

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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 \$ 593,532,527

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ESENTIAHEALTH.ORG

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
4 Number of independent voting members of the governing body (Part VI, line 1b)	2
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	3,189
6 Total number of volunteers (estimate if necessary)	98
7a Total unrelated business revenue from Part VIII, column (C), line 12	837,176
7b Net unrelated business taxable income from Form 990-T, line 39	322,687

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,078,980	20,990,247
9 Program service revenue (Part VIII, line 2g)	548,244,216	527,917,786
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,425,617	2,240,004
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,645,866	5,936,590
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	559,394,679	557,084,627
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,190,310	2,591,483
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)	342,399,104	349,220,856
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)	207,782,783	220,340,710
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	551,372,197	572,153,049
19 Revenue less expenses. Subtract line 18 from line 12	8,022,482	-15,068,422
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,327,199,794	1,429,099,437
21 Total liabilities (Part X, line 26)	1,166,094,721	1,292,646,825
22 Net assets or fund balances. Subtract line 21 from line 20	161,105,073	136,452,612

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: 2021-05-06

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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 \$ 519,485,194 including grants of \$ 2,591,483) (Revenue \$ 531,942,153)
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 ▶ 519,485,194

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 4a, 5a, 6a, 7a, 8, 9a, 10a, 11a, 12a, 13a, 14a, 15, and 16. Includes a table with columns for question ID, response, and a Yes/No column.

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed (MN). Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. (Own website, Another's website, Upon request, Other (explain in Schedule O)). Row 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. Row 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.

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

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

(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			
(1) DANIEL NIKCEVICH MD BOARD DIRECTOR	40.00 0.00	X						800,276	0	146,362
(2) JAMES GARVEY SENIOR VP, OPERATIONS THRU 7/19	55.00 5.00				X			834,685	0	67,592
(3) BRADLEY BEARD ADMINISTRATOR	54.00 6.00			X				754,632	0	122,380
(4) JUSTIN HILL MD FORMER CLINICAL CHIEF	0.00 40.00					X		0	799,126	58,218
(5) ANNE STEPHEN MD CHIEF MEDICAL OFFICER	54.00 6.00				X			581,564	0	91,961
(6) JEFFREY KORSMO FORMER INTERIM CHIEF OPERATING OFFICER	0.00 0.00					X		0	655,380	9,351
(7) THOMAS WITT MD PHYSICIAN - REGIONAL CHAIR	56.00 4.00					X		528,260	0	118,752
(8) HUGH RENIER MD VP MEDICAL AFFAIRS	0.00 40.00					X		0	553,164	90,686
(9) MARK HAYWARD SENIOR VP, OPERATIONS THRU 4/20	54.00 6.00				X			482,213	0	85,723
(10) KEVIN BOREN VICE PRESIDENT, FINANCE	51.00 9.00			X				453,747	0	79,276
(11) CYNTHIA KENT CHIEF NURSING OFFICER	5.00 55.00				X			418,484	0	93,094
(12) JANICE SCHADE SENIOR VICE PRESIDENT, OPERATIONS	55.00 5.00				X			402,694	0	55,555
(13) TY ERICKSON SENIOR VP, OPERATIONS THRU 2/19	57.00 3.00				X			413,650	0	35,391
(14) SCOT RAMSEY VICE PRESIDENT FACILITIES THRU 1/20	59.00 1.00				X			322,465	0	35,404
(15) RONALD ALSTON COMMUNITY HEALTH DIRECTOR THRU 2/19	40.00 0.00					X		298,777	0	32,417
(16) EVA CLEET MD FORMER CHIEF MEDICAL OFFICER	0.00 0.00						X	0	320,001	0
(17) SAMUEL STONE OPERATIONS ADMINISTRATOR	40.00 0.00					X		250,229	0	46,170

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			
(18) ERIK JULSRUD MEDICAL PHYSICS MANAGER	40.00 0.00					X		220,212	0	43,360
(19) MICHAEL MOTLEY OPERATIONS ADMINISTRATOR THRU 4/19	40.00 0.00					X		239,346	0	17,050
(20) TAMMY KRITZER SENIOR VICE PRESIDENT, OPERATIONS	56.00 4.00				X			174,505	0	46,891
(21) JEFFREY LYON MD FORMER CHIEF PATIENT SAFETY OFFICER	0.00 40.00						X	0	154,599	34,648
(22) SCOTT JOHNSON MD FORMER CLINICAL CHIEF	0.00 0.00						X	173,030	0	0
(23) JOSEPH MIHALEK BOARD CHAIR	2.00 12.00	X		X				0	6,900	0
(24) THOMAS REINER BOARD DIRECTOR	1.00 10.00	X						0	6,900	0
(25) CHUCK WALT BOARD DIRECTOR THRU 1/20	1.00 2.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								7,348,769	2,496,070	1,310,281

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 ▶ 234

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	208,996		
	e Government grants (contributions)	1e	20,304,684		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	476,567		
	g Noncash contributions included in lines 1a - 1f: \$	1g	4,843		
	h Total. Add lines 1a-1f		20,990,247		

Program Service Revenue			Business Code			
	2a INPATIENT AND OUTPATIENT REVENUES		621110	523,121,363	522,714,185	407,178
b SKILLED NURSING FACILITY		623000	4,796,423	4,796,423		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			527,917,786			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			683,231			683,231	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	48,915				
			(ii) Personal					
		b Less: rental expenses	6b		0			
		c Rental income or (loss)	6c		48,915			
	d Net rental income or (loss)				48,915		48,915	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	37,667,800	57,408			
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b		36,168,435	0		
		c Gain or (loss)	7c		1,499,365	57,408		
	d Net gain or (loss)				1,556,773		1,556,773	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a			3,842			
			b Less: direct expenses	9b		5,276		
	c Net income or (loss) from gaming activities				-1,434		-1,434	
	10a Gross sales of inventory, less returns and allowances	10a			702,868			
b Less: cost of goods sold			10b		274,189			
c Net income or (loss) from sales of inventory				428,679	356,219	72,460		
11a MSA REVENUE DULUTH FAMILY PRACTIC		Business Code	541900	4,024,366	4,024,366			
b CAFETERIA REVENUE			722514	1,242,817	68,439	1,174,378		
c PARKING REVENUE			812930	102,055		102,055		
d All other revenue				91,192	5,340	85,852		
e Total. Add lines 11a-11d				5,460,430				
12 Total revenue. See instructions				557,084,627	531,534,974	837,176	3,722,230	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,566,531	2,566,531		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	23,441	23,441		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,511	1,511		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,739,822		6,739,822	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	52,316	52,316		
7 Other salaries and wages	277,781,083	255,240,317	22,540,766	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,916,170	11,910,335	1,005,835	
9 Other employee benefits	33,389,805	31,445,890	1,943,915	
10 Payroll taxes	18,341,660	16,465,414	1,876,246	
11 Fees for services (non-employees):				
a Management				
b Legal	626,830		626,830	
c Accounting				
d Lobbying	5,290		5,290	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	166,835		166,835	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,226,574	23,939,762	13,286,812	
12 Advertising and promotion	72,019	58,687	13,332	
13 Office expenses	11,767,979	5,762,448	6,005,531	
14 Information technology	24,372,392	22,322,217	2,050,175	
15 Royalties				
16 Occupancy	12,567,592	10,955,185	1,612,407	
17 Travel	1,745,322	1,486,959	258,363	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	184,357	331,461	-147,104	
20 Interest	-393,167	-393,167		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,650,522	19,868,692	1,781,830	
23 Insurance	6,344,186	6,280,886	63,300	
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	78,425		78,425	
b MEDICAL SUPPLIES	70,010,165	70,010,165		
c AFFILIATE SUPPORT FEE	46,803,193	19,315,678	27,487,515	
d BAD DEBT EXPENSE	7,366,221	7,366,221		
e All other expenses	-20,254,025	14,474,245	-34,728,270	
25 Total functional expenses. Add lines 1 through 24e	572,153,049	519,485,194	52,667,855	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	236,164	1	287,194
	2 Savings and temporary cash investments	113,142,940	2	132,964,588
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	65,381,131	4	57,027,633
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	415,000	7	
	8 Inventories for sale or use	11,542,557	8	15,783,208
	9 Prepaid expenses and deferred charges	8,814,849	9	9,761,097
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 456,267,022		
	b Less: accumulated depreciation	10b 198,469,780	142,242,440	10c 257,797,242
	11 Investments—publicly traded securities	612,433,376	11	564,992,635
	12 Investments—other securities. See Part IV, line 11	35,169,394	12	34,768,264
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	3,100,000	14	
	15 Other assets. See Part IV, line 11	334,721,943	15	355,717,576
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,327,199,794	16	1,429,099,437	
Liabilities	17 Accounts payable and accrued expenses	50,928,806	17	101,273,899
	18 Grants payable		18	
	19 Deferred revenue	12,500	19	4,007,894
	20 Tax-exempt bond liabilities	628,767,378	20	678,740,371
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	17,071	21	21,433
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,816,235	23	1,787,548
	24 Unsecured notes and loans payable to unrelated third parties	7,409,052	24	8,582,082
	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	477,143,679	25	498,233,598
	26 Total liabilities. Add lines 17 through 25	1,166,094,721	26	1,292,646,825
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	161,071,073	27	136,418,612
	28 Net assets with donor restrictions	34,000	28	34,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	161,105,073	32	136,452,612	
33 Total liabilities and net assets/fund balances	1,327,199,794	33	1,429,099,437	

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	557,084,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	572,153,049
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,068,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	161,105,073
5	Net unrealized gains (losses) on investments	5	-2,799,218
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	-6,784,821
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	136,452,612

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 (2019)

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.ESENTIA HEALTH DULUTH EMPLOYS OVER 1,800 FULL TIME EQUIVALENTS. THE HOSPITAL PROVIDED APPROXIMATELY 28,000 HOSPITAL PATIENT DAYS AND 37,000 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2020. THE CLINICS HAD OVER 411,000 ENCOUNTERS DURING THE SAME TIME PERIOD.DURING THE FISCAL YEAR ENDED JUNE 30, 2020, ESSENTIA HEALTH DULUTH PROVIDED THE FOLLOWING COMMUNITY BENEFITS: \$4.9 MILLION IN CHARITY CARE, \$25.9 MILLION COSTS IN EXCESS OF MEDICAID PAYMENTS, \$644,000 IN COMMUNITY SERVICES, \$737,000 IN HEALTH PROFESSION EDUCATION, AND \$4,600 IN CASH AND IN-KIND CONTRIBUTIONS.ESENTIA 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 SIX 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.ESENTIA 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.ESENTIA HEALTH VIRGINIA EMPLOYS OVER 500 FULL TIME EQUIVALENTS. THE HOSPITAL PROVIDED APPROXIMATELY 5,500 PATIENT DAYS AND 45,500 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2020. THE CLINIC HAD OVER 104,000 ENCOUNTERS AND THE SKILLED NURSING FACILITY PROVIDED OVER 15,000 RESIDENT DAYS DURING THE SAME TIME PERIOD.DURING THE FISCAL YEAR ENDED JUNE 30, 2020, ESSENTIA HEALTH VIRGINIA PROVIDED THE FOLLOWING COMMUNITY BENEFITS: \$2 MILLION IN CHARITY CARE, \$8 MILLION COSTS IN EXCESS OF MEDICAID PAYMENTS, \$49,000 IN COMMUNITY SERVICES, AND \$162,000 IN HEALTH PROFESSION EDUCATION.

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 41-1878730

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

2019
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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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b Total lobbying expenditures to influence a legislative body (direct lobbying)
- c Total lobbying expenditures (add lines 1a and 1b)
- d Other exempt purpose expenditures
- e Total exempt purpose expenditures (add lines 1c and 1d)
- f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g Grassroots nontaxable amount (enter 25% of line 1f)
- h Subtract line 1g from line 1a. If zero or less, enter -0-
- i Subtract line 1f from line 1c. If zero or less, enter -0-
- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		5,290
j Total. Add lines 1c through 1i			5,290
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	LOBBYING ACTIVITY EXPLANATION: ESSENTIA HEALTH 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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
- (ii)** related organizations

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

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

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

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		3,559,714		3,559,714
b Buildings		110,620,619	55,870,495	54,750,124
c Leasehold improvements		11,170,177	4,866,287	6,303,890
d Equipment		177,318,929	135,947,623	41,371,306
e Other		153,597,583	1,785,375	151,812,208
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				257,797,242

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) OPERATING LEASE	20,995,633
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	355,717,576

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLES TO RELATED TAX-EXEMPT ORGANIZATIONS	469,592,393
(3) DEFINED BENEFITS PENSION LIABILITY	6,073,543
(4) POST RETIREMENT BENEFIT - NON PENSION	1,351,961
(5) POST RETIREMENT BENEFIT - HEALTH	134,505
(6) ASSET RETIREMENT OBLIGATION FIN 47	239,518
(7) PATIENT EMERGENCY FUND	1,595
(8) SHORT TERM OPERATING LEASE	3,413,169
(9) LONG TERM OPERATING LEASE	17,426,914
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	498,233,598

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 \$21,433 AT JUNE 30, 2020.

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 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.**

OMB No. 1545-0047
2019
Open to Public Inspection

Employer identification number
 41-1878730

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	Yes	
1b If "Yes," was it a written policy?	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> %	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> %	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,968,665		6,968,665	1.230 %
b Medicaid (from Worksheet 3, column a)			92,552,502	58,529,711	34,022,791	6.020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			99,521,167	58,529,711	40,991,456	7.250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	578	693,850		693,850	0.120 %
f Health professions education (from Worksheet 5)			1,158,862	259,581	899,281	0.160 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,600		4,600	0 %
j Total. Other Benefits	7	578	1,857,312	259,581	1,597,731	0.280 %
k Total. Add lines 7d and 7j	7	578	101,378,479	58,789,292	42,589,187	7.530 %

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			223,250		223,250	0.040 %
2 Economic development						
3 Community support			125,892		125,892	0.020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			158,056		158,056	0.030 %
9 Other						
10 Total			507,198		507,198	0.090 %

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	7,366,221
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	83,898,811
6	Enter Medicare allowable costs of care relating to payments on line 5	6	120,193,771
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-36,294,960
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

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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

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

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

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

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 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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: 20 <u>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.ESENTIAHEALTH.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: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.ESENTIAHEALTH.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 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:	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?	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):	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):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ESENTIAHEALTH.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.ESENTIAHEALTH.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.ESENTIAHEALTH.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? 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
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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 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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: 20 <u>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.ESENTIAHEALTH.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: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.ESENTIAHEALTH.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.ESENTIAHEALTH.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.ESENTIAHEALTH.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.ESENTIAHEALTH.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: 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
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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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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, AND NORTH DAKOTA.

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 \$7,366,221.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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, LOCAL FOOD SHELVES, FARMERS MARKETS, A CHILDREN'S LITERACY PROGRAM, AND PROGRAMMING IN THE LOCAL SCHOOLS INCLUDING SUBSTANCE USE EDUCATION SUPPLIES.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	<p>ESSENTIA HEALTH PROVIDES BOTH FULL AND PARTIAL CHARITY CARE THROUGH ITS TRADITIONAL APPLICATION PROCESS. FULL CHARITY CARE IS A COMPLETE WRITE-OFF OF ELIGIBLE GROSS HOSPITAL AND CLINIC CHARGES WHILE "PARTIAL" IS A PORTION OF ELIGIBLE CHARGES. EACH ARE DETERMINED RESPECTIVELY BASED ON THE PATIENT'S INCOME IN RELATION TO THE FEDERAL POVERTY GUIDELINES. ESSENTIA HEALTH ALSO RECOGNIZES THAT IT IS NOT FEASIBLE, OR SOMETIMES NECESSARY, FOR ALL PATIENTS TO COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND PROVIDE DOCUMENTATION REQUIRED THROUGH THE TRADITIONAL PROCESS. ESSENTIA HEALTH IMPLEMENTED AN ALTERNATIVE DOCUMENTATION AND PRESUMPTIVE PROCESS USING A TOOL THAT IDENTIFIES ACCOUNTS THAT AUTOMATICALLY QUALIFY FOR CHARITY CARE AND RECLASSIFIED THOSE ACCOUNTS TO CHARITY CARE ALLOWANCE. AS A RESULT, WE ESTIMATE \$0 OF PATIENT ACCOUNTS WRITTEN OFF TO BAD DEBT WOULD QUALIFY FOR CHARITY CARE. ESSENTIA HEALTH 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
PART III, LINE 4:	PAGES 17-19 OF ESSENTIA HEALTH'S CONSOLIDATED AUDIT REPORT CONTAIN THE FOOTNOTE DESCRIBING THE ORGANIZATION'S BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	<p>RECONCILIATION FOR MEDICARE SHORTFALL BETWEEN TOTAL MEDICARE PROGRAM AND WHAT IS ALLOWED ON THE COST REPORT:THE HOSPITAL FACILITY'S TOTAL MEDICARE SHORTFALL IS \$67,403,543, OF WHICH A SHORTFALL OF \$36,294,960 (CONSISTING OF \$83,898,811 REVENUE AND \$120,193,771 COST) IS INCLUDED IN PART III, SECTION B, LINES 5-7, AND A SHORTFALL OF \$31,171,059 (CONSISTING OF \$77,102,832 REVENUE AND \$108,273,891 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:EAH 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
PART III, LINE 9B:	<p>THE POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR ESSENTIA HEALTH'S FINANCIAL ASSISTANCE POLICY (FAP) AND FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR FINANCIAL ASSISTANCE FROM ESSENTIA HEALTH, AND THE PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS/HER PAYMENT AGREEMENTS. THE ORGANIZATION OFFERS EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS AND WILL NOT IMPOSE LIENS ON PRIMARY RESIDENCES NOR REPORT PATIENTS TO A CREDIT RATING AGENCY FOR OUTSTANDING PATIENT BILLS. THE ORGANIZATION WILL NOT CHARGE A PATIENT THE GROSS AMOUNT OF CHARGES FOR ANY UNINSURED TREATMENT. UNINSURED DISCOUNTS WILL BE APPLIED TO THE GROSS CHARGES PRIOR TO ANY FINANCIAL ASSISTANCE OR OTHER DISCOUNTS. IF AT ANY TIME THE ORGANIZATION RECOGNIZES THAT A PATIENT MAY BE ELIGIBLE FOR STATE OR FEDERAL PROGRAMS, A REPRESENTATIVE WILL ASSIST THE PATIENT IN OBTAINING INFORMATION ABOUT THESE PROGRAMS OR PROVIDE CONTACT INFORMATION FOR THESE PROGRAMS. THE ORGANIZATION CONTRACTS WITH AN OUTSIDE PATIENT ADVOCACY AGENCY, WHICH MAY PROVIDE ASSISTANCE TO THE UNINSURED PATIENT IN APPLYING TO CERTAIN STATE AND FEDERAL PROGRAMS. AT ANY STAGE OF THE PATIENT EXPERIENCE AND UP THROUGH THE COLLECTION PROCESS, THE PATIENT MAY EXPRESS A CONCERN THAT THEY ARE UNABLE TO PAY THEIR BILL IN FULL OR MEET THE PAYMENT PLAN REQUIREMENTS. AT THAT TIME, THE PATIENT WILL BE GIVEN EVERY OPPORTUNITY TO COMPLETE AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE. THE ORGANIZATION TRAINS ITS OUTSIDE DEBT COLLECTION AGENCIES AND ATTORNEYS ABOUT THE FAP AND HOW A PATIENT MAY OBTAIN MORE INFORMATION ABOUT THE FAP OR SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE. THE ORGANIZATION REQUIRES ITS OUTSIDE COLLECTION AGENCIES AND ATTORNEYS TO REFER PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE TO ESSENTIA HEALTH. IF A PATIENT HAS SUBMITTED AN APPLICATION FOR FINANCIAL ASSISTANCE AFTER AN ACCOUNT HAS BEEN REFERRED FOR COLLECTION ACTIVITY, THE ORGANIZATION SUSPENDS ALL COLLECTION ACTIVITY UNTIL THE PATIENT'S FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND ESSENTIA HEALTH HAS NOTIFIED THE PATIENT OF ITS DECISION. PATIENTS ARE ADVISED AT THAT TIME TO NOTIFY THE COLLECTION AGENCY TO HOLD THEIR ACCOUNT. THE OUTSIDE DEBT COLLECTION AGENCIES ARE NOTIFIED BY ESSENTIA HEALTH ONCE AN ACCOUNT ADJUSTMENT HAS BEEN MADE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>NEEDS ASSESSMENT:WE ASSESS AND RESPOND TO THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THROUGH MANY WAYS, INCLUDING THE FOLLOWING:MARKETING RESEARCH - THE ESSENTIA HEALTH MARKETING RESEARCH DEPARTMENT CONDUCTS SURVEYS, FOCUS GROUPS, AND REVIEWS INTERNAL DATA TO BETTER UNDERSTAND THE NEEDS AND USE(S) OF OUR SERVICES. THIS INCLUDES ACCESS TO SERVICE AREAS (E.G., PRIMARY CARE), PAYOR INFORMATION (E.G., ESSENTIA CARE), AND OVERALL GAPS IN SERVICES. ASSESSMENTS HAVE RESULTED IN INTERNAL CHANGES IN BOTH STAFFING AND PROCESSES.ESENTIA 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 PATIENTS AND CAN BE UTILIZED TO ASSESS THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE.HEALTH DATA PROVIDED BY PAYOR ORGANIZATIONS, NAMELY GOVERNMENT AND COMMERCIAL HEALTH INSURERS - THIS HEALTH DATA TYPICALLY INVOLVES MEDICAL TREATMENT AND OUTCOMES THAT REFLECT TRENDS OF UNHEALTHY LIFESTYLES AND BEHAVIORS. OUR OBJECTIVE IS TO UNDERSTAND THESE RELATIONSHIPS AND TO DEVELOP ACTION STEPS TO INTERVENE ON THE FRONT END TO PREVENT SUCH MEDICAL SITUATIONS FROM OCCURRING.ESENTIA HEALTH HUMAN RESOURCES DEPARTMENT - THE ANALYSIS OF CURRENT STAFFING TRENDS AIDES IN PROVIDING HEALTHCARE ACCESS APPROPRIATELY TO THE COMMUNITIES WE SERVE.ESENTIA INSTITUTE OF RURAL HEALTH (EIRH) - EIRH PROVIDES RESEARCH OF PATIENT DATA, COMMUNITY DATA, AND THE OUTCOMES ASSOCIATED WITH CURRENT CLINICAL PRACTICES AS WELL AS PREVENTION STRATEGIES (E.G., FALL PREVENTION AND DIABETES PREVENTION).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:THE ORGANIZATION MAKES INFORMATION ON ITS FINANCIAL ASSISTANCE POLICY (FAP) READILY AVAILABLE TO PATIENTS. INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS IS AVAILABLE ON THE ESSENTIA HEALTH WEBSITE (WWW.ESENTIAHEALTH.ORG, SELECT PATIENTS & VISITORS, BILLING & FINANCIAL ASSISTANCE) 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 FINANCIAL SERVICES REPRESENTATIVES) HAVE A THOROUGH UNDERSTANDING OF THE FAP AND OFFER THE INFORMATION ON THE FAP TO THOSE PATIENTS WHO MAKE AN INQUIRY ABOUT THE PROGRAM OR ARE DETERMINED THROUGH A FINANCIAL SCREENING TO BE ELIGIBLE FOR THIS PROGRAM. PATIENT ADVOCACY SERVICES ALSO INFORM THE PATIENT ABOUT THE AVAILABILITY OF ASSISTANCE. A REQUEST FOR FINANCIAL ASSISTANCE MAY BE MADE BY THE PATIENT, A PATIENT'S GUARANTOR, A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS. THE ORGANIZATION RESPONDS TO ANY ORAL OR WRITTEN REQUESTS FOR MORE GENERAL INFORMATION ON THE FAP MADE BY A PATIENT OR ANY INTERESTED PARTY.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4:	<p>COMMUNITY INFORMATION:ESSENTIA HEALTH 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 1.3% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 17.1% 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, 6 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 2.3% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 18.6% FROM MEDICAID RECIPIENTS. ESSENTIA HEALTH VIRGINIA HAS CLINICS IN VIRGINIA, BABBITT, ELY, HIBBING, 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>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>PROMOTION OF COMMUNITY HEALTH:ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA:ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA'S BOARD OF DIRECTORS IS COMPOSED MAINLY OF VOLU NTEER 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 TH AT 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 SER VICES AT ESSENTIA HEALTH. IN ADDITION, THE HOSPITAL PROVIDES ON-SITE CLINICAL EXPERIENCES FOR MEDICAL STUDENTS, NURSES, THERAPISTS, TECHNICIANS AND OTHER HEALTHCARE VOCATIONS. WE R EINVEST IN THE ORGANIZATION BY ACQUIRING THE LATEST STATE OF THE ART EQUIPMENT AND BY INVE STING 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 CO MMUNITY NON-PROFITS WORKING TO IMPROVE HOUSING, ACCESS TO HEALTHY FOODS AND HEALTHY YOUTH DEVELOPMENT. ADDITIONALLY, WE ENCOURAGE OUR COLLEAGUES TO CONTRIBUTE THEIR TIME IN MEANING FUL WAYS THROUGH A FORMAL EMPLOYEE VOLUNTEER PROGRAM THAT INCENTS COMMUNITY VOLUNTEERING T HROUGH A MATCHING FINANCIAL CONTRIBUTION WITH MORE THAN 20,000 IMPACTFUL HOURS REPORTED FO R ESSENTIA HEALTH. OUR LEADERS ARE ACTIVELY ENGAGED IN LENDING THEIR EXPERTISE ON COMMUNIT Y BOARDS INCLUDING WORKFORCE DEVELOPMENT EFFORTS THAT CONTRIBUTE TO THE ECONOMIC VITALITY OF OUR REGION. LASTLY, THE HOSPITAL ENGAGED COMMUNITIES IN COMING TOGETHER AND CREATING SO CIAL CONNECTIVITY THROUGH SUPPORT OF VARIOUS LOCAL EVENTS, FUNDRAISERS AND OUTINGS, MANY O F WHICH INVOLVED PHYSICAL ACTIVITY AND SUPPORTED BUSINESSES THAT SUPPORT THE VIABILITY OF OUR COMMUNITIES.ESENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA:ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA ARE A PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYS TEM WITH FACILITIES IN MINNESOTA, WISCONSIN AND NORTH DAKOTA. AS A NON-PROFIT ORGANIZATION , ESSENTIA HEALTH REINVESTS SURPLUS REVENUES INTO MEDICAL TRAINING, PROGRAMS, AND TECHNOLO GY 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 FED ERALLY RECOGNIZED AS BEING MEDICALLY UNDERSERVED. WE INVEST IN FACILITY UPGRADES, TECHNOLO GY, 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 R ESIDENTS ARE OFTEN ELDERLY, LIVING ON LIMITED INCOMES, AND RESTRICTED IN THEIR TRANSPORTAT ION OPTIONS.RESIDENTS OF GEOGRAPHICALLY ISOLATED COMMUNITIES SERVED BY ESSENTIA HEALTH ALS O BENEFIT FROM TELEHEALTH SERVICES THAT PROVIDE LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES USUALLY AVAILABLE ONLY IN LARGER URBAN AREAS. SERVICES ARE AVAILABLE IN MORE THAN 20 SPECIALTIES, RANGING FROM CARDIOLOGY AND BEHAVIORAL HEALTH TO SPEECH THERAPY AND MEDIC AL WEIGHT LOSS. PATIENTS TREATED IN SMALLER ESSENTIA HEALTH EMERGENCY DEPARTMENTS BENEFIT FROM TELEHEALTH CONNECTIONS THAT ALLOW COMMUNITY HOSPITAL PHYSICIANS AND NURSES TO COMMUNI CATE WITH TRAUMA AND OTHER SPECIALISTS LOCATED IN ESSENTIA HEALTH'S LARGER HOSPITALS.ESSEN TIA HEALTH WAS ONE OF THE ONLY ACCOUNTABLE CARE ORGANIZATIONS (ACO) IN THE COUNTRY TO RECE IVE THE HIGHEST LEVEL OF ACCREDITATION FROM THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA). AS AN ACO, ESSENTIA HEALTH IS COMMITTED TO MEETING THE TRIPLE AIM OF IMPROVING CARE AND POPULATION HEALTH, WHILE REDUCING THE OVERALL COSTS FOR PATIENTS AND SOCIETY AS A WHO LE. ONE OF THE NEWEST PROGRAMS UNDER THE ACO IS A POPULATION CARE MANAGEMENT TEAM OF REGIS TERED NURSES WHO CAREFULLY REVIEW MEDICAL HISTORIES OF HIGH-RISK PATIENTS ON GOVERNMENT AS SISTANCE PROGRAMS TO ENSURE THEY ARE GETTING THE CARE NEEDED TO KEEP THEM HEALTHY AND OUT OF THE HOSPITAL. PATIENTS WITH MULTIPLE HIGH-RISK CONDITIONS (E.G. DIABETES, CONGESTIVE HE ART FAILURE, MENTAL HEALTH ISSUES) AND THOSE WHO HAVE NOT RECENTLY RECEIVED CARE ARE CONNE CTED WITH PRIMARY CARE CLINICIANS, NURSES, SPECIALISTS, THERAPISTS, AND OTHERS WHO CAN PRO VIDE ADDITIONAL CARE, THERAPY, OR EDUCATION. THE GOAL IS IMPROVING PATIENTS' HEALTH AND RE DUCING THE LIKELIHOOD OF HOSPITALIZATIONS OR OTHER HIGH-COST CARE.SINCE A MAJORITY OF HEAL THCARE COSTS ARE DIRECTLY RELATED TO CARING FOR PATIENTS WHO HAVE CHRONIC CONDITIONS, ESSE NTIA HEALTH IS COMMITTED TO IMPROVING HEALTH OUTCOMES FOR PATIENTS, ESPECIALLY THOSE WITH CHRONIC DISEASES. FOR EXAMPLE, ESSENTIA HEALTH OFF</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>ERS ACCESS TO 53 CERTIFIED TOBACCO-FREE TREATMENT SPECIALISTS AT CLINIC AND HOSPITAL LOCATIONS ACROSS THE ORGANIZATION FROM HAYWARD, WISCONSIN TO DULUTH, MINNESOTA TO JAMESTOWN, NORTH DAKOTA. THESE SITES COVER A WIDE GEOGRAPHY, FROM SMALL RURAL COMMUNITIES TO LARGER URBAN AREAS, AND OFTEN SERVE PEOPLE LIVING ON LOW AND MODERATE INCOMES. IN CASES WHERE THESE SERVICES ARE NOT COVERED BY PRIVATE OR GOVERNMENT INSURANCE OR PROGRAMS, ESSENTIA HEALTH COVERS THE REMAINING COSTS. DOZENS OF ESSENTIA HEALTH NURSES AND DIABETES EDUCATORS ARE ALSO INVOLVED IN DIABETES 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 AGENCIES AND DIABETES ORGANIZATIONS. THESE COMMUNITY-BASED EFFORTS ARE FREE TO THE PUBLIC AND ALL INDIVIDUALS ARE WELCOME. ESSENTIA HEALTH SUPPORTS THE HEALTH OF OUR COMMUNITIES THROUGH ACTIVE RESEARCH AND CLINICAL TRIALS THROUGH THE ESSENTIA INSTITUTE OF RURAL HEALTH (INSTITUTE). THE INSTITUTE CONDUCTS CLINICAL, TRANSLATIONAL, AND HEALTH SERVICES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS. VARIOUS ESSENTIA HEALTH ORGANIZATIONS CONTRIBUTED APPROXIMATELY \$3.6 MILLION IN SUPPORT TO THE INSTITUTE DURING THE PAST YEAR. ESSENTIA 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 UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE IN DULUTH, MN. ESSENTIA HEALTH ALSO PROVIDES FUNDING, ADMINISTRATIVE SUPPORT, AND RESIDENCY OPPORTUNITIES FOR THE DULUTH FAMILY PRACTICE RESIDENCY PROGRAM. THIS PROGRAM IS VITAL IN ADDRESSING THE GROWING SHORTAGE OF PRIMARY CARE PHYSICIANS IN RURAL COMMUNITIES.</p>

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>AFFILIATED HEALTH CARE SYSTEM:ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH VIRGINIA ARE PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH 13 HOSPITALS, APPROXIMATELY 65 CLINICS, SIX LONG-TERM CARE FACILITIES, THREE ASSISTED LIVING FACILITIES, THREE INDEPENDEN T LIVING FACILITIES, FIVE AMBULANCE SERVICES, AND ONE RESEARCH INSTITUTE IN MINNESOTA, WIS CONSN AND NORTH DAKOTA. ESSENTIA HEALTH SERVES A PREDOMINANTLY RURAL POPULATION WHOSE MED IAN INCOMES GENERALLY FALL BELOW AVERAGES OF THE STATES WHERE THEY LIVE. THE PRESENCE OF O UR CLINICS AND HOSPITALS ENSURES THAT PEOPLE WITH FEW ECONOMIC RESOURCES DO NOT HAVE TO DR IVE AN HOUR OR MORE TO RECEIVE BASIC (AND IN SOME CASES LIFESAVING) MEDICAL CARE.IN ADDITI ON TO STAFFING HOSPITALS AND CLINICS IN FEDERALLY RECOGNIZED UNDERSERVED AREAS, ESSENTIA H EALTH SUPPORTS THE HEALTH OF COMMUNITIES THROUGH ACTIVE OUTREACH PROGRAMS THAT BRING ONCOL OGISTS, CARDIOLOGISTS, NEUROLOGISTS, AND OTHERS INTO SMALL HOSPITALS AND CLINICS. ESSENTIA HEALTH'S SIZE AND INTEGRATED STRUCTURE ALSO ALLOW THE ORGANIZATION TO EXTEND SERVICES LIK E CHEMOTHERAPY, CONGESTIVE HEART FAILURE MANAGEMENT, WOUND CARE, AND HOSPICE CARE TO SMALL ER COMMUNITIES.PATIENTS ARE ABLE TO TRAVEL SEAMLESSLY BETWEEN ESSENTIA HEALTH'S SMALLER CO MMUNITY 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 MYCHA RT/MYHEALTH, WHICH OFFERS PATIENTS SECURE, 24/7 ONLINE ACCESS TO THEIR MEDICAL RECORD. MYC HART/MYHEALTH ALSO ALLOWS PATIENTS TO CONTACT THEIR PHYSICIAN OR CLINIC, SCHEDULE APPOINTM ENTS, AND ORDER MEDICATION REFILLS. THESE SERVICES ARE ALL OFFERED AT NO COST TO PATIENTS AND THEIR AUTHORIZED FAMILY, FRIENDS, AND CAREGIVERS.ESENTIA HEALTH ALSO PROMOTES THE HEA LTH 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 SERVIC ES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS. THE INSTITUTE ALSO SPONS ORS A NUMBER OF CONFERENCES AND OTHER EDUCATIONAL EVENTS, OPEN TO ALL MEDICAL PROFESSIONAL S 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 WH O IS NOT AVAILABLE IN THEIR HOME COMMUNITY. TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CL INICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEOCONFERENCING. PATIENTS FEEL LIKE THEY A RE IN THE SAME ROOM WITH THEIR DOCTOR. THIS EXPERIENCE OFFERS THE SAME HIGH-QUALITY CARE T HAT PATIENTS EXPECT DURING AN IN-PERSON VISIT. TELEHEALTH CAN BE USED FOR SERVICES SUCH AS HEART CARE, PSYCHIATRY, STROKE CARE, OR WEIGHT LOSS.ESENTIA HEALTH OFFERS PATIENTS VIRTU AL VIDEO VISITS THROUGH MYCHART/MYHEALTH WITH PRIMARY CARE, BEHAVIORAL HEALTH, ORTHOPEDICS , OBSTETRICS, PHYSICAL THERAPY AND HEART & VASCULAR PROVIDERS. THIS OFFERS PATIENTS THE CO NVENIENCE OF CONNECTING WITH THEIR HEALTH CARE PROVIDERS VIA VIDEO RIGHT FROM THEIR HOME. IN ADDITION, 24/7 VIDEO VISITS ON DEMAND PROVIDE PATIENTS AN OPTION FOR FACE-TO-FACE URGEN T CARE VISITS FOR NEEDS ANY TIME THROUGH MYCHART/MY HEALTH.ESENTIA HEALTH'S HOSPITALS AND CLINICS PLAY ADDITIONAL ROLES IN PROMOTING HEALTH WITHIN THEIR COMMUNITIES. EACH OF ESSEN TIA HEALTH'S HOSPITALS CONDUCT A COMMUNITY HEALTH ASSESSMENT TO DETERMINE THE UNIQUE HEALT H NEEDS OF COMMUNITY RESIDENTS. THESE ASSESSMENTS, WHICH ARE BASED ON INPUT FROM A BROAD R ANGE OF COMMUNITY RESIDENTS AND STAKEHOLDERS, ARE THE BASIS FOR ACTION PLANS AIMED AT ADDR ESSING THE COMMUNITY'S MOST PRESSING HEALTH NEEDS. MOST RECENTLY, TOPICS OF CONCERN HAVE I NCLUDED ELIMINATING SOCIAL AND ECONOMIC BARRIERS TO HEALTH AND WELLNESS, IMPROVING MENTAL HEALTH SERVICES AND AWARENESS, ADDRESSING YOUTH SUBSTANCE ABUSE, FOOD INSECURITY, AND OBES ITY. THESE ISSUES ARE THEN ADDRESSED THROUGH COLLABORATION WITH PRIVATE BUSINESSES, GOVERN MENT AGENCIES, AND OTHER NON-PROFITS.CURRENTLY, TWO OF THE MOST PROMINENT COLLABORATIONS A RE WITH CROW WING ENERGIZED AND CASS COUNTY ENERGIZED, JOINT PUBLIC-PRIVATE PARTNERSHIPS A IMED AT IMPROVING THE OVERALL HEALTH STATUS OF THESE COUNTIES THROUGH COORDINATED PROGRAMM ING AIMED AT LIFESTYLE ISSUES RANGING FROM EXERCISE TO HEALTHY EATING. IN ADDITION TO VARI OUS 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' OLDE ST AND FRAILEST RESIDENTS REMAIN AT HOME AND OUT O</p>

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>F 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 T HE CALLS, THEY TAKE VITAL SIGNS, ASSESS FOR POSSIBLE HEALTH AND SAFETY RISKS, AND DETERMIN E IF PATIENTS MAY BENEFIT FROM ADDITIONAL COMMUNITY RESOURCES.ESSENTIA HEALTH EMPLOYEES CO NTRIBUTE DIRECTLY TO THE HEALTH AND WELLNESS OF THEIR COMMUNITIES BY VOLUNTEERING IN PROGR AMS RANGING FROM HABITAT FOR HUMANITY TO UNITED WAY FOOD AND CLOTHING DRIVES. THEY ARE ACT IVE FUNDRAISERS FOR HEALTH-RELATED ORGANIZATIONS IN THEIR COMMUNITIES, LIKE LOCAL CHAPTERS OF THE AMERICAN HEART ASSOCIATION AND MARCH OF DIMES. ESSENTIA HEALTH ENCOURAGES AND SUPP ORTS THESE VOLUNTEER EFFORTS IN A VARIETY OF WAYS, INCLUDING SPONSORSHIPS, FINANCIAL CONTR IBUTIONS, AND VOLUNTEER RECOGNITION.WE ALSO SUPPORT COMMUNITY HEALTH THROUGH THE ESSENTIA HEALTH FOUNDATION AND THROUGH CONTRIBUTIONS THAT FOCUS ON PROGRAMS AND SERVICES THAT BENEF IT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. SOME EXAMPLES OF THESE PROGRAMS ARE AFT ER-SCHOOL MEALS, TUTORING PROGRAMS, AND RESPITE SERVICES FOR CAREGIVERS OF LOVED ONES WITH DEMENTIA.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.ESENTIAHEALTH.ORG 395004	X	X		X						
2	ESSENTIA HEALTH VIRGINIA 901 9TH ST N VIRGINIA, MN 55792 WWW.ESENTIAHEALTH.ORG 395310	X	X		X			X			

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

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

Form and Line Reference	Explanation
ESSENTIA HEALTH 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
ESSENTIA HEALTH VIRGINIA	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.

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

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

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

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

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

Form and Line Reference	Explanation
ESSENTIA HEALTH 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
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
ESSENTIA HEALTH DULUTH	<p>PART V, SECTION B, LINE 11: DURING FY 2020, ESSENTIA HEALTH DULUTH AND ESSENTIA HEALTH ST. MARY'S MEDICAL CENTER ADDRESSED SIGNIFICANT NEEDS IDENTIFIED IN THE FY 2019 ASSESSMENT: MENTAL HEALTH, YOUTH SUBSTANCE USE, AND FOOD INSECURITY. SOME ACTIVITIES WERE LED BY THE HO SPITAL, WHILE OTHERS WERE PART OF LARGER COLLABORATIVE EFFORTS WITH LOCAL PARTNERS. THE FOLLOWING DESCRIBES SIGNIFICANT ACCOMPLISHMENTS AND OUTCOMES. BRIDGING HEALTH DULUTH (BHD) IS A COLLABORATIVE GROUP OF LOCAL ORGANIZATIONS THAT HAVE COMBINED RESOURCES, SKILLS AND EXPERTISE TO IMPROVE THE HEALTH OF ALL PEOPLE IN DULUTH. ESSENTIA HEALTH'S COMMUNITY HEALTH IMPROVEMENT WORK IN THE DULUTH AREA IS ALMOST ENTIRELY DONE THROUGH COLLABORATION WITH BRIDGING HEALTH DULUTH. THIS YEAR, ESSENTIA HEALTH STARTED SIX NEW ACTION TEAMS AND ADDED TWO NEW STEERING COMMITTEE MEMBERS: DULUTH NAACP AND WILDERNESS HEALTH. A GROUP FROM THE BHD STEERING COMMITTEE WAS ONE OF 10 COALITIONS ACROSS THE UNITED STATES SELECTED TO PARTICIPATE IN THE NATIONAL LEADERSHIP ACADEMY FOR PUBLIC HEALTH (NLAPH). OTHER HEALTH NEEDS IDENTIFIED IN THE CHNA PROCESS INCLUDE DISABILITIES, MATERNAL HEALTH, ACCESS TO HEALTH CARE, CANCER, AND DIABETES. THESE NEEDS WILL BE ADDRESSED IN PART THROUGH SELECTED PRIORITIES AS THEY ARE INTERRELATED. ESSENTIA HEALTH ST. MARY'S MEDICAL CENTER AND ESSENTIA HEALTH DULUTH WILL CONTINUE TO FOCUS EFFORTS ON THE IDENTIFIED PRIORITY AREAS. PRIORITY AREA #1: MENTAL HEALTH. ESSENTIA HEALTH CONTINUES TO BE A SPONSOR AND MEMBER OF NORTHLAND HEALTHY MINDS (NHM), A COLLABORATIVE OF BUSINESSES, ORGANIZATIONS AND PEOPLE WORKING TOGETHER TO ELIMINATE THE STIGMA SURROUNDING MENTAL ILLNESS. ESSENTIA HEALTH PARTICIPATES ON THE EXECUTIVE COMMITTEE, SPECIAL EVENTS COMMITTEE, AND WORKSITES COMMITTEE. OVER THE PAST YEAR, NORTHLAND HEALTHY MINDS HAS REACHED 30,133 PEOPLE THROUGH COMMUNITY PRESENTATIONS AND EVENTS DESIGNED TO REDUCE STIGMA. 86% OF THE PARTICIPANTS FELT THAT THE COMMUNITY IS MORE CARING FOR PEOPLE WITH MENTAL ILLNESS BECAUSE OF NHM; 85% FELT MORE KNOWLEDGEABLE ABOUT MENTAL ILLNESSES; AND 79% FELT MORE COMFORTABLE TALKING ABOUT MENTAL ILLNESS. ADDITIONALLY, NHM CREATED AN ONLINE TOOLKIT TO SUPPORT MENTAL HEALTH DURING THE COVID PANDEMIC. ST. MARY'S MEDICAL CENTER AND ESSENTIA HEALTH DULUTH PARTNERED WITH ST. SCHOLASTICA TO BRING A "TRAIN THE TRAINER" EVENT TO DULUTH FOR MENTAL HEALTH FIRST AID IN JUNE 2019. ESSENTIA HEALTH SUBSIDIZED THE COST OF THE TRAINING SO IT COULD BE OFFERED AT A LARGELY REDUCED PRICE. 28 INDIVIDUALS WERE TRAINED IN MENTAL HEALTH FIRST AID, INCLUDING 5 ESSENTIA HEALTH EMPLOYEES, 5 ST. SCHOLASTICA EMPLOYEES, AND 18 OTHER COMMUNITY MEMBERS REPRESENTING AGENCIES SUCH AS THE CITY OF DULUTH, CITY OF SUPERIOR, AND NAMI. CUMULATIVELY, THE 28 INSTRUCTORS TRAINED 445 PEOPLE. AFTER THE TRAINING, 99% OF PARTICIPANTS REPORTED FEELING CONFIDENT THAT THEY COULD REACH OUT TO SOMEONE WHO MAY BE EXPERIENCING A MENTAL HEALTH CRISIS. FINALLY, ESSENTIA HEALTH PROVIDED FUNDING TO ISD 381 TO DEVELOP A</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
<p>ESSENTIA HEALTH DULUTH</p>	<p>SCHOOL-WIDE SYSTEMIC APPROACH TO SOCIAL-EMOTIONAL LEARNING. THE GRANT PROVIDED THE CURRICULUM, SUPPLIES, AND EQUIPMENT TO HELP WEAVE THIS INSTRUCTION AND SKILL-BUILDING INTO ALL ASPECTS OF THE SCHOOL, INCLUDING PROFESSIONAL DEVELOPMENT FOR TEACHERS. ALL STUDENTS AND STAFF IN PRE-K THROUGH 12TH GRADE WILL BE DIRECTLY IMPACTED BY THIS PROGRAM. PRIORITY AREA #2 : YOUTH SUBSTANCE USE ESSENTIA HEALTH DEVELOPED A VIDEO AND TOOLKIT FOR USE BY TEACHERS AND COMMUNITY GROUPS TO EDUCATE STUDENTS AND THE GENERAL PUBLIC ABOUT THE DANGERS OF VAPING. THE 10-MINUTE VIDEO UTILIZES A PEER-TO-PEER EDUCATION MODEL BY FEATURING ONLY YOUTH VOICES . THE VIDEO HAS BEEN VIEWED MORE THAN 5,000 TIMES AS OF OCTOBER 1ST, 2020. TO EVALUATE THE IMPACT OF THE CAMPAIGN, PRE AND POST SURVEYS WERE COMPLETED BY 748 HIGH SCHOOL STUDENTS. THE SURVEYS SHOW A DECREASE IN THE PERCENT OF STUDENTS WHO WOULD BE SOMEWHAT OR VERY LIKELY TO TRY AN E-CIGARETTE AFTER COMPLETING THE PROGRAM. ADDITIONALLY, THE SURVEYS SHOW AN INCREASED UNDERSTANDING OF THE HARMFUL HEALTH EFFECTS AFTER COMPLETING THE PROGRAM. THE VIDEO AND TOOLKIT HAVE BEEN USED IN 8TH- 12TH GRADE CLASSROOMS. THE MATERIALS ARE PUBLICLY AVAILABLE ON ESSENTIA HEALTH'S WEBSITE AND HAVE BEEN SHARED WITH SCHOOLS ACROSS THE UNITED STATES. IT CAN BE FOUND AT HTTPS://WWW.ESSENTIAHEALTH.ORG/DONTBLOWITTEACHERGUIDE/. ALSO, AS A PART OF BRIDGING HEALTH DULUTH, WE CREATED A PSA WITH A LOCAL MEDIA AGENCY WITH A MESSAGE STRESSING THE IMPORTANCE FOR PARENTS TO TALK TO THEIR TEENS ABOUT VAPING. PRIORITY AREA #3 : FOOD INSECURITY ESSENTIA HEALTH LAUNCHED A NEW INTERVENTION TO IDENTIFY AND CONNECT PATIENTS AND FAMILY MEMBERS WITH FOOD INSECURITY TO COMMUNITY RESOURCES. PATIENTS ARE SCREENED FOR SOCIAL NEEDS INCLUDING FOOD INSECURITY, TRANSPORTATION, AND FINANCIAL STRAIN THROUGH A MY HEALTH QUESTIONNAIRE. A COMMUNITY HEALTH WORKER FOLLOWS UP WITH EACH PATIENT AND MAKES ELECTRONIC REFERRALS TO COMMUNITY PARTNER ORGANIZATIONS WHEN APPROPRIATE. IN THE DULUTH AREA, MORE THAN 1,064 PATIENTS WERE REFERRED TO COMMUNITY RESOURCES IN FY20 TO ADDRESS FOOD SECURITY, FINANCIAL ASSISTANCE/COUNSELING, TRANSPORTATION, MENTAL HEALTH, AND HOUSING. BREASTFEEDING IS CONSIDERED A FOOD ACCESS ISSUE WHEN IT COMES TO FEEDING THE "LITTLEST" OF OUR COMMUNITY MEMBERS. ESSENTIA HEALTH, THROUGH BRIDGING HEALTH DULUTH, HAS TEAMED UP WITH ST. LOUIS COUNTY TO FORM A BREASTFEEDING ACTION TEAM. ST. LOUIS COUNTY IS IN THE PROCESS OF APPLYING FOR GOLD LEVEL BREASTFEEDING FRIENDLY DESIGNATION FROM THE MINNESOTA DEPARTMENT OF HEALTH. ESSENTIA HEALTH IS SUPPORTING THESE EFFORTS BY WORKING WITH BRIDGING HEALTH DULUTH ORGANIZATIONS TO DEVELOP OR EXPAND EXISTING BREASTFEEDING POLICIES FOR THEIR EMPLOYEES AND THEIR PUBLIC SPACES. ESSENTIA HEALTH HAS ONCE AGAIN PROVIDED THE FUNDING FOR A .5 FTE POSITION THROUGH ST. LOUIS COUNTY FOR A FARM-TO-SCHOOL COORDINATOR IN THE DULUTH PUBLIC SCHOOLS. THE COORDINATOR WORKS PRIMARILY WITH SCHOOLS THAT SERVE LOW-INCOME STUDENTS SUCH AS MEYERS-WILKINS ELEMENTARY SCHOOL</p>

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

Form and Line Reference	Explanation
ESSENTIA HEALTH DULUTH	<p>OOO, LINCOLN PARK MIDDLE SCHOOL, AND DENFELD HIGH SCHOOL. IN ONE SCHOOL YEAR, THE COORDINATOR SERVES THOUSANDS OF STUDENTS THROUGH HEALTHY SNACK DEMOS, SCHOOL GARDENING PROGRAMS, FARM-TO-TABLE EFFORTS, AND PRODUCE DISTRIBUTION EVENTS WITH SECOND HARVEST FOOD SHELF. FINALLY, ESSENTIA HEALTH PROVIDED FUNDING TO LINCOLN PARK MIDDLE SCHOOL TO OPEN AN ON-SITE FOOD PANTRY AVAILABLE FOR STUDENTS AND FAMILIES. CURRENTLY, 70% OF STUDENTS AT LINCOLN PARK MIDDLE SCHOOL QUALIFY FOR FREE OR REDUCED-PRICE LUNCHES. IN A SURVEY OF 8TH GRADE STUDENTS, 56% SAID THEY WOULD USE A SCHOOL FOOD PANTRY EVERY DAY. THE GOAL IS TO MAKE HEALTHY SUPPLEMENTAL FOOD ACCESSIBLE TO ALL STUDENTS AND INCREASE INTEREST IN EATING NUTRITIOUS FOODS.</p>

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

Form and Line Reference	Explanation
ESSENTIA HEALTH VIRGINIA	<p>PART V, SECTION B, LINE 11: DURING FY 2020, ESSENTIA HEALTH VIRGINIA ADDRESSED SIGNIFICANT NEEDS IDENTIFIED IN THE FY 2019 ASSESSMENT: SUBSTANCE USE, MENTAL HEALTH, AND HEALTHY EATING/ACTIVE LIVING. SOME ACTIVITIES WERE LED BY THE HOSPITAL, WHILE OTHERS WERE PART OF LARGER COLLABORATIVE EFFORTS WITH LOCAL PARTNERS. THE FOLLOWING DESCRIBES SIGNIFICANT ACCOMPLISHMENTS AND OUTCOMES. OTHER ISSUES IDENTIFIED IN THE CHNA PROCESS BUT NOT INCLUDED AMONG THE TOP THREE PRIORITIES INCLUDED TRANSPORTATION, SOCIAL CONNECTEDNESS, AND PRIMARY CARE. THESE NEEDS WILL BE ADDRESSED IN PART THROUGH THE SELECTED PRIORITIES AS THEY ARE ALL INTERRELATED. ADDITIONALLY, ESSENTIA HEALTH ALREADY COLLABORATED WITH LOCAL PARTNERS TO ADDRESS THESE COMMUNITY ISSUES OUTSIDE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. PRIORITY AREA #1: SUBSTANCE USE ESSENTIA HEALTH PARTICIPATES IN THE IRON RANGE'S CHEMICAL ABUSE PREVENTION AND EDUCATION (CAPE) COALITION. THIS IS A GROUP OF PROFESSIONALS INCLUDING HEALTH, EDUCATION, POLICE, TREATMENT CENTERS, AND MORE WORKING TOGETHER TO ADDRESS SUBSTANCE MISUSE AND ABUSE THROUGH PREVENTION AND EDUCATION EFFORTS. KEY ACCOMPLISHMENTS THIS YEAR INCLUDE HOSTING A SOBRIETY FAIR AT FORTUNE BAY CASINO, ORGANIZING A WALK FOR RECOVERY, AND A COMMUNITY SERIES ON MENTAL HEALTH AND SUBSTANCE USE. THE FIRST COMMUNITY SERIES WAS ON MARIJUANA & MENTAL HEALTH. OVER 20 PEOPLE ATTENDED, AND A MAJORITY AGREED THE PANEL AND RESOURCES WERE VERY USEFUL. 85% SAID THEY WOULD ATTEND ANOTHER SIMILAR EVENT IN THE AREA. ADDITIONALLY, ESSENTIA HEALTH SPONSORED AN INDIVIDUAL ASSOCIATED WITH THE COALITION TO BECOME TRAINED IN "RECOVERY YOGA" WHICH WILL ALLOW THIS PROGRAM TO BE ROUTINELY OFFERED IN THE COMMUNITY. PRIORITY AREA #2 MENTAL HEALTH ESSENTIA HEALTH LEADS THE NORTHLAND HEALTHY MINDS COALITION IN NORTHERN ST. LOUIS COUNTY. NORTHLAND HEALTHY MINDS IS A COLLABORATIVE OF BUSINESSES WORKING TOGETHER TO ELIMINATE THE STIGMA SURROUNDING MENTAL ILLNESS. THIS YEAR, THE COALITION TABLED AT LOCAL EVENTS TO SHARE MENTAL HEALTH INFORMATION AND REACHED OVER 200 PEOPLE. THEY ALSO PARTNERED WITH HOMETOWN FOCUS TO CREATE AN EDITION FOCUSED ON MENTAL HEALTH. SIX NORTHLAND HEALTHY MINDS MEMBERS SUBMITTED ARTICLES. FINALLY, THE COALITION ORGANIZED AN EDUCATIONAL PANEL DURING MENTAL ILLNESS AWARENESS WEEK TO PROVIDE AN OPPORTUNITY FOR THE COMMUNITY TO LEARN ABOUT MENTAL ILLNESS. PANELISTS INCLUDED A MENTAL HEALTH PROFESSIONAL, POLICE OFFICER, AND A COMMUNITY MEMBER WITH AN EXPERIENCE WITH MENTAL ILLNESS. ADVERSE CHILDHOOD EXPERIENCES (ACES) PRESENTATIONS HAVE BEEN PRESENTED THROUGHOUT THE IRON RANGE BY AN ESSENTIA HEALTH EMPLOYEE AND OVER 100 PEOPLE HAVE BEEN TRAINED THIS YEAR. ADDITIONALLY, ESSENTIA HEALTH IS PART OF THE EARLY CHILDHOOD MENTAL HEALTH INITIATIVE (ECMHI), FOCUSED ON REDUCING OUT OF HOME PLACEMENTS AND EDUCATING THE COMMUNITY ON ACES. AN ACES PRESENTATION WAS HOSTED IN MARCH THROUGH ECMHI AND 35 PEOPLE ATTENDED. ESSENTIA HEALTH ALSO PARTICIPATED IN AN INITIATIVE CALLED THRIVE RANG</p>

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

Form and Line Reference	Explanation
ESSENTIA HEALTH VIRGINIA	E, FOCUSED ON SUICIDE PREVENTION IN NORTHERN ST. LOUIS COUNTY. THE COALITION RECEIVED GRAN T FUNDING TO CREATE A WEBSITE THAT OFFERS FREE ONLINE COGNITIVE BEHAVIORAL THERAPY AND OTH ER RESOURCES: HTTP://THRIVERANGE.ORG/ . PRIORITY AREA #3: HEALTHY EATING, ACTIVE LIVINGESSEN TIA HEALTH SUPPORTS THE RUTABAGA PROJECT, WHICH IS AN ORGANIZATION WORKING TO MAKE HEALTHY , LOCAL FOOD ACCESSIBLE TO EVERYONE IN VIRGINIA, MN AND ACROSS THE IRON RANGE. THE RUTABAG A PROJECT OPERATES THE VIRGINIA SQUARE FARMERS MARKET, SEVERAL COMMUNITY GARDEN PLOTS, AND IS WORKING WITH THE EVELETH-GILBERT SCHOOLS ON FARM TO SCHOOL PLANNING FOR THE NEW SCHOOL . ONE NEW INITIATIVE THIS YEAR WAS TO CREATE RUTABAGA PROJECT PANTRIES IN FOUR LOCATIONS A CROSS THE IRON RANGE TO SUPPORT FOOD NEEDS IN THE COMMUNITY. THE PANTRIES HAVE A "TAKE WHA T YOU NEED, LEAVE WHAT YOU CAN" MODEL AND OFFER BASIC FOOD AND HOUSEHOLD ITEMS.

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

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

Form and Line Reference	Explanation
ESSENTIA HEALTH DULUTH	PART V, SECTION B, LINE 23: IN SEPTEMBER 2020, THE HOSPITAL DISCOVERED THAT IT CHARGED CERTAIN FAP-ELIGIBLE PATIENTS MORE THAN AMOUNTS GENERALLY BILLED ON SERVICES BETWEEN JULY 1, 2019 AND JUNE 30, 2020. THIS OCCURRED BECAUSE THE PATIENT PAYMENTS WERE APPLIED ON PATIENT BILLS BEFORE AND/OR AFTER THE FINANCIAL ASSISTANCE POLICY (FAP) ADJUSTMENTS WERE APPLIED. IN SEPTEMBER 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 26 INDIVIDUALS & \$5,827. 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 NOTIFY PATIENTS WHEN THEY ARE APPROVED FOR CHARITY CARE. 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
ESSENTIA HEALTH VIRGINIA	PART V, SECTION B, LINE 23: IN SEPTEMBER 2020, THE HOSPITAL DISCOVERED THAT IT CHARGED CERTAIN FAP-ELIGIBLE PATIENTS MORE THAN AMOUNTS GENERALLY BILLED ON SERVICES BETWEEN JULY 1, 2019 AND JUNE 30, 2020. THIS OCCURRED BECAUSE THE PATIENT PAYMENTS WERE APPLIED ON PATIENT BILLS BEFORE AND/OR AFTER THE FINANCIAL ASSISTANCE POLICY (FAP) ADJUSTMENTS WERE APPLIED. IN SEPTEMBER 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 NOTIFY PATIENTS WHEN THEY ARE APPROVED FOR CHARITY CARE. WE ARE REQUESTING THE REFUND AT THE TIME OF PROCESSING THE FAP APPLICATION IF APPLICABLE. WE ARE ALSO PERFORMING QUARTERLY AUDITS FOR ANY FAP OVERPAYMENTS DUE TO THE TIMING OF PATIENT PAYMENTS.

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

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

Form and Line Reference	Explanation
ADDITIONAL DISCLOSURES NOT REQUIRED FOR PART V, SECTION C:	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.

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 WEST DULUTH CLINIC 4212 GRAND AVE DULUTH, MN 55807	MULTI-SPECIALTY CLINIC
5 6 - ESSENTIA HEALTH HERMANTOWN CLINIC 4855 W ARROWHEAD RD HERMANTOWN, MN 55811	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

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - ESSENTIA HEALTH HIBBING CLINIC 730 EAST 34TH STREET HIBBING, MN 55746	MULTI-SPECIALTY CLINIC

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization SMDC MEDICAL CENTER

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.

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. 36
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	8	16,000			
(2) TOYS FOR OUTPATIENT SURGERY PATIENTS	291		1,077	FMV	TOYS
(3) AMBERWING FLEECE BLANKETS	72		364	FMV	BLANKETS
(4) GAS GIFT CARDS FOR PATIENTS	300	6,000		FMV	
(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.
SCHEDULE I, PART II, LINE 1A:	DONATIONS WERE MADE TO THREE COLLEGES WHICH ARE PART OF THE MINNESOTA STATE COLLEGES SYSTEM. ALL SCHOOLS UTILIZE THE SAME EIN (41-1687554), SO THESE AMOUNTS WERE COMBINED FOR REPORTING PURPOSES. RAINY RIVER COMMUNITY COLLEGE IN INTERNATIONAL FALLS, MN RECEIVED \$40,000 WHILE MESABI RANGE COLLEGE IN EVELETH, MN RECEIVED \$4,500.

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 PARISH NURSE ASSOCIATION PO BOX 16328 DULUTH, MN 55816	46-1527679	501(C)3	15,000				PROGRAM SUPPORT
CENTER AGAINST SEXUAL & DOMESTIC ABUSE INC 2231 CATLIN AVE SUPERIOR, WI 548805137	39-1478768	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
CENTER CITY HOUSING CORP 10 1/2 W 1ST STREET DULUTH, MN 55802	36-3485584	501(C)3	100,000				PROGRAM SUPPORT
CHESTER BOWL IMPROVEMENT CLUB 1801 E SKYLINE PARKWAY DULUTH, MN 55812	41-1410681	501(C)3	20,100				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
CHURCHES UNITED IN MINISTRY 102 WEST 2ND ST DULUTH, MN 55802	41-1227969	501(C)3	30,000				PROGRAM SUPPORT
CITY OF SUPERIOR 1316 N 14TH STREET SUPERIOR, WI 54880	39-6005631	CITY OF SUPERIOR	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
COUNTY OF ITASCA 1209 SE 2ND AVE GRAND RAPIDS, MN 55744	41-6005810	COUNTY OF ITASCA	7,800				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
DULUTH COMMUNITY SCHOOLS COLLABORATIVE 1027 N 8TH AVE E DULUTH, MN 55805	41-2002724	501(C)3	10,000				PROGRAM SUPPORT
DULUTH PUBLIC SCHOOLS ISD #709 215 NORTH FIRST AVE E DULUTH, MN 55802	41-6003776	INDEP SCHL DIST	46,565				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
ESSENTIA HEALTH FOUNDATION 502 E 2ND STREET DULUTH, MN 55805	27-1984704	501(C)3	225,000				PROGRAM SUPPORT
FATHERS RISE TOGETHER PO BOX 867542 PLANO, TX 750867542	46-4718066	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
FIRST WITNESS CHILD ABUSE RESOURCE CENTER 4 WEST 5TH ST DULUTH, MN 55806	41-1737291	501(C)3	15,000				PROGRAM SUPPORT
GENERATIONS HEALTH CARE INITIATIVES INC 130 W SUPERIOR ST STE 700 DULUTH, MN 55802	41-2000473	501(C)3	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLORIA DEI LUTHERAN CHURCH 219 N 6TH AVE EAST DULUTH, MN 55805	41-0718322	501(C)3	22,000				PROGRAM SUPPORT
HARBOR HOUSE CRISIS SHELTER 1531 HUGHITT AVE SUPERIOR, WI 54880	39-1840533	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
IRON RANGE PARTNERSHIP FOR SUSTAINABILITY PO BOX 1165 VIRGINIA, MN 55792	27-5050532	501(C)3	11,900				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	25,100				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	20,000				PROGRAM SUPPORT
LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE ST PAUL, MN 551081445	41-0872993	501(C)3	25,000				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
MESABI EAST HIGH SCHOOL 601 N 1ST ST W AURORA, MN 55705	41-1693106	MESABI EAST HIGH SCH	7,000				PROGRAM SUPPORT
MILLER DWAN FOUNDATION 502 E 2ND STREET DULUTH, MN 55805	23-7396466	501(C)3	24,600				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA DISCOVERY CENTER 1005 DISCOVERY DR CHISHOLM, MN 55719	20-2503955	501(C)3	5,600				PROGRAM SUPPORT
MINNESOTA STATE COLLEGES & UNIVERSITIES 30 E 7TH STREET SUITE 350 ST PAUL, MN 55101	41-1687554	MN STATE COMM & TECH	44,500				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 ST LOUIS COUNTY HABITAT FOR HUMANINTY PO BOX 24 VIRGINIA, MN 55792	41-1791050	501(C)3	59,300				PROGRAM SUPPORT
NORTHERN WATERS PARISH NURSE MINISTRY INC 3500 TOWER AVENUE SUPERIOR, WI 54880	39-2001278	501(C)3	18,000				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 FOUNDATION 202 W SUPERIOR ST STE 610 DULUTH, MN 55802	41-1554455	501(C)3	40,000				PROGRAM SUPPORT
NORTHWOODS CARE PARTNERS 328 W CONAN ST ELY, MN 55731	41-2016401	501(C)3	10,250				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	1,415,000				AFFORDABLE HOUSING PROJECT SUPPORT
PROGRAM FOR AID OF VICTIMS OF SEXUAL ASSAULT INC 32 E 1ST ST STE 200 DULUTH, MN 55802	41-1350021	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
SECOND HARVEST NORTHERN LAKES FOOD BANK 4503 AIRPARK BLVD DULUTH, MN 55811	36-3479964	501(C)3	20,200				PROGRAM SUPPORT
SOAR CAREER SOLUTIONS 205 W 2ND ST 101 DULUTH, MN 55802	41-1449179	501(C)3	15,500				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
SUPERIOR DOUGLAS COUNTY FAMILY YMCA 9 N 21ST ST SUPERIOR, WI 54880	39-0813468	501(C)3	13,300				PROGRAM SUPPORT
UNITED WAY OF NORTHEASTERN MINNESOTA 608 EAST DR CHISHOLM, MN 55719	41-0908454	501(C)3	30,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization SMDC MEDICAL CENTER	Employer identification number 41-1878730
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8 Yes	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9 Yes	

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	BENEFITS PROVIDED: DURING CALENDAR YEAR 2019, AS NEW EMPLOYEES RELOCATING FROM ANOTHER AREA, OFFICER BRADLEY BEARD AND KEY EMPLOYEE TAMMY KRITZER RECEIVED HOUSING ALLOWANCES. THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO BOTH INDIVIDUALS.
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.
PART I, LINES 4A-B	SEVERANCE PAYMENT: KEY EMPLOYEE, JAMES GARVEY, RECEIVED PAYMENT TOTALING \$175,416 IN CALENDAR YEAR 2019 RELATED TO HIS TERMINATION. THE TERMINATION TERMS ARE FROM JULY 19, 2019 TO JANUARY 18, 2021. MR. GARVEY WILL RECEIVE PAY TOTALING \$670,706 & BENEFITS TOTALING \$33,602 RELATED TO HIS TERMINATION. FORMER KEY EMPLOYEE, JEFFREY KORSMO, RECEIVED PAYMENT TOTALING \$655,380 IN CALENDAR YEAR 2019 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. KEY EMPLOYEE, TY ERICKSON, RECEIVED PAYMENT TOTALING \$238,254 IN CALENDAR YEAR 2019 RELATED TO HIS TERMINATION. THE TERMINATION TERMS ARE FROM FEBRUARY 27, 2019 TO AUGUST 27, 2020. MR. ERICKSON WILL RECEIVE PAY TOTALING \$438,298 & BENEFITS TOTALING \$36,481 RELATED TO HIS TERMINATION. HIGHEST COMPENSATED EMPLOYEE, RONALD ALSTON, RECEIVED PAYMENT TOTALING \$178,540 IN CALENDAR YEAR 2019 RELATED TO HIS TERMINATION. THE TERMINATION TERMS ARE FROM FEBRUARY 28, 2019 TO FEBRUARY 28, 2020. MR. ALSTON WILL RECEIVE PAY TOTALING \$220,000 & BENEFITS TOTALING \$22,859 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 2019. 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 \$108,279 JAMES GARVEY \$214,035 HUGH RENIER, MD \$143,686 MARK HAYWARD \$34,199 KEVIN BOREN \$25,359 CYNTHIA KENT \$7,372 TY ERICKSON \$121,890 RONALD ALSTON \$68,163 MICHAEL MOTLEY \$166,613 SCOTT JOHNSON, MD \$3,766 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 \$90,132 JAMES GARVEY \$13,370 BRADLEY BEARD \$65,421 ANNE STEPHEN, MD \$46,398 THOMAS WITT, MD \$72,762 HUGH RENIER, MD \$33,757 MARK HAYWARD \$30,831 KEVIN BOREN \$22,151 CYNTHIA KENT \$49,588 JANICE SCHADE \$29,336 TAMMY KRITZER \$44,802
PART I, LINE 8	INITIAL CONTRACT EXCEPTION: ESSENTIA HEALTH DULUTH'S SENIOR VICE PRESIDENT OF OPERATIONS, TAMMY KRITZER, 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				
1 DANIEL NIKCEVICH MD BOARD DIRECTOR	(i)	684,335	0	115,941	112,532	33,830	946,638	108,279
	(ii)	0	0	0	0	0	0	0
1 JAMES GARVEY SENIOR VP, OPERATIONS THRU 7/19	(i)	271,459	167,677	395,549	35,770	31,822	902,277	199,847
	(ii)	0	0	0	0	0	0	0
2 BRADLEY BEARD ADMINISTRATOR	(i)	544,648	190,562	19,422	86,752	35,628	877,012	0
	(ii)	0	0	0	0	0	0	0
3 JUSTIN HILL MD FORMER CLINICAL CHIEF	(i)	0	0	0	0	0	0	0
	(ii)	797,902	0	1,224	22,400	35,818	857,344	0
4 ANNE STEPHEN MD CHIEF MEDICAL OFFICER	(i)	426,689	144,991	9,884	68,798	23,163	673,525	0
	(ii)	0	0	0	0	0	0	0
5 JEFFREY KORSMO FORMER INTERIM CHIEF OPERATING OFFIC	(i)	0	0	0	0	0	0	0
	(ii)	0	0	655,380	0	9,351	664,731	0
6 THOMAS WITT MD PHYSICIAN - REGIONAL CHAIR	(i)	389,495	127,464	11,301	93,563	25,189	647,012	0
	(ii)	0	0	0	0	0	0	0
7 HUGH RENIER MD VP MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	342,395	59,084	151,685	56,157	34,529	643,850	132,806
8 MARK HAYWARD SENIOR VP, OPERATIONS THRU 4/20	(i)	326,188	116,873	39,152	53,231	32,492	567,936	34,199
	(ii)	0	0	0	0	0	0	0
9 KEVIN BOREN VICE PRESIDENT, FINANCE	(i)	362,003	65,101	26,643	44,551	34,725	533,023	25,359
	(ii)	0	0	0	0	0	0	0
10 CYNTHIA KENT CHIEF NURSING OFFICER	(i)	294,766	109,574	14,144	71,988	21,106	511,578	7,372
	(ii)	0	0	0	0	0	0	0
11 JANICE SCHADE SENIOR VICE PRESIDENT, OPERATIONS	(i)	300,249	98,498	3,947	53,665	1,890	458,249	0
	(ii)	0	0	0	0	0	0	0
12 TY ERICKSON SENIOR VP, OPERATIONS THRU 2/19	(i)	53,258	0	360,392	4,897	30,494	449,041	118,168
	(ii)	0	0	0	0	0	0	0
13 SCOT RAMSEY VICE PRESIDENT FACILITIES THRU 1/20	(i)	285,150	35,409	1,906	13,588	21,816	357,869	0
	(ii)	0	0	0	0	0	0	0
14 RONALD ALSTON COMMUNITY HEALTH DIRECTOR THRU 2/19	(i)	35,004	0	263,773	2,148	30,269	331,194	62,716
	(ii)	0	0	0	0	0	0	0
15 EVA CLEET MD FORMER CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	320,001	0	0	320,001	0
16 SAMUEL STONE OPERATIONS ADMINISTRATOR	(i)	224,462	25,427	340	11,911	34,259	296,399	0
	(ii)	0	0	0	0	0	0	0
17 ERIK JULSRUD MEDICAL PHYSICS MANAGER	(i)	219,784	0	428	11,437	31,923	263,572	0
	(ii)	0	0	0	0	0	0	0
18 MICHAEL MOTLEY OPERATIONS ADMINISTRATOR THRU 4/19	(i)	69,128	0	170,218	3,836	13,214	256,396	166,613
	(ii)	0	0	0	0	0	0	0
19 TAMMY KRITZER SENIOR VICE PRESIDENT, OPERATIONS	(i)	139,060	20,000	15,445	44,802	2,089	221,396	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JEFFREY LYON MD FORMER CHIEF PATIENT SAFETY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	153,767	0	832	12,338	22,310	189,247	0
1 SCOTT JOHNSON MD FORMER CLINICAL CHIEF	(i)	0	0	173,030	0	0	173,030	2,493
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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
B DULUTH ECONOMIC DEVELOPMENT AUTHORITY	90-0848286	000000000	05-15-2020	65,000,000	SRS 2020D (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	665,552,569		50,664,236					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	81,008,566							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	5,561,412		339,052					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	99,120,609		16,077,762					
11	Other spent proceeds								
12	Other unspent proceeds	479,861,983		34,247,422					
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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: 06/30/2020

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. THE SERIES 2020D BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE. THE OBLIGATED GROUP MEMBERS: ESSENTIA HEALTH, ESSENTIA HEALTH WEST, ESSENTIA HEALTH EAST, AND ESSENTIA HEALTH CENTRAL ARE THE CONDUIT BORROWERS OF THE SERIES 2020D BONDS. THE OBLIGATED GROUP MEMBERS, ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER, ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, AND ESSENTIA HEALTH ST. JOSEPH'S MEDICAL CENTER, ARE INDIRECT BENEFICIARIES OF THE SERIES 2020D BORROWING AND 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. SERIES 2020D: ACQUIRE, CONSTRUCT, RENOVATE, AND EQUIP CERTAIN HEALTH FACILITIES IN DULUTH, CLOQUET, PARK RAPIDS, AND PINE RIVER, MN.</p>

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3:	ISSUE PRICE: THE SERIES 2018A AND SERIES 2020D 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 AND 2020D 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 AND SERIES 2020D BONDS WERE ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP. A PORTION OF THE SERIES 2018A AND SERIES 2020D BORROWINGS WERE ALLOCATED TO ESSENTIA 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

2019

Open to Public Inspection

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

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

Table with 5 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 the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 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	52,316	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

2019

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 3	MANAGEMENT COMPANY: DURING THE FISCAL YEAR ENDING JUNE 30, 2020, TRACIE NEWMAN SERVED AS ESSENTIA HEALTH DULUTH'S INTERIM SENIOR VICE PRESIDENT OF OPERATIONS THROUGH B.E. SMITH LLC. B.E. SMITH WAS PAID \$260,793 DURING THE SAME TIME PERIOD FOR THESE SERVICES. NO COMPENSATION WAS PAID TO MS. NEWMAN DURING CALENDAR YEAR 2019.

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
<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
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 OLICY. 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
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS: THE 2019 FORM 990, INCLUDING ALL SCHEDULES, WAS REVIEWED BY MANAGEMENT AND THE GOVERNING BODY PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE FINANCE LEADER REVIEWED THE FORM AND SCHEDULES AND ANY QUESTIONS WERE DISCUSSED. EACH CURRENT DIRECTOR OF THE GOVERNING BODY RECEIVED A FINAL COPY OF THE 2019 FORM 990.

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
FORM 990, PART VI, SECTION B, LINE 12C	<p>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 (THRU 7/8/19). FORM 990, PART VI, LINE 13: POLICY APPLIES TO DISREGARDED ENTITIES, ESSENTIA HEALTH VIRGINIA, LLC AND DIVINE PROPERTIES, LLC (THRU 7/8/19). FORM 990, PART VI, LINE 14: POLICY APPLIES TO DISREGARDED ENTITIES, ESSENTIA HEALTH VIRGINIA, LLC AND DIVINE PROPERTIES, LLC (THRU 7/8/19). FORM 990, PART VI, LINE 15: POLICY APPLIES TO DISREGARDED ENTITIES, ESSENTIA HEALTH VIRGINIA, LLC AND DIVINE PROPERTIES, LLC (THRU 7/8/19).</p>

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, SENIOR VICE PRESIDENTS OF OPERATIONS, CHIEF NURSING OFFICER, AND CHIEF MEDICAL OFFICER WAS 2020. THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA HEALTH DULUTH'S VICE PRESIDENT OF FINANCE AND VICE PRESIDENT OF FACILITIES 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 (\$39,949,987) INCLUDE THE FOLLOWING TYPES OF REVENUE AND EXPENSES: PATIENT REVENUE; NONPATIENT REVENUE; GAIN/LOSS ON FINANCING ACTIVITIES; 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 -1,465,848. CHANGE IN MINIMUM PENSION LIABILITY -1,520,695. NET ASSET TRANSFERS WITH RELATED ORG -3,798,278.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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. DUE TO THE OMB EXTENSION RELATED TO COVID-19, ESSENTIA HEALTH EXPECTS TO COMPLETE ITS FY2020 SINGLE AUDIT BY MAY 2021.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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	116,720,954	76,562,456	SMDC MEDICAL CENTER
(2) DIVINE PROPERTIES LLC 502 E 2ND ST DULUTH, MN 55805 82-3765947	REAL ESTATE PURCHASES FOR SOLE MEMBER DISSOLVED 7/8/19	DE	0	0	SMDC MEDICAL CENTER THRU 7819

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PMC-GATEWAY IMAGING LLC 705 LUNDORFF DR S SANDSTONE, MN 55072 26-1634764	IMAGING SERVICES	MN	N/A	N/A				No			No	
(2) HORSESHOE SURGERY CENTER LLC 1542 GOLF COURSE ROAD GRAND RAPIDS, MN 55744 20-2137172	SURGERY CENTER	MN	N/A	N/A				No			No	

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

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

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

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

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

Part VII Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 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 THRU 33120	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 THRU 33120	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
ESSENTIA HEALTH	M	46,803,193	ACTUAL COSTS
ESSENTIA HEALTH	P	44,659,505	ACTUAL COSTS
ESSENTIA HEALTH	S	9,081,643	ACTUAL COSTS
ESSENTIA HEALTH FOUNDATION	B	225,000	ACTUAL COSTS
ESSENTIA HEALTH FOUNDATION	C	208,996	ACTUAL COSTS
MIDWEST MEDICAL EQUIPMENT AND SUPPLIES INC	A	44,538	ACTUAL COSTS
MIDWEST MEDICAL EQUIPMENT AND SUPPLIES INC	P	70,323	ACTUAL COSTS
POLINSKY MEDICAL REHABILITATION CENTER	A	488,023	ACTUAL COSTS
ST JOSEPH'S MEDICAL CENTER	P	70,287	ACTUAL COSTS
ST MARY'S MEDICAL CENTER	A	96,180	ACTUAL COSTS
ST MARY'S MEDICAL CENTER	Q	663,438	ACTUAL COSTS
THE DULUTH CLINIC LTD	A	171,834	ACTUAL COSTS