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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 08-01-2011 and ending 07-31-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
STRATIS HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2901 METRO DRIVE SUITE 400

City or town, state or country, and ZIP + 4
BLOOMINGTON, MN 55425

D Employer identification number
41-0971557

E Telephone number
(952) 854-3306

G Gross receipts $ 10,209,918

F Name and address of principal officer
JENNIFER LUNDBLAD
2901 METRO DRIVE SUITE 400
BLOOMINGTON,MN 55425

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J **Website: ▶** WWW STRATISHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1971

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
LEADING COLLABORATION AND INNOVATION IN HEALTH CARE QUALITY AND SAFETY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	66
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	8,707,440	10,076,790
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,362	133,128
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,881,802	10,209,918
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,900	56,800
	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)	5,797,736	6,346,599
	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)	2,823,680	3,355,056
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,640,316	9,758,455
	19	Revenue less expenses Subtract line 18 from line 12	241,486	451,463

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,733,835	7,952,272
	21	Total liabilities (Part X, line 26)	1,471,367	2,238,446
	22	Net assets or fund balances Subtract line 21 from line 20	5,262,468	5,713,826

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

****** | 2013-06-07
Signature of officer | Date

JENNIFER LUNDBLAD PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LINDA M NELSON	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00205567
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ OLSEN THIELEN & CO LTD, 2675 LONG LAKE ROAD, ST PAUL, MN 55113			EIN ▶ 41-1360831 Phone no ▶ (651) 483-4521

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

STRATIS HEALTH IS A NON-PROFIT ORGANIZATION THAT LEADS COLLABORATION AND INNOVATION IN HEALTH CARE QUALITY AND SAFETY, AND SERVES AS A TRUSTED EXPERT IN FACILITATING IMPROVEMENT FOR PEOPLE AND COMMUNITIES

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 and section 4947(a)(1) trusts 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 $ 7,082,397 including grants of $ 56,800) (Revenue $ 10,076,790)

TO MEET OUR MISSION, STRATIS HEALTH PROVIDES TECHNICAL ASSISTANCE AND SUPPORT THROUGHOUT THE HEALTH CARE PROVIDER COMMUNITY-HOSPITALS, CLINICS, NURSING HOMES, HOME HEALTH AGENCIES-TO ENSURE THAT THEY ARE DELIVERING HEALTH CARE IN SAFE, HIGH QUALITY, AND EVIDENCE-BASED WAYS WE SUPPORT CONSUMERS IN ENGAGING WITH THE HEALTH SYSTEM, USING DATA TO MAKE INFORMED DECISIONS, AND SERVING AS AN AVENUE FOR PATIENTS TO ADDRESS QUALITY OF CARE CONCERNS OUR ONGOING WORK INCLUDES THE FOLLOWING - IN MINNESOTA, REGULARLY REACHING ALL 135 HOSPITALS, 700+ PRIMARY CARE CLINICS, AND HUNDREDS OF HEALTH CARE LEADERS WITH QUALITY IMPROVEMENT RESOURCES, TOOLS, AND INFORMATION VIA FOUR PERIODIC NEWSLETTERS HOSPITAL CHECK-IN (MONTHLY), CLINIC LINK (QUARTERLY), AND QUALITY UPDATE (TWICE/YEAR) WE ACTIVELY SUPPORT THE DISSEMINATION OF QUALITY IMPROVEMENT TOOLS AND RESOUCES ON OUR WEB SITE (WWW STRATISHEALTH ORG), WHERE AN EXTENSIVE CATALOG OF MORE THAN 3,518 ITEMS IS CONTINUALLY UPDATED AND ADDED TO - DEVELOPING AND IMPLEMENTING EDUCATIONAL PROGRAMS FOR HEALTH CARE PROVIDERS, BOTH IN-PERSON WORKSHOPS AND TRAINING SESSIONS, AND THROUGH EXTENSIVE USE OF CONFERENCE CALLS AND WEBINARS DURING THE PERIOD AUGUST 1, 2011, THROUGH JULY 31, 2012, STRATIS HEALTH OFFERED OVER 70 EDUCATIONAL EVENTS (I E , IN-PERSON WORKSHOPS AND WEBINARS) FOR PHYSICIANS AND ALLIED HEALTH CARE PROFESSIONALS IN RURAL AND URBAN AREAS OF MINNESOTA, WITH A TOTAL OF MORE THAN 2,846 PARTICIPANTS SPECIFIC ACCOMPLISHMENTS FOR PROJECTS AND INITIATIVES THAT OCCURRED IN FISCAL YEAR 2012 INCLUDE - FIELDED 1,574 HELP-LINE CALLS AND PERFORMED 1,192 REVIEWS, WHICH INCLUDED 940 APPEALS, 78 BENEFICIARY COMPLAINTS - AS THE REGIONAL EXTENSION CENTER FOR HEALTH IT, ASSISTED MORE THAN 1,347 PRIMARY CARE PROVIDERS AND 64 CRITICAL ACCESS/RURAL HOSPITALS IN MINNESOTA AND NORTH DAKOTA WITH IMPROVING CARE MANAGEMENT PRACTICES BY ADVANCING THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS (EHR) BY REPLACING PAPER MEDICAL RECORDS WITH EHR SYSTEMS, CLINICS CAN LEVERAGE TECHNOLOGY TO ENHANCE CARE MANAGEMENT OF PATIENTS, PARTICULARLY THE CHRONICALLY ILL - PROVIDED TECHNICAL ASSISTANCE TO PROVIDERS IN THE 11 COUNTIES OF THE BEACON COMMUNITY, A PROJECT LED BY MAYO CLINIC---ONE OF 15 BEACON DEMONSTRATION COMMUNITIES ACROSS THE COUNTRY SHOWING HOW MEANINGFUL USE OF EHRS CAN ACHIEVE MEASURABLE IMPROVEMENT IN QUALITY AND OUTCOMES - WORKED WITH 20 ADULT PRIMARY CARE CLINICS AND ONE PUBLIC HEALTH AGENCY ACROSS MINNESOTA---BOTH URBAN AND RURAL---AS WELL AS A PUBLIC HEALTH AGENCY, TO REDUCE LANGUAGE AND CULTURAL BARRIERS TO IMPROVE HEALTH CARE BY ENGAGING PHYSICIANS AND STAFF TO BETTER UNDERSTAND THE CHANGING DEMOGRAPHICS OF THEIR PATIENT BASE AND TO BUILD MORE CULTURALLY RELEVANT APPROACHES TO CARE DELIVERY INTO THEIR PRACTICES - MAINTAINED CULTURE CARE CONNECTION, WWW CULTURECARECONNECTION ORG, AN ONLINE LEARNING AND RESOURCE CENTER THAT PROVIDES ACTIONABLE RESOURCES ON CULTURAL COMPETENCE CONCEPTS, HEALTH TOPICS, ETHNICITIES, AND STAKEHOLDER ORGANIZATIONS, WHICH REFLECT THE NEEDS OF MINNESOTA'S DIVERSE POPULATIONS AND HEALTH CARE ORGANIZATIONS - IN CONJUNCTION WITH PARTNERS, LAUNCHED THE RARE CAMPAIGN ACROSS THE CONTINUUM OF CARE TO REDUCE AVOIDABLE HOSPITAL READMISSIONS ACROSS MINNESOTA BY 20% - SUPPORTED 43 NURSING HOMES IN A THREE-YEAR COLLABORATIVE STARTING IN 2008 WHICH FOCUSED ON REDUCING PHYSICAL RESTRAINTS AND/OR PRESSURE ULCERS RESULTS SHOW PRESSURE ULCERS RATES DECREASED 2 19% AND THE USE OF PHYSICAL RESTRAINTS DECREASED 2 96% - WORKED WITH 10 CLINICS TO LEVERAGE EHR SYSTEMS TO SUPPORT EVIDENCE BASED PRACTICE THAT WILL IMPROVE PREVENTIVE HEALTH CARE FOR MEDICARE CONSUMERS THE CLINICS MODIFY CLINICAL WORKFLOWS TO ACHIEVE GREATER EFFICIENCY WITH EHRS, FULLY UTILIZE EHRS TO COORDINATE PATIENT CARE, AND EXTRACT AND REPORT DATA FROM THEIR EHR SYSTEM TO SUPPORT QUALITY IMPROVEMENT THE CLINICS INCREASED RATES OF INFLUENZA IMMUNIZATION BY 3 05%, PNEUMOCOCCAL IMMUNIZATION 24 62%, RATES OF COLORECTAL CANCER SCREENING BY 10 66% AND RATES OF MAMMOGRAPHY BY 9 57% - WORKED WITH 11 HOSPITALS ACROSS THE STATE ON PATIENT SAFETY AND QUALITY IMPROVEMENT, SPECIFICALLY IN THE AREAS OF SURGICAL CARE, HEART FAILURE, SCIP, AND MRSA ON 2,369 OCCASIONS, MINNESOTA HOSPITALS CONTACTED STRATIS HEALTH FOR TECHNICAL ASSISTANCE ON QUALITY MEASURE DATA COLLECTION AND REPORTING, ALIGNED WITH SUPPORTING A TRANSPARENT HEALTH CARE SYSTEM PROVIDED TRAINING ON ABSTRACTING DATA THROUGH TWO CONFERENCE CALLS, STAFF FROM 72 AND 102 HOSPITALS PARTICIPATED ALSO, CONDUCTED FIVE EDUCATIONAL MEETINGS THROUGHOUT THE YEAR AT STRATIS HEALTH, 28-41 HOSPITALS PARTICIPATED IN EACH - WORKED WITH ALL MINNESOTA HOSPITALS TO COLLECT AND SUBMIT QUALITY DATA TO HOSPITAL COMPARE, AND OFFERED EDUCATIONAL AND TECHNICAL ASSISTANCE ON THE USE OF CMS REPORTING SPECIFICATIONS, SYSTEMS, AND TOOLS---ACHIEVED 100% REPORTING BY PROSPECTIVE PAYMENT SYSTEM HOSPITALS AND CRITICAL ACCESS HOSPITALS - PROVIDED TAILORED TECHNICAL ASSISTANCE TO HOSPITALS ON CLINICAL QUALITY, TEAMWORK, ORGANIZATIONAL CULTURE, AND LEADERSHIP NINE MINNESOTA HOSPITALS PARTICIPATED IN A PROJECT TO IMPROVE SURGICAL CARE BY REDUCING SURGICAL COMPLICATIONS AND IMPROVING HEART FAILURE TREATMENT THE PROJECT FOCUSED ON PREVENTING COMPLICATIONS IN FOUR AREAS THAT COMPRISE 40 PERCENT OF THE MOST COMMON COMPLICATIONS AFTER MAJOR INPATIENT SURGERY INFECTION, BLOOD CLOTS, AND ADVERSE CARDIAC AND RESPIRATORY EVENTS COLLECTIVELY, THE HOSPITALS IMPROVED ON 7 OF 8 MEASURES, EXCEEDING 5 BENCHMARKS - WORKED WITH ONE MINNESOTA HEALTH PLAN TO IMPROVE DRUG SAFETY BY IDENTIFYING TOP MEDICATIONS ASSOCIATED WITH DRUG-DRUG INTERACTIONS (DDIS) AND POTENTIALLY INAPPROPRIATE MEDICATIONS (PIMS) IN THE ELDERLY, THEN DEVELOPING EDUCATIONAL AND SYSTEM STRATEGIES WITH PROVIDERS, PHARMACIES, AND CARE COORDINATORS TO ADDRESS THESE MEDICATIONS ITS DDI AND PIM RATES IMPROVED FASTER THAN THE RATES OF OTHER MINNESOTA HEALTH PLANS - CONVENED AND SUPPORTED SIX RURAL MINNESOTA COMMUNITIES (WITH MULTIPLE HEALTH CARE PROVIDERS IN EACH COMMUNITY) IN A 10-MONTH RURAL PALLIATIVE CARE COMMUNITY DEVELOPMENT PROJECT TO BUILD THE CAPACITY OF THESE COMMUNITIES TO IMPROVE SYMPTOM AND PAIN MANAGEMENT, AND CARE COORDINATION, FOR THOSE WITH CHRONIC DISEASE, CANCER OR OTHER LIFE LIMITING DIAGNOSIS, AND THOSE AT END-OF-LIFE CONTINUED TECHNICAL ASSISTANCE SUPPORT FOR 10 RURAL COMMUNITIES IN ITS MINNESOTA RURAL PALLIATIVE CARE INITIATIVE, WHICH ALSO AIMED TO ESTABLISH OR STRENGTHEN PALLIATIVE CARE PROGRAMS IN THEIR COMMUNITIES - LAUNCHED AND MAINTAINED THE RURAL PALLIATIVE CARE RESOURCE CENTER, HTTP //WWW STRATISHEALTH ORG/EXPERTISE/LONGTERM/PALLIATIVE HTML, AND SUPPORTS A MINNESOTA NETWORKING GROUP THAT ALLOWS ITS 88 PARTICIPATING ORGANIZATIONS FROM RURAL COMMUNITIES TO SHARE BEST PRACTICES IN COMMUNITY-BASED PALLIATIVE CARE - LAUNCHED PROJECT RED (REENGINEERING DISCHARGE) WITH 17 RURAL AND URBAN HOSPITALS IN MINNESOTA TO IMPROVE HOSPITAL DISCHARGE PLANNING TO REDUCE UNNECESSARY READMISSIONS - WORKED WITH 10 CRITICAL ACCESS HOSPITALS (CAH) TO ASSESS AND IMPROVE PATIENT SAFETY CULTURE---AN ORGANIZATION'S SAFETY CULTURE SURVEY, ANALYZING AND UNDERSTANDING THE RESULTS, AND MAKING CHANGES TO SYSTEMS, PROCESSES, AND CULTURE TO IMPROVE PATIENT SAFETY - PLAYED A KEY ROLE IN IMPLEMENTING MINNESOTA'S HEALTH REFORM INITIATIVE BY PARTNERING WITH OTHER LOCAL NONPROFIT ORGANIZATIONS TO HELP CARRY OUT WORK, INCLUDING RECOMMENDING AND IMPLEMENTING THE HOSPITAL MEASURES AS PART OF THE NEW MINNESOTA STATEWIDE QUALITY REPORTING AND MEASUREMENT SYSTEM, CO-FACILITATING THE BASKETS OF CARE WORKGROUPS, DEVELOPING AND ANALYZING THE HEALTH CARE HOMES READINESS ASSESSMENT, AND SERVING ON THE COMMISSIONER'S HEALTH REFORM CONSUMER ENGAGEMENT ADVISORY GROUP GRANTS TO OTHER ORGANIZATIONSDURING THE FISCAL YEAR AUGUST 1, 2011, THROUGH JULY 31, 2012, STRATIS HEALTH PROVIDED FINANCIAL GRANTS TOTALING $56,800 TO ORGANIZATIONS THAT FOSTER EXCELLENCE IN HEALTH CARE OR PROVIDING EDUCATIONAL MESSAGES AND RESOURCES WITH THE GOAL OF IMPROVING THE HEALTH OF MINNESOTANS AS A NONPROFIT ORGANIZATION GUIDED BY AN INDEPENDENT COMMUNITY-BASED BOARD OF DIRECTORS, STRATIS HEALTH IS COMMITTED TO BEING A RESPONSIBLE AND ENGAGED COMMUNITY MEMBER THE BUILDING HEALTHIER COMMUNITIES GRANTS SUPPORT INITIATIVES THAT CAN HELP GROW AN APPRECIATION FOR THE CULTURE OF HEALTH CARE QUALITY IN MINNESOTA

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**▶$ 7,082,397

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a** 32			
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a** 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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 to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 15			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

FRANCIS F KAMARA
2901 METRO DRIVE STE 400
BLOOMINGTON, MN 55425
(952) 854-3306

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

Check if Schedule O contains a response to any question in this Part VII . . . .

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DALE THOMPSON CHAIRMAN	1 00	X		X				0	0	0
(2) WILLIAM E JACOTT MD VICE CHAIR	1 00	X		X				0	0	0
(3) CLINT MACKINNEY MD MS SECRETARY	1 00	X		X				0	0	0
(4) DEE H KEMNITZ TREASURER	1 00	X		X				0	0	0
(5) KATHLEEN D BROOKS MD MBA MPA DIRECTOR	1 00	X						0	0	0
(6) RUTH STRYKER-GORDONMA RN DIRECTOR	1 00	X						0	0	0
(7) MICHELLE KIMBALL DIRECTOR	1 00	X						0	0	0
(8) ALISON PAGE MSN MHA DIRECTOR	1 00	X						0	0	0
(9) HUDA FARAH MSC DIRECTOR	1 00	X						0	0	0
(10) LUCINDA JESSON JD DIRECTOR	1 00	X						0	0	0
(11) MICHAEL T SPILANE MD DIRECTOR	1 00	X						0	0	0
(12) BETH MONSRUD CPA DIRECTOR	1 00	X						0	0	0
(13) CONNIE W DELANEY PHD RN DIRECTOR	1 00	X						0	0	0
(14) GARY WINGROVE DIRECTOR	1 00	X						0	0	0
(15) STEPHEN J SWENSEN MD FACR DIRECTOR	1 00	X						0	0	0
(16) JENNIFER P LUNDBLAD PRESIDENT/CEO	40 00			X				197,722	0	13,326
(17) MICHAEL J NOVAK VP FINANCE/CFO	40 00			X				126,711	0	9,907

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) PAUL KLEEBERG CHIEF MED INFORMATICS OFFICER	40 00					X		309,707	0	15,088
(19) JANE PEDERSON DIRECTOR MEDICAL AFFAIRS	32 00					X		179,290	0	11,640
(20) GREG LINDEN VP INFORMATION SYSTEMS	40 00					X		146,615	0	18,015
(21) CATHERINE WEIK SENIOR VP ADMINISTRATION	40 00					X		139,603	0	11,471
(22) JULIE CARLSON DIRECTOR, HEALTH INFORMATION TECHNOLOGY	40 00					X		124,241	0	6,455

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	1,223,889	0	85,902

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶10

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	**1a**	Federated campaigns . .	**1a**				
	b	Membership dues	**1b**				
	c	Fundraising events	**1c**				
	d	Related organizations . . .	**1d**				
	e	Government grants (contributions)	**1e**				
	f	All other contributions, gifts, grants, and similar amounts not included above	**1f**				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶					
Program Service Revenue			Business Code				
	2a	HEALTH CARE PROGRAM	900099	6,128,369	6,128,369		
	b	FEES & CONTRACTS FROM	900099	3,948,421	3,948,421		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		10,076,790			
Other Revenue	**3**	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		133,128			133,128
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					

	(i) Real	(ii) Personal
6a Gross rents		
b Less rental expenses		
c Rental income or (loss)		

d Net rental income or (loss) . . . . ▶

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory		
b Less cost or other basis and sales expenses		
c Gain or (loss)		

d Net gain or (loss) . . . . ▶

8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . . **a**

b Less direct expenses . . . **b**

c Net income or (loss) from fundraising events . . ▶

9a Gross income from gaming activities See Part IV, line 19 . . . **a**

b Less direct expenses . . . **b**

c Net income or (loss) from gaming activities . . . ▶

10a Gross sales of inventory, less returns and allowances . **a**

b Less cost of goods sold . . **b**

c Net income or (loss) from sales of inventory . . ▶

	Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . . ▶					
12	**Total revenue.** See Instructions . . . ▶		10,209,918	10,076,790	0	133,128

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	56,800	56,800		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,666	28,802	318,864	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,869,689	3,501,998	1,367,691	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	136,069	99,206	36,863	
9 Other employee benefits	644,702	450,902	193,800	
10 Payroll taxes	348,473	236,758	111,715	
11 Fees for services (non-employees)				
a Management				
b Legal	22,345	69	22,276	
c Accounting	20,997		20,997	
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees				
g Other	1,922,207	1,834,234	87,973	
12 Advertising and promotion	6,500		6,500	
13 Office expenses	262,688	195,378	67,310	
14 Information technology				
15 Royalties . .				
16 Occupancy	493,852	325,681	168,171	
17 Travel	174,283	131,641	42,642	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	111,650	83,929	27,721	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	102,331	67,722	34,609	
23 Insurance	42,332		42,332	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DUES & SUBSCRIPTIONS	73,316	43,045	30,271	
b TRAINING & RECRUITING	69,674	48	69,626	
c DATA PROCESSING	39,149	26,184	12,965	
d EMPLOYEE RELATIONS	13,732		13,732	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,758,455	7,082,397	2,676,058	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		862,652	1	1,970,768
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,486,157	3	1,164,410
	4	Accounts receivable, net		176,839	4	408,937
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		72,571	9	113,457
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,786,271			
	b	Less accumulated depreciation	10b 1,693,984	140,250	10c	92,287
	11	Investments—publicly traded securities		3,995,366	11	4,202,413
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,733,835	16	7,952,272
Liabilities	17	Accounts payable and accrued expenses		690,259	17	948,588
	18	Grants payable			18	
	19	Deferred revenue		781,108	19	1,289,858
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,471,367	26	2,238,446
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,262,468	27	5,713,826
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,262,468	33	5,713,826
	34	Total liabilities and net assets/fund balances		6,733,835	34	7,952,272

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,209,918
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,758,455
3	Revenue less expenses Subtract line 2 from line 1	3	451,463
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	5,262,468
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-105
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,713,826

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STRATIS HEALTH

Employer identification number
41-0971557

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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	6,872,863	5,329,771	6,215,397	8,707,440	10,076,790	37,202,261
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	6,872,863	5,329,771	6,215,397	8,707,440	10,076,790	37,202,261
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						37,202,261

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6	6,872,863	5,329,771	6,215,397	8,707,440	10,076,790	37,202,261
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	593,690	145,856	106,151	174,362	133,128	1,153,187
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	593,690	145,856	106,151	174,362	133,128	1,153,187
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	7,466,553	5,475,627	6,321,548	8,881,802	10,209,918	38,355,448

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	96 990 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	**16**	95 880 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	3 010 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	4 120 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STRATIS HEALTH

Employer identification number
41-0971557

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶__________

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ __________

(ii) Assets included in Form 990, Part X ▶ $ __________

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

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

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

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements		213,085	203,483	9,602
d Equipment		1,573,186	1,490,501	82,685
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				92,287

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,209,918
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,758,455
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	451,463
4	Net unrealized gains (losses) on investments	4	-105
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-105
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	451,358

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

1	Total revenue, gains, and other support per audited financial statements			1	11,056,012
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-105		
b	Donated services and use of facilities	2b	846,199		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	846,094
3	Subtract line **2e** from line **1**			3	10,209,918
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,209,918

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,604,654
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	846,199		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	846,199
3	Subtract line **2e** from line **1**			3	9,758,455
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,758,455

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 DISCLOSURE THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED THE ORGANIZATION IS ALSO EXEMPT FROM MINNESOTA INCOME TAXES THE ORGANIZATION REVIEWS INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX UNCERTAINTIES THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME THE ORGANIZATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITIONS THE ORGANIZATION HAS IDENTIFIED NO INCOME TAX UNCERTAINTIES THE ORGANIZATION FILES INFORMATION RETURNS AS A TAX-EXEMPT ORGANIZATION SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS THE ORGANIZATION'S FEDERAL AND STATE TAX RETURNS ARE OPEN TO EXAMINATION FOR TAX YEARS 2009 THROUGH 2011

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STRATIS HEALTH

Employer identification number
41-0971557

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) MINNESOTA INSTITUTE OF PUBLIC HEALTH2720 HIGHWAY 10 NE MOUNDS VIEW,MN 55112	41-1907276	501(C)(3)	10,000				GRANT FOR BUILDING HEALTHIER COMMUNITIES
(2) UNIVERSITY OF MINNESOTA SCHOOL OF NURSING CO U OF M FOUNDATION140 WDH 308 HARVARD ST SE MINNEAPOLIS,MN 55455	41-6042488	501(C)(3)	9,000				GRANT FOR BUILDING HEALTHIER COMMUNITIES
(3) MULTILINGUAL HEALTH CO HEALTH EAST FOUNDATION1690 UNIVERSITY AVE WEST STE 250 ST PAUL,MN 55104	41-1602044	501(C)(3)	10,000				GRANT FOR BUILDING HEALTHIER COMMUNITIES
(4) LEECH LAKE TRIBAL COUNCIL115 SIXTH STREET NW SUITE E CASS LAKE,MN 56633	41-1242052	TRIBAL NATION	10,000				GRANT FOR BUILDING HEALTHIER COMMUNITIES
(5) MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE2365 MCKNIGHT ROAD NORTH SUITE 2 ST PAUL,MN 55109	41-1414694	501(C)(3)	10,000				GRANT FOR BUILDING HEALTHIER COMMUNITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
		STRATIS HEALTH PROVIDES FINANCIAL GRANTS TO ORGANIZATIONS THAT FOSTER EXCELLENCE IN HEALTHCARE OR PROVIDING EDUCATIONAL MESSAGES AND RESOURCES WITH THE GOAL OF IMPROVING THE HEALTH OF MINNESOTANS AS A NON-PROFIT ORGANIZATION GUIDED BY AN INDEPENDENT COMMUNITY-BASED BOARD OF DIRECTORS, STRATIS HEALTH IS COMMITTED TO BEING A RESPONSIBLE AND ENGAGED COMMUNITY MEMBER THE BUILDING HEALTHIER COMMUNITIES GRANTS FOR INSTANCE, SUPPORT INITIATIVES THAT CAN HELP GROW AN APPRECIATION FOR THE CULTURE OF HEALTH CARE QUALITY IN MINNESOTA

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STRATIS HEALTH

Employer identification number
41-0971557

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER P LUNDBLAD	(i)	197,722	0	0	6,810	6,516	211,048	0
	(ii)	0	0	0	0	0	0	0
(2) PAUL KLEEBERG	(i)	309,707	0	0	2,114	12,974	324,795	0
	(ii)	0	0	0	0	0	0	0
(3) JANE PEDERSON	(i)	179,290	0	0	5,785	5,855	190,930	0
	(ii)	0	0	0	0	0	0	0
(4) GREG LINDEN	(i)	146,615	0	0	5,041	12,974	164,630	0
	(ii)	0	0	0	0	0	0	0
(5) CATHERINE WEIK	(i)	139,603	0	0	4,955	6,516	151,074	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STRATIS HEALTH

Employer identification number
41-0971557

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CFO AND CONTROLLER, AND COPIES OF THE RETURN ARE PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 12C	STRATIS HEALTH HAS AN ORGANIZATIONAL CONFLICT OF INTEREST POLICY WHICH IS INCORPORATED INTO ITS COMPLIANCE PLAN INITIALLY UPON ELECTION TO THE STRATIS HEALTH BOARD OF DIRECTORS AND HIRE TO THE ORGANIZATION AND ON AN ANNUAL BASIS, ALL STRATIS HEALTH BOARD MEMBERS, SENIOR MANAGEMENT AND OTHER KEY STRATIS HEALTH PERSONNEL ARE REQUIRED TO REVIEW THE POLICY AND COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE SO THAT STRATIS HEALTH IS AWARE AND ABLE TO DEVELOP MITIGATION PLANS TO MANAGE ANY POTENTIAL, PERCEIVED OR REAL CONFLICTS THE PROCESS IS MANAGED BY STRATIS HEALTH'S SENIOR VICE PRESIDENT ADMINISTRATION/COMPLIANCE OFFICER
	FORM 990, PART VI, SECTION B, LINE 15	IN ACCORDANCE WITH INTERNAL REVENUE CODE (IRC SECTION 4958) STRATIS HEALTH IMPLEMENTED AN EXECUTIVE COMPENSATION INTERMEDIATE SANCTIONS COMPLIANCE PLAN (ISCP) IN 2005 THE COMPENSATION SETTING COMMITTEE IS COMPRISED OF MEMBERS OF STRATIS HEALTH'S EXECUTIVE/FINANCE BOARD COMMITTEE THE COMMITTEE SERVES AS THE DECISION-MAKING BODY IN DETERMINING REASONABLE LEVELS OF COMPENSATION AND BENEFITS FOR THE CEO, SR VP AND CFO POSITIONS THE COMMITTEE IS RESPONSIBLE TO GATHER SALARY AND BENEFIT COMPARABILITY DATA, WHICH IS DONE ON A BI-ANNUAL BASIS BASED ON REVIEW AND APPROVAL OF THE DATA, THE COMMITTEE IS RESPONSIBLE TO APPROVE AND FINALIZE THE SALARY RANGE FOR EACH OF THE REVIEWED POSITIONS THE COMMITTEE ALSO HAS THE RESPONSIBILITY TO APPROVE THE CEO'S SALARY INCREASE ON AN ANNUAL BASIS THE COMMITTEE ENGAGES A CONSULTANT TO CONDUCT AN INDEPENDENT SURVEY AND REVIEW OF THE SALARY DATA COLLECTED
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES THE FOLLOWING UPON REQUEST AN ANNUAL REPORT THAT INCLUDES - A DESCRIPTION OF THE ORGANIZATION'S PURPOSE - A DESCRIPTION OF ITS PROGRAM ACTIVITIES AND ACCOMPLISHMENTS AND GEOGRAPHIC AREA SERVED, - A SUMMARY OF THE TOTAL COST OF EACH MAJOR PROGRAM (TO THE EXTENT REQUIRED IN THE IRS FORM 990), AND - A LIST OF THE ORGANIZATION'S BOARD OF DIRECTORS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -105
	FORM 990, PART XI, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR