2020-04-30

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325
Firm's address ▶ 227 W 1ST ST STE 700 Phone no (218) 727-5025
DULUTH, MN 558021926

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 484,633,021 including grants of \$ 1,190,310) (Revenue \$ 552,226,823)
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 ▶ 484,633,021

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and various organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|----|--|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 3,085 | | | |
| 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? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i> | 3b | Yes | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | 4a | | No | | |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | | No | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | No | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | 7f | | No | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i> | 14b | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | | No | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | No | | |

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



Section A. Governing Body and Management

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

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

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

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, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: KEVIN BOREN 502 E 2ND ST DULUTH, MN 55805 (218) 786-8364

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

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

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

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

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

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

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

| (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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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 | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 6,486,059 | 3,820,658 | 1,512,516 |

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 **▶** 205

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | Yes | 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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions included).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f (Program Service Revenue) and 2g (Total).

Table for Other Revenue with columns for revenue amounts. Rows include 3-5 (Investment income, bond proceeds, royalties), 6a-d (Gross rents), 7a-d (Gross amount from sales of assets), 8a-c (Gross income from fundraising events), 9a-c (Gross income from gaming activities), 10a-c (Gross sales of inventory), and 11a-e (Miscellaneous Revenue).

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,161,881 | 1,161,881 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 24,985 | 24,985 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 3,444 | 3,444 | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 5,506,281 | | 5,506,281 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 89,524 | 89,524 | | |
| 7 Other salaries and wages. | 277,217,718 | 253,718,808 | 23,498,910 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 13,198,668 | 11,972,868 | 1,225,800 | |
| 9 Other employee benefits. | 30,253,753 | 26,813,575 | 3,440,178 | |
| 10 Payroll taxes. | 16,133,160 | 14,386,256 | 1,746,904 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 539,987 | | 539,987 | |
| c Accounting. | | | | |
| d Lobbying. | 70,956 | | 70,956 | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 264,578 | | 264,578 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 39,248,272 | 25,165,832 | 14,082,440 | |
| 12 Advertising and promotion. | 1,971,507 | 46,408 | 1,925,099 | |
| 13 Office expenses. | 12,584,295 | 6,388,596 | 6,195,699 | |
| 14 Information technology. | 20,345,040 | 18,569,143 | 1,775,897 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 12,476,824 | 11,457,809 | 1,019,015 | |
| 17 Travel. | 2,161,101 | 1,650,989 | 510,112 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 624,984 | 448,707 | 176,277 | |
| 20 Interest. | -215,183 | -215,183 | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 20,376,832 | 18,636,457 | 1,740,375 | |
| 23 Insurance. | 6,561,292 | 6,497,468 | 63,824 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a UNRELATED BUSINESS INCO | 64,627 | | 64,627 | |
| b MEDICAL SUPPLIES | 60,034,886 | 60,034,886 | | |
| c AFFILIATE SUPPORT FEE | 40,639,257 | 15,613,602 | 25,025,655 | |
| d BAD DEBT EXPENSE | 12,669,330 | 12,669,330 | | |
| e All other expenses | -22,635,802 | -502,364 | -22,133,438 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 551,372,197 | 484,633,021 | 66,739,176 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 397,984 | 1 | 236,164 |
| | 2 Savings and temporary cash investments | 76,395,185 | 2 | 113,142,940 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 61,776,502 | 4 | 65,381,131 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 1,327,375 | 7 | 415,000 |
| | 8 Inventories for sale or use | 10,448,109 | 8 | 11,542,557 |
| | 9 Prepaid expenses and deferred charges | 10,353,622 | 9 | 8,814,849 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 326,743,276 | | |
| | b Less accumulated depreciation | 184,500,836 | | |
| | 11 Investments—publicly traded securities | | 11 | 612,433,376 |
| | 12 Investments—other securities See Part IV, line 11 | 73,326,888 | 12 | 35,169,394 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 3,200,000 | 14 | 3,100,000 |
| | 15 Other assets See Part IV, line 11 | 334,721,943 | 15 | 334,721,943 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 670,924,103 | 16 | 1,327,199,794 | |
| Liabilities | 17 Accounts payable and accrued expenses | 28,276,878 | 17 | 50,928,806 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 5,000 | 19 | 12,500 |
| | 20 Tax-exempt bond liabilities | | 20 | 628,767,378 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 14,674 | 21 | 17,071 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,190,449 | 23 | 1,816,235 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 6,458,222 | 24 | 7,409,052 |
| | 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 | 478,299,341 | 25 | 477,143,679 |
| | 26 Total liabilities. Add lines 17 through 25 | 515,244,564 | 26 | 1,166,094,721 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 155,645,539 | 27 | 161,071,073 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | 34,000 | 29 | 34,000 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 155,679,539 | 33 | 161,105,073 |
| | 34 Total liabilities and net assets/fund balances | 670,924,103 | 34 | 1,327,199,794 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 559,394,679 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 551,372,197 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 8,022,482 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 155,679,539 |
| 5 | Net unrealized gains (losses) on investments | 5 | 160,443 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,757,391 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 161,105,073 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 41-1878730

Name: SMDC MEDICAL CENTER

Form 990 (2018)

Form 990, Part III, Line 4a:

SMDC MEDICAL CENTER, DBA ESSENTIA HEALTH DULUTH, IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES IN FURTHERANCE OF ITS PURPOSES, ESSENTIA HEALTH DULUTH PROVIDES HEALTH CARE SERVICES IN MINNESOTA THROUGH ITS 165 BED HOSPITAL AND 8 MULTI-SPECIALTY CLINICS, INCLUDING CHARITABLE CARE TO PERSONS UNABLE TO PAY THE HOSPITAL AND CLINICS OFFER A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES FOR ITS PATIENTS, INCLUDING MEDICAL SURGICAL CARE, BEHAVIORAL HEALTH, REHABILITATION, ORTHOPEDICS, NEUROSCIENCE, DIGESTIVE HEALTH, BURN TREATMENT, FAMILY AND PEDIATRICS SERVICES, AND HEART AND VASCULAR SERVICES IN ADDITION TO THE HOSPITAL AND CLINICS, ESSENTIA HEALTH DULUTH ALSO OPERATES OPTICAL CENTERS, INFUSION THERAPY CENTERS, OUTPATIENT SURGERY CENTERS, AND A CANCER CENTER THROUGH AMBERWING CENTER FOR YOUTH & FAMILY WELL-BEING, ESSENTIA HEALTH DULUTH PROVIDES MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO CHILDREN, ADOLESCENTS, YOUNG ADULTS AND THEIR FAMILIES ESSENTIA HEALTH DULUTH EMPLOYS OVER 1,900 FULL TIME EQUIVALENTS THE HOSPITAL PROVIDED APPROXIMATELY 27,000 HOSPITAL PATIENT DAYS AND 41,500 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2019 THE CLINICS HAD OVER 497,000 ENCOUNTERS DURING THE SAME TIME PERIOD DURING THE FISCAL YEAR ENDED JUNE 30, 2019, ESSENTIA HEALTH DULUTH PROVIDED THE FOLLOWING COMMUNITY BENEFITS \$3.5 MILLION IN CHARITY CARE, \$27 MILLION COSTS IN EXCESS OF MEDICAID PAYMENTS, \$334,000 IN COMMUNITY SERVICES, AND \$888,000 IN HEALTH PROFESSION EDUCATION ESSENTIA HEALTH DULUTH IS THE SOLE MEMBER OF ESSENTIA HEALTH VIRGINIA, LLC DBA ESSENTIA HEALTH VIRGINIA ESSENTIA HEALTH VIRGINIA IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES ESSENTIA HEALTH VIRGINIA HAS A 83-BED HOSPITAL AND FIVE CLINICS SERVING NORTHEASTERN MINNESOTA ESSENTIA HEALTH VIRGINIA OFFERS EMERGENCY CARE 24 HOURS A DAY, SEVEN DAYS A WEEK IT IS A LEVEL IV TRAUMA CENTER AND A STROKE READY HOSPITAL THE HOSPITAL OFFERS 24/7 SURGICAL SERVICES, OBSTETRICS AND BIRTHING SERVICES, INTENSIVE CARE, URGENT CARE, AND REHABILITATION SERVICES ESSENTIA HEALTH VIRGINIA HAS A 77-BED SKILLED NURSING FACILITY WITHIN ITS MEDICAL CAMPUS ALLOWING RESIDENTS AND THEIR FAMILIES EASY ACCESS TO A FULL RANGE OF HOSPITAL, CLINIC, AND OTHER RELATED SERVICES ESSENTIA HEALTH VIRGINIA EMPLOYS OVER 500 FULL TIME EQUIVALENTS THE HOSPITAL PROVIDED APPROXIMATELY 6,100 PATIENT DAYS AND 48,000 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2019 THE CLINIC HAD OVER 112,000 ENCOUNTERS AND THE SKILLED NURSING FACILITY PROVIDED OVER 17,000 RESIDENT DAYS DURING THE SAME TIME PERIOD DURING THE FISCAL YEAR ENDED JUNE 30, 2019, ESSENTIA HEALTH VIRGINIA PROVIDED THE FOLLOWING COMMUNITY BENEFITS \$1.2 MILLION IN CHARITY CARE, \$6 MILLION COSTS IN EXCESS OF MEDICAID PAYMENTS, \$43,500 IN COMMUNITY SERVICES, AND \$191,000 IN HEALTH PROFESSION EDUCATION

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 | | | |
| JOSEPH MIHALEK BOARD CHAIR | 1 00 6 00 | X | | X | | | | 0 | 8,500 | 0 |
| DANIEL NIKCEVICH MD BOARD DIRECTOR | 1 00 59 00 | X | | | | | | 913,042 | 0 | 150,296 |
| CHUCK WALT BOARD DIRECTOR | 1 00 6 00 | X | | | | | | 0 | 9,000 | 0 |
| BRADLEY BEARD ADMINISTRATOR | 1 00 59 00 | | | X | | | | 251,270 | 0 | 54,590 |
| KEVIN BOREN VICE PRESIDENT, FINANCE | 1 00 59 00 | | | X | | | | 436,178 | 0 | 95,368 |
| MELISSA SCHACHERER ADMINISTRATOR THRU 2/19 | 60 00 0 00 | | | X | | | | 0 | 137,406 | 7,481 |
| JAMES GARVEY SENIOR VICE PRESIDENT, OPERATIONS | 1 00 59 00 | | | | X | | | 553,229 | 0 | 95,486 |
| MARK HAYWARD SENIOR VICE PRESIDENT, OPERATIONS | 1 00 59 00 | | | | X | | | 428,947 | 0 | 86,323 |
| CYNTHIA KENT CHIEF NURSING OFFICER | 1 00 59 00 | | | | X | | | 327,470 | 0 | 94,367 |
| SCOT RAMSEY VICE PRESIDENT FACILITIES | 1 00 59 00 | | | | X | | | 261,537 | 0 | 34,706 |

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 | | | |
| JANICE SCHADE SENIOR VICE PRESIDENT, OPERATIONS | 1 00 59 00 | | | | X | | | 260,767 | 0 | 61,184 |
| ANNE STEPHEN MD CHIEF MEDICAL OFFICER | 1 00 59 00 | | | | X | | | 468,772 | 0 | 101,700 |
| TY ERICKSON SENIOR VP, OPERATIONS THRU 2/19 | 1 00 59 00 | | | | X | | | 320,531 | 0 | 80,429 |
| THOMAS WITT MD PHYSICIAN LEADER | 1 00 59 00 | | | | | X | | 409,854 | 0 | 119,775 |
| SAMUEL STONE OPERATIONS ADMINISTRATOR | 60 00 0 00 | | | | | X | | 225,094 | 0 | 33,698 |
| RONALD ALSTON COMMUNITY HEALTH DIRECTOR | 60 00 0 00 | | | | | X | | 224,299 | 0 | 43,558 |
| ERIK JULSRUD MEDICAL PHYSICS MANAGER | 60 00 0 00 | | | | | X | | 213,713 | 0 | 44,067 |
| MICHAEL MOTLEY OPERATIONS ADMINISTRATOR | 60 00 0 00 | | | | | X | | 212,688 | 0 | 45,187 |
| ROBERT BRIGHAM FORMER ADMINISTRATOR | 0 00 60 00 | | | | | | X | 129,769 | 0 | 3,115 |
| STEVEN JORGENSEN FORMER ADMINISTRATOR | 0 00 0 00 | | | | | | X | 708,125 | 0 | 22,380 |

| 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 | | | |
| ROBERT NORMAN FORMER CHIEF FINANCIAL OFFICER | 0 00 0 00 | | | | | | X | 0 | 565,006 | 15,930 |
| EVA CLEET MD FORMER CHIEF MEDICAL OFFICER | 0 00 60 00 | | | | | | X | 0 | 390,025 | 37,295 |
| JUSTIN HILL MD FORMER CLINICAL CHIEF | 0 00 40 00 | | | | | | X | 0 | 797,092 | 59,753 |
| SCOTT JOHNSON MD FORMER CLINICAL CHIEF | 0 00 60 00 | | | | | | X | 140,774 | 0 | 19,215 |
| JEFFREY KORSMO FORMER INTERIM COO | 0 00 60 00 | | | | | | X | 0 | 1,045,271 | 29,162 |
| JEFFREY LYON MD FORMER CHIEF PATIENT SAFETY OFFICER | 0 00 60 00 | | | | | | X | 0 | 217,784 | 43,829 |
| HUGH RENIER MD VP MEDICAL AFFAIRS | 0 00 60 00 | | | | | | X | 0 | 393,832 | 90,813 |
| TIMOTHY ZAGER MD FORMER DULUTH CLINIC PRESIDENT | 0 00 40 00 | | | | | | X | 0 | 256,742 | 42,809 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SMDC MEDICAL CENTER

Employer identification number

41-1878730

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|----------------------------------------------------------------------------------------|-----------|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. | | |
| | 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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 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)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. | | |
| | 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)? 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. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? 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). | | |
| | 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? If "Yes," provide detail in Part VI . | | |
| | 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 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))? If "Yes," provide detail in Part VI . | | |
| | 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? If "Yes," provide detail in Part VI . | | |
| | 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? If "Yes," provide detail in Part VI . | | |
| | 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)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 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> | Yes | No |
| 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

- 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 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

Additional Data

Software ID:

Software Version:

EIN: 41-1878730

Name: SMDC MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
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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 SMDC MEDICAL CENTER | Employer identification number 41-1878730 |
|-------------------------------------------------|----------------------------------------------|

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

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

| | (a) | | (b) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 66,000 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 4,956 |
| j Total Add lines 1c through 1i | | | 70,956 |
| 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). | 2a | |
| a Current year | 2b | |
| b Carryover from last year | 2c | |
| c Total | 3 | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II-B, LINE 1 | LOBBYING ACTIVITY EXPLANATION ESSENTIA HEALTH DULUTH PAYS DUES TO CERTAIN ORGANIZATIONS RELATED TO THE INDUSTRY WHICH HAVE LOBBYING EXPENSES THE AMOUNT LISTED IS THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR LOBBYING ESSENTIA HEALTH DULUTH WAS AN ADVOCATE SPONSOR THROUGH THE DULUTH AREA CHAMBER OF COMMERCE FOR THE 2019 "DULUTH & ST LOUIS COUNTY AT THE CAPITAL DAYS" EVENT REPRESENTATIVES FROM ESSENTIA HEALTH, ALONG WITH OTHER REGIONAL BUSINESSES AND CITIZENS, MET FACE-TO-FACE WITH MN LEGISLATORS TO DISCUSS ISSUES AFFECTING OUR COMMUNITIES AND HEALTHCARE ESSENTIA HEALTH DULUTH ALSO PAID AN EXTERNAL CONSULTANT FOR LEGISLATIVE LOBBYING SERVICES TO ASSIST IN PROGRESSION AND PASSAGE OF INFRASTRUCTURE FUNDING FOR THE DEFINED MEDICAL DISTRICT IN THE STATE OF MN |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SMDC MEDICAL CENTER

Employer identification number
41-1878730

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 Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 | 34,000 | 34,000 | 34,000 | 34,000 | 34,000 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 34,000 | 34,000 | 34,000 | 34,000 | 34,000 |

- 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 ▶ 100 000 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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 | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 3b** Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,972,288 | | 1,972,288 |
| b Buildings | | 96,164,203 | 53,113,796 | 43,050,407 |
| c Leasehold improvements | | 11,170,177 | 4,194,991 | 6,975,186 |
| d Equipment | | 165,941,604 | 125,490,907 | 40,450,697 |
| e Other | | 51,495,004 | 1,701,142 | 49,793,862 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 142,242,440 |

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

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

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

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

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

| (a) Description | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) RECEIVABLES FROM RELATED TAX-EXEMPT ORGANIZATIONS | 334,721,943 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 334,721,943 |

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.

| (a) Description of liability | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| PAYABLES TO RELATED TAX-EXEMPT ORGANIZATIONS | 469,592,393 |
| DEFINED BENEFITS PENSION LIABILITY | 6,058,509 |
| POST RETIREMENT BENEFIT - NON PENSION | 1,164,000 |
| POST RETIREMENT BENEFIT - HEALTH | 122,472 |
| ASSET RETIREMENT OBLIGATION FIN 47 | 204,889 |
| PATIENT EMERGENCY FUND | 1,416 |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 477,143,679 |

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 | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 41-1878730

Name: SMDC MEDICAL CENTER

Supplemental Information

| Return Reference | Explanation |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART IV, LINE 2B | ESSENTIA HEALTH VIRGINIA ACTS AS CUSTODIAN FOR THE FUNDS OF THE SKILLED NURSING FACILITY RESIDENTS RESIDENT TRUST FUNDS TOTALED \$17,071 AT JUNE 30, 2019 |

Supplemental Information

| Return Reference | Explanation |
|------------------|----------------------------------------------------------------------------------------------------|
| PART V, LINE 4 | THE ENDOWMENT FUND IS A PERMANENTLY RESTRICTED FUND USED TO ESTABLISH THE MILLER MEMORIAL HOSPITAL |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SMDC MEDICAL CENTER

Employer identification number
41-1878730

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 31,290 |
| b Total from continuation sheets to Part I | | | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 31,290 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| | | | | | | | | |
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| | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|----------------------------------------|-------------------|---------------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
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Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2 | ESSENTIA HEALTH DULUTH PROVIDES GRANT MONIES TO ORGANIZATIONS THAT DEMONSTRATE THE MISSION OR VALUES OF ESSENTIA HEALTH ESSENTIA HEALTH DULUTH MANAGEMENT REVIEWS THE GRANT ACTIVITY BY REVIEWING AND DOCUMENTING EACH EXPENDITURE REQUEST AND APPROVING THE EXPENSE |

Additional Data

Software ID:

Software Version:

EIN: 41-1878730

Name: SMDC MEDICAL CENTER

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| NORTH AMERICA | 0 | 0 | SEND AGENTS TO SEMINAR | | 26,445 |
| EUROPE | 0 | 0 | SEND AGENTS TO SEMINAR | | 1,400 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | GRANTMAKING | | 2,755 |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTMAKING | | 500 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| SOUTH AMERICA | 0 | 0 | GRANTMAKING | | 190 |

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 SMDC MEDICAL CENTER

Hospitals

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

Employer identification number
 41-1878730

OMB No 1545-0047
2018
Open to Public Inspection

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 <i>free</i> 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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>16000 0000000000 %</u> | 3a Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>31000 0000000000 %</u> | 3b Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | No |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a Yes | |
| b If "Yes," did the organization make it available to the public? | 6b Yes | |

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) | | | 4,714,481 | | 4,714,481 | 0 880 % |
| b Medicaid (from Worksheet 3, column a) | | | 97,527,297 | 64,702,099 | 32,825,198 | 6 090 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 102,241,778 | 64,702,099 | 37,539,679 | 6 970 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 9 | | 377,202 | | 377,202 | 0 070 % |
| f Health professions education (from Worksheet 5) | 1 | | 1,320,756 | 242,122 | 1,078,634 | 0 200 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | 10 | | 1,697,958 | 242,122 | 1,455,836 | 0 270 % |
| k Total. Add lines 7d and 7j | 10 | | 103,939,736 | 64,944,221 | 38,995,515 | 7 240 % |

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 | 7 | | 185,000 | | 185,000 | 0.030 % |
| 2 Economic development | | | | | | |
| 3 Community support | 53 | | 467,811 | | 467,811 | 0.090 % |
| 4 Environmental improvements | 1 | | 15,000 | | 15,000 | 0 % |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | 1 | | 1,200 | | 1,200 | 0 % |
| 8 Workforce development | 4 | | 269,190 | | 269,190 | 0.050 % |
| 9 Other | | | | | | |
| 10 Total | 66 | | 938,201 | | 938,201 | 0.170 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 12,669,330 | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 5 Enter total revenue received from Medicare (including DSH and IME). | 5 94,131,847 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 117,485,482 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 -23,353,635 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other | |

Section C. Collection Practices

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

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 | | | | |
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| 12 | | | | |
| 13 | | | | |

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

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

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

2

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)

| See Additional Data Table | 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 |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | | | | | | | | | | |
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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)
 ESSENTIA HEALTH DULUTH

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ESSENTIA HEALTH DULUTH

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

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

ESSENTIA HEALTH DULUTH

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ESSENTIA HEALTH DULUTH

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 2

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ESSENTIA HEALTH VIRGINIA

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

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

ESSENTIA HEALTH VIRGINIA

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ESSENTIA HEALTH VIRGINIA

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)*

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

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data | |
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| | |

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? 15

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LN 7 COL(F) | BAD DEBT EXPENSE THAT WAS SUBTRACTED FROM TOTAL EXPENSE TO OBTAIN THE % OF COMMUNITY BENEFIT TO TOTAL EXPENSE AMOUNTED TO \$12,669,330 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART II, COMMUNITY BUILDING ACTIVITIES | COMMUNITY BUILDING THE WORKFORCE DEVELOPMENT AMOUNT IS PHYSICIAN RECRUITMENT EXPENSES THE HOSPITAL IS LOCATED IN A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREA AND AS SUCH INCLUDES PHYSICIAN RECRUITMENT AS A COMMUNITY BUILDING ACTIVITY PER THE RECOMMENDATION OF THE CATHOLIC HEALTH ASSOCIATION COMMUNITY BENEFIT GUIDE THE OTHER LINE ITEMS REPRESENT CONTRIBUTIONS TO ORGANIZATIONS THAT ARE PERFORMING COMMUNITY BUILDING ACTIVITIES EXAMPLES INCLUDE SUPPORT TO NOT-FOR-PROFIT ORGANIZATIONS THAT PROVIDE RESOURCES TO VULNERABLE POPULATIONS FOR SUPPORTING SOCIAL DETERMINANTS OF HEALTH INCLUDING, HOUSING, ACCESS TO HEALTHY FOOD, ACCESS TO EDUCATION, AND OPPORTUNITIES FOR ACTIVE LIVING NEIGHBORHOOD EXAMPLES INCLUDE SUPPORT FOR COMMUNITY GARDENS, FARMERS MARKETS AND PROGRAMMING IN THE LOCAL SCHOOLS |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART III, LINE 8 | <p>RECONCILIATION FOR MEDICARE SHORTFALL BETWEEN TOTAL MEDICARE PROGRAM AND WHAT IS ALLOWED ON THE COST REPORT THE HOSPITAL FACILITY'S TOTAL MEDICARE SHORTFALL IS \$56,471,137, OF WHICH A SHORTFALL OF \$23,353,635 (CONSISTING OF \$94,131,847 REVENUE AND \$117,485,482 COST) IS INCLUDED IN PART III, SECTION B, LINES 5-7, AND A SHORTFALL OF \$33,117,502 (CONSISTING OF \$77,296,933 REVENUE AND \$110,414,435 COST) REPRESENT ALL OTHER MEDICARE SERVICES NOT INCLUDED IN THE ANNUAL COST REPORT THE COSTING METHODOLOGY USED IN DETERMINING THE MEDICARE ALLOWABLE COST REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6 THE METHODOLOGY USED IN DETERMINING THE REPORTED MEDICARE ALLOWABLE COST BEGINS WITH THE HOSPITAL'S GENERAL LEDGER SYSTEM THE COSTS ARE OBTAINED FROM THE GENERAL LEDGER AND THEN ADJUSTED AND REPORTED IN ACCORDANCE WITH CENTERS FOR MEDICARE SERVICES (CMS) "COST FINDING" GUIDELINES AS PUBLISHED IN THEIR PROVIDER REIMBURSEMENT MANUAL ONCE THE MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE HOSPITAL'S COST REPORT, ANY COSTS ATTRIBUTED TO SUBSIDIZED HEALTH SERVICES, AND MEDICAL EDUCATION, ARE REMOVED AND REPORTED SEPARATELY EXPLANATION FOR ANY PRIOR YEAR SETTLEMENTS FOR MEDICARE-RELATED SERVICES IN THE CURRENT TAX YEAR EACH ESSENTIA HEALTH HOSPITAL IS REQUIRED TO FILE A MEDICARE COST REPORT 5 MONTHS AFTER THE CLOSE OF THEIR FISCAL YEAR THE COST REPORT PROVIDES MEDICARE WITH INFORMATION THAT IS USED TO DETERMINE UTILIZATION AND SPENDING TRENDS BUT ALSO IS USED TO SET FUTURE PAYMENT RATES FOR MOST MEDICARE SERVICES IF THE INTERIM PAYMENTS PAID TO A HOSPITAL ARE HIGHER OR LOWER THAN THE FILED COST REPORT ALLOWABLE REIMBURSEMENT THERE WILL BE A SETTLEMENT FOR THAT FISCAL YEAR THIS CAN BE DUE TO CHANGES IN UTILIZATION OR COST OF PROVIDING SERVICES FOR CRITICAL ACCESS HOSPITALS (CAH) OR DIFFERENCES BETWEEN INTERIM AND FINAL PAYMENT FACTORS FOR DISPROPORTIONATE SHARE, BAD DEBTS, OR INDIRECT MEDICAL EDUCATION FOR NON-CAH HOSPITALS AN ESTIMATE FOR THESE SETTLEMENTS IS RECORDED AT THE CLOSE OF THE FISCAL YEAR IF THE ESTIMATE VARIES FROM THE FINAL SETTLEMENT RECEIVED 6-7 MONTHS AFTER THE FISCAL YEAR ENDS THEN THESE AMOUNTS ARE RECORDED AS PRIOR YEAR MEDICARE REVENUE THE EXTENT TO WHICH ANY SHORTFALL REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT AND THE RATIONALE FOR THE ORGANIZATION'S OPINION ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA ARE A PART OF A LARGER ORGANIZATION, ESSENTIA HEALTH ESSENTIA HEALTH AND ITS MEMBER ORGANIZATIONS INCORPORATE THE FULL VALUE OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT THE RATIONALE FOR THE ORGANIZATION'S OPINION IS PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE AND IT IS LIKELY TO GET WORSE MANY MEDICARE BENEFICIARIES ARE POOR AND ARE ELIGIBLE FOR MEDICAID IN ADDITION TO MEDICARE MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY</p> |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 4 | <p>COMMUNITY INFORMATION ESSENTIA HEALTH DULUTH ESSENTIA HEALTH DULUTH IS LOCATED IN DULUTH, MN ESSENTIA HEALTH DULUTH IS A PART OF ESSENTIA HEALTH, WHICH IS DEFINED IN PART VI, LINE 6 ESSENTIA HEALTH DULUTH OPERATES 1 HOSPITAL AND 8 CLINICS THAT SERVE THE ST LOUIS COUNTY AREA THE OVERALL COMMUNITY IS CLASSIFIED AS SUBURBAN ESSENTIA HEALTH DULUTH COVERS A SERVICE AREA OF APPROXIMATELY 181,000 PEOPLE THE SERVICE AREA AGE DISTRIBUTION IS 19% UNDER THE AGE OF 18, 64% BETWEEN THE AGES OF 18 AND 65, AND 17% OVER THE AGE OF 65 THE RACIAL MAKEUP OF THE SERVICE AREA IS 87% CAUCASIAN, 2% AFRICAN AMERICAN, 1% ASIAN, 6% HISPANIC, AND 4% OTHER THE GENDER SPLIT RATIO IS 50% WOMEN AND 50% MEN THE AVERAGE INCOME FOR THE SERVICE AREA IS APPROXIMATELY \$49,000 ESSENTIA HEALTH DULUTH, AS PART OF ESSENTIA HEALTH, IS COMMITTED TO SERVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY APPROXIMATELY 1 1% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 16 9% FROM MEDICAID RECIPIENTS ST LOUIS COUNTY IS CURRENTLY DESIGNATED AS A MEDICALLY UNDERSERVED AREA AS MENTIONED ABOVE, ESSENTIA HEALTH DULUTH IS PART OF ESSENTIA HEALTH ESSENTIA HEALTH STAFFS HOSPITALS AND CLINICS IN FEDERALLY-RECOGNIZED UNDERSERVED AREAS AND SUPPORTS THE HEALTH OF ITS COMMUNITIES THROUGH AN ACTIVE OUTREACH PROGRAM THAT BRINGS SPECIALISTS LIKE ONCOLOGISTS, CARDIOLOGISTS, NEUROLOGISTS, AND OTHERS INTO ITS SMALLER COMMUNITIES THIS ELIMINATES BARRIERS TO CARE FOR MANY PATIENTS, PARTICULARLY THOSE WHO ARE ELDERLY, LIVING ON LOW INCOMES, OR ARE FACED WITH OTHER CHALLENGES THAT MAKE IT DIFFICULT TO TRAVEL LONG DISTANCES FOR CARE THERE ARE 13 OTHER HOSPITALS OUTSIDE OF THE ESSENTIA HEALTH UMBRELLA THAT SERVICE THE COMMUNITY ESSENTIA HEALTH VIRGINIA ESSENTIA HEALTH VIRGINIA IS LOCATED IN VIRGINIA, MN ESSENTIA HEALTH VIRGINIA IS A PART OF ESSENTIA HEALTH, WHICH IS DEFINED IN PART VI, LINE 6 ESSENTIA HEALTH VIRGINIA OPERATES 1 HOSPITAL, 5 CLINICS, A REHABILITATION CENTER, AND 1 SKILLED NURSING FACILITY THAT SERVE NORTHERN ST LOUIS COUNTY THE OVERALL COMMUNITY IS CLASSIFIED AS RURAL ESSENTIA HEALTH VIRGINIA COVERS A SERVICE AREA OF APPROXIMATELY 27,000 PEOPLE THE SERVICE AREA AGE DISTRIBUTION IS 18% UNDER THE AGE OF 18, 59% BETWEEN THE AGES OF 18 AND 65, AND 23% OVER THE AGE OF 65 THE RACIAL MAKEUP OF THE SERVICE AREA IS 93% CAUCASIAN, 1% AFRICAN AMERICAN, 1% HISPANIC, AND 5% OTHER THE GENDER SPLIT RATIO IS 50% WOMEN AND 50% MEN THE AVERAGE INCOME FOR THE SERVICE AREA IS APPROXIMATELY \$47,000 ESSENTIA HEALTH VIRGINIA, AS PART OF ESSENTIA HEALTH, IS COMMITTED TO SERVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY APPROXIMATELY 2 5% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 18 0% FROM MEDICAID RECIPIENTS ESSENTIA HEALTH VIRGINIA HAS CLINICS IN VIRGINIA, BABBITT, ELY, AND INTERNATIONAL FALLS, MN WHICH ARE CURRENTLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS AS MENTIONED ABOVE, ESSENTIA HEALTH VIRGINIA IS PART OF ESSENTIA HEALTH ESSENTIA HEALTH STAFFS HOSPITALS AND CLINICS IN FEDERALLY-RECOGNIZED UNDERSERVED AREAS AND SUPPORTS THE HEALTH OF ITS COMMUNITIES THROUGH AN ACTIVE OUTREACH PROGRAM THAT BRINGS SPECIALISTS LIKE ONCOLOGISTS, CARDIOLOGISTS, NEUROLOGISTS AND OTHERS INTO ITS SMALLER COMMUNITIES THIS ELIMINATES BARRIERS TO CARE FOR MANY PATIENTS, PARTICULARLY THOSE WHO ARE ELDERLY, LIVING ON LOW INCOMES, OR ARE FACED WITH OTHER CHALLENGES THAT MAKE IT DIFFICULT TO TRAVEL LONG DISTANCES FOR CARE THERE IS 1 OTHER HOSPITAL OUTSIDE OF THE ESSENTIA HEALTH UMBRELLA THAT SERVICES THE COMMUNITY</p> |

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| PART VI, LINE 5 | <p>PROMOTION OF COMMUNITY HEALTH ESSENTIA HEALTH DULUTH ESSENTIA HEALTH DULUTH'S BOARD OF DIRECTORS IS COMPOSED MAINLY OF VOLUNTEER REPRESENTATIVES FROM THE COMMUNITIES IT SERVES THE ORGANIZATION HAS AN OPEN MEDICAL STAFF, SO ANY QUALIFIED PHYSICIAN OF THE COMMUNITY IS ALLOWED TO APPLY ALL APPLICANTS THAT APPLY MUST MEET THE CREDENTIALING STANDARDS AND BE APPROVED BY THE ESSENTIA HEALTH EAST GOVERNING BOARD, IN ACCORDANCE WITH THE RESERVED POWERS, IN ORDER TO COME AND PROVIDE SERVICES AT ESSENTIA HEALTH IN ADDITION, THE HOSPITAL PROVIDES ON-SITE CLINICAL EXPERIENCES FOR MEDICAL STUDENTS, NURSES, THERAPISTS, TECHNICIANS AND OTHER HEALTHCARE VOCATIONS WE REINVEST IN THE ORGANIZATION BY ACQUIRING THE LATEST STATE OF THE ART EQUIPMENT AND BY INVESTING IN PROGRAMS THAT ARE NEEDED IN OUR COMMUNITY IN ADDITION TO THE ACTIVITIES LISTED IN PART I, LINE 7 AS WELL AS PART V, SECTION B, LINE 11, THE ORGANIZATION SUPPORTS THE HEALTH AND VITALITY OF OUR COMMUNITIES WITH SPECIAL DEDICATION TO MAKING A DIFFERENCE IN AREAS WE KNOW SUPPORT THE SOCIAL DETERMINANTS OF HEALTH WE MAKE SIGNIFICANT CONTRIBUTIONS TO COMMUNITY NON-PROFITS WORKING TO IMPROVE HOUSING, ACCESS TO HEALTHY FOODS AND HEALTHY YOUTH DEVELOPMENT ADDITIONALLY, WE ENCOURAGE OUR COLLEAGUES TO CONTRIBUTE THEIR TIME IN MEANINGFUL WAYS THROUGH A FORMAL EMPLOYEE VOLUNTEER PROGRAM THAT INCENTIVIZES COMMUNITY VOLUNTEERING THROUGH A MATCHING FINANCIAL CONTRIBUTION WITH MORE THAN 20,000 IMPACTFUL HOURS REPORTED FOR ESSENTIA HEALTH OUR LEADERS ARE ACTIVELY ENGAGED IN LENDING THEIR EXPERTISE ON COMMUNITY BOARDS INCLUDING WORKFORCE DEVELOPMENT EFFORTS THAT CONTRIBUTE TO THE ECONOMIC VITALITY OF OUR REGION LASTLY, THE HOSPITAL ENGAGED COMMUNITIES IN COMING TOGETHER AND CREATING SOCIAL CONNECTIVITY THROUGH SUPPORT OF VARIOUS LOCAL EVENTS, FUNDRAISERS AND OUTINGS, MANY OF WHICH INVOLVED PHYSICAL ACTIVITY AND SUPPORTED BUSINESSES THAT SUPPORT THE VIABILITY OF OUR COMMUNITIES ESSENTIA HEALTH VIRGINIA ESSENTIA HEALTH VIRGINIA'S BOARD OF DIRECTORS IS COMPOSED MAINLY OF VOLUNTEER REPRESENTATIVES FROM THE COMMUNITIES IT SERVES THE ORGANIZATION HAS AN OPEN MEDICAL STAFF, SO ANY QUALIFIED PHYSICIAN OF THE COMMUNITY IS ALLOWED TO APPLY ALL APPLICANTS THAT APPLY MUST MEET THE CREDENTIALING STANDARDS AND BE APPROVED BY THE ESSENTIA HEALTH EAST GOVERNING BOARD, IN ACCORDANCE WITH THE RESERVED POWERS, IN ORDER TO COME AND PROVIDE SERVICES AT ESSENTIA HEALTH IN ADDITION, THE HOSPITAL PROVIDES ON-SITE CLINICAL EXPERIENCES FOR MEDICAL STUDENTS, NURSES, THERAPISTS, TECHNICIANS AND OTHER HEALTHCARE VOCATIONS WE REINVEST IN THE ORGANIZATION BY ACQUIRING THE LATEST STATE OF THE ART EQUIPMENT AND BY INVESTING IN PROGRAMS THAT ARE NEEDED IN OUR COMMUNITY IN ADDITION TO THE ACTIVITIES LISTED IN PART I, LINE 7 AS WELL AS PART V, SECTION B, LINE 11, THE ORGANIZATION SUPPORTS THE HEALTH AND VITALITY OF OUR COMMUNITIES WITH SPECIAL DEDICATION TO MAKING A DIFFERENCE IN AREAS WE KNOW SUPPORT THE SOCIAL DETERMINANTS OF HEALTH WE MAKE SIGNIFICANT CONTRIBUTIONS TO COMMUNITY NON-PROFITS WORKING TO IMPROVE HOUSING, ACCESS TO HEALTHY FOODS AND HEALTHY YOUTH DEVELOPMENT ADDITIONALLY, WE ENCOURAGE OUR COLLEAGUES TO CONTRIBUTE THEIR TIME IN MEANINGFUL WAYS THROUGH A FORMAL EMPLOYEE VOLUNTEER PROGRAM THAT INCENTIVIZES COMMUNITY VOLUNTEERING THROUGH A MATCHING FINANCIAL CONTRIBUTION WITH MORE THAN 20,000 IMPACTFUL HOURS REPORTED FOR ESSENTIA HEALTH OUR LEADERS ARE ACTIVELY ENGAGED IN LENDING THEIR EXPERTISE ON COMMUNITY BOARDS INCLUDING WORKFORCE DEVELOPMENT EFFORTS THAT CONTRIBUTE TO THE ECONOMIC VITALITY OF OUR REGION LASTLY, THE HOSPITAL ENGAGED COMMUNITIES IN COMING TOGETHER AND CREATING SOCIAL CONNECTIVITY THROUGH SUPPORT OF VARIOUS LOCAL EVENTS, FUNDRAISERS AND OUTINGS, MANY OF WHICH INVOLVED PHYSICAL ACTIVITY AND SUPPORTED BUSINESSES THAT SUPPORT THE VIABILITY OF OUR COMMUNITIES ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA ARE A PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH FACILITIES IN MINNESOTA, WISCONSIN, NORTH DAKOTA, AND IDAHO AS A NON-PROFIT ORGANIZATION, ESSENTIA HEALTH REINVESTS SURPLUS REVENUES INTO MEDICAL TRAINING, PROGRAMS, AND TECHNOLOGY DESIGNED TO REDUCE THE RISK OF PREVENTABLE HARM TO OUR PATIENTS AND INCREASE THE HEALTH AND VITALITY OF THE COMMUNITIES WE SERVE ESSENTIA HEALTH PROVIDES SERVICES PREDOMINANTLY IN RURAL COMMUNITIES AND IS COMMITTED TO ELIMINATING GEOGRAPHIC BARRIERS TO CARE MANY OF ESSENTIA HEALTH'S CLINICS AND COMMUNITY HOSPITALS ARE LOCATED IN COMMUNITIES THAT ARE FEDERALLY RECOGNIZED AS BEING MEDICALLY UNDERSERVED WE INVEST IN FACILITY UPGRADES, TECHNOLOGY, AND STAFFING THAT ENHANCE CARE IN THESE COMMUNITIES TO ENSURE PATIENTS CAN RECEIVE AS MUCH CARE AS POSSIBLE CLOSE TO HOME A VITAL COMPONENT OF COMMUNITY HEALTH IN AREAS WHERE RESIDENTS ARE OFTEN ELDERLY, LIVING ON LIMITED INCOMES, AND RESTRICTED IN THEIR TRANSPORTATION OPTIONS RESIDENTS OF GEOGRAPHICALLY ISOLATED COMMUNITIES SERVED BY ESSE</p> |

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| PART VI, LINE 5 | <p>NTIA HEALTH ALSO BENEFIT FROM TELEHEALTH SERVICES THAT PROVIDE LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES USUALLY AVAILABLE ONLY IN LARGER URBAN AREAS SERVICES ARE AVAILAB LE IN MORE THAN 20 SPECIALTIES, RANGING FROM CARDIOLOGY AND BEHAVIORAL HEALTH TO SPEECH TH ERAPY AND MEDICAL WEIGHT LOSS PATIENTS TREATED IN SMALLER ESSENTIA HEALTH EMERGENCY DEPAR TMENTS BENEFIT FROM TELEHEALTH CONNECTIONS THAT ALLOW COMMUNITY HOSPITAL PHYSICIANS AND NU RSES TO COMMUNICATE WITH TRAUMA AND OTHER SPECIALISTS LOCATED IN ESSENTIA HEALTH'S LARGER HOSPITALS ESSENTIA HEALTH WAS ONE OF THE ONLY ACCOUNTABLE CARE ORGANIZATIONS (ACO) IN THE COUNTRY TO RECEIVE THE HIGHEST LEVEL OF ACCREDITATION FROM THE NATIONAL COMMITTEE FOR QUAL ITY ASSURANCE (NCQA) AS AN ACO, ESSENTIA HEALTH IS COMMITTED TO MEETING THE TRIPLE AIM OF IMPROVING CARE AND POPULATION HEALTH, WHILE REDUCING THE OVERALL COSTS FOR PATIENTS AND S OCIETY AS A WHOLE ONE OF THE NEWEST PROGRAMS UNDER THE ACO IS A POPULATION CARE MANAGEM T TEAM OF REGISTERED NURSES WHO CAREFULLY REVIEW MEDICAL HISTORIES OF HIGH-RISK PATIENTS O N GOVERNMENT ASSISTANCE PROGRAMS TO ENSURE THEY ARE GETTING THE CARE NEEDED TO KEEP THEM H EALTHY AND OUT OF THE HOSPITAL PATIENTS WITH MULTIPLE HIGH-RISK CONDITIONS (E G DIABETES , CONGESTIVE HEART FAILURE, MENTAL HEALTH ISSUES) AND THOSE WHO HAVE NOT RECENTLY RECEIVED CARE ARE CONNECTED WITH PRIMARY CARE CLINICIANS, NURSES, SPECIALISTS, THERAPISTS, AND OTH ERS WHO CAN PROVIDE ADDITIONAL CARE, THERAPY, OR EDUCATION THE GOAL IS IMPROVING PATIENTS ' HEALTH AND REDUCING THE LIKELIHOOD OF HOSPITALIZATIONS OR OTHER HIGH-COST CARE SINCE A MAJORITY OF HEALTHCARE COSTS ARE DIRECTLY RELATED TO CARING FOR PATIENTS WHO HAVE CHRONIC CONDITIONS, ESSENTIA HEALTH IS COMMITTED TO IMPROVING HEALTH OUTCOMES FOR PATIENTS, ESPECT ALLY THOSE WITH CHRONIC DISEASES FOR EXAMPLE, ESSENTIA HEALTH NOW OFFERS ONE-ON-ONE TOBAC CO CESSATION COUNSELING AT 32 SITES ACROSS MINNESOTA, WISCONSIN, AND NORTH DAKOTA THESE S ITES COVER A WIDE GEOGRAPHY, FROM SMALL RURAL COMMUNITIES TO LARGER URBAN AREAS, AND OFTEN SERVE PEOPLE LIVING ON LOW AND MODERATE INCOMES IN CASES WHERE THESE SERVICES ARE NOT CO VERED BY PRIVATE OR GOVERNMENT INSURANCE OR PROGRAMS, ESSENTIA HEALTH COVERS THE REMAINING COSTS DOZENS OF ESSENTIA HEALTH NURSES AND DIABETES EDUCATORS ARE ALSO INVOLVED IN DIABET ES EDUCATION, PREVENTION, AND OUTREACH PROGRAMS IN THE COMMUNITIES ESSENTIA HEALTH SERVES THEIR WORK HAS BEEN RECOGNIZED BY A NUMBER OF COMMENDATIONS AND AWARDS FROM GOVERNMENT AG ENCIES AND DIABETES ORGANIZATIONS THESE COMMUNITY-BASED EFFORTS ARE FREE TO THE PUBLIC AN D ALL INDIVIDUALS ARE WELCOME ESSENTIA HEALTH SUPPORTS THE HEALTH OF OUR COMMUNITIES THROU GH ACTIVE RESEARCH AND CLINICAL TRIALS THROUGH THE ESSENTIA INSTITUTE OF RURAL HEALTH (INS TITUTE) THE INSTITUTE CONDUCTS CLINICAL, TRANSLATIONAL, AND HEALTH SERVICES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS VARIOUS ESSENTIA HEALTH ORGANIZATIONS CO NTRIBUTED APPROXIMATELY \$3 5 MILLION IN SUPPORT TO THE INSTITUTE DURING THE PAST YEAR ESS ENTIA HEALTH IS ALSO A PRIMARY SUPPORTER OF MEDICAL EDUCATION, PARTICULARLY IN THE AREA OF RURAL PRIMARY CARE ESSENTIA HEALTH PHYSICIANS SERVE AS FACULTY AND PRECEPTORS FOR THE UN IVERSITY OF MINNESOTA SCHOOL OF MEDICINE IN DULUTH, MN ESSENTIA HEALTH ALSO PROVIDES FUND ING, ADMINISTRATIVE SUPPORT, AND RESIDENCY OPPORTUNITIES FOR THE DULUTH FAMILY PRACTICE RE SIDENCY PROGRAM THIS PROGRAM IS VITAL IN ADDRESSING THE GROWING SHORTAGE OF PRIMARY CARE PHYSICIANS IN RURAL COMMUNITIES</p> |

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

| Form and Line Reference | Explanation |
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| PART VI, LINE 6 | TRIBUTE DIRECTLY TO THE HEALTH AND WELLNESS OF THEIR COMMUNITIES BY VOLUNTEERING IN PROGRAMS RANGING FROM HABITAT FOR HUMANITY TO UNITED WAY FOOD AND CLOTHING DRIVES THEY ARE ACTIVE FUNDRAISERS FOR HEALTH-RELATED ORGANIZATIONS IN THEIR COMMUNITIES, LIKE LOCAL CHAPTERS OF THE AMERICAN HEART ASSOCIATION AND MARCH OF DIMES ESSENTIA HEALTH ENCOURAGES AND SUPPORTS THESE VOLUNTEER EFFORTS IN A VARIETY OF WAYS, INCLUDING SPONSORSHIPS, FINANCIAL CONTRIBUTIONS, AND VOLUNTEER RECOGNITION WE ALSO SUPPORT COMMUNITY HEALTH THROUGH THE ESSENTIA HEALTH FOUNDATION AND THROUGH CONTRIBUTIONS THAT FOCUS ON PROGRAMS AND SERVICES THAT BENEFIT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE SOME EXAMPLES OF THESE PROGRAMS ARE AFTER-SCHOOL MEALS, TUTORING PROGRAMS, AND RESPITE SERVICES FOR CAREGIVERS OF LOVED ONES WITH DEMENTIA |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 7, REPORTS FILED WITH STATES | MN |

Additional Data

Software ID:

Software Version:

EIN: 41-1878730

Name: SMDC MEDICAL CENTER

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? 2 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | ESSENTIA HEALTH DULUTH 502 E 2ND ST DULUTH, MN 55805 WWW ESSENTIAHEALTH ORG 389357 | X | X | | X | | | | | | |
| 2 | ESSENTIA HEALTH VIRGINIA 901 9TH ST N VIRGINIA, MN 55792 WWW ESSENTIAHEALTH ORG 389284 | 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 |
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| ESSENTIA HEALTH DULUTH | <p>PART V, SECTION B, LINE 5 THE HOSPITAL PARTNERED WITH GENERATIONS HEALTHCARE INITIATIVES AND A LARGE NUMBER OF OTHER STAKEHOLDERS ACROSS NORTHEAST MINNESOTA AND NORTHWEST WISCONSIN TO CONDUCT THE BRIDGE TO HEALTH SURVEY TO PROVIDE LOCAL AND REGIONAL DATA UTILIZED IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT OTHER PUBLIC HEALTH DATASETS WERE COLLECTED, REVIEWED, AND EVALUATED TO SUPPORT KEY INDICATORS FOCUSED ON ASPECTS OF HEALTH, WELLNESS, AND THE SOCIAL DETERMINANTS OF HEALTH A HEAVY EMPHASIS WAS PLACED ON CONSIDERING THE INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, SPECIFICALLY INDIVIDUALS FROM LOW-INCOME, MEDICALLY UNDERSERVED, OR MINORITY POPULATIONS AND THOSE WITH A SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH ON OCTOBER 16TH, 2018 THE HOSPITAL, IN PARTNERSHIP WITH STAKEHOLDERS, HOSTED A LARGE PUBLIC MEETING TO GAIN INPUT ON THE COMMUNITY HEALTH NEEDS ASSESSMENT OVER 100 COMMUNITY MEMBERS ATTENDED, INCLUDING INDIVIDUALS FROM THE FOLLOWING ORGANIZATIONS ST LOUIS COUNTY PUBLIC HEALTH, AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION, ARC NORTHLAND, ARROWHEAD AGENCY ON AGING, CENTER FOR ALCOHOL AND DRUG TREATMENT, FOND DU LAC, LAKE SUPERIOR COMMUNITY HEALTH CENTER, NAMI, AND MANY MORE ADDITIONALLY, FOCUS GROUPS WERE CONDUCTED IN COMMUNITY LOCATIONS BETWEEN JANUARY 2019 AND MARCH 2019 TO GAIN MORE COMMUNITY INPUT OVER 200 INDIVIDUALS FROM THE FOLLOWING ORGANIZATIONS ATTENDED THE FOCUS GROUPS (FULL ROSTERS WITH NAMES AVAILABLE UPON REQUEST) CENTER OF AMERICAN INDIAN AND MINORITY HEALTH, CITY OF DULUTH, DULUTH CHAMBER OF COMMERCE, YOUTH IN ACTION, DULUTH POLICE DEPARTMENT, DULUTH PUBLIC SCHOOLS, FIRST LUTHERAN CHURCH, GLORIA DEI LUTHERAN CHURCH, AND SEVERAL OTHERS THE COMMUNITY FOCUS GROUPS PROVIDED THE OPPORTUNITY FOR COMMUNITY MEMBERS, BUSINESS LEADERS, HEALTHCARE AND PUBLIC HEALTH PROFESSIONALS, TEACHERS, STUDENTS, COMMUNITY-BASED ORGANIZATIONS, AND MEMBERS OF LOW-INCOME AND MINORITY COMMUNITIES TO SHARE THEIR INPUT ON THE OVERARCHING HEALTH NEEDS OF THE COMMUNITY ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, AND ST LUKE'S HOSPITAL DID NOT RECEIVE ANY COMMENTS ON THEIR PREVIOUS CHNA ANY COMMENTS WOULD HAVE BEEN TAKEN INTO CONSIDERATION IN THE DEVELOPMENT OF THE CHNA</p> |

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

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

| Form and Line Reference | Explanation |
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| ESSENTIA HEALTH VIRGINIA | <p>PART V, SECTION B, LINE 5 AFTER PRIORITY ISSUES WERE IDENTIFIED THROUGH REVIEWING DATA AND THE FORMAL PRIORITIZATION PROCESS, ESSENTIA HEALTH SOLICITED BROAD FEEDBACK FROM THE COMMUNITY ON THE PRIORITIES CHOSEN AND HOW TO ADDRESS THE NEEDS COMMUNITY INPUT WAS PRIMARILY GATHERED THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS FROM JANUARY 2019 TO MARCH 2019, MORE THAN 80 COMMUNITY MEMBERS PROVIDED INPUT ON THE PRIORITY ISSUES IN THEIR COMMUNITY A HEAVY EMPHASIS WAS PLACED ON CONSIDERING THE INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, SPECIFICALLY INDIVIDUALS FROM LOW-INCOME, MEDICALLY UNDERSERVED, OR MINORITY POPULATIONS AND THOSE WITH A SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH FOCUS GROUP OR KEY INFORMANT INTERVIEWS INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS VIRGINIA PUBLIC LIBRARY, ALTERNATIVE LEARNING CENTER, BILL'S HOUSE, ST LOUIS COUNTY PUBLIC HEALTH AND HUMAN SERVICES, OPIOID ABUSE RESPONSE STRATEGIES GROUP, SUPPORTING ALLIES FAMILIES FRIENDS LGBTQ+ FOR EQUALITY (S A F E), NORTH WOODS SCHOOL, AND MESABI EAST SECONDARY SCHOOL STEERING COMMITTEE MEMBERS WHO GUIDED THE PROCESS INCLUDED ST LOUIS COUNTY PUBLIC HEALTH, MESABI YMCA, CITY OF VIRGINIA, FAIRVIEW RANGE, VIRGINIA POLICE DEPARTMENT, ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, UNIVERSITY OF MINNESOTA EXTENSION, RANGE MENTAL HEALTH, RUTABAGA PROJECT, AND VIRGINIA FIRE DEPARTMENT ESSENTIA HEALTH VIRGINIA DID NOT RECEIVE ANY COMMENTS ON THEIR PREVIOUS CHNA ANY COMMENTS WOULD HAVE BEEN TAKEN INTO CONSIDERATION IN THE DEVELOPMENT OF THE CHNA</p> |

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

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

| Form and Line Reference | Explanation |
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| ESSENTIA HEALTH DULUTH | PART V, SECTION B, LINE 6A TO ALIGN RESOURCES AND STRENGTHS TO BETTER SERVE OUR COMMUNITY, THE CHNA WAS CONDUCTED IN COLLABORATION WITH ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, A RELATED ORGANIZATION, AND ST LUKE'S HOSPITAL, AN UNRELATED HOSPITAL LOCATED IN DULUTH, MN |

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 |
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| ESSENTIA HEALTH VIRGINIA | PART V, SECTION B, LINE 6A TO ALIGN RESOURCES AND STRENGTHS TO BETTER SERVE OUR COMMUNITY, THE CHNA WAS CONDUCTED IN COLLABORATION WITH FAIRVIEW RANGE, AN UNRELATED HOSPITAL LOCATED IN HIBBING, MN |

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 |
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| ESSENTIA HEALTH DULUTH | PART V, SECTION B, LINE 6B TO HAVE THE GREATEST IMPACT ON THE COMMUNITY SERVED, ESSENTIA HEALTH DULUTH WORKED COLLABORATIVELY ON THE ASSESSMENT PROCESS WITH ST LOUIS COUNTY PUBLIC HEALTH AND HUMAN SERVICES, GENERATIONS HEALTH CARE INITIATIVES, LAKE SUPERIOR COMMUNITY HEALTH CENTER, AND THE ZEITGEIST CENTER FOR ARTS & COMMUNITY |

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 |
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| ESSENTIA HEALTH DULUTH | PART V, SECTION B, LINE 7D LINKS TO THE REPORT WERE EMAILED TO THE MINNESOTA HOSPITAL ASSOCIATION (MHA) TO CATALOG THE ASSESSMENTS AND MAKE THEM AVAILABLE ON THEIR WEBSITE TO HELP MEMBERS MEET IRS REQUIREMENTS FOR WIDE DISSEMINATION OF REPORTS THE MHA WILL ALSO ANALYZE THE ASSESSMENTS TO IDENTIFY COMMON THEMES, ISSUES, AND NEEDS ON A STATEWIDE AND REGIONAL BASIS FINALLY, THE MHA WILL USE THE CATALOG AS A VEHICLE FOR CONNECTING HOSPITALS WITH SIMILAR COMMUNITY NEEDS WITH ONE ANOTHER TO EXPLORE JOINT IMPLEMENTATION STRATEGIES, INFORMATION SHARING, OR RESOURCES FOR MAKING THEIR COMMUNITY BENEFIT ACTIVITIES AS INFLUENTIAL AS POSSIBLE |

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 |
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| ESSENTIA HEALTH VIRGINIA | PART V, SECTION B, LINE 7D LINKS TO THE REPORT WERE EMAILED TO THE MINNESOTA HOSPITAL ASSOCIATION (MHA) TO CATALOG THE ASSESSMENTS AND MAKE THEM AVAILABLE ON THEIR WEBSITE TO HELP MEMBERS MEET IRS REQUIREMENTS FOR WIDE DISSEMINATION OF REPORTS THE MHA WILL ALSO ANALYZE THE ASSESSMENTS TO IDENTIFY COMMON THEMES, ISSUES, AND NEEDS ON A STATEWIDE AND REGIONAL BASIS FINALLY, THE MHA WILL USE THE CATALOG AS A VEHICLE FOR CONNECTING HOSPITALS WITH SIMILAR COMMUNITY NEEDS WITH ONE ANOTHER TO EXPLORE JOINT IMPLEMENTATION STRATEGIES, INFORMATION SHARING, OR RESOURCES FOR MAKING THEIR COMMUNITY BENEFIT ACTIVITIES AS INFLUENTIAL AS POSSIBLE |

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 |
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| ESSENTIA HEALTH DULUTH | <p>PART V, SECTION B, LINE 11 DURING FY 2019, ESSENTIA HEALTH ADDRESSED SIGNIFICANT NEEDS IDENTIFIED IN THE FY 2016 ASSESSMENT MENTAL HEALTH, ALCOHOL, TOBACCO & OTHER DRUGS, SOCIO-E CONOMIC DISPARITIES, & OBESITY WHILE THE FOCUS GROUPS & COMMUNITY INPUT DID NOT PLACE OBE SITY (OR FACTORS LEADING TO OBESITY) IN THE TOP THREE, THE HOSPITALS HAD PRIORITIZED OBESI TY AS A TOP NEED WITH THE PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT & FELT THE WORK WAS O NLY BEGINNING TO ADDRESS OBESITY, PHYSICAL INACTIVITY, & POOR NUTRITION & AGAIN PRIORITIZ E D AS A NEED TO CONTINUE TO ADDRESS BASED ON DATA & COMMUNITY CONVERSATIONS BY ADOPTING A COLLECTIVE IMPACT MODEL TO IMPROVE OVERALL HEALTH & WELLNESS IN OUR COMMUNITY, NOT ALL ISS UES WILL BE DIRECTLY ADDRESSED BY THE HOSPITALS BUT WILL BE ADDRESSED THROUGH A MULTI-SECT OR COALITION-BASED APPROACH BASED ON RESOURCES AVAILABLE & LACK OF EXPERTISE IN THE AREA, THE NEED THAT THE HOSPITALS WILL NOT BE ADDRESSING IS ACCESS TO DENTAL CARE ACTIVITIES W ERE LED BY BRIDGING HEALTH DULUTH & A LARGER COLLABORATIVE EFFORT WITH LOCAL PARTNERS BRI DGING HEALTH DULUTH IS A COALITION OF ORGANIZATIONS FOCUSED ON SUPPORTING A HEALTHIER COMMUNITY FOR ALL THE FOLLOWING DESCRIBES SIGNIFICANT ACCOMPLISHMENTS & OUTCOMES PRIORITY ARE A #1 MENTAL HEALTHMEMBERS OF BRIDGING HEALTH DULUTH, INCLUDING ST MARY'S MEDICAL CENTER & ESSENTIA HEALTH DULUTH, FORMED NORTHL& HEALTHY MINDS IN 2017 TO ADDRESS MENTAL HEALTH ST IGMA WITH A VISION OF A WORLD WHERE ANYONE CAN RECEIVE THE SUPPORT & ASSISTANCE THEY DESER VE FOR THEIR MENTAL ILLNESS WITHOUT FEAR OF DISCRIMINATION THIS COALITION HAS GROWN TO MO RE THAN 50 ORGANIZATIONS IN NORTHEAST MINNESOTA & DOUGLAS COUNTY, WISCONSIN PUBLIC, PRIVA TE, NON-PROFIT, & FAITH-BASED ORGANIZATIONS COMPRISE THIS COALITION A FEW KEY ACCOMPLISHM ENTS INCLUDE CREATING A SERIES OF COMMUNITY EVENTS IN MAY 2018 & MAY 2019 WHICH REACHED OV ER 3,000 PEOPLE & HOLDING 12 MAKE IT OK EMPLOYER ORIENTATIONS, EDUCATING MORE THAN 50 LOCA L EMPLOYERS & 28,000 EMPLOYEES ADDITIONALLY, ST MARY'S MEDICAL CENTER & ESSENTIA HEALTH DULUTH PARTNERED WITH ST SCHOLASTICA TO BRING A "TRAIN THE TRAINER" EVENT TO DULUTH FOR M ENTAL HEALTH FIRST AID IN JUNE 2019 ESSENTIA HEALTH SUBSIDIZED THE COST OF THE TRAINING S O IT COULD BE OFFERED AT A LARGELY REDUCED PRICE 28 INDIVIDUALS WERE TRAINED IN MENTAL HE ALTH FIRST AID, INCLUDING 5 ESSENTIA HEALTH EMPLOYEES, 5 ST SCHOLASTICA EMPLOYEES, & 18 O THER COMMUNITY MEMBERS REPRESENTING AGENCIES SUCH AS THE CITY OF DULUTH, CITY OF SUPERIOR, & NAMI CUMULATIVELY, THE 28 INSTRUCTORS WILL LIKELY BE ABLE TO TEACH A TOTAL OF 80 CLASS ES IN VARIOUS COMMUNITY LOCATIONS IN 2019 WE ESTIMATE THAT WE WILL TRAIN 800 PEOPLE IN ME NTAL HEALTH FIRST AID PRIORITY AREA #2 ALCOHOL, TOBACCO & OTHER DRUGSBRIDGING HEALTH DUL UTH, INCLUDING ESSENTIA HEALTH, PARTICIPATED IN THE AMERICAN LUNG ASSOCIATION'S LETHAL LUR E CAMPAIGN TO SUPPORT THE DULUTH CITY COUNCIL ORDINANCE RESTRICTING THE SALE OF MENTHOL & OTHER FLAVORED TOBACCO PRODUCT</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 |
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| ESSENTIA HEALTH DULUTH | <p>S TO ADULT-ONLY STORES WITHIN DULUTH ESSENTIA HEALTH, ALONG WITH OTHER COMMUNITY ORGANIZATIONS, PROVIDED LETTERS OF SUPPORT & PUBLIC TESTIMONY IN SUPPORT OF THE ORDINANCE THE DULUTH CITY COUNCIL PASSED THE ORDINANCE IN FEBRUARY 2018 & WAS THE FIRST CITY IN MINNESOTA TO IMPLEMENT A FLAVORED TOBACCO & MENTHOL RESTRICTION POLICY EFFECTIVE IN JUNE 2018 ADDITIONALLY, BRIDGING HEALTH DULUTH PARTICIPATED IN THE AMERICAN LUNG ASSOCIATION'S TOBACCO 21 CAMPAIGN TO SUPPORT THE DULUTH CITY COUNCIL ORDINANCE RAISING THE MINIMUM AGE FOR TOBACCO-RELATED SALES TO THE AGE OF 21 ESSENTIA HEALTH, ALONG WITH OTHER COMMUNITY ORGANIZATIONS, WEIGHED IN ON THIS POLICY & TESTIFIED AT THE DULUTH CITY COUNCIL MEETING IN JANUARY 2019 FINALLY, ESSENTIA HEALTH PARTNERED WITH THE WESTERN LAKE SUPERIOR SANITARY DISTRICT TO PROMOTE THE NEW LOCATIONS OF MEDICINE DROP-BOXES IN THE TWIN PORTS WITH THE HOPE OF KEEPING UNUSED OR EXPIRED DRUGS OUT OF THE WRONG HANDS & PREVENTING ACCIDENTAL POISONING OR DRUG ABUSE IN THE TWIN PORTS, THERE ARE NOW 17 LOCATIONS TO SAFELY & EASILY DROP OFF UNUSED MEDICATIONS ESSENTIA HEALTH PHARMACIES, WALGREENS & CVS PHARMACIES NEAR LEIF ERIKSON PARK, THE DULUTH, HERMANTOWN, PROCTOR & SUPERIOR POLICE DEPARTMENTS, & ST LUKE'S PHARMACIES PRIORITY AREA #3 SOCIO-ECONOMIC DISPARITIES BASED ON RACE & NEIGHBORHOODS ESSENTIA HEALTH PARTICIPATED IN THE QUALITY OF LIFE NEIGHBORHOOD COLLECTIVE, WORKING TOGETHER IN PARTNERSHIP WITH RESIDENTS OF THE HILLSIDE & LINCOLN PARK NEIGHBORHOODS, AREA BUSINESSES, & COMMUNITY PARTNERS TO CREATE NEIGHBORHOODS WHERE PEOPLE PROSPER THE COLLABORATIVE HAS A CROSS-SECTOR, COLLECTIVE IMPACT APPROACH TO ADDRESS POVERTY, IMPROVE QUALITY OF LIFE, & INVESTIGATE THE 11-YEAR LIFE EXPECTANCY DISPARITY THAT CURRENTLY EXISTS ADDITIONALLY, ESSENTIA HEALTH SERVES ON THE LEADERSHIP TEAM OF THE TOGETHER FOR HEALTH INITIATIVE, AN INNOVATIVE, COLLABORATIVE APPROACH TO IMPROVING THE HEALTH & WELL-BEING OF THE STUDENTS, FAMILIES, & COMMUNITY MEMBERS IN ISD 709 DULUTH PUBLIC SCHOOLS THROUGH A COMMUNITY-BASED CARE COORDINATION APPROACH, STUDENTS & NEIGHBORHOOD RESIDENTS HAVE RECEIVED ASSISTANCE TO ADDRESS HEALTH & SOCIAL SERVICE NEEDS INDIVIDUALS' NEEDS & BARRIERS TO HEALTH ARE ASSESSED & ADDRESSED THROUGH ASSISTANCE FROM A COMMUNITY HEALTH WORKER & HAVE INCLUDED CLOTHING, SOCIAL SERVICE REFERRALS, HEALTH INSURANCE, BEHAVIORAL HEALTH, FOOD, HOUSING, & OTHERS MEMBERS OF BRIDGING HEALTH DULUTH, INCLUDING ESSENTIA HEALTH, WORKED WITH THE CITY OF DULUTH TO CREATE 2 NEW PRINCIPLES IN THEIR 20-YEAR COMPREHENSIVE PLAN THE CITY OF DULUTH HAS AGREED TO "DEVELOP A HEALTHY COMMUNITY" BY DECLARING THAT "THE CITY WILL ACTIVELY PROMOTE ACCESS FOR ALL TO HEALTH RESOURCES, QUALITY FOOD, RECREATION, SOCIAL & ECONOMIC OPPORTUNITIES, & A CLEAN & SECURE ENVIRONMENT" ADDITIONALLY, THE CITY HAS AGREED TO "INTEGRATE FAIRNESS INTO THE FABRIC OF OUR COMMUNITY," BY ENSURING THAT "ALL PEOPLE WILL HAVE EQUITABLE ACCESS TO RESOURCES & OPPORTUNITIES THAT STABILIZE &</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 |
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| ESSENTIA HEALTH DULUTH | <p>ENHANCE THEIR LIVES " ENSURING MORE PARTNERS ARE ENGAGED IN ACTIVELY PROMOTING HEALTHY COMMUNITIES & WORKING TO ELIMINATE SOCIO-ECONOMIC DISPARITIES BASED ON RACE & NEIGHBORHOOD IS AN IMPORTANT PART OF BRIDGING HEALTH DULUTH'S WORK PRIORITY AREA #4 OBESITY, INCLUDING LACK OF ACCESS TO HEALTHY FOODS & PHYSICAL INACTIVITY ESSENTIA HEALTH PARTNERED WITH ST. LOUIS COUNTY PUBLIC HEALTH TO SUPPORT THE FARM TO SCHOOL PROGRAM WITHIN ISD 709 DULUTH PUBLIC SCHOOLS TO CONTINUE TO ADDRESS THE PRIORITY OF OBESITY, PHYSICAL INACTIVITY, & ACCESS TO HEALTHY FOODS THIS PARTNERSHIP ALLOWS FOR THE CONTINUATION OF THE USDA FARM TO SCHOOL PROGRAM & TARGETS SCHOOLS EXPERIENCING A HIGHER RATE OF FREE & REDUCED LUNCHES THE DULUTH SCHOOL DISTRICT CURRENT FREE & REDUCED LUNCH ELIGIBILITY IS 42.8% OR 3,621 STUDENTS ACCORDING TO THE MINNESOTA DEPARTMENT OF HEALTH MUCH OF THE FARM TO SCHOOL PROGRAM'S SUCCESS & MOMENTUM GAINED IS DUE TO HAVING A DEDICATED FARM TO SCHOOL EDUCATION COORDINATOR NOT ONLY DO STUDENTS LEARN CONTENT, BUT ALSO GAIN HEALTHY, ACTIVE LIFESTYLE SKILLS IN JULY 2018, THE AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION (AICHO) PURCHASED THE NIIWIN INDIGENOUS FOOD MARKET FORMERLY KNOWN AS THE 4TH STREET MARKET LOCATED IN THE DULUTH CENTRAL HILLSIDE NEIGHBORHOOD, THE MARKET WILL SERVE A DIVERSE POPULATION OFFERING HEALTHY INDIGENOUS FOODS WHILE INCREASING FOOD ACCESS FOR THOSE IN THE NEIGHBORHOOD THIS WILL ALSO BE THE REGION'S FIRST INDIGENOUS FOOD MARKET OFFERING NATIVE FOOD PRODUCERS AN OPPORTUNITY TO SELL THEIR PRODUCTS DIRECTLY TO CONSUMERS, PROVIDING FOR ECONOMIC EQUITY AS PART OF THE MARKET'S DESIGN BRIDGING HEALTH DULUTH PARTNERS SUPPORTED AICHO'S AMAZING EFFORTS TO FILL THE GAP IN THE CENTRAL HILLSIDE NEIGHBORHOOD ESSENTIA HEALTH PARTNERED WITH THE DULUTH YMCA TO OFFER NATIONAL DIABETES PREVENTION PROGRAM (NDPP) CLASSES THROUGHOUT THE COMMUNITY THE HILLSIDE FARMERS' MARKET LOCATED ON ESSENTIA HEALTH'S DULUTH HILLSIDE CAMPUS HAD A SUCCESSFUL FIRST YEAR IN 2018 THE MARKET WAS OPEN FROM JUNE THROUGH OCTOBER 2018 WITH A GOAL TO INCREASE ACCESS TO FRESH HEALTHY FOODS & TO DEVELOP AN UNDERSTANDING THAT THE MARKET IS A PLACE TO GROW HEALTHY COMMUNITIES THROUGH THE POWER OF PRODUCE (POP) CLUB, KIDS RECEIVED A \$2 TOKEN TO SPEND ON FRESH FRUITS & VEGETABLES AT THE MARKET THE POP CLUB ENCOURAGED YOUTH TO MAKE INDEPENDENT HEALTHY FOOD CHOICES & GAIN MONEY MANAGEMENT SKILLS WHEN GROCERY SHOPPING AT THE HILLSIDE FARMERS' MARKET, 268 YOUTH SIGNED UP FOR THE POP CLUB, 60% OF THOSE YOUTH WERE FROM FAMILIES WITH FOOD ASSISTANCE THE HILLSIDE FARMERS' MARKET ENCOURAGED THE USE OF SUPPLEMENTAL NUTRITION PROGRAM (SNAP) BENEFITS, OVERALL, THERE WERE 130 SNAP TRANSACTIONS ESSENTIA HEALTH ALSO SPONSORED PROGRAMS AT THE LINCOLN PARK FARMERS' MARKET & 3RD STREET FARMERS' MARKET WITHIN DULUTH FINALLY, ESSENTIA HEALTH LAUNCHED A FOOD INSECURITY SCREENING PILOT PROGRAM IN THE DULUTH PEDIATRIC CLINIC TO IDENTIFY FOOD INSECURE PATIENTS & GUIDE THEM TO COMMUNITY RESO</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 |
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| ESSENTIA HEALTH VIRGINIA | <p>PART V, SECTION B, LINE 11 BASED ON THE ASSESSMENT & THE MULTI-SECTOR COMMUNITY MEETING P RIORITIZATION, THE TOP COMMUNITY HEALTH NEEDS THAT ESSENTIA HEALTH VIRGINIA IDENTIFIED ARE 1 MENTAL HEALTH2 DRUGS/ADDICTION3 SOCIO-ECONOMIC4 ACCESS TO HEALTH CARE5 ADVERSE CH ILDHOOD EXPERIENCES FROM THERE, ESSENTIA HEALTH VIRGINIA IDENTIFIED TWO PRIORITIES TO ADDR ESS THROUGH ITS CHNA 1 BEHAVIORAL HEALTH2 SOCIAL & ECONOMIC BARRIERS TO HEALTH & WELLNES STHE CATEGORY OF ALCOHOL, TOBACCO, & OTHER DRUGS WAS COMBINED WITH MENTAL HEALTH UNDER THE UMBRELLA TERM "BEHAVIORAL HEALTH" FOR THE FIRST PRIORITY BECAUSE IT WAS DECIDED THAT THES E TWO WERE INTERCONNECTED ISSUES IN THE COMMUNITY & IMPLEMENTATION PLANS WILL ADDRESS THE SPECTRUM OF MENTAL HEALTH & SUBSTANCE-RELATED NEEDS IN THE COMMUNITY THE SECOND PRIORITY WILL ADDRESS A RANGE OF ISSUES IDENTIFIED THROUGH THE ASSESSMENT PROCESS WHERE THE UNDERLY ING CAUSE WAS A SOCIO-ECONOMIC BARRIER, INCLUDING, BUT NOT LIMITED TO, ACCESS TO HEALTH CA RE & HEALTHY FOODS ADVERSE CHILDHOOD EXPERIENCES (ACES) WERE NOT CHOSEN BECAUSE STRATEGIES CHOSEN TO ADDRESS THE IDENTIFIED PRIORITIES WILL ALSO IMPACT ACES IN THE COMMUNITY THE R EMAINING IDENTIFIED ISSUES WERE NOT CHOSEN DUE TO THE AMOUNT OF HOSPITAL RESOURCES AVAILAB LE, & MANY AREAS (SUCH AS TRANSPORTATION, CHILD CARE, EDUCATION, CULTURE) CAN BE ADDRESSED THROUGH THE SECOND PRIORITY WHILE OBESITY REMAINS A SIGNIFICANT ISSUE IN THE COMMUNITY, IT WAS DECIDED THAT THE ISSUES OF HIGHEST IMPORTANCE TO THE COMMUNITY WERE THE CHOSEN PRIO RITIES ADDITIONALLY, MENTAL & PHYSICAL HEALTH ARE CLOSELY CONNECTED, THEREFORE MENTAL HEA LTH PLAYS A MAJOR ROLE IN PEOPLE'S ABILITY TO MAINTAIN GOOD PHYSICAL HEALTH BY ADDRESSING THE CHOSEN PRIORITIES, THE STRATEGIES WILL INDIRECTLY IMPACT PHYSICAL HEALTH PROBLEMS SUC H AS CHRONIC DISEASES & OBESITY DURING FY 2019, ESSENTIA HEALTH ADDRESSED SIGNIFICANT NEED S IDENTIFIED IN THE FY 2016 ASSESSMENT BEHAVIORAL HEALTH & SOCIAL NEEDS SOME ACTIVITIES WERE LED BY THE HOSPITAL, WHILE OTHERS WERE PART OF LARGER COLLABORATIVE EFFORTS WITH LOCA L PARTNERS THE FOLLOWING DESCRIBES SIGNIFICANT ACCOMPLISHMENTS & OUTCOMES PRIORITY AREA # 1 BEHAVIORAL HEALTHDURING THE 2016-2019 ASSESSMENT PERIOD, ESSENTIA HEALTH EXPANDED TOBAC CO CESSATION SERVICES INTO THE CLINIC & HOSPITAL BY TRAINING A FULL-TIME RESPIRATORY THERA PIST TO PROVIDE CESSATION COUNSELING THE RESPIRATORY THERAPIST ALSO WORKS WITH THE COMMUN ITY HEALTH SPECIALIST, THE AMERICAN LUNG ASSOCIATION, & ST LOUIS COUNTY PUBLIC HEALTH & H UMAN SERVICES TO PROVIDE EDUCATION FOR PARENTS & SCHOOL STAFF ABOUT E-CIGARETTES ESSENTIA HEALTH VIRGINIA PARTNERS WITH LOCAL SCHOOLS THROUGH THEIR REACH PROGRAM REACH IS A PROGR AM THAT HELPS STUDENTS EXPERIENCE SUCCESS BY LEARNING NEW LIFE SKILLS TO OVERCOME BARRIERS &/OR CHALLENGES PRESENT IN THEIR LIVES IT STANDS FOR RELATIONSHIPS, EDUCATION, ACCOUNTAB IILITY, CHARACTER, & HARD WORK IN 2018, AS REACH EXPANDED TO NEW SCHOOLS IN THE REGION, ES SSENTIA HEALTH PARTIALLY FUNDED</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 |
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| ESSENTIA HEALTH VIRGINIA | <p>A MIND-BODY TRAINING FOR ALL REACH FACULTY IN NORTHERN MINNESOTA & MORE THAN 30 PEOPLE WE RE TRAINED OVER THE COURSE OF A WEEK MIND-BODY TRAINING FOCUSES ON SOCIAL-EMOTIONAL LEARNING SKILLS INCLUDING BREATHING TECHNIQUES, CALMING EXERCISES, & EXPRESSIVE DRAWING REACH TEACHERS HANDLE HEAVY SUBJECT MATTER WITH STUDENTS, THEREFORE THE MIND-BODY TRAINING FIT A NEED AROUND SELF-CARE FOR FACULTY THOSE SKILLS ALSO BENEFIT STUDENTS IN THE CLASSROOM SOME TEACHERS IMPLEMENTED YOGA AS PART OF THE CURRICULUM OTHERS USED BREATHING EXERCISES & CREATIVE SKILLS IN THEIR CLASSROOMS IN 2018, ESSENTIA HEALTH, ST LOUIS COUNTY PUBLIC HEALTH, & FAIRVIEW RANGE WORKED TOGETHER TO START THE NORTHERN ST LOUIS COUNTY NORTHLAND HEALTHY MINDS GROUP & FOCUS ON ENDING STIGMA OF MENTAL ILLNESS CURRENTLY OVER 25 INDIVIDUALS FROM DIFFERENT ORGANIZATIONS & BUSINESSES ATTEND MONTHLY MEETINGS ESSENTIA HEALTH VIRGINIA ALSO PARTICIPATES IN THE OPIOID ABUSE RESPONSE STRATEGIES WORKGROUP IN VIRGINIA IN 2018 , ESSENTIA HEALTH VIRGINIA SUPPORTED A MENTAL HEALTH & SUBSTANCE ABUSE COMMUNITY SERIES THROUGH THIS WORKGROUP PRIORITY AREA #2 ECONOMIC BARRIERS TO HEALTH & WELLNESSESENTIA HEALTH VIRGINIA IS A COLLABORATIVE PARTNER ON THE RUTABAGA PROJECT, WHICH AIMS TO ADDRESS FOOD INSECURITY EXPERIENCED BY MANY RESIDENTS OF VIRGINIA, MINNESOTA THE HOSPITAL SUPPORTED EFFORTS TO BUILD COMMUNITY GARDENS & PUT PERMANENT NUTRITION CUPBOARDS IN THE AREA FROM 2016-2018, THE HOSPITAL GRANTED \$75,000 TO THE RUTABAGA PROJECT THE HOSPITAL HAS ALSO PROVIDED SUPPORT FOR THE LOCAL FARMERS' MARKETS BY ENABLING THEM TO ACCEPT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS THROUGH ELECTRONIC BENEFIT TRANSFER (EBT) MACHINES MATCHING SNAP DOLLARS ARE PROVIDED THROUGH ESSENTIA HEALTH & HUNGER SOLUTIONS FROM 2017-2018, THE VIRGINIA MARKET SQUARE DISTRIBUTED \$2,080 IN ESSENTIA HEALTH MATCHING SNAP DOLLARS IN RECENT YEARS, ESSENTIA HEALTH HAS FUNDED THE POWER OF PRODUCE (POP) CLUB THAT GIVES KIDS \$2 IN TOKENS TO SPEND ON FRESH PRODUCE AT THE FARMERS' MARKET ON FRESH PRODUCE POP ALSO PROVIDES OVER 50 TOOLS, GUIDES & TEMPLATES TO HELP COMMUNITIES ENGAGE YOUNGER CUSTOMERS IN THE FARMERS' MARKET EXPERIENCE IN 2017, THE HIBBING FARMERS' MARKET REIMBURSED \$1,560 TO VENDORS THROUGH THE POP CLUB & THE VIRGINIA MARKET SQUARE REIMBURSED \$798 OVER 520 KIDS USED POP AT THOSE MARKETS IN 2017 & THEY VISITED A TOTAL OF 1,235 TIMES IN 2018, 751 KIDS USED POP AT MARKETS IN COOK, VIRGINIA, & HIBBING, VISITING A TOTAL OF 1,385 TIMES IN 2017 & 2018, ESSENTIA HEALTH VIRGINIA ALSO HANDED OUT OVER 200 BIKE HELMETS TO KIDS & ADULTS AT THE VIRGINIA MARKET SQUARE ESSENTIA HEALTH VIRGINIA PARTICIPATES IN THE NORTHLAND FOOD NETWORK, WHOSE MISSION IS TO SUPPORT REGIONAL FOOD PRODUCTION, ACCESS, & EDUCATION TO IMPROVE HEALTH & RESILIENCY OF THE NORTHLAND'S PEOPLE, ECONOMY, & ENVIRONMENT THIS GROUP ALLOWS PEOPLE FROM ACROSS NORTHEAST MINNESOTA TO CONNECT & SHARE INFORMATION REGARDING THIS MISSION ESSENTIA HEALTH VIR</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 |
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| ESSENTIA HEALTH VIRGINIA | <p>GINIA IS PART OF A PLANNING GROUP THAT IS WORKING TO EXP& HEALTHY OPTIONS IN CONVENIENCE STORES & GROCERY STORES THE GROUP INCLUDES PARTICIPANTS FROM ST LOUIS COUNTY PUBLIC HEALTH & HUMAN SERVICES, THE UNIVERSITY OF MINNESOTA EXTENSION SNAP EDUCATION PROGRAM, & THE RUBEN ABAGA PROJECT ANOTHER FOCUS IS HIGHLIGHTING LOCALLY GROWN PRODUCE & LOCAL PRODUCTS IN STORES IN 2019, ESSENTIA HEALTH VIRGINIA PROVIDED PARTIAL FUNDING FOR CLIENT FOOD PURCHASES AT THE QUAD CITY FOOD SHELF THE FOOD SHELF IS MOVING TO A LARGER FACILITY IN A MORE POPULATED PART OF THE IRON RANGE & WILL LIKELY SERVE MORE RESIDENTS THEREFORE, THERE WAS A NEED TO INCREASE FUNDING FROM LOCAL ORGANIZATIONS TO SUPPORT THE FOOD SHELF</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 |
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| ESSENTIA HEALTH DULUTH | PART V, SECTION B, LINE 23 IN JANUARY 2020, THE HOSPITAL DISCOVERED THAT IT CHARGED CERTAIN FAP-ELIGIBLE PATIENTS MORE THAN AMOUNTS GENERALLY BILLED ON SERVICES BETWEEN JULY 1, 2018 AND JUNE 30, 2019 THIS OCCURRED BECAUSE THE PATIENT PAYMENTS WERE APPLIED ON PATIENT BILLS BEFORE AND/OR AFTER THE FINANCIAL ASSISTANCE POLICY (FAP) ADJUSTMENTS WERE APPLIED IN FEBRUARY 2020, THE HOSPITAL PROVIDED THOSE PATIENTS WITH A \$5 OR MORE OVERPAYMENT WITH A REFUND CHECK, EXPLANATION LETTER, AND DETAILED SUMMARY OF SERVICES IMPACTED THE NUMBER OF PATIENTS AFFECTED AND THE TOTAL DOLLAR AMOUNT INVOLVED WAS 35 INDIVIDUALS & \$5,105 ESSENTIA HEALTH'S REVENUE CYCLE DEPARTMENT CONFIRMS IF ANY PATIENT PAYMENTS ARE MADE AFTER THE FAP APPLICATION HAS BEEN RECEIVED IF SO, THE PATIENT PAYMENT IS UNAPPLIED AND THEN THE FAP ADJUSTMENT IS APPLIED THE PATIENT PAYMENT IS THEN POSTED, AND IF THE PATIENT PAYMENT IS GREATER THAN THE REMAINING BALANCE ON THE BILL, A REFUND TO THE PATIENT IS PROVIDED GOING FORWARD, THERE COULD BE FAP-ELIGIBLE PATIENT OVERPAYMENTS DEPENDING ON THE TIMING OF THE PATIENT PAYMENT OR IF THE PATIENT IS STILL PAYING THEIR CO-PAYMENT AT THE TIME OF SERVICE WE ARE CONTACTING THESE PATIENTS TO REMIND THEM THAT THEY HAVE CHARITY CARE AND DO NOT NEED TO PAY THEIR CHARGES UNTIL THEIR FAP ADJUSTMENTS HAVE BEEN MADE WE ARE REQUESTING THE REFUND AT THE TIME OF PROCESSING THE FAP APPLICATION IF APPLICABLE WE ARE ALSO PERFORMING QUARTERLY AUDITS FOR ANY FAP OVERPAYMENTS DUE TO THE TIMING OF PATIENT PAYMENTS |

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

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

| Form and Line Reference | Explanation |
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| ESSENTIA HEALTH VIRGINIA | PART V, SECTION B, LINE 23 IN JANUARY 2020, THE HOSPITAL DISCOVERED THAT IT CHARGED CERTAIN FAP-ELIGIBLE PATIENTS MORE THAN AMOUNTS GENERALLY BILLED ON SERVICES BETWEEN JULY 1, 2018 AND JUNE 30, 2019 THIS OCCURRED BECAUSE THE PATIENT PAYMENTS WERE APPLIED ON PATIENT BILLS BEFORE AND/OR AFTER THE FINANCIAL ASSISTANCE POLICY (FAP) ADJUSTMENTS WERE APPLIED IN FEBRUARY 2020, THE HOSPITAL PROVIDED THOSE PATIENTS WITH A \$5 OR MORE OVERPAYMENT WITH A REFUND CHECK, EXPLANATION LETTER, AND DETAILED SUMMARY OF SERVICES IMPACTED THE NUMBER OF PATIENTS AFFECTED AND THE TOTAL DOLLAR AMOUNT INVOLVED WAS 1 INDIVIDUAL & \$9 ESSENTIA HEALTH'S REVENUE CYCLE DEPARTMENT CONFIRMS IF ANY PATIENT PAYMENTS ARE MADE AFTER THE FAP APPLICATION HAS BEEN RECEIVED IF SO, THE PATIENT PAYMENT IS UNAPPLIED AND THEN THE FAP ADJUSTMENT IS APPLIED THE PATIENT PAYMENT IS THEN POSTED, AND IF THE PATIENT PAYMENT IS GREATER THAN THE REMAINING BALANCE ON THE BILL, A REFUND TO THE PATIENT IS PROVIDED GOING FORWARD, THERE COULD BE FAP-ELIGIBLE PATIENT OVERPAYMENTS DEPENDING ON THE TIMING OF THE PATIENT PAYMENT OR IF THE PATIENT IS STILL PAYING THEIR CO-PAYMENT AT THE TIME OF SERVICE WE ARE CONTACTING THESE PATIENTS TO REMIND THEM THAT THEY HAVE CHARITY CARE AND DO NOT NEED TO PAY THEIR CHARGES UNTIL THEIR FAP ADJUSTMENTS HAVE BEEN MADE WE ARE REQUESTING THE REFUND AT THE TIME OF PROCESSING THE FAP APPLICATION IF APPLICABLE WE ARE ALSO PERFORMING QUARTERLY AUDITS FOR ANY FAP OVERPAYMENTS DUE TO THE TIMING OF PATIENT PAYMENTS |

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

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

| Form and Line Reference | Explanation |
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| ADDITIONAL DISCLOSURES NOT REQUIRED FOR PART V, SECTION C | <p>PART V, LINE 3E ESSENTIA HEALTH DULUTH ESSENTIA HEALTH ST MARY'S MEDICAL CENTER AND ESSENTIA HEALTH DULUTH CHOSE THREE PRIORITY HEALTH NEEDS TO ADDRESS BASED ON THE FEEDBACK OF OVER 300 COMMUNITY MEMBERS THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY ARE MENTAL HEALTH, YOUTH SUBSTANCE ABUSE, AND FOOD INSECURITY THE NEEDS ARE NOT RANKED IN ORDER, ALL THREE HEALTH NEEDS ARE CONSIDERED PRIORITIES THE HOSPITAL WILL WORK ON ADDRESSING EACH NEED SIMULTANEOUSLY ESSENTIA HEALTH VIRGINIA ESSENTIA HEALTH VIRGINIA CHOSE TO ADDRESS THREE PRIORITY HEALTH NEEDS BASED ON THE FEEDBACK OF OVER 80 COMMUNITY MEMBERS THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY ARE MENTAL HEALTH, YOUTH SUBSTANCE USE, AND HEALTHY EATING/ACTIVE LIVING THE NEEDS ARE NOT RANKED IN ORDER, ALL THREE HEALTH NEEDS ARE CONSIDERED PRIORITIES THE HOSPITAL WILL WORK ON ADDRESSING EACH NEED SIMULTANEOUSLY PART V, SECTION B, LINE 7B ESSENTIA HEALTH DULUTH WWW SLHDULUTH COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/PART V, SECTION B, LINE 16I ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA DUE TO THE SMALL SIZES OF THE LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS OF THE COMMUNITIES SERVED BY THE ORGANIZATION, THE ORGANIZATION WAS NOT REQUIRED TO TRANSLATE THE FINANCIAL ASSISTANCE POLICY (FAP), THE FAP APPLICATION FORM, OR THE PLAIN LANGUAGE SUMMARY OF THE FAP TO OTHER LANGUAGES ALTHOUGH IT WAS NOT REQUIRED, THE ORGANIZATION TRANSLATED THE FAP APPLICATION FORM INTO SPANISH</p> |

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

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

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

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

| Name and address | Type of Facility (describe) |
|----------------------------------------------------------------------------------------------------------|-----------------------------|
| 1 1 - ESSENTIA HEALTH DULUTH CLINIC - 3RD STRE 400 E 3RD ST DULUTH, MN 55805 | MULTI-SPECIALTY CLINIC |
| 1 2 - ESSENTIA HEALTH DULUTH CLINIC - 1ST STRE 420 E 1ST ST DULUTH, MN 55805 | MULTI-SPECIALTY CLINIC |
| 2 3 - ESSENTIA HEALTH VIRGINIA CLINIC 1101 9TH ST N VIRGINIA, MN 55792 | MULTI-SPECIALTY CLINIC |
| 3 4 - ESSENTIA HEALTH DULUTH CLINIC - 2ND STRE 502 E 2ND ST DULUTH, MN 55805 | MULTI-SPECIALTY CLINIC |
| 4 5 - ESSENTIA HEALTH HERMANTOWN CLINIC 4855 W ARROWHEAD RD HERMANTOWN, MN 55811 | MULTI-SPECIALTY CLINIC |
| 5 6 - ESSENTIA HEALTH WEST DULUTH CLINIC 4212 GRAND AVE DULUTH, MN 55807 | MULTI-SPECIALTY CLINIC |
| 6 7 - ESSENTIA HEALTH LAKEWALK CLINIC 1502 LONDON RD DULUTH, MN 55812 | MULTI-SPECIALTY CLINIC |
| 7 8 - ESSENTIA HEALTH LAKESIDE CLINIC 4621 E SUPERIOR ST DULUTH, MN 55804 | MULTI-SPECIALTY CLINIC |
| 8 9 - ESSENTIA HEALTH INTERNATIONAL FALLS CLIN 2501 KEENAN DR INTERNATIONAL FALLS, MN 56649 | MULTI-SPECIALTY CLINIC |
| 9 10 - ESSENTIA HEALTH VIRGINIA MEDICAL ARTS CL 901 9TH ST N VIRGINIA, MN 55792 | MULTI-SPECIALTY CLINIC |
| 10 11 - ESSENTIA HEALTH ELY CLINIC 300 W CONAN ST ELY, MN 55731 | MULTI-SPECIALTY CLINIC |
| 11 12 - ESSENTIA HEALTH PROCTOR CLINIC 211 S BOUNDARY AVE PROCTOR, MN 55810 | MULTI-SPECIALTY CLINIC |
| 12 13 - ESSENTIA HEALTH BABBITT CLINIC 71 S DR BABBITT, MN 55706 | PRIMARY CARE CLINIC |
| 13 14 - ESSENTIA HEALTH VIRGINIA - IRON RANGE RE 901 9TH ST N STE 100 VIRGINIA, MN 55792 | REHABILITATION CENTER |
| 14 15 - ESSENTIA HEALTH VIRGINIA CARE CENTER 901 9TH ST N VIRGINIA, MN 55792 | SKILLED NURSING FACILITY |

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization SMDC MEDICAL CENTER

Employer identification number 41-1878730

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 42
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-------------------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1) SCHOLARSHIPS | 7 | 14,000 | | | |
| (2) TOYS FOR OUTPATIENT SURGERY PATIENTS | 1278 | | 4,730 | FMV | TOYS |
| (3) AMBERWING FLEECE BLANKETS | 53 | | 269 | FMV | BLANKETS |
| (4) CHILDREN'S LIFE JACKETS AT FARMER'S MARKETS | 290 | | 5,986 | FMV | LIFE JACKETS |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2 | PROCEDURES FOR MONITORING USE OF GRANT FUNDS ESSENTIA HEALTH DULUTH PROVIDES GRANT MONIES TO ORGANIZATIONS THAT DEMONSTRATE THE MISSION OR VALUES OF ESSENTIA HEALTH THE BOARD APPROVES GRANT MONIES TO COMMUNITY ORGANIZATIONS THAT MAKE A HEALTHY DIFFERENCE IN THE NORTHLAND THE BOARD ALSO APPROVES GRANTS FOR HEALTHCARE INITIATIVES THAT MAKE A POSITIVE DIFFERENCE IN THE LIVES OF PATIENTS IN THE AREA IT SERVES THE BOARD IS PROVIDED AN ANNUAL REPORT OF THE USE OF FUNDS GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A WRITTEN REPORT FOR GRANTS OVER \$5,000 ESSENTIA HEALTH MILLER DWAN MEDICAL CENTER AUXILIARY PROVIDES SCHOLARSHIPS TO INDIVIDUALS IN THE MEDICAL FIELD SCHOLARSHIP WINNERS ARE SELECTED BY THE AUXILIARY SCHOLARSHIP COMMITTEE BASED ON FINANCIAL NEEDS, GRADE POINT AVERAGE, AND VOLUNTEERISM IN ADDITION, STUDENTS HAVE TO BE ACCEPTED INTO THEIR MAJOR/PROGRAM, I E MEDICAL SCHOOL, NURSING PROGRAM, PHYSICAL THERAPY PROGRAM, ETC ELIGIBILITY AND CRITERIA ARE SET AND APPROVED BY THE MILLER DWAN MEDICAL CENTER AUXILIARY BOARD OF DIRECTORS FOR TOYS, CLOTHING, PERSONAL CARE ITEMS, BLANKETS, ETC DONATED TO PATIENTS ALL MANAGERS ARE EXPECTED TO KEEP RECEIPTS FOR ITEMS PURCHASED WITH GRANT FUNDS AND SEND COPIES BACK TO THE AUXILIARY FOR FILING ALL GRANTS ARE APPROVED BY THE AUXILIARY BOARD OF DIRECTORS PRIOR TO PURCHASE THE FUNDS ARE THEN DISTRIBUTED TO THE DEPARTMENT MANAGING THE PROGRAM, OR DIRECTLY TO THE VENDOR |

Additional Data

Software ID:
Software Version:
EIN: 41-1878730
Name: SMDC MEDICAL CENTER

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| ARROWHEAD ECONOMIC OPPORTUNITY AGENCY 702 THIRD AVE S VIRGINIA, MN 55792 | 41-6052144 | 501(C)3 | 25,000 | | | | PROGRAM SUPPORT |
| ARROWHEAD PARISH NURSE ASSOCIATION PO BOX 16328 DULUTH, MN 55816 | 46-1527679 | 501(C)3 | 15,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BOIS FORTE RESERVATION TRIBAL COUNCIL 5344 LAKE SHORE DR NETT LAKE, MN 55772 | 41-0954784 | BOIS FORTE RESERVATI | 6,300 | | | | PROGRAM SUPPORT |
| BOYS AND GIRLS CLUB OF THE NORTHLAND 102 S 29TH AVE W 200 DULUTH, MN 55816 | 41-0969947 | 501(C)3 | 30,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CENTER AGAINST SEXUAL & DOMESTIC ABUSE INC 2231 CATLIN AVE SUPERIOR, WI 548805137 | 39-1478768 | 501(C)3 | 40,000 | | | | PROGRAM SUPPORT |
| CITY OF HOYT LAKES 206 KENNEDY MEMORIAL DR HOYT LAKES, MN 55750 | 41-6008696 | CITY OF HOYT LAKES | 5,483 | | | | PROGRA SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CITY OF VIRGINIA 327 S 1ST AVE VIRGINIA, MN 55792 | 41-6005595 | CITY OF VIRGINIA | 11,265 | | | | PROGRAM SUPPORT |
| COMMUNITY ACTION DULUTH 19 N 21ST AVE DULUTH, MN 55806 | 41-1410670 | 501(C)3 | 54,245 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| COUNTY OF ITASCA 123 NE 4TH ST GRAND RAPIDS, MN 55744 | 41-6005810 | COUNTY OF ITASCA | 8,000 | | | | PROGRAM SUPPORT |
| DAMIANO CENTER 206 W 4TH STREET DULUTH, MN 55806 | 41-1453521 | 501(C)3 | 30,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DOMESTIC ABUSE INTERVENTION PROGRAM 202 E SUPERIOR ST DULUTH, MN 55802 | 41-1382134 | 501(C)3 | 15,000 | | | | PROGRAM SUPPORT |
| DULUTH PLANT A LOT COMMUNITY GARDEN PROGRAM 206 W 4TH ST 214 DULUTH, MN 55806 | 41-1396024 | 501(C)3 | 15,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DULUTH PUBLIC SCHOOLS ISD #709 215 NORTH FIRST AVE E DULUTH, MN 55802 | 41-6003776 | INDEP SCHL DIST | 43,155 | | | | PROGRAM SUPPORT |
| FIRST WITNESS CHILD ADVOCACY CENTER 4 WEST 5TH ST DULUTH, MN 55806 | 41-1737291 | 501(C)3 | 30,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| GENERATIONS HEALTH CARE INITIATIVES INC 130 W SUPERIOR ST STE 700 DULUTH, MN 55802 | 41-2000473 | 501(C)3 | 20,000 | | | | PROGRAM SUPPORT |
| GLORIA DEI LUTHERAN CHURCH 219 N 6TH AVE EAST DULUTH, MN 55805 | 41-0718322 | 501(C)3 | 36,990 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| HEAD OF THE LAKES UNITED WAY 424 W SUPERIOR ST STE 402 DULUTH, MN 55802 | 41-0857077 | 501(C)3 | 15,000 | | | | PROGRAM SUPPORT |
| INDEPENDENT SCHOOL DISTRICT #361 1515 11TH ST INTERNATIONAL FALLS, MN 56649 | 41-6001826 | INDEP SCHL DIST | 6,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| INDEPENDENT SCHOOL DISTRICT #706 411 5TH AVENUE SOUTH VIRGINIA, MN 55792 | 41-6003760 | INDEP SCHL DIST | 5,100 | | | | PROGRAM SUPPORT |
| JUST KIDS DENTAL INC PO BOX 146 TWO HARBORS, MN 55616 | 27-2311353 | 501(C)3 | 50,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| KIDS CLOSET OF DULUTH 727 CENTRAL AVE DULUTH, MN 55807 | 20-1878745 | 501(C)3 | 10,000 | | | | PROGRAM SUPPORT |
| LIFE HOUSE INC 102 W 1ST STREET DULUTH, MN 55802 | 41-1704840 | 501(C)3 | 42,750 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| LOCAL INITIATIVES SUPPORT CORP 501 SEVENTH AVENUE SEVENTH FLOOR NEW YORK, NY 10018 | 13-3030229 | 501(C)3 | 35,000 | | | | PROGRAM SUPPORT |
| LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE ST PAUL, MN 551081445 | 41-0872993 | 501(C)3 | 20,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| MEN AS PEACEMAKERS 123 W SUPERIOR ST STE 301 DULUTH, MN 55802 | 41-1841689 | 501(C)3 | 10,000 | | | | PROGRAM SUPPORT |
| MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 360 ROBERTS ST N 306 ST PAUL, MN 55101 | 41-1694717 | 501(C)3 | 7,500 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NORTH COUNTRY INDEPENDENT LIVING 69 N 28TH STE 28 SUPERIOR, WI 54880 | 39-1658015 | 501(C)3 | 5,500 | | | | PROGRAM SUPPORT |
| NORTH ST LOUIS COUNTY HABITAT FOR HUMANINTY PO BOX 24 VIRGINIA, MN 55792 | 41-1791050 | 501(C)3 | 40,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NORTHERN WATERS PARISH NURSE MINISTRY INC 3500 TOWER AVENUE SUPERIOR, WI 54880 | 39-2001278 | 501(C)3 | 18,000 | | | | PROGRAM SUPPORT |
| NORTHLAND FOUNDATION 202 W SUPERIOR ST STE 610 DULUTH, MN 55802 | 41-1554455 | 501(C)3 | 50,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NORTHLAND LEARNING CENTER 1201 13TH AVE S VIRGINIA, MN 55750 | 20-0532484 | 501(C)3 | 5,157 | | | | PROGRAM SUPPORT |
| NORTHWOODS WOMEN INC P O BOX 88 ASHLAND, WI 54806 | 39-1364912 | 501(C)3 | 12,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| ONE ROOF COMMUNITY HOUSING 12 EAST 4TH ST STE 1 DULUTH, MN 55805 | 41-1678328 | 501(C)3 | 86,750 | | | | PROGRAM SUPPORT |
| PROGRAM FOR AID OF VICTIMS OF SEXUAL ASSAULT INC 32 E 1ST ST STE 200 DULUTH, MN 55802 | 41-1350021 | 501(C)3 | 30,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| SCHOOL DISTRICT OF SUPERIOR 3025 TOWER AVE SUPERIOR, WI 54880 | 39-6004736 | SCHL DIST OF SUPERIO | 50,000 | | | | PROGRAM SUPPORT |
| SECOND HARVEST NORTHERN LAKES FOOD BANK 4503 AIRPARK BLVD DULUTH, MN 55811 | 36-3479964 | 501(C)3 | 35,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| SOAR CAREER SOLUTIONS 205 W 2ND ST 101 DULUTH, MN 55802 | 41-1449179 | 501(C)3 | 20,500 | | | | PROGRAM SUPPORT |
| SUPERIOR DOUGLAS COUNTY FAMILY YMCA 9 N 21ST ST SUPERIOR, WI 54880 | 39-0813468 | 501(C)3 | 7,870 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| UNITED WAY OF NORTHEASTERN MINNESOTA 608 EAST DR CHISHOLM, MN 55719 | 41-0908454 | 501(C)3 | 30,250 | | | | PROGRAM SUPPORT |
| VIRGINIA COMMUNITY FOUNDATION 519 CHESTNUT ST PO BOX 559 VIRGINIA, MN 55792 | 31-1739538 | 501(C)3 | 8,000 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| WESTERN LAKE SUPERIOR HABITAT FOR HUMANITY 2002 W SUPERIOR ST DULUTH, MN 55806 | 41-1631246 | 501(C)3 | 22,500 | | | | PROGRAM SUPPORT |
| WOODLAND HILLS CAMBIA HILLS NEIGHBORHOOD YTH SVCS 4321 ALLENDALE AVE DULUTH, MN 55803 | 41-0693848 | 501(C)3 | 20,000 | | | | PROGRAM SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SMDC MEDICAL CENTER

Employer identification number
41-1878730

Part I Questions Regarding Compensation

| | | Yes | No | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| <p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | Yes | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | Yes | | | |
| <p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>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</p> | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | Yes | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | Yes | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | |
| <p>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</p> | | | | | |
| <p>a The organization?</p> | 5a | | No | | |
| <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p> | 5b | | No | | |
| <p>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</p> | | | | | |
| <p>a The organization?</p> | 6a | | No | | |
| <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p> | 6b | | No | | |
| <p>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</p> | 7 | | No | | |
| <p>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</p> | 8 | Yes | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | Yes | | | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 1A | BENEFITS PROVIDED DURING TAX YEAR 2018, AS NEW EMPLOYEES RELOCATING FROM ANOTHER AREA, OFFICER BRADLEY BEARD AND KEY EMPLOYEE THOMAS WITT, MD RECEIVED HOUSING ALLOWANCES THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO BOTH INDIVIDUALS |

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

| Return Reference | Explanation |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINES 4A-B | <p>SEVERANCE PAYMENT FORMER OFFICER, STEVEN JORGENSEN, RECEIVED PAYMENT TOTALING \$425,818 IN CALENDAR YEAR 2018 RELATED TO HIS TERMINATION THE TERMINATION TERMS WERE FROM JANUARY 19, 2018 TO DECEMBER 19, 2018 MR JORGENSEN RECEIVED PAY TOTALING \$422,858 & BENEFITS TOTALING \$23,907 RELATED TO HIS TERMINATION FORMER OFFICER, ROBERT NORMAN, RECEIVED PAYMENT TOTALING \$569,858 IN CALENDAR YEAR 2018 RELATED TO HIS TERMINATION THE TERMINATION TERMS ARE FROM NOVEMBER 1, 2017 TO MAY 1, 2019 MR NORMAN WILL RECEIVE PAY TOTALING \$854,786 & BENEFITS TOTALING \$20,120 RELATED TO HIS TERMINATION FORMER KEY EMPLOYEE, JEFFREY KORSMO, RECEIVED PAYMENT TOTALING \$659,088 IN CALENDAR YEAR 2018 RELATED TO HIS TERMINATION THE TERMINATION TERMS ARE FROM MARCH 5, 2018 TO SEPTEMBER 5, 2019 MR KORSMO WILL RECEIVE PAY TOTALING \$1,285,222 & BENEFITS TOTALING \$15,611 RELATED TO HIS TERMINATION ALL OTHER INDIVIDUALS LISTED AS FORMERS IN FORM 990, PART VII, SECTION A, LINE 1A DID NOT RECEIVE A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018 SOME OF THESE INDIVIDUALS REMAIN EMPLOYED WITHIN ESSENTIA HEALTH AND ITS SUBSIDIARIES SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ESSENTIA HEALTH'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO DESIGNATED ESSENTIA HEALTH EXECUTIVES THERE IS A MINIMUM FOUR YEAR VESTING DATE, OR VESTING IS AUTOMATIC UPON REACHING RETIREMENT AGE, DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING AND PAYABLE FROM ESSENTIA HEALTH'S GENERAL ASSETS REPORTED AS OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B (III), THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT OF THE VESTED BENEFIT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR DANIEL NIKCEVICH, MD \$105,386 KEVIN BOREN \$70,220 JAMES GARVEY \$51,644 MICHAEL MOTLEY \$7,544 STEVEN JORGENSEN \$212,848 SCOTT JOHNSON, MD \$22,921 JEFFREY KORSMO \$190,380 HUGH RENIER, MD \$38,356 TIMOTHY ZAGER, MD \$49,522 REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C, ESSENTIA HEALTH MADE CONTRIBUTIONS, SUBJECT TO THE VESTING TERMS, DURING THE YEAR INTO THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ON BEHALF OF THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A DANIEL NIKCEVICH, MD \$92,195 BRADLEY BEARD \$43,259 KEVIN BOREN \$35,865 JAMES GARVEY \$49,539 MARK HAYWARD \$29,942 CYNTHIA KENT \$48,123 JANICE SCHADE \$37,361 ANNE STEPHEN, MD \$45,240 TY ERICKSON \$24,749 THOMAS WITT, MD \$92,701 SCOTT JOHNSON, MD \$2,493 HUGH RENIER, MD \$32,802</p> |

| Return Reference | Explanation |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 8 | INITIAL CONTRACT EXCEPTION ESSENTIA HEALTH DULUTH'S ADMINISTRATOR, BRADLEY BEARD, RECEIVED COMPENSATION DURING THE YEAR UNDER AN INITIAL EMPLOYMENT AGREEMENT SUBJECT TO THE INITIAL CONTRACT EXCEPTION THROUGH THE ESSENTIA HEALTH EXECUTIVE COMPENSATION COMMITTEE, THIS COMPENSATION ARRANGEMENT WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND DELIBERATIONS AND DECISIONS WERE DOCUMENTED ESSENTIA HEALTH DULUTH'S SENIOR VICE PRESIDENT OF OPERATIONS, JANICE SCHADE, RECEIVED COMPENSATION DURING THE YEAR UNDER AN INITIAL EMPLOYMENT AGREEMENT SUBJECT TO THE INITIAL CONTRACT EXCEPTION THROUGH THE ESSENTIA HEALTH EXECUTIVE COMPENSATION COMMITTEE, THIS COMPENSATION ARRANGEMENT WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND DELIBERATIONS AND DECISIONS WERE DOCUMENTED ESSENTIA HEALTH DULUTH'S PHYSICIAN LEADER, THOMAS WITT, MD, RECEIVED COMPENSATION DURING THE YEAR UNDER AN INITIAL EMPLOYMENT AGREEMENT SUBJECT TO THE INITIAL CONTRACT EXCEPTION THROUGH THE ESSENTIA HEALTH EXECUTIVE COMPENSATION COMMITTEE, THIS COMPENSATION ARRANGEMENT WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND DELIBERATIONS AND DECISIONS WERE DOCUMENTED |



Additional Data

Software ID:
Software Version:
EIN: 41-1878730
Name: SMDC MEDICAL CENTER

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 | | | | |
| DANIEL NIKCEVICH MD BOARD DIRECTOR | (i) | 684,101 | 115,893 | 113,048 | 115,285 | 35,011 | 1,063,338 | 85,888 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRADLEY BEARD ADMINISTRATOR | (i) | 208,354 | 20,000 | 22,916 | 43,259 | 11,331 | 305,860 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEVIN BOREN VICE PRESIDENT, FINANCE | (i) | 337,753 | 26,993 | 71,432 | 58,381 | 36,987 | 531,546 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES GARVEY SENIOR VICE PRESIDENT, OPERATIONS | (i) | 424,864 | 66,742 | 61,623 | 72,069 | 23,417 | 648,715 | 40,997 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARK HAYWARD SENIOR VICE PRESIDENT, OPERATIONS | (i) | 375,844 | 48,459 | 4,644 | 52,134 | 34,189 | 515,270 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CYNTHIA KENT CHIEF NURSING OFFICER | (i) | 277,441 | 43,614 | 6,415 | 70,642 | 23,725 | 421,837 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SCOT RAMSEY VICE PRESIDENT FACILITIES | (i) | 248,454 | 12,023 | 1,060 | 13,303 | 21,403 | 296,243 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANICE SCHADE SENIOR VICE PRESIDENT, OPERATIONS | (i) | 244,614 | 13,069 | 3,084 | 50,186 | 10,998 | 321,951 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANNE STEPHEN MD CHIEF MEDICAL OFFICER | (i) | 399,951 | 62,732 | 6,089 | 67,689 | 34,011 | 570,472 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TY ERICKSON SENIOR VP, OPERATIONS THRU 2/19 | (i) | 275,459 | 43,614 | 1,458 | 47,090 | 33,339 | 400,960 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS WITT MD PHYSICIAN LEADER | (i) | 341,938 | 28,828 | 39,088 | 92,701 | 27,074 | 529,629 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SAMUEL STONE OPERATIONS ADMINISTRATOR | (i) | 213,278 | 11,501 | 315 | 10,804 | 22,894 | 258,792 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RONALD ALSTON COMMUNITY HEALTH DIRECTOR | (i) | 212,052 | 11,275 | 972 | 11,563 | 31,995 | 267,857 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ERIK JULSRUD MEDICAL PHYSICS MANAGER | (i) | 213,372 | 0 | 341 | 11,116 | 32,951 | 257,780 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL MOTLEY OPERATIONS ADMINISTRATOR | (i) | 200,164 | 0 | 12,524 | 10,741 | 34,446 | 257,875 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT BRIGHAM FORMER ADMINISTRATOR | (i) | 127,119 | 0 | 2,650 | 0 | 3,115 | 132,884 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEVEN JORGENSEN FORMER ADMINISTRATOR | (i) | 32,780 | 0 | 675,345 | 1,907 | 20,473 | 730,505 | 71,338 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT NORMAN FORMER CHIEF FINANCIAL OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 565,006 | 0 | 15,930 | 580,936 | 0 |
| EVA CLEET MD FORMER CHIEF MEDICAL OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 389,319 | 0 | 706 | 22,085 | 15,210 | 427,320 | 0 |
| JUSTIN HILL MD FORMER CLINICAL CHIEF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 796,327 | 0 | 765 | 23,135 | 36,618 | 856,845 | 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 | | | | |
| SCOTT JOHNSON MD FORMER CLINICAL CHIEF | (i) | 115,979 | 0 | 24,795 | 11,909 | 7,306 | 159,989 | 13,600 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JEFFREY KORSMO FORMER INTERIM COO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 192,666 | 0 | 852,605 | 15,818 | 13,344 | 1,074,433 | 188,397 |
| JEFFREY LYON MD FORMER CHIEF PATIENT SAFETY OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 216,620 | 0 | 1,164 | 16,251 | 27,578 | 261,613 | 0 |
| HUGH RENIER MD VP MEDICAL AFFAIRS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 322,389 | 25,563 | 45,880 | 55,184 | 35,629 | 484,645 | 29,505 |
| TIMOTHY ZAGER MD FORMER DULUTH CLINIC PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 204,598 | 0 | 52,144 | 15,284 | 27,525 | 299,551 | 0 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SMDC MEDICAL CENTER

Employer identification number
41-1878730

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 | DULUTH ECONOMIC DEVELOPMENT AUTHORITY | 90-0848286 | 26444CHF2 | 11-01-2018 | 704,253,406 | SRS 2018A (SEE PART VI) | | X | | X | | X |

Part II Proceeds

| | | A | B | C | D | | | | |
|----|------------------------------------------------------------------------------------------------------------------|-------------|----|-----|----|-----|----|-----|----|
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 646,202,577 | | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | 80,343,752 | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 5,561,412 | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 19,247,049 | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | 541,050,364 | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | | X | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 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 ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | 0 % | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|-----------------------------------|--------------------------------------------------------------------------------------------------------|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME DULUTH ECONOMIC DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2019 |

| Return Reference | Explanation |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>SCHEDULE K PART VI DISCLOSURES</p> | <p>ADDITIONAL INFORMATION/COMMENTS RELATING TO THE REPORTING OF LIABILITIES BY RELATED ORGANIZATIONS ESSENTIA HEALTH HAS AN OBLIGATED GROUP CREATED UNDER THE MASTER TRUST INDENTURE WHICH IS COMPOSED OF THE FOLLOWING MEMBERS ESSENTIA HEALTH, CRITICAL ACCESS GROUP, ESSENTIA HEALTH EAST, ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER, ESSENTIA HEALTH ST MARY'S HOSPITAL-SUPERIOR, ESSENTIA HEALTH BRAINERD SPECIALTY CLINIC, ESSENTIA HEALTH CENTRAL, ST MARY'S INNOVIS HEALTH, THE DULUTH CLINIC, LTD AND ESSENTIA HEALTH WEST (THE "OBLIGATED GROUP MEMBERS") THE OBLIGATED GROUP MEMBERS ARE JOINTLY AND SEVERALLY OBLIGATED ON ALL INDEBTEDNESS EVIDENCED OR SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE THE SERIES 2018A BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE THE OBLIGATED GROUP MEMBERS ESSENTIA HEALTH, ESSENTIA HEALTH EAST, THE DULUTH CLINIC, LTD , ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ESSENTIA HEALTH CENTRAL, ESSENTIA HEALTH BRAINERD SPECIALTY CLINIC, AND ESSENTIA HEALTH WEST ARE THE CONDUIT BORROWERS OF THE SERIES 2018A BONDS THE CONDUIT BORROWERS, ESSENTIA HEALTH, ESSENTIA HEALTH ST MARY'S-DETROIT LAKES, ESSENTIA HEALTH DULUTH, THE DULUTH CLINIC, LTD , ESSENTIA HEALTH WEST, AND ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH</p> |

| Return Reference | Explanation |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>SCHEDULE K, PART I, COLUMN (F)</p> | <p>DESCRIPTION OF PURPOSE SERIES 2018A ACQUIRE, CONSTRUCT, BUILD, AND EQUIP MEDICAL CAMPUS PROJECT IN DULUTH, MN, REFUND SERIES 2008E BONDS ISSUED MAY 2, 2008 TO REFINANCE SERIES 1997 BONDS ISSUED DECEMBER 18, 1997 TO FINANCE EQUIPMENT PURCHASES IN DULUTH, MN AND FINANCE PROPERTY ACQUISITIONS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES IN NORTHERN MINNESOTA, AND REFUND SERIES 2014 BONDS ISSUED JULY 29, 2014 TO REFINANCE PRIOR NOTE USED FOR CAPITAL IMPROVEMENTS TO SKILLED NURSING FACILITY LOCATED IN DETROIT LAKES, MN AND VARIOUS CONSTRUCTION PROJECTS AND EQUIPMENT PURCHASES IN BAXTER, FRAZEE, AND PELICAN RAPIDS, MN AND FINANCE CAPITAL EXPENDITURES TO REPLACE THE CHILLER UNIT FOR ESSENTIA HEALTH VIRGINIA, RENOVATE APPROXIMATELY 118,000 SQUARE FEET OF CLINIC SPACE FOR ESSENTIA HEALTH BRAINERD SPECIALTY CLINIC, REMODEL AND EQUIP EXISTING CLINIC SPACE IN EMILY, MN FOR ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER, AND EXPAND AND REMODEL THE IMAGING AREA IN THE EMERGENCY ROOM OF ESSENTIA HEALTH ST MARY'S-DETROIT LAKES' HOSPITAL</p> |

| Return Reference | Explanation |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE K, PART II, LINE 3 | ISSUE PRICE THE SERIES 2018A BONDS WERE ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP THE ISSUE PRICE LISTED IN ESSENTIA HEALTH DULUTH'S SCHEDULE K, PART I, COLUMN (E) REPRESENTS THE ESSENTIA HEALTH OBLIGATED GROUP'S TOTAL BORROWING IN ADDITION, THE SERIES 2018A TOTAL PROCEEDS ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS |

| Return Reference | Explanation |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE K, PART II, LINES 3 THROUGH 12 | PROCEEDS THE SERIES 2018A BONDS WERE ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP A PORTION OF THE SERIES 2018A BORROWINGS WERE ALLOCATED TO ESEENTIA HEALTH DULUTH, AN ESSENTIA HEALTH OBLIGATED GROUP MEMBER THE PROCEEDS LISTED IN ESSENTIA HEALTH DULUTH'S SCHEDULE K, PART II, LINES 3 THROUGH 12 REPRESENT ESSENTIA HEALTH DULUTH'S ALLOCATED PORTION OF THE PROCEEDS |

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SMDC MEDICAL CENTER

Employer identification number 41-1878730

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|-----------------------------------------------------------------|---------------------------|------------------------------------------------------|-----------------------------------------|----|
| | | | | Yes | No |
| (1) SARAH JOHNSON | RELATED TO SCOTT JOHNSON, MD | 89,524 | COMPENSATION OF FAMILY MEMBER OF FORMER KEY EMPLOYEE | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization
SMDC MEDICAL CENTER

Employer identification number

41-1878730

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 6 | MEMBERS OF ORGANIZATION ESSENTIA HEALTH EAST MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7A ESSENTIA HEALTH AND ESSENTIA HEALTH EAST HAVE RESERVED POWERS WITH RESPECT TO ESSENTIA HEALTH DULUTH AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7B |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>FORM 990, PART VI, SECTION A, LINE 7B</p> | <p>ONS WITHIN ALL ENTITIES IN THE SYSTEM BUDGETS APPROVAL OF CAPITAL AND OPERATING BUDGETS OF ALL ENTITIES IN THE SYSTEM PROFESSIONAL SERVICES SELECTION OF THE GENERAL LEGAL COUNSEL AND EXTERNAL AUDITORS OF ENTITIES IN THE SYSTEM ACQUISITIONS AUTHORITY TO CAUSE, AND TO APPROVE, ALL ACQUISITIONS BY AND FORMATIONS OF ENTITIES IN THE SYSTEM MARKETING AUTHORITY TO IMPLEMENT SYSTEM-WIDE MARKETING AND PROMOTIONAL ACTIVITIES COMPLIANCE PLANS AUTHORITY TO CREATE, AND TO APPROVE, CORPORATE COMPLIANCE, SAFETY AND RISK MANAGEMENT PLANS FOR ENTITIES WITHIN THE SYSTEM QUALITY PLAN AUTHORITY TO CREATE, AND TO APPROVE, THE SYSTEM'S QUALITY PLAN NON-BUDGETED PURCHASES APPROVAL OF NON-BUDGETED CAPITAL PURCHASES AND LEASES IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY ESSENTIA HEALTH FOR ENTITIES WITHIN THE SYSTEM HUMAN RESOURCES AUTHORITY TO CREATE HUMAN RESOURCE POLICIES AND PROCEDURES WITHIN THE SYSTEM RESERVED POWERS AUTHORITY TO CREATE ADDITIONAL ESSENTIA HEALTH RESERVED POWERS BY THE AFFIRMATIVE VOTE OF AT LEAST 80% OF THE ESSENTIA HEALTH BOARD OF DIRECTORS (EXCLUDING THE ESSENTIA HEALTH CEO), PROVIDED, HOWEVER, THAT ANY ADDITIONAL ESSENTIA HEALTH RESERVED POWERS SHALL NOT CONTRAVENE OR HINDER THE RESERVED POWERS OF BENEDICTINE SISTERS BENEVOLENT ASSOCIATION ESSENTIA HEALTH EAST HAS THE FOLLOWING RESERVED POWERS OVER ALL ITS SUBSIDIARIES QUALITY, SAFETY AND SERVICE AUTHORITY TO RECOMMEND QUALITY AND SAFETY INITIATIVES AND TO REVIEW AND EXECUTE APPROVED QUALITY AND SAFETY PLANS FOR THE EAST MARKET MISSION, VISION AND VALUES AUTHORITY TO CREATE A MISSION AND A VISION THAT SUPPORT THE MISSION AND VISION OF ESSENTIA HEALTH, RESPONSIBILITY TO OVERSEE THE MISSION PERFORMANCE, INCLUDING CHARITY CARE, OF ALL FACILITIES WITHIN THE EAST MARKET, RESPONSIBILITY TO ADOPT THE VALUES OF ESSENTIA HEALTH OPERATING AND FINANCIAL PERFORMANCE RESPONSIBILITY TO OVERSEE THE OPERATING AND FINANCIAL PERFORMANCE OF THE EAST MARKET DEVELOPMENT OF BUDGETS, STRATEGIC PLANS AND STRATEGY MAP AUTHORITY TO DEVELOP AND RECOMMEND, BASED ON ESSENTIA HEALTH TARGETS, CAPITAL AND OPERATING BUDGETS FOR THE EAST MARKET AND ITS FACILITIES, AUTHORITY TO RECOMMEND, WITHIN THE ESSENTIA HEALTH CONTEXT, MARKET AND LOCAL STRATEGIC PLANS FOR THE EAST MARKET, AUTHORITY TO DEVELOP EAST MARKET GOVERNANCE STRATEGY MAP AND BALANCED SCORECARD WITHIN ESSENTIA HEALTH'S SYSTEM STRATEGY TO MEET SYSTEM GOALS NON-BUDGETED EXPENDITURES AUTHORITY TO APPROVE NON-BUDGETED CAPITAL PURCHASES AND LEASES FOR EAST MARKET FACILITIES WITHIN DOLLAR LIMITS DEFINED BY ESSENTIA HEALTH ACCREDITATION AND LICENSURE RESPONSIBILITY TO OVERSEE ACCREDITATION AND LICENSURE COMPLIANCE FOR THE FACILITIES OF THE EAST MARKET AFFILIATIONS, ACQUISITIONS AND JOINT VENTURES AUTHORITY TO RECOMMEND PROPOSED AFFILIATIONS, ACQUISITIONS, JOINT VENTURES AND OTHER ALLIANCES, RESPONSIBILITY TO OVERSEE NEGOTIATION AND IMPLEMENTATION OF APPROVED ACQUISITIONS AND OPERATION OF ALL APPROVED AFF</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 7B | <p> ILIATIONS, JOINT VENTURES AND OTHER ALLIANCES WITH THIRD PARTIES WITHIN THE EAST MARKET A PPOINTMENT OF DIRECTORS AUTHORITY TO APPOINT OR ELECT DIRECTORS OF THE DIRECT SUBSIDIARIE S, AND TO REMOVE SUCH DIRECTORS, WITH OR WITHOUT CAUSE SATISFACTION RESPONSIBILITY TO EX ECUTE, EVALUATE AND OVERSEE PATIENT, FAMILY AND CUSTOMER SATISFACTION WITH RESPECT TO SERV ICES PROVIDED WITHIN THE EAST MARKET AND TO ENSURE ESTABLISHED GOALS ARE MET JOB Satisfac tion RESPONSIBILITY TO OVERSEE JOB SATISFACTION AND STAFF MORALE WITHIN THE EAST MARKET F ACILITIES HUMAN RESOURCES RESPONSIBILITY TO OVERSEE IMPLEMENTATION OF ESSENTIA HEALTH HU MAN RESOURCE POLICIES AND PROCEDURES THROUGHOUT THE EAST MARKET COMPLIANCE RESPONSIBILIT Y TO EXECUTE THE APPROVED ESSENTIA HEALTH CORPORATE COMPLIANCE AND RISK MANAGEMENT PLANS F OR THE EAST MARKET CREDENTIALING RESPONSIBILITY TO OVERSEE MEDICAL STAFF CREDENTIALING F OR THE EAST MARKET FACILITIES AMENDMENTS AUTHORITY TO SUGGEST PROPOSED AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THIS CORPORATION, THE DIRECT SUBSIDIARIES, AND AN Y SUBSIDIARIES THEREOF COMPENSATION PLANS RESPONSIBILITY TO REVIEW AND APPROVE COMPENSAT ION OF EAST MARKET EXECUTIVES AND PHYSICIANS FOR REASONABLENESS AND CONSISTENCY WITH THE L AW AND ESSENTIA HEALTH'S COMPENSATION PHILOSOPHY PRESIDENT/CHIEF MEDICAL OFFICER BY ACTI ON OF THE PRESIDENT OF ESSENTIA HEALTH EAST, AUTHORITY TO APPOINT AND REMOVE, WITH OR WITH OUT CAUSE, THE PRESIDENT/CHIEF MEDICAL OFFICER OF ANY OF THE DIRECT SUBSIDIARIES PUBLIC P OLCY RESPONSIBILITY TO SUPPORT ESSENTIA HEALTH PUBLIC POLICY AND ADVOCACY PLANS MARKETI NG RESPONSIBILITY TO COORDINATE LOCAL MARKETING AND PROMOTIONAL ACTIVITIES CONSISTENT WIT H ESSENTIA HEALTH MARKETING PLANS PHILANTHROPY RESPONSIBILITY TO COORDINATE PHILANTHROPY CONSISTENT WITH ESSENTIA HEALTH FOUNDATION POLICIES PROFESSIONAL SERVICES RESPONSIBILIT Y TO OVERSEE EAST MARKET MANAGEMENT'S COOPERATION WITH EXTERNAL AUDITORS AND GENERAL LEGAL COUNSEL SELECTED BY ESSENTIA HEALTH AND COORDINATION OF LEGAL SERVICES THROUGH THE ESSENT IA HEALTH OFFICE OF GENERAL COUNSEL CATHOLIC FACILITIES RESPONSIBILITY TO OVERSEE IMPLEM ENTATION OF BSBA-APPROVED METHODS, POLICIES AND PROCEDURES PERTAINING TO ADHERENCE BY THE EAST MARKET CATHOLIC FACILITIES WITH THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEA LTH CARE SERVICES AND USE OF RELIGIOUS SYMBOLS, DISTINGUISHING ELEMENTS AND PRAYERS PROJE CTS INVOLVING REAL ESTATE AUTHORITY TO RECOMMEND FACILITY DEVELOPMENT PROJECTS, SUBJECT T O THE APPROVAL OF ESSENTIA HEALTH, RESPONSIBILITY TO OVERSEE EXECUTION OF APPROVED DEVELOP MENT PROJECTS ACCORDING TO ESSENTIA HEALTH POLICIES </p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------------------|------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 8B | COMMITTEES THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 12C | E'S REQUEST B IF THE CONFLICT INVOLVES A SPECIFIC TRANSACTION OR DECISION, THE FIDUCIARY WILL FULLY DISCLOSE THEIR INTEREST AND ALL RELATED MATERIAL FACTS THE BOARD OR COMMITTEE OF THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO ESSENTIA HEALTH OR ITS AFFILIATE(S) IF THE BOARD DETERMINES A CONFLICT DOES NOT EXIST, THE FIDUCIARY MAY PROCEED WITH THE TRANSACTION, HOWEVER, HE OR SHE WILL NOT BE ELIGIBLE TO VOTE ON RELATED ISSUES SHOULD THEY ARISE IF THE BOARD DETERMINES A CONFLICT DOES EXIST, THE FIDUCIARY WILL BE NOTIFIED OF THE DECISION REGARDING WHETHER THE CONTEMPLATED TRANSACTION WILL BE AUTHORIZED AS JUST, FAIR, AND REASONABLE FORM 990, PART VI, LINE 12 POLICY APPLIES TO DISREGARDED ENTITIES, ESSENTIA HEALTH VIRGINIA, LLC AND DIVINE PROPERTIES, LLC FORM 990, PART VI, LINE 13 POLICY APPLIES TO DISREGARDED ENTITIES, ESSENTIA HEALTH VIRGINIA, LLC AND DIVINE PROPERTIES, LLC FORM 990, PART VI, LINE 14 POLICY APPLIES TO DISREGARDED ENTITIES, ESSENTIA HEALTH VIRGINIA, LLC AND DIVINE PROPERTIES, LLC FORM 990, PART VI, LINE 15 POLICY APPLIES TO DISREGARDED ENTITIES, ESSENTIA HEALTH VIRGINIA, LLC AND DIVINE PROPERTIES, LLC |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>PROCESS FOR DETERMINING COMPENSATION THE INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE OF ESSENTIA HEALTH'S BOARD OF DIRECTORS IS AUTHORIZED TO FULFILL THE BOARD'S RESPONSIBILITIES REGARDING EXECUTIVE COMPENSATION CONSISTENT WITH ESSENTIA'S MISSION, VALUES AND TAX-EXEMPT STATUS, AND THE EXECUTIVE COMPENSATION COMMITTEE'S CHARTER THE EXECUTIVE COMPENSATION COMMITTEE MEETS AT LEAST TWICE ANNUALLY TO CARRY OUT ITS RESPONSIBILITIES, WHICH INCLUDE, BUT ARE NOT LIMITED TO, ESTABLISHING, REVIEWING AND MODIFYING, AS APPROPRIATE, REASONABLE COMPENSATION AND BENEFITS FOR DESIGNATED ESSENTIA EXECUTIVES WHO ARE OFFICERS OR KEY EMPLOYEES OF ESSENTIA OR ANY OF ITS AFFILIATES WHICH MAY BE PAID BY RELATED ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE ENGAGES QUALIFIED INDEPENDENT COMPENSATION ADVISORS TO PROVIDE OBJECTIVE AND IMPARTIAL COMPARATIVE DATA AND TO EXPRESS OPINIONS ON TOTAL COMPENSATION REASONABLENESS THE EXECUTIVE COMPENSATION COMMITTEE MAY REQUEST ITS INDEPENDENT ADVISORS TO MONITOR COMPARABILITY DATA AND MARKETPLACE TRENDS, MAKE APPROPRIATE RECOMMENDATIONS REGARDING SALARY RANGES, AND PERIODICALLY REVIEW THE MARKET COMPETITIVENESS OF ESSENTIA EXECUTIVE COMPENSATION PACKAGES PRIOR TO ESTABLISHING OR ADJUSTING EXECUTIVE COMPENSATION, THE EXECUTIVE COMPENSATION COMMITTEE WILL OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMPARABILITY OF THE PROPOSED COMPENSATION OR ADJUSTMENTS THE EXECUTIVE COMPENSATION COMMITTEE WILL ADEQUATELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THOSE DETERMINATIONS THE EXECUTIVE COMPENSATION COMMITTEE MINUTES WILL INCLUDE THE TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED, THE EXECUTIVE COMPENSATION COMMITTEE MEMBERS PRESENT DURING THE REVIEW, DISCUSSION AND APPROVAL OF THE PROPOSED COMPENSATION AND THOSE WHO VOTED ON THE PROPOSED COMPENSATION, IDENTIFICATION OF THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE EXECUTIVE COMPENSATION COMMITTEE AND HOW THE DATA WAS OBTAINED, ANY ACTIONS BY A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INTEREST, AND DOCUMENTATION OF THE BASIS FOR THE DETERMINATION THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA HEALTH DULUTH'S ADMINISTRATOR, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENTS OF OPERATIONS, CHIEF NURSING OFFICER, VICE PRESIDENT OF FACILITIES, AND CHIEF MEDICAL OFFICER WAS 2019</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART IX, LINE 24E | AFFILIATE REVENUE AND EXPENSE ALLOCATION ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, AND THE DULUTH CLINIC, LTD ALLOCATE CERTAIN REVENUES AND EXPENSES DIRECTLY TO ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST MARY'S MEDICAL CENTER, THE DULUTH CLINIC, LTD , ESSENTIA HEALTH SANDSTONE, ESSENTIA HEALTH ST MARY'S HOSPITAL-SUPERIOR, ESSENTIA HEALTH NORTHERN PINES, ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER, ESSENTIA HEALTH DEER RIVER, AND ESSENTIA HEALTH VIRGINIA, ALL RELATED ORGANIZATIONS NET AFFILIATE REVENUE AND EXPENSE ALLOCATIONS OF (\$40,496,889) INCLUDE THE FOLLOWING TYPES OF REVENUE AND EXPENSES PATIENT REVENUE, NONPATIENT REVENUE, INVESTMENT INCOME, AMORTIZATION AND DEPRECIATION, INTEREST, PROFESSIONAL FEES, PURCHASED SERVICES, REPAIRS AND MAINTENANCE, SALARIES, WAGES, AND RELATED BENEFITS, SUPPLIES, UTILITIES, INSURANCE, BAD DEBT, AGENCY FEES, PROVIDER AND OTHER TAXES, AND OTHER EXPENSES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART XI, LINE 9 | CHANGE IN DISCOUNT ON CITY OF VIRGINIA PAYABLE -948,115 CHANGE IN MINIMUM PENSION LIABILITY -1,781,996 NET ASSET TRANSFERS WITH RELATED ORG -28,550 GRANT FUNDS RETURNED 1,270 |

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SMDC MEDICAL CENTER

Employer identification number

41-1878730

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) ESSENTIA HEALTH VIRGINIA LLC 502 E 2ND ST DULUTH, MN 55805 46-0909870 | HOSPITAL/CLINIC/SKILLED NURSING FACILITY | DE | 104,453,977 | 54,550,468 | SMDC MEDICAL CENTER |
| (2) DIVINE PROPERTIES LLC 502 E 2ND ST DULUTH, MN 55805 82-3765947 | REAL ESTATE PURCHASES FOR SOLE MEMBER | DE | 0 | 0 | SMDC MEDICAL CENTER |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| | | | | | | Yes | No |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) PMC-GATEWAY IMAGING LLC 705 LUNDORFF DR S SANDSTONE, MN 55072 26-1634764 | IMAGING SERVICES | MN | N/A | N/A | | | | No | | | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o | No |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

Part VII Supplemental Information

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

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

Schedule Form 2016

Additional Data

Software ID:
Software Version:
EIN: 41-1878730
Name: SMDC MEDICAL CENTER

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--------------------------------------------------------------|------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|-----------------------------------------|-----------------------------------------------|----|
| | | | | | | Yes | No |
| 2024 S 6TH ST BRAINERD, MN 56401 37-1532145 | SUPPORTING ORG | MN | 501(C)(3) | LINE 12B, II | ESSENTIA HEALTH | Yes | |
| 2024 S 6TH ST BRAINERD, MN 56401 37-1532148 | CLINIC | MN | 501(C)(3) | LINE 3 | BRAINERD LAKES INTEGRATED HEALTH SYSTEM | Yes | |
| 201 9TH ST W ADA, MN 56510 20-0479568 | HOSPITAL/CLINIC | MN | 501(C)(3) | LINE 3 | INNOVIS HEALTH LLC | Yes | |
| 301 CEDAR OROFINO, ID 83544 82-0497771 | HOSPITAL/CLINIC | ID | 501(C)(3) | LINE 3 | CRITICAL ACCESS GROUP | Yes | |
| 503 E 3RD ST STE 400 DULUTH, MN 55805 26-1219624 | SUPPORTING ORG | MN | 501(C)(3) | LINE 12B, II | ESSENTIA HEALTH | Yes | |
| 115 10TH AVE NE DEER RIVER, MN 56636 41-0844574 | HOSPITAL/CLINIC/SKILLED NURSING FACILITY | MN | 501(C)(3) | LINE 3 | ST MARY'S DULUTH CLINIC HEALTH SYSTEM | Yes | |
| 502 E 2ND ST DULUTH, MN 55805 20-0360007 | SUPPORTING ORG | MN | 501(C)(3) | LINE 12C, III-FI | N/A | | No |
| 502 E 2ND ST DULUTH, MN 55805 27-1984704 | FOUNDATION | MN | 501(C)(3) | LINE 7 | ESSENTIA HEALTH | Yes | |
| 502 E 2ND ST DULUTH, MN 55805 27-1291124 | RESEARCH | MN | 501(C)(3) | LINE 4 | THE DULUTH CLINIC LTD | Yes | |
| 900 HILLIGOSS BLVD SE FOSSTON, MN 56542 41-0706143 | HOSPITAL/CLINIC/SKILLED NURSING FACILITY | MN | 501(C)(3) | LINE 3 | INNOVIS HEALTH LLC | Yes | |
| 115 WEST 2ND ST GRACEVILLE, MN 56240 41-0726173 | HOSPITAL/CLINIC/SKILLED NURSING FACILITY | MN | 501(C)(3) | LINE 3 | INNOVIS HEALTH LLC | Yes | |
| 3000 32ND AVE S FARGO, ND 58103 26-1175213 | HOSPITAL/CLINIC | DE | 501(C)(3) | LINE 3 | ESSENTIA HEALTH | Yes | |
| 4418 HAINES RD DULUTH, MN 55811 41-1674021 | MEDICAL EQUIPMENT | MN | 501(C)(3) | LINE 10 | ST MARY'S MEDICAL CENTER | Yes | |
| 5211 HWY 110 AURORA, MN 55705 41-0841441 | HOSPITAL/CLINIC/SKILLED NURSING FACILITY | MN | 501(C)(3) | LINE 3 | ST MARY'S DULUTH CLINIC HEALTH SYSTEM | Yes | |
| 705 LUNDORFF DR S SANDSTONE, MN 55072 41-1884597 | HOSPITAL | MN | 501(C)(3) | LINE 3 | ST MARY'S DULUTH CLINIC HEALTH SYSTEM | Yes | |
| 530 E 2ND ST DULUTH, MN 55805 41-0691275 | REHABILITATION SERVICES | MN | 501(C)(3) | LINE 3 | ST MARY'S MEDICAL CENTER | Yes | |
| 523 N 3RD ST BRAINERD, MN 56401 41-0695602 | HOSPITAL/CLINIC | MN | 501(C)(3) | LINE 3 | BRAINERD LAKES INTEGRATED HEALTH SYSTEM | Yes | |
| 407 E 3RD ST DULUTH, MN 55805 41-1836633 | SUPPORTING ORG | MN | 501(C)(3) | LINE 12B, II | ESSENTIA HEALTH | Yes | |
| 1027 WASHINGTON AVE DETROIT LAKES, MN 56501 41-1805811 | EMERGENCY SERVICES | MN | 501(C)(3) | LINE 10 | INNOVIS HEALTH LLC | Yes | |
| 3500 TOWER AVE SUPERIOR, WI 54880 41-1811073 | HOSPITAL/CLINIC | MN | 501(C)(3) | LINE 3 | ST MARY'S MEDICAL CENTER | Yes | |

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

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

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------------------------------------------------|-------------------------------------|-------------------------------|-----------------------------------------------------|
| (1) ESSENTIA HEALTH | M | 40,639,254 | ACTUAL COSTS |
| (1) ESSENTIA HEALTH | P | 40,927,544 | ACTUAL COSTS |
| (2) ESSENTIA HEALTH | S | 4,128,516 | ACTUAL COSTS |
| (3) ESSENTIA HEALTH FOUNDATION | C | 318,565 | ACTUAL COSTS |
| (4) MIDWEST MEDICAL EQUIPMENT AND SUPPLIES INC | A | 44,538 | ACTUAL COSTS |
| (5) POLINSKY MEDICAL REHABILITATION CENTER | A | 15,523 | ACTUAL COSTS |
| (6) ST JOSEPH'S MEDICAL CENTER | P | 70,670 | ACTUAL COSTS |
| (7) ST MARY'S MEDICAL CENTER | A | 96,822 | ACTUAL COSTS |
| (8) ST MARY'S MEDICAL CENTER | Q | 780,301 | ACTUAL COSTS |
| (9) ST MARY'S MEDICAL CENTER | S | 6,000,000 | ACTUAL COSTS |
| (10) THE DULUTH CLINIC LTD | A | 171,834 | ACTUAL COSTS |