

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
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INNOVIS HEALTH LLC		D Employer identification number 26-1175213
	Doing business as ESSENTIA HEALTH WEST		E Telephone number (701) 364-8000
	Number and street (or P.O. box if mail is not delivered to street address) 3000 32ND AVE S	Room/suite	
F Name and address of principal officer: RICH VETTER MD 3000 32ND AVE S FARGO, ND 58103			G Gross receipts \$ 514,779,255
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶	
J Website: ▶ WWW.ESENTIAHEALTH.ORG		L Year of formation: 2007	M State of legal domicile: DE
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ LLC			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ARE CALLED TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES.		
	2 Check this box <input type="checkbox"/> 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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3,034
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	646,793
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	204,744	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,025,028	11,674,190
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	444,459,806	482,707,265
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,075,579	2,240,629
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,700,983	2,207,194
		451,261,396	498,829,278
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,011,615	1,115,893
	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)	224,264,814	239,926,427
	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)	215,816,912	260,770,090
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	441,093,341	501,812,410
19 Revenue less expenses. Subtract line 18 from line 12	10,168,055	-2,983,132	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	315,096,000	292,983,163
	22 Net assets or fund balances. Subtract line 21 from line 20	319,992,587	305,707,220
		-4,896,587	-12,724,057

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	2023-05-08 Date
	ROBERT GREEN VICE PRESIDENT, FINANCE Type or print name and title	

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 \$ 458,160,056 including grants of \$ 1,115,893) (Revenue \$ 482,707,265)
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 ▶ 458,160,056

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 Rev. Proc. 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
11b	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
11c	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
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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
12b	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
14b	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	
20b	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)

Table with 3 columns: Question, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 4 columns: Question/Section, Input field, Yes/No, and other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

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 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-9 (various governance questions).

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, etc.).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (MN)
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DOUG ARVIN 3000 32ND AVE S FARGO, ND 58103 (701) 364-8000

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	343,597				
	e Government grants (contributions)	1e	11,292,830				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	37,763				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶			11,674,190			
Program Service Revenue	2a INPATIENT AND OUTPATIENT REVENUES	Business Code					
		621110	482,430,718	482,127,776	302,942		
	b DAKOTA CLINIC PHARMACY INVESTMENT	900099	147,929	147,929			
	c PARK RAPIDS AREA INVESTMENT	900099	128,618	128,618			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶		482,707,265					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		348,475		3,540	344,935	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	358,625	338,994			
		b Less: rental expenses	6b	0	124,218		
		c Rental income or (loss)	6c	358,625	214,776		
	d Net rental income or (loss) ▶			573,401	214,776	358,625	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	17,580,195	27,346			
		b Less: cost or other basis and sales expenses	7b	15,175,244	540,143		
		c Gain or (loss)	7c	2,404,951	-512,797		
	d Net gain or (loss) ▶			1,892,154		1,892,154	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a	269,019					
	b Less: cost of goods sold	10b	110,372				
c Net income or (loss) from sales of inventory ▶			158,647	125,535	33,112		
Miscellaneous Revenue	Business Code						
11a CAFETERIA & VENDING SALES	722514	1,365,777			1,365,777		
b UTILITY EASEMENT	900099	63,877			63,877		
c RELEASE OF INFORMATION	900099	26,608			26,608		
d All other revenue		18,884			18,884		
e Total. Add lines 11a-11d ▶			1,475,146				
12 Total revenue. See instructions ▶			498,829,278	482,404,323	646,793	4,103,972	

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	1,070,393	1,070,393		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	45,500	45,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,710,273	3,660,458	5,049,815	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	477,933	82,900	395,033	
7 Other salaries and wages	192,936,017	185,090,701	7,845,316	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,422,954	7,138,661	284,293	
9 Other employee benefits	18,964,593	17,994,731	969,862	
10 Payroll taxes	11,414,657	10,798,888	615,769	
11 Fees for services (non-employees):				
a Management				
b Legal	132,318		132,318	
c Accounting	1,424		1,424	
d Lobbying	12,241		12,241	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,544		58,544	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,591,811	44,182,572	5,409,239	
12 Advertising and promotion	228,433	99,503	128,930	
13 Office expenses	16,177,558	12,722,424	3,455,134	
14 Information technology	12,757,462	12,238,708	518,754	
15 Royalties				
16 Occupancy	5,401,571	5,181,928	219,643	
17 Travel	1,531,717	1,378,458	153,259	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	297,287	147,954	149,333	
20 Interest	7,170,530	7,170,530		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,955,400	19,143,958	811,442	
23 Insurance	5,121,498	5,093,457	28,041	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS TAX	-16,298		-16,298	
b MEDICAL SUPPLIES	80,169,555	80,169,555		
c AFFILIATE SUPPORT FEE	43,945,967	20,671,127	23,274,840	
d BAD DEBT EXPENSE	18,536,627	18,536,627		
e All other expenses	-303,555	5,541,023	-5,844,578	
25 Total functional expenses. Add lines 1 through 24e	501,812,410	458,160,056	43,652,354	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	20,421	1	20,422
	2 Savings and temporary cash investments	29,559,868	2	5,792,361
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	47,092,843	4	51,384,712
	5 Loans and other receivables from 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	3,322,039	7	2,710,559
	8 Inventories for sale or use	11,683,047	8	12,330,514
	9 Prepaid expenses and deferred charges	4,228,053	9	4,653,635
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 376,821,427		
	b Less: accumulated depreciation	10b 184,654,034	195,379,228	10c 192,167,393
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	12,208,260	12	10,747,869
	13 Investments—program-related. See Part IV, line 11	3,210,443	13	2,910,590
	14 Intangible assets	3,422,074	14	3,186,206
	15 Other assets. See Part IV, line 11	4,969,724	15	7,078,902
16 Total assets. Add lines 1 through 15 (must equal line 33)	315,096,000	16	292,983,163	
Liabilities	17 Accounts payable and accrued expenses	78,997,866	17	49,755,268
	18 Grants payable		18	
	19 Deferred revenue		19	32,015
	20 Tax-exempt bond liabilities	112,534,040	20	109,097,868
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	118,697,470	23	116,260,038
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	9,763,211	25	30,562,031
	26 Total liabilities. Add lines 17 through 25	319,992,587	26	305,707,220
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	-4,896,587	27	-12,724,057
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-4,896,587	32	-12,724,057	
33 Total liabilities and net assets/fund balances	315,096,000	33	292,983,163	

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	498,829,278
2	Total expenses (must equal Part IX, column (A), line 25)	2	501,812,410
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,983,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-4,896,587
5	Net unrealized gains (losses) on investments	5	-3,488,333
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	-1,356,005
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-12,724,057

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 on 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: 26-1175213

Name: INNOVIS HEALTH LLC

Form 990 (2021)

Form 990, Part III, Line 4a:

INNOVIS HEALTH, LLC, DBA ESSENTIA HEALTH WEST, IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES. IN FURTHERANCE OF ITS PURPOSES, ESSENTIA HEALTH WEST PROVIDES HEALTH CARE SERVICES IN MINNESOTA AND NORTH DAKOTA THROUGH ITS 142 BED HOSPITAL AND 16 CLINICS, INCLUDING CHARITABLE CARE TO PERSONS UNABLE TO PAY. THE MULTI-SPECIALTY HOSPITAL OFFERS A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES FOR ITS PATIENTS, INCLUDING CRITICAL CARE, MEDICAL SURGICAL CARE, PEDIATRIC SERVICES, NEONATAL INTENSIVE CARE, AND MATERNITY CARE. THE HOSPITAL'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS PER DAY AND IS DESIGNED AS A LEVEL II TRAUMA CENTER. THE HOSPITAL ALSO HAS SEVERAL OPERATING ROOM SUITES, WHICH INCLUDE BOTH INPATIENT AND DAY SURGERY. IN ADDITION TO THE HOSPITAL AND CLINICS, ESSENTIA HEALTH WEST ALSO OPERATES URGENT AND WALK-IN CARE, OPTICAL CENTERS, INFUSION THERAPY CENTERS, AND OUTPATIENT SURGERY CENTERS. ESSENTIA HEALTH WEST EMPLOYS APPROXIMATELY 1,600 FULL TIME EQUIVALENTS. THE HOSPITAL PROVIDED FOR APPROXIMATELY 40,000 HOSPITAL PATIENT DAYS AND 198,000 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2022. THE CLINICS HAD APPROXIMATELY 432,000 ENCOUNTERS DURING THE SAME TIME PERIOD. DURING THE FISCAL YEAR ENDED JUNE 30, 2022, ESSENTIA HEALTH WEST PROVIDED THE FOLLOWING COMMUNITY BENEFITS: \$4.6 MILLION IN CHARITY CARE, \$15.9 MILLION COSTS IN EXCESS OF MEDICAID PAYMENTS, \$228,000 IN COMMUNITY SERVICES, AND \$1.2 MILLION IN HEALTH PROFESSION EDUCATION.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PRASAD SAWARDEKER MD PHYSICIAN - SECTION CHAIR	60.00 0.00					X		1,307,179	0	59,433
REBECCA ZIEGLER MD PHYSICIAN - SECTION CHAIR	60.00 0.00					X		1,273,155	0	52,190
DANIEL SMITH MD PHYSICIAN	60.00 0.00					X		1,262,749	0	56,158
BENJAMIN SMITH MD BOARD DIRECTOR	60.00 0.00	X						1,172,626	0	64,776
MITCHELL CRIDER MD PHYSICIAN - SECTION CHAIR	60.00 0.00					X		1,144,521	0	59,034
JULIO WILLIAMS MD PHYSICIAN	60.00 0.00					X		1,122,900	0	44,232
WILLIAM HEEGAARD MD PRESIDENT	59.00 1.00			X				870,563	0	131,171
GREGORY GLASNER MD FORMER PRESIDENT	10.00 0.00						X	881,046	0	3,603
ALAN BRUNS MD PHYSICIAN LEADER	60.00 0.00				X			762,428	0	27,504
RICHARD VETTER MD CHIEF MEDICAL OFFICER	58.00 2.00				X			653,960	0	108,385

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSHUA GEBUR MD PHYSICIAN LEADER	60.00 0.00				X			648,746	0	56,842
ROBERT WROBLEWSKI MD BOARD SECRETARY/TREASURER THRU 12/21	60.00 0.00	X		X				643,732	4,500	24,875
AL HURLEY CHIEF OPERATING OFFICER	57.00 3.00				X			580,988	0	90,599
MARK COOPER MD BOARD DIRECTOR	60.00 0.00	X						516,987	4,500	44,468
KYLE DOROW FORMER VICE PRESIDENT, FINANCE	0.00 0.00						X	460,285	0	60,052
STEFANIE GEFROH ELLISON MD PHYSICIAN LEADER	57.00 3.00				X			434,340	20,000	60,733
TAYLOR MERTZ MD BOARD DIRECTOR	60.00 0.00	X						389,711	0	57,648
ANDREW MOEN MD PHYSICIAN LEADER	60.00 0.00				X			386,307	0	58,511
TANYA DIEGEL MD PHYSICIAN - SECTION CHAIR	60.00 0.00				X			358,572	0	57,592
TANNER GOODRICH SENIOR VICE PRESIDENT, OPERATIONS	58.00 2.00				X			316,840	0	61,150

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES CHRISTENSEN MD BOARD DIRECTOR	60.00 0.00	X						310,337	4,500	45,098
NICOLE CHRISTENSEN CHIEF NURSING OFFICER THRU 5/22	60.00 0.00				X			306,055	0	18,592
KERRY CARLSON OPERATIONS SENIOR DIRECTOR	60.00 0.00				X			222,187	0	43,902
RAE SALUS SENIOR VICE PRESIDENT, OPERATIONS	60.00 0.00				X			223,699	0	39,582
MICHELE THIEMAN MD PHYSICIAN - DIVISION CHAIR	60.00 0.00				X			217,085	0	29,818
JOHN SPERRAZZA SVP, OPERATIONS THRU 3/22	60.00 0.00				X			240,938	0	1,432
JOSEPH WENDT OPERATIONS SENIOR DIRECTOR	60.00 0.00				X			196,685	0	45,164
DAN BEAUCHAMP FACILITIES SENIOR DIRECTOR	60.00 0.00				X			185,654	0	44,603
CHRISTY BRINKMANN OPERATIONS SENIOR DIRECTOR	1.00 59.00				X			0	203,825	13,012
SUZANNE ZELTINGER OPERATIONS SENIOR DIRECTOR	60.00 0.00				X			151,680	0	17,861

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage for 2020; 16a 33 1/3% support test—2021; 16b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; 17b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above 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 lines 3a and 3b 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>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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)

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
2021
Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,241
j	Total. Add lines 1c through 1i			12,241
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
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
INNOVIS HEALTH LLC

Employer identification number
26-1175213

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,546,856		13,546,856
b Buildings		205,317,085	81,812,066	123,505,019
c Leasehold improvements		12,344,658	3,350,996	8,993,662
d Equipment		132,769,659	96,637,334	36,132,325
e Other		12,843,169	2,853,638	9,989,531
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				192,167,393

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLES TO RELATED TAX-EXEMPT ORGANIZATIONS	21,500,000
(3) OPERATING LEASES	7,084,690
(4) SWAP LIABILITY	1,977,341
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	30,562,031

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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 INNOVIS HEALTH LLC

Hospitals

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

Employer identification number
 26-1175213

OMB No. 1545-0047
2021
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	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 type="checkbox"/> Other _____ %		No
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?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
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)			4,615,738		4,615,738	0.960 %
b Medicaid (from Worksheet 3, column a)			65,419,239	49,503,756	15,915,483	3.290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			70,034,977	49,503,756	20,531,221	4.250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).		86,392	228,113		228,113	0.050 %
f Health professions education (from Worksheet 5)			1,191,694		1,191,694	0.250 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			101		101	0 %
j Total. Other Benefits		86,392	1,419,908		1,419,908	0.300 %
k Total. Add lines 7d and 7j		86,392	71,454,885	49,503,756	21,951,129	4.550 %

Part III 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		240	25,000		25,000	0.010 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			85		85	0 %
6 Coalition building						
7 Community health improvement advocacy			496		496	0 %
8 Workforce development		29	29,000		29,000	0.010 %
9 Other						
10 Total		269	54,581		54,581	0.020 %

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 18,536,627	
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 91,912,986
6 Enter Medicare allowable costs of care relating to payments on line 5	6 120,487,810
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -28,574,824
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	(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 DAKOTA CLINIC PHARMACY LLC	RETAIL PHARMACY	49.000 %	0 %	0 %
2 PARK RAPIDS AREA HEALTH CENTER LLC	CLINIC	50.000 %	0 %	0 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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 WEST

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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>21</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 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>21</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 WEST

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>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
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 WEST

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? 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 WEST

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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 \$75,000 FOR A HOUSEHOLD OF ONE (1), OR \$150,000 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 \$18,536,627.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	COMMUNITY BUILDING ACTIVITIES:PHYSICAL IMPROVEMENTS AND HOUSING REPRESENTS A DONATION TO CASS CLAY COMMUNITY LAND TRUST FOR A PROGRAM TO MAKE HOME OWNERSHIP MORE AFFORDABLE TO INCOME-QUALIFIED COMMUNITY MEMBERS. THE LEADERSHIP DEVELOPMENT LINE ITEM INCLUDES CONTINUING EDUCATION TRAINING FOR COMMUNITY BENEFIT STAFF. COMMUNITY HEALTH IMPROVEMENT ADVOCACY INCLUDES THE TRAUMA PROGRAM'S COMMUNITY SAFETY AND VIOLENCE PREVENTION WORK. EDUCATION AND WORKFORCE DEVELOPMENT COSTS ARE ASSOCIATED WITH CLINICAL STAFF HOURS WHEN STAFF ARE UNAVAILABLE TO PERFORM CLINICAL DUTIES BECAUSE THEY ARE DEVOTING TIME SOLELY TO INSTRUCTING, TRAINING, OR PRECEPTING STUDENTS AND MEDICAL EDUCATION AND RESEARCH.

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 IS CALCULATED AFTER ALL ESTIMATED DISCOUNTS AND APPLICABLE PAYMENTS ARE APPLIED TO A PATIENT ACCOUNT. BAD DEBT EXPENSE IS A COMBINATION OF THE ACTUAL ACCOUNT WRITE-OFFS TO A COLLECTION AGENCY FOR ACCOUNTS DEEMED UNCOLLECTIBLE, ALONG WITH ESTIMATED EXPENSE FOR ACCOUNTS WITH A REMAINING BALANCE IN ACCOUNTS RECEIVABLE. 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 FULL CHARITY CARE THROUGH ITS TRADITIONAL APPLICATION PROCESS. FULL CHARITY CARE IS A COMPLETE WRITE-OFF OF ELIGIBLE GROSS HOSPITAL AND CLINIC CHARGES. THIS IS BASED ON THE PATIENT'S INCOME IN RELATION TO THE FEDERAL POVERTY GUIDELINES. CATASTROPHIC CHARITY CARE IS FINANCIAL ASSISTANCE THAT PROVIDES A ONE-TIME DISCOUNT BASED ON AN APPLICATION FOR TRADITIONAL CHARITY CARE AND DOES NOT QUALIFY BUT HAS A BALANCE GREATER THAN \$5000. PATIENT, OR THEIR GUARANTOR, MAY BE GRANTED CATASTROPHIC CHARITY CARE ASSISTANCE FOR ELIGIBLE SERVICES IF THEY COMPLETE A FINANCIAL ASSISTANCE APPLICATION AND PROVIDE REQUIRED DOCUMENTATION. THE PATIENT AND/OR GUARANTOR WILL NOT PAY MORE THAN 20% OF ANNUAL INCOME BASED ON ELIGIBLE CHARGES. ESSENTIA HEALTH ALSO RECOGNIZES THAT IT IS NOT FEASIBLE, OR SOMETIMES NECESSARY, FOR ALL PATIENTS TO COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND PROVIDE DOCUMENTATION REQUIRED THROUGH THE TRADITIONAL PROCESS. ESSENTIA HEALTH IMPLEMENTED AN ALTERNATIVE DOCUMENTATION AND PRESUMPTIVE PROCESS USING A TOOL THAT IDENTIFIES ACCOUNTS THAT AUTOMATICALLY QUALIFY FOR CHARITY CARE AND RECLASSIFIED THOSE ACCOUNTS TO CHARITY CARE ALLOWANCE. AS A RESULT, WE ESTIMATE \$0 OF PATIENT ACCOUNTS WRITTEN OFF TO BAD DEBT WOULD QUALIFY FOR CHARITY CARE. ESSENTIA HEALTH WEST IS A PART OF A LARGER ORGANIZATION, ESSENTIA HEALTH. ESSENTIA HEALTH AND ITS MEMBER ORGANIZATIONS INCORPORATE THE COST OF BAD DEBT AS A COMMUNITY BENEFIT. AS A TAX-EXEMPT HOSPITAL, WE MUST PROVIDE THE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THAT CARE. IN DOING SO, ESSENTIA HEALTH MAKES QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	PAGES 16-19 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 \$50,101,971, OF WHICH A SHORTFALL OF \$28,574,824 (CONSISTING OF \$91,912,986 REVENUE AND \$120,487,810 COST) IS INCLUDED IN PART III, SECTION B, LINES 5-7, AND A SHORTFALL OF \$21,527,147 (CONSISTING OF \$69,199,110 REVENUE AND \$90,726,257 COST) REPRESENT ALL OTHER MEDICARE SERVICES NOT INCLUDED IN THE ANNUAL COST REPORT.THE COSTING METHODOLOGY USED IN DETERMINING THE MEDICARE ALLOWABLE COST REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6:THE METHODOLOGY USED IN DETERMINING THE REPORTED MEDICARE ALLOWABLE COST BEGINS WITH THE HOSPITAL'S GENERAL LEDGER SYSTEM. THE COSTS ARE OBTAINED FROM THE GENERAL LEDGER AND THEN ADJUSTED AND REPORTED IN ACCORDANCE WITH CENTERS FOR MEDICARE SERVICES (CMS) "COST FINDING" GUIDELINES AS PUBLISHED IN THEIR PROVIDER REIMBURSEMENT MANUAL. ONCE THE MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE HOSPITAL'S COST REPORT, ANY COSTS ATTRIBUTED TO SUBSIDIZED HEALTH SERVICES, AND MEDICAL EDUCATION, ARE REMOVED AND REPORTED SEPARATELY.EXPLANATION FOR ANY PRIOR YEAR SETTLEMENTS FOR MEDICARE-RELATED SERVICES IN THE CURRENT TAX YEAR:EACH ESSENTIA HEALTH HOSPITAL IS REQUIRED TO FILE A MEDICARE COST REPORT 5 MONTHS AFTER THE CLOSE OF THEIR FISCAL YEAR. THE COST REPORT PROVIDES MEDICARE WITH INFORMATION THAT IS USED TO DETERMINE UTILIZATION AND SPENDING TRENDS BUT ALSO IS USED TO SET FUTURE PAYMENT RATES FOR MOST MEDICARE SERVICES. IF THE INTERIM PAYMENTS PAID TO A HOSPITAL ARE HIGHER OR LOWER THAN THE FILED COST REPORT ALLOWABLE REIMBURSEMENT, THERE WILL BE A SETTLEMENT FOR THAT FISCAL YEAR. THIS CAN BE DUE TO CHANGES IN UTILIZATION OR COST OF PROVIDING SERVICES FOR CRITICAL ACCESS HOSPITALS (CAH) OR DIFFERENCES BETWEEN INTERIM AND FINAL PAYMENT FACTORS FOR DISPROPORTIONATE SHARE, BAD DEBTS, OR INDIRECT MEDICAL EDUCATION FOR NON-CAH HOSPITALS. AN ESTIMATE FOR THESE SETTLEMENTS IS RECORDED AT THE CLOSE OF THE FISCAL YEAR. IF THE ESTIMATE VARIES FROM THE FINAL SETTLEMENT RECEIVED 6-7 MONTHS AFTER THE FISCAL YEAR ENDS, THEN THESE AMOUNTS ARE RECORDED AS PRIOR YEAR MEDICARE REVENUE.THE EXTENT TO WHICH ANY SHORTFALL REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT AND THE RATIONALE FOR THE ORGANIZATION'S OPINION:ESSENTIA HEALTH WEST IS A PART OF A LARGER ORGANIZATION, ESSENTIA HEALTH. ESSENTIA HEALTH AND ITS MEMBER ORGANIZATIONS INCORPORATE THE FULL VALUE OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT. THE RATIONALE FOR THE ORGANIZATION'S OPINION IS PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE AND IT IS LIKELY TO GET WORSE. MANY MEDICARE BENEFICIARIES ARE POOR AND ARE ELIGIBLE FOR MEDICAID IN ADDITION TO MEDICARE. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY.</p>

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. PLANNED INTERACTION WITH VARIOUS COMMUNITY HEALTH, HEALTHCARE, AND SOCIAL WELFARE GROUPS - THIS INCLUDES GATHERING PERSPECTIVES ON COMMUNITY NEEDS AND THE ROLE ESSENTIA HEALTH CAN PLAY IN ADDRESSING THOSE NEEDS AS A COLLABORATIVE PARTNER.INTERNAL QUALITY INDICATORS - WE TRACK DATA THAT LEADS TO THE IMPROVED CARE AND TREATMENT OF PATIENTS WITH CHRONIC DISEASES, TOBACCO USE, AND MENTAL HEALTH CONDITIONS. THIS DATA INCLUDES PATIENT ACTIVITY AND OUTCOMES, WHICH ALLOWS FOR ESSENTIA HEALTH TO BETTER IDENTIFY THE NEEDS OF THE PATIENTS AND CAN BE UTILIZED TO ASSESS THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE.HEALTH DATA PROVIDED BY PAYOR ORGANIZATIONS, NAMELY GOVERNMENT AND COMMERCIAL HEALTH INSURERS - THIS HEALTH DATA TYPICALLY INVOLVES MEDICAL TREATMENT AND OUTCOMES THAT REFLECT TRENDS OF UNHEALTHY LIFESTYLES AND BEHAVIORS. OUR OBJECTIVE IS TO UNDERSTAND THESE RELATIONSHIPS AND TO DEVELOP ACTION STEPS TO INTERVENE ON THE FRONT END TO PREVENT SUCH MEDICAL SITUATIONS FROM OCCURRING.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, INTERVENTIONS, AND PREVENTION STRATEGIES (E.G., OPIOID USE DISORDER, SOCIAL DETERMINANTS OF HEALTH).</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) 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 (PATIENT FINANCIAL SERVICES 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 WEST IS LOCATED IN FARGO, ND. ESSENTIA HEALTH WEST IS A PART OF ESSENTIA HEALTH, WHICH IS DEFINED IN PART VI, LINE 6. ESSENTIA HEALTH WEST OPERATES 1 HOSPITAL AND 16 CLINICS THAT PRIMARILY SERVE CASS AND CLAY COUNTIES. THE OVERALL COMMUNITY IS CLASSIFIED AS A COMBINATION OF SUBURBAN AND RURAL. ESSENTIA HEALTH WEST COVERS A SERVICE AREA OF APPROXIMATELY 490,000 PEOPLE. THE SERVICE AREA AGE DISTRIBUTION IS 21% UNDER THE AGE OF 18; 60% BETWEEN THE AGES OF 18 AND 65; AND 19% OVER THE AGE OF 65. THE RACIAL MAKEUP OF THE SERVICE AREA IS 90% CAUCASIAN; 2% AFRICAN AMERICAN; 1% ASIAN; 2% HISPANIC; AND 5% OTHER. THE GENDER SPLIT RATIO IS 50% WOMEN AND 50% MEN. THE AVERAGE INCOME FOR THE SERVICE AREA IS APPROXIMATELY \$60,000. ESSENTIA HEALTH WEST, AS PART OF ESSENTIA HEALTH, IS COMMITTED TO SERVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. APPROXIMATELY 2.4% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 13.3% FROM MEDICAID RECIPIENTS. ESSENTIA HEALTH WEST HAS CLINICS IN BECKER, CLAY, AND RANSOM COUNTIES ALONG WITH HANKINSON, ND WHICH ARE CURRENTLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS. AS MENTIONED ABOVE, ESSENTIA HEALTH WEST IS PART OF ESSENTIA HEALTH. ESSENTIA HEALTH STAFFS HOSPITALS AND CLINICS IN FEDERALLY-RECOGNIZED UNDERSERVED AREAS AND SUPPORTS THE HEALTH OF ITS COMMUNITIES THROUGH AN ACTIVE OUTREACH PROGRAM THAT BRINGS SPECIALISTS LIKE ONCOLOGISTS, CARDIOLOGISTS, NEUROLOGISTS, AND OTHERS INTO ITS SMALLER COMMUNITIES. THIS ELIMINATES BARRIERS TO CARE FOR MANY PATIENTS, PARTICULARLY THOSE WHO ARE ELDERLY, LIVING ON LOW INCOMES, OR ARE FACED WITH OTHER CHALLENGES THAT MAKE IT DIFFICULT TO TRAVEL LONG DISTANCES FOR CARE. THERE ARE 14 OTHER HOSPITALS OUTSIDE OF THE ESSENTIA HEALTH UMBRELLA THAT SERVICE THE COMMUNITY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>PROMOTION OF COMMUNITY HEALTH:THE ORGANIZATION'S BOARD OF DIRECTORS IS COMPOSED MAINLY OF VOLUNTEER REPRESENTATIVES FROM THE COMMUNITIES IT SERVES. ESSENTIA HEALTH WEST HAS AN OPEN MEDICAL STAFF, SO ANY QUALIFIED PHYSICIAN OF THE COMMUNITY IS ALLOWED TO APPLY. ALL APPLICANTS THAT APPLY MUST MEET THE CREDENTIALING STANDARDS AND BE APPROVED BY THE ESSENTIA HEALTH WEST GOVERNING BOARD, IN ACCORDANCE WITH THE RESERVED POWERS, IN ORDER TO PROVIDE SERVICES AT ESSENTIA HEALTH. IN ADDITION, THE HOSPITAL PROVIDES ON-SITE CLINICAL EXPERIENCES FOR MEDICAL STUDENTS AND RESIDENTS, ADVANCED PRACTICE AND PRE-LICENSURE NURSES, PHARMACISTS, THERAPISTS, TECHNICIANS, AND THOSE IN OTHER HEALTHCARE VOCATIONS.WE REINVEST IN THE ORGANIZATION BY ACQUIRING THE LATEST STATE-OF-THE-ART EQUIPMENT AND BY INVESTING IN PROGRAMS THAT ARE NEEDED IN OUR COMMUNITY.IN ADDITION TO THE ACTIVITIES LISTED IN PART I, LINE 7 AS WELL AS PART V, SECTION B, LINE 11, THE ORGANIZATION SUPPORTS THE HEALTH AND VITALITY OF OUR COMMUNITIES THROUGH A SPECIAL DEDICATION TO MAKING A DIFFERENCE IN AREAS THAT POSITIVELY IMPACT THE SOCIAL DETERMINANTS OF HEALTH. WE MAKE SIGNIFICANT CONTRIBUTIONS TO COMMUNITY NON-PROFITS WORKING TO ENCOURAGE ACCESS TO HEALTHY FOODS, MENTAL WELL-BEING, AND HEALTHY YOUTH DEVELOPMENT. ADDITIONALLY, WE ENCOURAGE OUR COLLEAGUES TO CONTRIBUTE THEIR TIME IN MEANINGFUL WAYS THROUGH A FORMAL EMPLOYEE VOLUNTEER PROGRAM THAT INCENTIVIZES COMMUNITY VOLUNTEERING BY PROVIDING A \$100 DONATION TO A NONPROFIT OF THE EMPLOYEE'S CHOICE AFTER VOLUNTEERING AT LEAST 20 HOURS. IN FY22, MORE THAN 12,000 IMPACTFUL VOLUNTEER HOURS WERE REPORTED FOR ESSENTIA HEALTH COLLEAGUES. OUR LEADERS ARE ACTIVELY ENGAGED IN LENDING THEIR EXPERTISE ON COMMUNITY BOARDS INCLUDING WORKFORCE DEVELOPMENT EFFORTS THAT CONTRIBUTE TO THE ECONOMIC VITALITY OF OUR REGION. LASTLY, THE HOSPITAL ENGAGES COMMUNITIES IN COMING TOGETHER AND CREATING SOCIAL CONNECTIVITY THROUGH SUPPORT OF VARIOUS LOCAL EVENTS, FUNDRAISERS, AND OUTINGS, MANY OF WHICH INVOLVE PHYSICAL ACTIVITY AND SUPPORT BUSINESSES THAT ENHANCE THE VIABILITY OF OUR COMMUNITIES.ESENTIA HEALTH WEST IS A PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH FACILITIES IN MINNESOTA, WISCONSIN, AND NORTH DAKOTA. AS A NON-PROFIT ORGANIZATION, ESSENTIA HEALTH REINVESTS SURPLUS REVENUES INTO MEDICAL TRAINING, PROGRAMS, AND TECHNOLOGY DESIGNED TO REDUCE THE RISK OF PREVENTABLE HARM TO OUR PATIENTS AND INCREASE THE HEALTH AND VITALITY OF THE COMMUNITIES WE SERVE.ESENTIA HEALTH PROVIDES SERVICES PREDOMINANTLY IN RURAL COMMUNITIES AND IS COMMITTED TO ELIMINATING GEOGRAPHIC BARRIERS TO CARE. MANY OF ESSENTIA HEALTH'S CLINICS AND COMMUNITY HOSPITALS ARE LOCATED IN COMMUNITIES THAT ARE FEDERALLY RECOGNIZED AS BEING MEDICALLY UNDERSERVED. WE INVEST IN FACILITY UPGRADES, TECHNOLOGY, AND STAFFING THAT ENHANCE CARE IN THESE COMMUNITIES TO ENSURE PATIENTS CAN RECEIVE AS MUCH CARE AS POSSIBLE CLOSE TO HOME. THIS IS A VITAL COMPONENT OF COMMUNITY HEALTH IN AREAS WHERE RESIDENTS ARE OFTEN ELDERLY, LIVING ON LIMITED INCOMES, AND RESTRICTED IN THEIR TRANSPORTATION OPTIONS.RESIDENTS OF GEOGRAPHICALLY ISOLATED COMMUNITIES SERVED BY ESSENTIA HEALTH ALSO BENEFIT FROM TELEHEALTH SERVICES THAT PROVIDE LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES USUALLY AVAILABLE ONLY IN LARGER URBAN AREAS. SERVICES ARE AVAILABLE IN MORE THAN 20 SPECIALTIES, RANGING FROM CARDIOLOGY AND BEHAVIORAL HEALTH TO SPEECH THERAPY AND MEDICAL WEIGHT LOSS. PATIENTS TREATED IN SMALLER ESSENTIA HEALTH EMERGENCY DEPARTMENTS BENEFIT FROM TELEHEALTH CONNECTIONS THAT ALLOW COMMUNITY HOSPITAL PHYSICIANS AND NURSES TO COMMUNICATE WITH TRAUMA AND OTHER SPECIALISTS LOCATED IN ESSENTIA HEALTH'S LARGER HOSPITALS. IN ADDITION, PATIENTS CAN RECEIVE THE CARE THEY NEED WHERE AND WHEN THEY WANT IT. ESSENTIA OFFERS 24/7 VIDEO VISITS ON DEMAND FOR URGENT NEEDS ANY TIME, ONLINE E-VISITS FOR 20 COMMON CONDITIONS AND FREE MEDICAL ADVICE FROM OUR REGISTERED NURSES ANY TIME OF THE DAY OR NIGHT THROUGH OUR NURSE CARE LINE.IN 2019, ESSENTIA WAS RE-CERTIFIED AS A LEVEL 3 ACCOUNTABLE CARE ORGANIZATION (ACO) BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA). ESSENTIA WAS ONE OF ONLY TWO HEALTH SYSTEMS IN THE U.S. TO ACHIEVE THIS DESIGNATION. WHILE THE NCQA OFFICIALLY RETIRED THIS ACCREDITATION, WE CONTINUE TO FOLLOW THE CORE STANDARDS FOUND WITHIN ITS PROGRAM, INCLUDING THE ACO STRUCTURE AND OPERATIONS, PATIENT-CENTERED PRIMARY CARE, ACCESS TO CARE, CARE COORDINATION, AND QUALITY IMPROVEMENT. AS PART OF THIS WORK, OUR POPULATION CARE MANAGEMENT TEAM OF REGISTERED NURSES, MEDICAL DIRECTORS, AND PHARMACISTS CAREFULLY REVIEW MEDICAL HISTORIES OF HIGH-RISK PATIENTS ON GOVERNMENT ASSISTANCE PROGRAMS TO ENSURE THEY ARE GETTING THE CARE NEEDED TO KEEP THEM HEALTHY AND OUT OF THE HOSPITAL. PATIENTS WITH MULTIPLE HIGH-RISK CONDITIONS SUCH AS DIABETES, CONGESTIVE HEART FAILURE, OR MENTAL HEALTH ISSUES AND THOSE WHO HAVE NOT RECENTLY RECEIVED CARE, ARE CONNECTED WITH PRIMARY CARE CLINICIANS, NURSES, S</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p> SPECIALISTS, THERAPISTS, AND OTHERS WHO CAN PROVIDE ADDITIONAL CARE, THERAPY, OR EDUCATION. THE GOAL IS TO IMPROVE THE HEALTH OF PATIENTS AND REDUCE THE LIKELIHOOD OF HOSPITALIZATIONS OR OTHER HIGH-COST CARE. SINCE MOST HEALTH CARE COSTS ARE DIRECTLY RELATED TO CARING FOR PATIENTS WHO HAVE CHRONIC CONDITIONS, ESSENTIA HEALTH IS COMMITTED TO IMPROVING HEALTH OUTCOMES FOR PATIENTS, ESPECIALLY THOSE WITH CHRONIC DISEASES. FOR EXAMPLE, ESSENTIA HEALTH OFFERS ONE-ON-ONE TOBACCO CESSATION COUNSELING AT NEARLY 30 SITES ACROSS MINNESOTA, WISCONSIN, AND NORTH DAKOTA. THESE SITES COVER A WIDE GEOGRAPHY, FROM SMALL RURAL COMMUNITIES TO LARGER URBAN AREAS, AND OFTEN SERVE PEOPLE LIVING ON LOW AND MODERATE INCOMES. ESSENTIA HEALTH OFFERS DIABETES PREVENTION EDUCATION AND FALLS PREVENTION PROGRAMS IN OUR COMMUNITIES. THIS WORK HAS BEEN RECOGNIZED BY A NUMBER OF COMMENDATIONS AND AWARDS FROM GOVERNMENT AGENCIES. THESE COMMUNITY-BASED EFFORTS ARE FREE TO THE PUBLIC AND ALL INDIVIDUALS ARE WELCOME. ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND IMPROVING HEALTH EQUITY IS A KEY FOCUS FOR ESSENTIA HEALTH AS WELL. ACROSS OUR SERVICE AREA, FOOD INSECURITY REMAINS A PROBLEM WITH SOME COUNTIES SEEING AS HIGH AS 18% OF THE POPULATION WITH FOOD INSECURITY COMPARED TO THE MINNESOTA STATE AVERAGE OF 10%. A FIVE-QUESTION "SOCIAL NEEDS" QUESTIONNAIRE IS SENT TO ALL PRIMARY CARE AND PEDIATRIC PATIENTS THROUGH MYCHART, WHICH OFFERS PATIENTS SECURE, 24/7 ONLINE ACCESS TO THEIR MEDICAL RECORD. PATIENTS WHO ANSWER THAT THEY HAVE A SOCIAL-DETERMINANT NEED AND WOULD LIKE SUPPORT ARE CONNECTED WITH OUR COMMUNITY CARE ASSOCIATES AND COMMUNITY HEALTH WORKERS. THESE ESSENTIA HEALTH COLLEAGUES DEVELOP A TRUSTING RELATIONSHIP WITH PATIENTS, MAKE REFERRALS TO CONNECT THEM WITH SERVICES, AND FOLLOW UP WITH THEM TO ENSURE NEW RESOURCES AND REFERRALS ARE HELPFUL. WE RECENTLY CONTRACTED WITH A THIRD-PARTY VENDOR (AUNT BERTHA/FIND HELP), AND WE ARE FORMING A CLOSED-LOOP REFERRAL NETWORK. ADDITIONALLY, 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 \$2.9 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 WEST IS PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH 14 HOSPITALS, APPROXIMATELY 70 CLINICS, SIX LONG-TERM CARE FACILITIES, TWO ASSISTED LIVING FACILITIES, FOUR INDEPENDENT LIVING FACILITIES, SEVERAL REHABILITATION CENTERS, SEVEN AMBULANCE SERVICES, 24 RETAIL PHARMACIES, HOME HEALTH SERVICES, AND ONE RESEARCH INSTITUTE IN THREE STATES: MINNESOTA, WISCONSIN, AND NORTH DAKOTA. ESSENTIA HEALTH SERVES A PREDOMINANTLY RURAL POPULATION WHOSE MEDIAN INCOMES GENERALLY FALL BELOW AVERAGES OF THE STATES WHERE THEY LIVE. THE PRESENCE OF OUR CLINICS AND HOSPITALS ENSURES THAT PEOPLE WITH FEW ECONOMIC RESOURCES DO NOT HAVE TO DRIVE AN HOUR OR MORE TO RECEIVE BASIC (AND IN SOME CASES LIFESAVING) MEDICAL CARE. IN ADDITION TO STAFFING HOSPITALS AND CLINICS IN FEDERALLY RECOGNIZED UNDERSERVED AREAS, ESSENTIA HEALTH SUPPORTS THE HEALTH OF COMMUNITIES THROUGH ACTIVE OUTREACH PROGRAMS THAT BRING ONCOLOGISTS, CARDIOLOGISTS, NEUROLOGISTS, AND OTHERS INTO SMALL HOSPITALS AND CLINICS. ESSENTIA HEALTH'S SIZE AND INTEGRATED STRUCTURE ALSO ALLOW THE ORGANIZATION TO EXTEND SERVICES LIKE CHEMOTHERAPY, CONGESTIVE HEART FAILURE MANAGEMENT, WOUND CARE, AND HOSPICE CARE TO SMALLER COMMUNITIES. PATIENTS ARE ABLE TO TRAVEL SEAMLESSLY BETWEEN ESSENTIA HEALTH'S SMALLER COMMUNITY CLINICS AND ITS LARGER SPECIALTY CARE CENTERS THANKS TO SIGNIFICANT INVESTMENTS IN ELECTRONIC HEALTH RECORDS (EHR). EVERY ESSENTIA HEALTH HOSPITAL AND CLINIC IS LINKED TO THIS SYSTEM, ALLOWING CLINICIANS TO SHARE EVERYTHING FROM LAB RESULTS AND RADIOLOGY IMAGES TO NOTES ON CLINIC VISITS, HOSPITAL STAYS, AND SERVICES LIKE PHYSICAL REHABILITATION. THE EHR IS ALSO AN INCREASINGLY VALUABLE TOOL FOR PATIENTS AND THEIR FAMILIES, THANKS TO MYCHART, WHICH OFFERS PATIENTS SECURE, 24/7 ONLINE ACCESS TO THEIR MEDICAL RECORD. MYCHART ALSO ALLOWS PATIENTS TO CONTACT THEIR PHYSICIAN OR CLINIC, SCHEDULE APPOINTMENTS, AND ORDER MEDICATION REFILLS. THESE SERVICES ARE ALL OFFERED AT NO COST TO PATIENTS AND THEIR AUTHORIZED FAMILY, FRIENDS, AND CAREGIVERS. ESSENTIA HEALTH ALSO PROMOTES THE HEALTH OF ALL OF ITS COMMUNITIES THROUGH ADHERENCE TO EVIDENCE-BASED BEST PRACTICE STANDARDS AND CLINICAL QUALITY GOALS DESIGNED TO ENSURE THAT PATIENTS RECEIVE THE SAME HIGH STANDARD OF CARE AT ANY ESSENTIA HEALTH HOSPITAL OR CLINIC. THE ESSENTIA INSTITUTE OF RURAL HEALTH (INSTITUTE) ACTIVELY SUPPORTS COMMUNITY HEALTH THROUGH ITS TRANSLATIONAL AND HEALTH SERVICES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS. THE INSTITUTE ALSO SPONSORS A NUMBER OF CONFERENCES AND OTHER EDUCATIONAL EVENTS, OPEN TO ALL MEDICAL PROFESSIONALS IN THE REGION, TO ENSURE THAT RURAL CLINICIANS HAVE ACCESS TO CURRENT MEDICAL EDUCATION AND TRAINING CLOSE TO HOME. TELEHEALTH ALLOWS PATIENTS TO RECEIVE CARE FROM A SPECIALIST WHO IS NOT AVAILABLE IN THEIR HOME COMMUNITY. TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CLINICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEO CONFERENCING. PATIENTS FEEL LIKE THEY ARE IN THE SAME ROOM WITH THEIR DOCTOR. THIS EXPERIENCE OFFERS THE SAME HIGH-QUALITY CARE THAT PATIENTS EXPECT DURING AN IN-PERSON VISIT. TELEHEALTH CAN BE USED FOR SERVICES SUCH AS HEART CARE, PSYCHIATRY, STROKE CARE, OR WEIGHT LOSS. IN ADDITION, PATIENTS CAN RECEIVE THE CARE THEY NEED WHERE AND WHEN THEY WANT IT. ESSENTIA OFFERS 24/7 VIDEO VISITS ON DEMAND FOR URGENT NEEDS ANY TIME, ONLINE E-VISITS FOR MORE THAN 20 COMMON CONDITIONS AND FREE MEDICAL ADVICE FROM OUR REGISTERED NURSES ANY TIME OF THE DAY OR NIGHT THROUGH OUR NURSE CARE LINE. ESSENTIA HEALTH'S HOSPITALS AND CLINICS PLAY ADDITIONAL ROLES IN PROMOTING HEALTH WITHIN THEIR COMMUNITIES. EACH ESSENTIA HEALTH HOSPITAL CONDUCTS A COMMUNITY HEALTH ASSESSMENT TO DETERMINE THE UNIQUE HEALTH NEEDS OF COMMUNITY RESIDENTS. THESE ASSESSMENTS, WHICH ARE BASED ON INPUT FROM A BROAD RANGE OF COMMUNITY RESIDENTS AND STAKEHOLDERS, ARE THE BASIS FOR ACTION PLANS AIMED AT ADDRESSING THE COMMUNITY'S MOST PRESSING HEALTH NEEDS. MOST RECENTLY, TOPICS OF CONCERN HAVE INCLUDED ELIMINATING SOCIAL AND ECONOMIC BARRIERS TO HEALTH AND WELLNESS, IMPROVING MENTAL HEALTH SERVICES AND AWARENESS, ADDRESSING YOUTH SUBSTANCE ABUSE, FOOD INSECURITY, AND OBESITY. THESE ISSUES ARE THEN ADDRESSED THROUGH COLLABORATION WITH PRIVATE BUSINESSES, GOVERNMENT AGENCIES, AND OTHER NON-PROFITS. CURRENTLY, THREE OF THE MOST PROMINENT COLLABORATIONS ARE WITH CROW WING ENERGIZED, BECKER COUNTY ENERGIZE, AND BRIDGING HEALTH DULUTH, JOINT PUBLIC-PRIVATE PARTNERSHIPS AIMED AT IMPROVING THE OVERALL HEALTH STATUS OF THESE COMMUNITIES THROUGH COORDINATED PROGRAMMING AIMED AT LIFESTYLE ISSUES RANGING FROM EXERCISE TO HEALTHY EATING. IN AN EFFORT TO HELP SOME OF OUR COMMUNITIES' OLDEST AND FRAILEST RESIDENTS REMAIN AT HOME AND OUT OF THE HOSPITAL OR NURSING HOME, ESSENTIA HEALTH HAS LAUNCHED COMMUNITY PARAMEDIC PROGRAMS IN FARGO, ND, AS WELL AS BRAINERD AND ADA, MN. PARAMEDICS MAKE HOUSE CALLS TO PATIENTS WHO HAVE BEEN IDENTIFIED AS AT RISK FOR EMERGENCY D</p>

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>EPARTMENT VISITS. DURING THE CALLS, THEY TAKE VITAL SIGNS, ASSESS FOR POSSIBLE HEALTH AND SAFETY RISKS, AND DETERMINE IF PATIENTS MAY BENEFIT FROM ADDITIONAL COMMUNITY RESOURCES. ES SENTIA HEALTH EMPLOYEES CONTRIBUTE DIRECTLY TO THE HEALTH AND WELLNESS OF THEIR COMMUNITIE S BY VOLUNTEERING IN PROGRAMS RANGING FROM HABITAT FOR HUMANITY TO UNITED WAY FOOD AND CLO THING DRIVES. THEY ARE ACTIVE FUNDRAISERS FOR HEALTH-RELATED ORGANIZATIONS IN THEIR COMMUN ITIES, LIKE LOCAL CHAPTERS OF THE AMERICAN HEART ASSOCIATION AND AMERICAN CANCER SOCIETY. ESSENTIA HEALTH ENCOURAGES AND SUPPORTS THESE VOLUNTEER EFFORTS IN A VARIETY OF WAYS, INCL UDING SPONSORSHIPS, FINANCIAL CONTRIBUTIONS, AND VOLUNTEER RECOGNITION.WE ALSO SUPPORT COM MUNITY HEALTH THROUGH THE ESSENTIA HEALTH FOUNDATION AND THROUGH CONTRIBUTIONS THAT FOCUS ON PROGRAMS AND SERVICES THAT BENEFIT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. SOME EXAMPLES OF THESE PROGRAMS ARE AFTER-SCHOOL MEALS, TUTORING PROGRAMS, AND RESPITE SERVICE S FOR CAREGIVERS OF LOVED ONES WITH DEMENTIA.</p>

Additional Data**Software ID:****Software Version:****EIN:** 26-1175213**Name:** INNOVIS HEALTH LLC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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

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

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

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	PART V, SECTION B, LINE 5: ESSENTIA HEALTH WEST SOLICITED BROAD FEEDBACK FORM THE COMMUNITY THROUGH A COMMUNITY SURVEY WHICH COLLECTED 1,088 RESPONSES, AND SEVEN LISTENING SESSIONS WITH 80 PARTICIPANTS; THE SURVEY WAS ADMINISTERED FROM MARCH THROUGH NOVEMBER 2021 AND LISTENING SESSIONS WERE CONDUCTED IN FALL 2021. THROUGHOUT THE PROCESS, 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.THE STEERING COMMITTEE, WHICH GUIDED THE PROCESS, INCLUDED REPRESENTATION FROM SANFORD HEALTH, FAMILY HEALTHCARE, FARGO CASS PUBLIC HEALTH, AND CLAY COUNTY PUBLIC HEALTH.ESSENTIA HEALTH WEST DID NOT RECEIVE ANY COMMENTS ON THE PREVIOUS CHNA. IF RECEIVED, ANY COMMENTS WOULD HAVE BEEN TAKEN INTO CONSIDERATION IN THE CHNA UPDATE PROCESS.
ESSENTIA HEALTH WEST	PART V, SECTION B, LINE 6A: TO ALIGN RESOURCES AND STRENGTHS TO BETTER SERVE OUR COMMUNITY, THE CHNA WAS CONDUCTED IN COLLABORATION WITH SANFORD HEALTH, AN UNRELATED HOSPITAL FACILITY.

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

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

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	<p>PART V, SECTION B, LINE 6B: ESSENTIA HEALTH WEST WORKED COLLABORATIVELY ON THE ASSESSMENT PROCESS WITH AFRO AMERICAN DEVELOPMENT ASSOCIATION, BLUE CROSS BLUE SHIELD, CASS AND CLAY COUNTY ECONOMIC DEVELOPMENT, CASS CLAY COMMUNITY LAND TRUST, CASS CLAY HUNGER COALITION, CASS CLAY SOCIAL SERVICES, CASS CLAY UNITED WAY, CLAY COUNTY PUBLIC HEALTH DEPARTMENT, CLAY COUNTY SOCIAL SERVICES, COMMUNITY UPLIFT, CONCORDIA COLLEGE, CULTURAL DIVERSITY RESOURCES, ETHNIC SELF HELP ALLIANCE FOR REFUGEE ASSISTANCE, FAMILY HEALTHCARE CENTER, FARGO CASS PUBLIC HEALTH DEPARTMENT, FIRSTLINK, FM HOMELESS COALITION, GREAT PLAINS FOOD BANK, JEREMIAH PROJECT, KONDIAL KEL INTERNATIONAL, LAKES AND PRAIRIES COMMUNITY ACTION PARTNERSHIP, MINNESOTA STATE UNIVERSITY MOORHEAD, MOORHEAD AND FARGO CITY COUNCIL, MOORHEAD RESILIENCY PROJECT, MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE, NORTH DAKOTA STATE HEALTH EQUITY DEPARTMENT, NORTH DAKOTA STATE UNIVERSITY, MOORHEAD, FARGO, AND WEST FARGO SCHOOL DISTRICTS, SOUL SOLUTIONS, SOUTH SUDANESE FOUNDATION, AND THE LOTUS CENTER.</p>
ESSENTIA HEALTH WEST	<p>PART V, SECTION B, LINE 11: DURING FY 2022, ESSENTIA HEALTH WEST ADDRESSED SIGNIFICANT NEEDS IDENTIFIED IN THE FY 2019 ASSESSMENT: MENTAL WELLBEING AND SUBSTANCE USE. 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. PRIORITY AREA #1: MENTAL WELLBEING. ESSENTIA HEALTH WEST CONTINUED OUR FINANCIAL INVESTMENT IN FIRSTLINK'S CARING CONTACT PROGRAM, A SERVICE THAT SUPPORTS PATIENTS THAT ARE BEING DISCHARGED FROM A HOSPITAL DUE TO A MENTAL HEALTH CRISIS TO PROVIDE TELEPHONIC CARE MANAGEMENT AND RESOURCE SUPPORT. ESSENTIA HEALTH WEST ALSO BEGAN TO EXPLORE A PARTNERSHIP WITH CLAY COUNTY PUBLIC HEALTH AND THE MOORHEAD ALTERNATIVE LEARNING CENTER (ALC) TO ADDRESS YOUTH MENTAL WELLBEING. STUDENTS AND STAFF AT THE ALC REPORT HIGH RATES OF ANXIETY, DEPRESSION, AND EMOTIONAL DYSREGULATION WHICH IMPACTS STUDENT'S ABILITY TO STAY IN CLASS AND COMPLETE HIGH SCHOOL. SEVERAL EXPLORATORY MEETINGS WERE HELD JANUARY-JUNE 2022 AND A PLAN WAS DEVELOPED TO IMPLEMENT A CALMING ROOM WITHIN A DESIGNATED SPACE IN THE ALC. A WORKSHOP TO DEVELOP POLICIES AND PROCEDURES FOR THE CALMING ROOM AND TO BRAINSTORM MATERIALS IS PLANNED FOR JULY 2022 TO SUPPORT CALMING ROOM IMPLEMENTATION AT THE BEGINNING OF THE NEW SCHOOL YEAR IN FALL 2022. PRIORITY AREA #2: SUBSTANCE USE. ESSENTIA HEALTH WEST WORKED WITH THE CASS/CLAY OVERDOSE RESPONSE INITIATIVE TO FORMALIZE THE COALITION INTO THE RED RIVER RECOVERY INITIATIVE (RRRI), INCREASING MEMBER REPRESENTATION TO 22 UNIQUE NON-PROFIT ORGANIZATIONS, TREATMENT FACILITIES, PUBLIC HEALTH ENTITIES, GOVERNMENT AGENCIES, LAW ENFORCEMENT, ELECTED OFFICIALS, TREATMENT ORGANIZATIONS, AND HEALTHCARE INSTITUTIONS. IN PARTNERSHIP WITH RRRI, THE LOTUS CENTER, AND FIRST PRESBYTERIAN CHURCH IN MOORHEAD, A RECOVERY COMMUNITY ORGANIZATION CALLED THE REC (RECOVERY ENGAGED COMMUNITIES) WAS LAUNCHED IN FEBRUARY 2022. THE DEVELOPMENT OF THIS RCO IS THE FIRST OF ITS KIND IN THE AREA AND ALLOWS FOR PEER RECOVERY SERVICES TO BE PROVIDED IN MOORHEAD, MN, A GAP THAT HAD BEEN IDENTIFIED COMPARED TO SERVICES PROVIDED ACROSS THE RIVER IN FARGO, ND. RRRI ALSO COORDINATED TWO EDUCATIONAL EVENTS FOR PROVIDERS AND COMMUNITY MEMBERS TO LEARN MORE ABOUT SUBSTANCE USE AND RECOVERY. OVER 100 INDIVIDUALS WERE TRAINED IN NALOXONE AND NARCAN ADMINISTRATION DURING THOSE EVENTS AND MORE THAN 300 DOSES OF NALOXONE AND FENTANYL TEST STRIPS WERE PROVIDED TO COMMUNITY MEMBERS. RRRI EXPLORED THE UTILIZATION OF AN ASSET MAP OF TREATMENT RESOURCES IN THE FARGO/MOORHEAD COMMUNITY BUT DECIDED THAT IT WAS NOT FEASIBLE OR ACCESSIBLE TO MAINTAIN A WRITTEN LIST. INSTEAD, RRRI CONTINUES TO WORK WITH LOCAL SUBSTANCE USE TREATMENT PROVIDERS TO LIST THEIR SERVICES ON THE ESSENTIA-SUPPORTED RESOURCE DATABASE RESOURCEFUL. ADDITIONALLY, ESSENTIA HEALTH WEST CONTINUED TO FINANCIALLY SUPPORT THE LAUNCH OF SOUL SOLUTIONS, A NEW RECOVERY AND TREATMENT CENTER IN FARGO.</p>

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

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

Form and Line Reference	Explanation
ESSENTIA HEALTH WEST	PART V, SECTION B, LINE 23: OCCASIONALLY CERTAIN FAP-ELIGIBLE PATIENTS ARE CHARGED MORE THAN AMOUNTS GENERALLY BILLED ON SERVICES. THIS COULD OCCUR IF THE PATIENT PAYMENTS ARE APPLIED ON PATIENT BILLS BEFORE AND/OR AFTER THE FINANCIAL ASSISTANCE POLICY (FAP) ADJUSTMENTS WERE APPLIED. THE HOSPITAL PROVIDES 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 FOR FY22 WAS 2 INDIVIDUALS & \$109. 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. THERE COULD BE A FAP-ELIGIBLE PATIENT OVERPAYMENT DEPENDING ON THE TIMING OF THE PATIENT PAYMENT OR IF THE PATIENT IS STILL PAYING THEIR CO-PAYMENT AT THE TIME OF SERVICE. WE CONTACT THESE PATIENTS TO REMIND THEM THAT THEY HAVE CHARITY CARE AND DO NOT NEED TO PAY THEIR CHARGES UNTIL THEIR FAP ADJUSTMENTS HAVE BEEN MADE. WE REQUEST THE REFUND AT THE TIME OF PROCESSING THE FAP APPLICATION IF APPLICABLE. WE ALSO PERFORM AUDITS FOR ANY FAP OVERPAYMENTS DUE TO THE TIMING OF PATIENT PAYMENTS.
ADDITIONAL DISCLOSURES NOT REQUIRED FOR PART V, SECTION C:	SCHEDULE H, PART V, SECTION B, LINE 3E: ESSENTIA HEALTH FARGO CONDUCTED A NEW CHNA IN FY22 AND CHOSE TO ADDRESS TWO PRIORITY HEALTH NEEDS BASED ON THE FEEDBACK OF 1,088 COMMUNITY MEMBERS. THE SIGNIFICANT HEALTH NEEDS ARE HEALTH EQUITY AND YOUTH MENTAL HEALTH. THE HEALTH NEEDS ARE NOT RANKED IN ORDER; BOTH NEEDS ARE CONSIDERED PRIORITIES. THE HOSPITAL WILL WORK ON ADDRESSING EACH NEED SIMULTANEOUSLY FROM FY23 - FY25. SCHEDULE H, PART V, SECTION B, LINE 16I: DUE TO THE SMALL SIZES OF THE LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS OF THE COMMUNITIES SERVED BY THE ORGANIZATION, THE ORGANIZATION WAS NOT REQUIRED TO TRANSLATE THE FINANCIAL ASSISTANCE POLICY (FAP), THE FAP APPLICATION FORM, OR THE PLAIN LANGUAGE SUMMARY OF THE FAP TO OTHER LANGUAGES. ALTHOUGH IT WAS NOT REQUIRED, THE ORGANIZATION TRANSLATED THE FAP APPLICATION FORM INTO SPANISH.

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

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

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

Name and address	Type of Facility (describe)
1 1 - ESSENTIA HEALTH SOUTH UNIVERSITY CLINIC 1702 S UNIVERSITY DR FARGO, ND 58103	MULTI-SPECIALTY CLINIC
1 2 - ESSENTIA HEALTH 32ND AVENUE CLINIC 3000 32ND AVE S FARGO, ND 58103	MULTI-SPECIALTY CLINIC
2 3 - ESSENTIA HEALTH 52ND AVENUE CLINIC 4110 51ST AVE S FARGO, ND 58103	MULTI-SPECIALTY CLINIC
3 4 - ESSENTIA HEALTH WEST ACRES CLINIC 3902 13TH AVE S FARGO, ND 58103	PRIMARY CARE CLINIC
4 5 - ESSENTIA HEALTH WAHPETON CLINIC 275 11TH ST S WAHPETON, ND 58075	MULTI-SPECIALTY CLINIC
5 6 - ESSENTIA HEALTH WEST FARGO CLINIC 1401 13TH AVE E WEST FARGO, ND 58078	MULTI-SPECIALTY CLINIC
6 7 - ESSENTIA HEALTH JAMESTOWN CLINIC 2430 20TH ST SW JAMESTOWN, ND 58401	MULTI-SPECIALTY CLINIC
7 8 - ESSENTIA HEALTH MOORHEAD CLINIC 801 BELSLY BLVD MOORHEAD, MN 56560	PRIMARY CARE CLINIC
8 9 - ESSENTIA HEALTH VALLEY CITY CLINIC 132 4TH AVE NE VALLEY CITY, ND 58072	MULTI-SPECIALTY CLINIC
9 10 - ESSENTIA HEALTH OSGOOD CLINIC 4622 40TH AVE S FARGO, ND 58104	MULTI-SPECIALTY CLINIC
10 11 - ESSENTIA HEALTH DOWNTOWN MOORHEAD CLINIC 720 MAIN AVE MOORHEAD, MN 56560	PRIMARY CARE CLINIC
11 12 - ESSENTIA HEALTH LISBON CLINIC 819 MAIN ST LISBON, ND 58054	MULTI-SPECIALTY CLINIC
12 13 - ESSENTIA HEALTH NORTH FARGO 1100 19TH AVE N FARGO, ND 58102	MULTI-SPECIALTY CLINIC
13 14 - ESSENTIA HEALTH CASSELTON CLINIC 5 9TH AVE N CASSELTON, ND 58102	PRIMARY CARE CLINIC
14 15 - ESSENTIA HEALTH HANKINSON CLINIC 501 MAIN AVE S HANKINSON, ND 58041	PRIMARY CARE CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - ESSENTIA HEALTH FARGO FAMILY CLINIC 1711 GOLD DR S SUITE 160 FARGO, ND 58103	PRIMARY CARE CLINIC

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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 26-1175213

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

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, (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 14
3 Enter total number of other organizations listed in the line 1 table 1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	46		45,500	FMV	SCHOLARSHIP PAYMENTS MADE DIRECTLY TO UNIVERSITIES
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASS CLAY COMMUNITY LAND TRUST 409 7TH ST S FARGO, ND 58103	83-4077611	501(C)3	25,000	0			PROGRAM SUPPORT
CULTURAL DIVERSITY RESOURCES 112 N UNIVERSITY DR STE 306 FARGO, ND 58102	41-1896836	501(C)3	7,000	0			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 ST DULUTH, MN 55805	27-1984704	501(C)3	673,443	0			PROGRAM SUPPORT
FAITH4HOPE SCHOLARSHIP FUND 1321 19TH AVE N FARGO, ND 58102	81-4085396	501(C)3	37,500	0			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
FIRSTLINK 4357 13TH AVE S STE 107L FARGO, ND 58103	45-0419491	501(C)3	25,100	0			PROGRAM SUPPORT
FM ROTARY FOUNDATION PO BOX 684 FARGO, ND 58107	20-3453808	501(C)3	25,000	0			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
FUELING OUR FUTURE PO BOX 2443 FARGO, ND 58108	83-2467021		50,000	0			PROGRAM SUPPORT
GREATER FARGO MOORHEAD ECONOMIC DEVELOPMENT CORPORATION 51 BROADWAY SUITE 500 FARGO, ND 58102	45-6011769	501(C)3	10,000	0			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
HOPE INC 803 22ND AVE S MOORHEAD, MN 56560	45-0425106	501(C)3	5,500	0			PROGRAM SUPPORT
JASMIN SERVICES 4720 7TH AVE S FARGO, ND 58103	82-3422274	501(C)3	25,000	0			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
JEREMIAH PROGRAM 615 1ST AVE NE STE 210 MINNEAPOLIS, MN 55413	41-1801834	501(C)3	12,000	0			PROGRAM SUPPORT
MINNESOTA STATE UNIVERSITY-MOORHEAD 1104 7TH AVE S MOORHEAD, MN 56563	41-1687554	UNIVERSITY OF MN	100,000	0			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
SOUTH SUDANESE FOUNDATION 6074 59TH ST S FARGO, ND 58104	83-4476088	501(C)3	7,500	0			PROGRAM SUPPORT
UNITED WAY OF CASS CLAY PO BOX 1609 FARGO, ND 58107	41-0810008	501(C)3	26,200	0			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
WELLNESS IN THE WOODS INC 738 3RD AVE NW EAGLE BEND, MN 56446	46-2785877	501(C)3	10,000	0			PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
INNOVIS HEALTH LLC

Employer identification number
26-1175213

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" 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 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" 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)			
<input checked="" 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)				
<p>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</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	Yes			
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	Yes			

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	BENEFITS PROVIDED: DURING CALENDAR YEAR 2021, CHARTER TRAVEL WAS USED BY ONE OFFICER AND TWO KEY EMPLOYEES FOR TRAVEL BETWEEN ESSENTIA HEALTH WEST AND OTHER ORGANIZATIONS. THE USE OF CHARTER TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS AS ALL TRAVEL WAS BUSINESS RELATED. DURING CALENDAR YEAR 2021, OFFICER WILLIAM HEEGAARD, MD AND KEY EMPLOYEE RAE SALUS RECEIVED HOUSING ALLOWANCES. THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO BOTH INDIVIDUALS.

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 3	ESTABLISHING CEO'S COMPENSATION: ESSENTIA HEALTH, AS A SUPPORTING ORGANIZATION, USED THE FOLLOWING METHODS TO ESTABLISH ESSENTIA HEALTH WEST'S PRESIDENT'S COMPENSATION: A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

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, LINES 4A-B	<p>SEVERANCE PAYMENT: FORMER OFFICER GREGORY GLASNER, MD RECEIVED PAYMENT TOTALING \$271,874 IN CALENDAR YEAR 2021 RELATED TO HIS TERMINATION. THE TERMINATION TERMS ARE FROM DECEMBER 31, 2019 TO JUNE 30, 2021. MR. GLASNER WILL RECEIVE PAY TOTALING \$773,947 & BENEFITS TOTALING \$32,883 RELATED TO HIS TERMINATION. FORMER OFFICER KYLE DOROW RECEIVED PAYMENT TOTALING \$145,933 IN CALENDAR YEAR 2021 RELATED TO HIS TERMINATION. THE TERMINATION TERMS ARE FROM JUNE 18, 2021 TO JUNE 18, 2022. MR. DOROW WILL RECEIVE PAY TOTALING \$291,866 & BENEFITS TOTALING \$24,316 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 2021. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: ESSENTIA HEALTH'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO DESIGNATED ESSENTIA HEALTH EXECUTIVES. THERE IS A MINIMUM FOUR YEAR VESTING DATE, OR VESTING IS AUTOMATIC UPON REACHING RETIREMENT AGE, DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING AND PAYABLE FROM ESSENTIA HEALTH'S GENERAL ASSETS. REPORTED AS OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B (III), THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT OF THE VESTED BENEFIT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR: GREGORY GLASNER, MD \$6,214 KYLE DOROW \$55,954 TIMOTHY SAYLER \$35,567 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: WILLIAM HEEGAARD, MD \$76,803 RICHARD VETTER, MD \$48,841 AL HURLEY \$44,002 KYLE DOROW \$10,971 TANNER GOODRICH \$39,871 RAE SALUS \$31,706</p>

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 8	<p>INITIAL CONTRACT EXCEPTION: ESSENTIA HEALTH WEST'S PHYSICIAN LEADER, ALAN BRUNS, MD, RECEIVED COMPENSATION DURING THE YEAR UNDER AN INITIAL EMPLOYMENT AGREEMENT SUBJECT TO THE INITIAL CONTRACT EXCEPTION. THROUGH THE ESSENTIA HEALTH PHYSICIAN AND PROVIDER COMPENSATION COMMITTEE, THIS COMPENSATION ARRANGEMENT WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND THE BASIS FOR DETERMINATION WAS DOCUMENTED. ESSENTIA HEALTH WEST'S SENIOR VICE PRESIDENTS OF OPERATIONS, TANNER GOODRICH, RAE SALUS, AND JOHN SPERRAZZA, AND ESSENTIA HEALTH WEST'S VICE PRESIDENT OF FINANCE, ROBERT GREEN, RECEIVED COMPENSATION DURING THE YEAR UNDER INITIAL EMPLOYMENT AGREEMENTS SUBJECT TO THE INITIAL CONTRACT EXCEPTION. THROUGH THE ESSENTIA HEALTH EXECUTIVE COMPENSATION COMMITTEE, THESE COMPENSATION ARRANGEMENTS WERE REVIEWED AND APPROVED BY INDEPENDENT PERSONS USING COMPARABILITY DATA AND THE BASIS FOR DETERMINATION WAS DOCUMENTED.</p>

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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 PRASAD SAWARDEKER MD PHYSICIAN - SECTION CHAIR	(i)	1,306,038	0	1,141	23,200	36,233	1,366,612	0
	(ii)	0	0	0	0	0	0	0
1 REBECCA ZIEGLER MD PHYSICIAN - SECTION CHAIR	(i)	1,272,452	0	703	20,118	32,072	1,325,345	0
	(ii)	0	0	0	0	0	0	0
2 DANIEL SMITH MD PHYSICIAN	(i)	1,255,226	0	7,523	23,200	32,958	1,318,907	0
	(ii)	0	0	0	0	0	0	0
3 BENJAMIN SMITH MD BOARD DIRECTOR	(i)	1,171,534	0	1,092	23,200	41,576	1,237,402	0
	(ii)	0	0	0	0	0	0	0
4 MITCHELL CRIDER MD PHYSICIAN - SECTION CHAIR	(i)	1,143,614	0	907	23,200	35,834	1,203,555	0
	(ii)	0	0	0	0	0	0	0
5 JULIO WILLIAMS MD PHYSICIAN	(i)	1,018,256	100,000	4,644	21,436	22,796	1,167,132	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM HEEGAARD MD PRESIDENT	(i)	602,073	252,007	16,483	96,049	35,122	1,001,734	0
	(ii)	0	0	0	0	0	0	0
7 GREGORY GLASNER MD FORMER PRESIDENT	(i)	58,616	0	822,430	3,603	0	884,649	0
	(ii)	0	0	0	0	0	0	0
8 ALAN BRUNS MD PHYSICIAN LEADER	(i)	757,780	0	4,648	23,200	4,304	789,932	0
	(ii)	0	0	0	0	0	0	0
9 RICHARD VETTER MD CHIEF MEDICAL OFFICER	(i)	462,575	183,596	7,789	72,041	36,344	762,345	0
	(ii)	0	0	0	0	0	0	0
10 JOSHUA GEBUR MD PHYSICIAN LEADER	(i)	648,162	0	584	23,200	33,642	705,588	0
	(ii)	0	0	0	0	0	0	0
11 ROBERT WROBLEWSKI MD BOARD SECRETARY/TREASURER THRU 12/21	(i)	642,789	0	943	23,200	1,675	668,607	0
	(ii)	4,500	0	0	0	0	4,500	0
12 AL HURLEY CHIEF OPERATING OFFICER	(i)	403,561	168,002	9,425	67,202	23,397	671,587	0
	(ii)	0	0	0	0	0	0	0
13 MARK COOPER MD BOARD DIRECTOR	(i)	513,377	0	3,610	23,200	21,268	561,455	0
	(ii)	4,500	0	0	0	0	4,500	0
14 KYLE DOROW FORMER VICE PRESIDENT, FINANCE	(i)	138,738	59,103	262,444	27,556	32,496	520,337	45,168
	(ii)	0	0	0	0	0	0	0
15 STEFANIE GEFROH ELLISON MD PHYSICIAN LEADER	(i)	421,931	0	12,409	23,182	37,551	495,073	0
	(ii)	20,000	0	0	0	0	20,000	0
16 TAYLOR MERTZ MD BOARD DIRECTOR	(i)	389,490	0	221	23,200	34,448	447,359	0
	(ii)	0	0	0	0	0	0	0
17 ANDREW MOEN MD PHYSICIAN LEADER	(i)	385,966	0	341	23,200	35,311	444,818	0
	(ii)	0	0	0	0	0	0	0
18 TANYA DIEGEL MD PHYSICIAN - SECTION CHAIR	(i)	357,833	0	739	22,351	35,241	416,164	0
	(ii)	0	0	0	0	0	0	0
19 TANNER GOODRICH SENIOR VICE PRESIDENT, OPERATIONS	(i)	233,427	60,300	23,113	39,871	21,279	377,990	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, 1099-MISC compensation, and/or 1099-NEC			(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 JAMES CHRISTENSEN MD BOARD DIRECTOR	(i)	308,214	0	2,123	22,734	22,364	355,435	0
	(ii)	4,500	0	0	0	0	4,500	0
1 NICOLE CHRISTENSEN CHIEF NURSING OFFICER THRU 5/22	(i)	263,898	36,540	5,617	13,805	4,787	324,647	0
	(ii)	0	0	0	0	0	0	0
2 KERRY CARLSON OPERATIONS SENIOR DIRECTOR	(i)	199,982	5,500	16,705	11,564	32,338	266,089	0
	(ii)	0	0	0	0	0	0	0
3 RAE SALUS SENIOR VICE PRESIDENT, OPERATIONS	(i)	187,511	18,201	17,987	31,706	7,876	263,281	0
	(ii)	0	0	0	0	0	0	0
4 MICHELE THIEMAN MD PHYSICIAN - DIVISION CHAIR	(i)	216,794	0	291	17,552	12,266	246,903	0
	(ii)	0	0	0	0	0	0	0
5 JOHN SPERRAZZA SVP, OPERATIONS THRU 3/22	(i)	211,934	28,276	728	0	1,432	242,370	0
	(ii)	0	0	0	0	0	0	0
6 JOSEPH WENDT OPERATIONS SENIOR DIRECTOR	(i)	188,410	7,500	775	10,365	34,799	241,849	0
	(ii)	0	0	0	0	0	0	0
7 DAN BEAUCHAMP FACILITIES SENIOR DIRECTOR	(i)	165,820	10,500	9,334	9,819	34,784	230,257	0
	(ii)	0	0	0	0	0	0	0
8 CHRISTY BRINKMANN OPERATIONS SENIOR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	178,112	8,500	17,213	10,246	2,766	216,837	0
9 SUZANNE ZELTINGER OPERATIONS SENIOR DIRECTOR	(i)	144,057	7,500	123	8,000	9,861	169,541	0
	(ii)	0	0	0	0	0	0	0
10 TIMOTHY SAYLER FORMER CHIEF OPERATING OFFICER	(i)	0	0	162,970	0	0	162,970	9,520
	(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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIS HEALTH LLC

Employer identification number

26-1175213

Part I 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	CASS COUNTY NORTH DAKOTA	45-6002205	148047BF9	11-01-2018	42,050,194	SRS 2018B (SEE PART VI)		X		X		X
C	CASS COUNTY NORTH DAKOTA	45-6002205	000000000	02-18-2020	61,320,000	SRS 2020A (SEE PART VI)		X		X		X
D	WI HEALTH & EDUCATION FACILITIES AUTHORITY	39-1337855	000000000	02-18-2020	13,095,000	SRS 2020B (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		27,710,387		42,050,194		15,103,729		3,225,430
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		239,569		380,994		54,188		29,557
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds		27,470,818		41,669,200		15,049,541		3,195,873
12	Other unspent proceeds								
13	Year of substantial completion			2018		2020		2020	
		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 2020, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X	X		X	
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	SEE PART IV							
c Term of GIC	340.0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: DULUTH ECONOMIC DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2022 ISSUER NAME: CASS COUNTY, NORTH DAKOTA DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2022

Return Reference	Explanation
SCHEDULE K:	<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, 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, BRAINERD LAKES INTEGRATED HEALTH SYSTEM, 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, BRAINERD LAKES INTEGRATED HEALTH SYSTEM, 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 2018B BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE. THE OBLIGATED GROUP MEMBERS: ESSENTIA HEALTH EAST, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH, ESSENTIA HEALTH ST. MARY'S MEDICAL CENTER, ESSENTIA HEALTH DULUTH, AND ESSENTIA HEALTH WEST ARE THE CONDUIT BORROWERS OF THE SERIES 2018B BONDS. THE CONDUIT BORROWER ESSENTIA HEALTH WEST HAS RECORDED THE BOND LIABILITY ON ITS BALANCE SHEET WHICH IS CONSOLIDATED WITH ESSENTIA HEALTH. THE SERIES 2020A BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE. THE OBLIGATED GROUP MEMBERS: ESSENTIA HEALTH, ESSENTIA HEALTH WEST, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, ESSENTIA HEALTH EAST, ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST. MARY'S MEDICAL CENTER, ESSENTIA HEALTH ST. JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST. MARY'S HOSPITAL-SUPERIOR, AND ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER ARE THE CONDUIT BORROWERS OF THE SERIES 2020A BONDS. THE CONDUIT BORROWERS ESSENTIA HEALTH, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH WEST, ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, AND ST. MARY'S INNOVIS HEALTH HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH. THE SERIES 2020B BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDE</p>

Return Reference	Explanation
SCHEDULE K:	<p>NTURE. THE OBLIGATED GROUP MEMBERS: ESSENTIA HEALTH, ESSENTIA HEALTH WEST, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, ESSENTIA HEALTH EAST, ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST. MARY'S MEDICAL CENTER, ESSENTIA HEALTH ST. JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST. MARY'S HOSPITAL-SUPERIOR, AND ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER ARE THE CONDUIT BORROWERS OF THE SERIES 2020B BONDS. THE CONDUIT BORROWERS ESSENTIA HEALTH, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH WEST, ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, AND ST. MARY'S INNOVIS HEALTH HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH. THE SERIES 2020C BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER TRUST INDENTURE. THE OBLIGATED GROUP MEMBERS: ESSENTIA HEALTH, ESSENTIA HEALTH WEST, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, ESSENTIA HEALTH EAST, ESSENTIA HEALTH DULUTH, ESSENTIA HEALTH ST. MARY'S MEDICAL CENTER, ESSENTIA HEALTH ST. JOSEPH'S MEDICAL CENTER, ESSENTIA HEALTH ST. MARY'S HOSPITAL-SUPERIOR, AND ESSENTIA HEALTH POLINSKY MEDICAL REHABILITATION CENTER ARE THE CONDUIT BORROWERS OF THE SERIES 2020C BONDS. THE CONDUIT BORROWERS ESSENTIA HEALTH, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH WEST, ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, AND ST. MARY'S INNOVIS HEALTH 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 1, 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 2018B: REFUND SERIES 2014 BONDS ISSUED JUNE 30, 2014 TO FINANCE CONSTRUCTING AND EQUIPPING 125,000 SQUARE FOOT EXPANSION TO IN-PATIENT HOSPITAL FACILITIES LOCATED IN FARGO, ND AND RELATED REMODELING. SERIES 2020A: REFUND SERIES 2008A BONDS ISSUED FEBRUARY 25, 2010 TO REOFFER BONDS ORIGINALLY ISSUED MARCH 4, 2008 TO REFINANCE A PORTION OF THE ACQUISITION OF CERTAIN ASSETS OF ESSENTIA HEALTH WEST IN CONNECTION WITH THE AFFILIATION OF ESSENTIA HEALTH WITH ESSENTIA HEALTH WEST. SERIES 2020B: REFUND SERIES 2008B BONDS ISSUED FEBRUARY 25, 2010 TO REOFFER BONDS ORIGINALLY ISSUED MARCH 4, 2008 TO REFUND SERIES 1999B BONDS ISSUED MAY 18, 1999 FOR CONSTRUCTION PROJECTS AND EQUIPMENT PURCHASES IN SUPERIOR, WI AND VARIOUS DULUTH CLINIC LOCATIONS IN NORTHWESTERN WISCONSIN. SERIES 2020C: REFUND SERIES 2008C BONDS ISSUED FEBRUARY 25, 2010 TO REOFFER BONDS ORIGINALLY ISSUED MARCH 4, 2008 TO REFUND SERIES 2004 BONDS ISSUED MARCH 19, 2004 FOR VARIOUS ACQUISITIONS, CONSTRUCTION PROJECTS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES IN DULUTH, BRAINERD, AND DETROIT LAKES, MN AND REFUND SERIES 1999A BONDS ISSUED MAY 18, 1999 FOR VARIOUS ACQUISITIONS, CONSTRUCTION PROJECTS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES IN BRAINERD, DETROIT LAKES AND DULUTH, MN AND VARIOUS DULUTH CLINIC SITES IN NORTHERN MINNESOTA.</p>

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3:	ISSUE PRICE: SERIES 2018A, SERIES 2018B, SERIES 2020A, SERIES 2020B AND SERIES 2020C BONDS WERE ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP. THE ISSUE PRICE LISTED IN ESSENTIA HEALTH WEST'S SCHEDULE K, PART I, COLUMN (E) REPRESENTS THE ESSENTIA HEALTH OBLIGATED GROUP'S TOTAL BORROWING.

Return Reference	Explanation
SCHEDULE K, PART II, LINES 3 THROUGH 12:	PROCEEDS: SERIES 2018A, SERIES 2018B, SERIES 2020A, SERIES 2020B AND SERIES 2020C BONDS WERE ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP. A PORTION OF THE SERIES 2018A, SERIES 2018B, SERIES 2020A, SERIES 2020B AND SERIES 2020C BORROWINGS WERE ALLOCATED TO ESSENTIA HEALTH WEST, AN ESSENTIA HEALTH OBLIGATED GROUP MEMBER. THE PROCEEDS LISTED IN ESSENTIA HEALTH WEST'S SCHEDULE K, PART II, LINES 3 THROUGH 12 REPRESENT ESSENTIA HEALTH WEST'S ALLOCATED PORTION OF THE PROCEEDS.

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

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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIS HEALTH LLC

Employer identification number
26-1175213

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DULUTH ECONOMIC DEVELOPMENT AUTHORITY	90-0848286	000000000	02-18-2020	116,955,000	SRS 2020C (SEE PART VI)		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	6,790,767			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	28,807,187			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	177,343			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	28,629,844			
12 Other unspent proceeds				
13 Year of substantial completion	2020			
	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 2020, a current refunding issue)?	X			
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

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 INNOVIS HEALTH LLC

Employer identification number

26-1175213

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) MELODY JAHNKE	RELATED TO CHRISTY BRINKMAN	97,025	COMPENSATION OF FAMILY MEMBER OF KEY EMPLOYEE		No
(2) GREGORY SPERLE MD	RELATED TO MICHELE THIEMAN	275,127	COMPENSATION OF FAMILY MEMBER OF KEY EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
INNOVIS HEALTH LLC

Employer identification number

26-1175213

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	MANAGEMENT COMPANY: DURING THE FISCAL YEAR ENDING JUNE 30, 2022, ROBERT GREEN SERVED AS ESSENTIA HEALTH WEST'S VICE PRESIDENT OF FINANCE THROUGH FOXHIRE, LLC. FOXHIRE WAS PAID \$226,000 DURING THE SAME TIME PERIOD FOR THESE SERVICES. MR. GREEN WAS HIRED BY ESSENTIA HEALTH WEST IN DECEMBER 2021 AND RECEIVED COMPENSATION TOTALING \$8,654 DURING CALENDAR YEAR 2021 AS REPORTED ON FORM 990 PART VII.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Optional Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 7B</p>	<p>E SYSTEM. BUDGETS. APPROVAL OF CAPITAL AND OPERATING BUDGETS OF ALL ENTITIES IN THE SYSTEM . PROFESSIONAL SERVICES. SELECTION OF THE GENERAL LEGAL COUNSEL AND EXTERNAL AUDITORS OF ALL 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. THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION ("BSBA") ALSO HAS CERTAIN RESERVED POWERS OVER ESSENTIA HEALTH'S CATHOLIC FACILITIES. BSBA'S RESERVED POWERS ARE AS FOLLOWS: MISSION. AUTHORITY TO APPROVE THE MISSION AND PURPOSE STATEMENTS FOR CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM. *ADHERENCE TO ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES (ERDS). AUTHORITY TO APPROVE THE METHODS, POLICIES AND PROCEDURES PERTAINING TO THE ADHERENCE OF CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM TO THE ERDS. *OFFICIAL CATHOLIC DIRECTORY. AUTHORITY TO OVERSEE THE LISTING OF QUALIFIED ENTITIES AND FACILITIES WITHIN THE SYSTEM IN THE OFFICIAL CATHOLIC DIRECTORY, SUBJECT TO THE APPROVAL OF APPLICABLE CATHOLIC AUTHORITIES. *CATHOLIC HEALTH ASSOCIATION. AUTHORITY TO REQUIRE CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM TO JOIN THE MEMBERSHIP OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES. ALIENATION OF STABLE PATRIMONY OR ECCLESIASTICAL GOODS. AUTHORITY TO APPROVE ALIENATION OF EITHER STABLE PATRIMONY OR OTHER ECCLESIASTICAL GOODS WITHIN THE SYSTEM IF SUCH GOODS INVOLVED IN A SPECIFIC TRANSACTION APPROVED BY ESSENTIA HEALTH PURSUANT TO THE AFFILIATION AGREEMENT, HAVE A DOLLAR VALUE EQUAL TO OR GREATER THAN 70% OF THE AMOUNT ESTABLISHED FROM TIME TO TIME THAT REQUIRES APPROVAL FROM THE HOLY SEE; PROVIDED, HOWEVER, THAT IT IS THE INTENT OF THE PARTIES THAT THIS PROVISION NOT BE APPLIED TO RESTRICT OR TO IMPEDE ESSENTIA HEALTH FROM ACTING AND MAKING DECISIONS ON BEHALF OF THE SYSTEM IN THE ORDINARY COURSE OF BUSINESS BUT BE APPLIED TO PREVENT THE TRANSFER OF SUBSTANTIAL ASSETS OF CATHOLIC ENTITIES WITHIN THE SYSTEM TO SUPPORT THE SECULAR ENTITIES WITH</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS: THE 2021 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 2021 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	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.

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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 WEST'S PRESIDENT, CHIEF MEDICAL OFFICER, CHIEF OPERATING OFFICER, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENTS OF OPERATIONS, AND CHIEF NURSING OFFICER WAS 2022. THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA HEALTH WEST'S OPERATIONS SENIOR DIRECTORS AND FACILITIES SENIOR DIRECTOR WAS 2021. THE ESSENTIA HEALTH PHYSICIAN AND PROVIDER COMPENSATION COMMITTEE HAS AN ANNUAL COMPENSATION PROCESS THAT INCLUDES A REVIEW AND RECOMMENDATION OF THE UPCOMING FISCAL YEAR'S PHYSICIAN AND PROVIDER COMPENSATION PLAN RATES AND THE COMPENSATION PLAN METHODOLOGY. COMPENSATION RATES FOR THE ESSENTIA HEALTH PHYSICIAN LEADERSHIP ARE RECOMMENDED BY THE ESSENTIA HEALTH SYSTEM EXECUTIVE LEADERSHIP TEAM BASED ON ITS REVIEW OF MARKET SURVEYS, REGIONAL COMPETITIVE FACTORS, AND THE ANNUAL BUDGET PROCESS. THE COMPEN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SATION OF ESSENTIA HEALTH PHYSICIAN, PROVIDER AND PHYSICIAN LEADERSHIP, INCLUDING APPOINTE D CHIEF AND CHAIR POSITIONS, IS REVIEWED AND APPROVED BY THE ESSENTIA HEALTH BOARD OF DIRE CTORS. THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA HEALTH WEST'S PHYSICIAN LEAD ERS AND PHYSICIAN SECTION AND DIVISION CHAIRS WAS 2022.

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E:	AFFILIATE REVENUE AND EXPENSE ALLOCATION: ESSENTIA HEALTH WEST, ESSENTIA HEALTH ADA, ESSENTIA HEALTH FOSSTON, ESSENTIA HEALTH HOLY TRINITY HOSPITAL, AND ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES ALLOCATE CERTAIN REVENUES AND EXPENSES DIRECTLY TO ESSENTIA HEALTH ADA, ESSENTIA HEALTH FOSSTON, ESSENTIA HEALTH HOLY TRINITY HOSPITAL, AND ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES, ALL RELATED ORGANIZATIONS. NET AFFILIATE REVENUE AND EXPENSE ALLOCATIONS OF (\$8,240,533) INCLUDE THE FOLLOWING TYPES OF REVENUE AND EXPENSES: NONPATIENT REVENUE; AMORTIZATION AND DEPRECIATION; PURCHASED SERVICES; PROFESSIONAL FEES; REPAIRS AND MAINTENANCE; SALARIES, WAGES, AND RELATED BENEFITS; SUPPLIES; UTILITIES; AND OTHER EXPENSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET ASSET TRANSFERS WITH RELATED ORGANIZATION -1,356,005.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**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
INNOVIS HEALTH LLC

Employer identification number

26-1175213

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(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
See Additional Data Table							

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 THRU 1132022 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)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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 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 EMS ST. MARY'S HOSPITAL OF SUPERIOR; ESSENTIA HEALTH ST. MARY'S HOSPITAL-SUPERIOR ST. MARY'S MEDICAL CENTER; ESSENTIA HEALTH ST. MARY'S MEDICAL CENTER ST. MARY'S REGIONAL HEALTH CENTER; ESSENTIA HEALTH ST. MARY'S-DETROIT LAKES

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2024 S 6TH ST BRAINERD, MN 56401 37-1532145	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
2024 S 6TH ST BRAINERD, MN 56401 37-1532148	CLINIC	MN	501(C)(3)	LINE 3	BRAINERD LAKES INTEGRATED HEALTH SYSTEM	Yes	
201 9TH ST W ADA, MN 56510 20-0479568	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
502 E 2ND ST DULUTH, MN 55805 26-1219624	SUPPORTING ORG	MN	501(C)(3)	PF	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	
4572 COUNTY ROAD 61 MOOSE LAKE, MN 55767 84-5099016	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	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	
407 E 3RD ST DULUTH, MN 55805 41-1674021	MEDICAL EQUIPMENT	MN	501(C)(3)	LINE 10	ST MARY'S MEDICAL CENTER	Yes	
5211 HWY 110 AURORA, MN 55705 41-0841441	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
705 LUNDORFF DR S SANDSTONE, MN 55072 41-1884597	HOSPITAL	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
530 E 2ND ST DULUTH, MN 55805 41-0691275	REHABILITATION SERVICES	MN	501(C)(3)	LINE 3	ST MARY'S MEDICAL CENTER	Yes	
502 E 2ND ST DULUTH, MN 55805 41-1878730	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
523 N 3RD ST BRAINERD, MN 56401 41-0695602	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	BRAINERD LAKES INTEGRATED HEALTH SYSTEM	Yes	
407 E 3RD ST DULUTH, MN 55805 41-1836633	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501 41-1805811	EMERGENCY SERVICES	MN	501(C)(3)	LINE 10	INNOVIS HEALTH LLC	Yes	
3500 TOWER AVE SUPERIOR, WI 54880 41-1811073	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S MEDICAL CENTER	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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	43,299,387	ACTUAL COSTS
ESSENTIA HEALTH	P	25,345,402	ACTUAL COSTS
ESSENTIA HEALTH	R	13,000,000	ACTUAL COSTS
ESSENTIA HEALTH FOUNDATION	B	673,443	ACTUAL COSTS
ESSENTIA HEALTH FOUNDATION	C	343,597	ACTUAL COSTS
ESSENTIA INSTITUTE OF RURAL HEALTH	R	646,580	ACTUAL COSTS
FIRST CARE MEDICAL SERVICES	Q	116,480	ACTUAL COSTS
GRACEVILLE HEALTH CENTER	Q	116,540	ACTUAL COSTS
ST MARY'S REGIONAL HEALTH CENTER	A	758,160	ACTUAL COSTS
ST MARY'S REGIONAL HEALTH CENTER	R	15,500,000	ACTUAL COSTS