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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

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 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 \$ 8,521,038 including grants of \$ 90,150 ) (Revenue \$ 12,092,493 )

TO MEET OUR MISSION, STRATIS HEALTH FOCUSES ON CLINICAL QUALITY IMPROVEMENT, ORGANIZATIONAL AND COMMUNITY CHANGE MANAGEMENT, AND CONSUMER EDUCATION, SUPPORT AND PROTECTION WE PROVIDE TECHNICAL ASSISTANCE AND SUPPORT ACROSS THE HEALTH CARE PROVIDER COMMUNITYHOSPITALS, CLINICS, NURSING HOMES, HOME HEALTH AGENCIES AND OTHERSTO SUPPORT THEIR DELIVERY OF HEALTH CARE IN SAFE, HIGH QUALITY, AND EVIDENCE-BASED WAYS WE BRING TOGETHER COMMUNITIES AND NETWORKS TO PLAN STRATEGIES FOR IMPROVING HEALTH AND CARE DELIVERY SEE SCHEDULE O FOR CONTINUATION

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

8,521,038

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 <b>Section 501(c)(3) organizations.</b> 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	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 Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a 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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c			
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.		
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	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 this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶FRANCIS F KAMARA 2901 METRO DRIVE NO 400 MINNEAPOLIS, 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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN D BROOKS MD MBA MPA CHAIRMAN	1 00	X		X				0	0	0
(2) GARY WINGROVE EMS VICE CHAIR	1 00	X		X				0	0	0
(3) CRAIG SVENDSEN MD SECRETARY	1 00	X		X				0	0	0
(4) BETH MONSRUD CPA TREASURER	1 00	X		X				0	0	0
(5) DONNA ANDERSON MPH DIRECTOR	1 00	X						0	0	0
(6) CONNIE W DELANEY PHD RN FAAN FAC DIRECTOR	1 00	X						0	0	0
(7) MYRON FALKEN PHD MPH MS RS RN DIRECTOR	1 00	X						0	0	0
(8) HUDA FARAH MSC DIRECTOR	1 00	X						0	0	0
(9) RENEE FRAUENDIENST RN BSN DIRECTOR	1 00	X						0	0	0
(10) KEN JOHNSON MBA DIRECTOR	1 00	X						0	0	0
(11) STEPHEN KOLAR MD FACP DIRECTOR	1 00	X						0	0	0
(12) MARY JO KREITZER PHD RN FAAN DIRECTOR	1 00	X						0	0	0
(13) JAN MALCOLM DIRECTOR	1 00	X						0	0	0
(14) STELLA WHITNEY-WEST MBA DIRECTOR	1 00	X						0	0	0
(15) MIKE WILCOX MD DIRECTOR	1 00	X						0	0	0
(16) JENNIFER P LUNDBLAD PHD MBA PRESIDENT/CEO	40 00			X				229,849	0	19,436
(17) MICHAEL J NOVAK VP FINANCE/CFO	40 00			X				136,907	0	13,269

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL KLEEBERG MD CHIEF MED INFORMATICS OFFICER	40 00					X		331,335	0	21,606
(19) JANE PEDERSON MD DIRECTOR MEDICAL AFFAIRS	32 00					X		180,247	0	26,783
(20) GREG LINDEN MBA CPHIT CPEHR VP INFORMATION SYSTEMS	40 00					X		155,912	0	21,590
(21) CATHERINE WEIK MAL SPHR SENIOR VP ADMINISTRATION	40 00					X		160,767	0	19,806
(22) ELIZABETH JEPPESEN RN BSN CPHQ VP PROGRAM INTEGRITY	40 00					X		134,258	0	22,287
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,329,275	0	144,777

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	14
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		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTH DAKOTA HEALTH CARE REVIEW INC 3520 NORTH BROADWAY MINOT ND 58703	SUB-CONTRACTOR FOR REACH CONTRACT # 90RC	314,535
NATIONAL RURAL HEALTH RESOURCE CENTER 600 EAST SUPERIOR STREET SUITE 402 DULUTH MN 55802	SUB-CONTRACTOR FOR REACH CONTRACT # 90RC	203,447
THE COLLEGE OF ST SCHOLASTICA 1200 KENWOOD AVENUE DULUTH MN 55811	SUB-CONTRACTOR FOR REACH CONTRACT # 90RC	191,039

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 ▶3

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	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	2a	FEES AND CONTRACTS	Business Code				
			900099	6,631,732	6,631,732		
	b	HEALTH CARE PROGRAM	900099	5,460,761	5,460,761		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		12,092,493			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		176,565		176,565
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		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					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		12,269,058	12,092,493	0	176,565	

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 governments and organizations in the United States. See Part IV, line 21.	90,150	90,150		
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.	379,654		379,654	
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.	5,298,354	3,574,817	1,723,537	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	189,260	125,790	63,470	
9	Other employee benefits.	1,658,825	1,111,100	547,725	
10	Payroll taxes.	446,086	296,488	149,598	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	25,038	2,295	22,743	
c	Accounting.	22,703		22,703	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	33,000		33,000	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,687,252	2,496,682	190,570	
12	Advertising and promotion.	6,500	6,500		
13	Office expenses.	355,834	295,092	60,742	
14	Information technology.				
15	Royalties.				
16	Occupancy.	534,003	96,376	437,627	
17	Travel.	163,893	108,388	55,505	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	98,330	98,330		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	174,340	107,952	66,388	
23	Insurance.	41,734		41,734	
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	BAD DEBT	74,967		74,967	
b	DATA PROCESSING	67,615	46,213	21,402	
c	TRAINING & RECRUITING	64,308	25,857	38,451	
d	DUES & SUBSCRIPTIONS	55,535	39,008	16,527	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	12,467,381	8,521,038	3,946,343	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 X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,509,558	1	1,714,405
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,515,001	3	947,997
	4	Accounts receivable, net		291,442	4	147,726
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		72,651	9	67,469
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,453,271		
	b	Less accumulated depreciation	10b	1,906,028	716,458	10c547,243
	11	Investments—publicly traded securities		4,606,180	11	5,265,680
	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)		8,711,290	16	8,690,520
Liabilities	17	Accounts payable and accrued expenses		1,407,599	17	1,331,530
	18	Grants payable			18	
	19	Deferred revenue		1,099,850	19	800,219
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	254,478
	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		32,125	25	23,972
	26	Total liabilities. Add lines 17 through 25		2,539,574	26	2,410,199
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		6,171,716	27	6,280,321
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		6,171,716	33	6,280,321
	34	Total liabilities and net assets/fund balances		8,711,290	34	8,690,520

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	12,269,058
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,467,381
3	Revenue less expenses Subtract line 2 from line 1	3	-198,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,171,716
5	Net unrealized gains (losses) on investments	5	306,928
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,280,321

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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

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.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public  
Inspection

<b>Name of the organization</b> STRATIS HEALTH	<b>Employer identification number</b> 41-0971557
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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 11, check only one box )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in (i) above? <b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	6,215,397	8,707,440	10,076,790	11,415,991	12,092,493	48,508,111
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	6,215,397	8,707,440	10,076,790	11,415,991	12,092,493	48,508,111
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				4,492,347	4,908,783	9,401,130
c Add lines 7a and 7b				4,492,347	4,908,783	9,401,130
8 Public support (Subtract line 7c from line 6.)						39,106,981

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	6,215,397	8,707,440	10,076,790	11,415,991	12,092,493	48,508,111
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,151	174,362	133,128	226,326	176,565	816,532
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	106,151	174,362	133,128	226,326	176,565	816,532
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.)	6,321,548	8,881,802	10,209,918	11,642,317	12,269,058	49,324,643
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 2013 (line 8, column (f) divided by line 13, column (f))	15	79.280%	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.150%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.660%	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.850%	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
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, 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 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i) 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 (ASC 958) relating to these items  

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 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" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (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

Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to 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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		416,930	258,600	158,330
d Equipment . . . . .		2,036,341	1,647,428	388,913
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				547,243

Schedule D (Form 990) 2013



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	12,542,986
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	306,928
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	306,928
3	Subtract line 2e from line 1 . . . . .	3	12,236,058
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	33,000
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	33,000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	12,269,058

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	12,434,381
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	0
3	Subtract line 2e from line 1 . . . . .	3	12,434,381
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	33,000
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	33,000
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	12,467,381

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
PART X, LINE 2	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 SIGNIFICANT 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 2011 THROUGH 2013.

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
STRATIS HEALTH

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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. Part II can be duplicated 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) EMPIRA INC 7485 OFFICE RIDGE CIRCLE EDEN PRAIRIE, MN 55344	41-2014466	501(C)(3)	9,500		N/A	N/A	GRANT FOR BUILDING HEALTHIER COMMUNITIES IN MINNESOTA
(2) CENTER FOR LEADERSHIP INNOVATION PO BOX 2286 ATTN CINDY SOBONIA ST CLOUD, MN 56302	27-2454241	501(C)(3)	25,000		N/A	N/A	GRANT FOR BUILDING HEALTHIER COMMUNITIES IN MINNESOTA
(3) MN COMMUNITY HEALTH WORKER ALLIANCE 875 SUMMIT AVE ATTN JULIE RALSTON AOKI ST PAUL, MN 55105	45-2787308	501(C)(3)	17,800		N/A	N/A	GRANT FOR BUILDING HEALTHIER COMMUNITIES IN MINNESOTA
(4) WHITE EARTH BAND OF CHIPPEWA DBA WHITE EARTH TRIBAL COUNCIL PO BOX 418 WHITE EARTH, MN 56591	41-1737979	N/A	10,000		N/A	N/A	GRANT FOR BUILDING HEALTHIER COMMUNITIES IN MINNESOTA
(5) MN DIABETES & HEART HEALTH COLLABORATIVE ATTN JENNIFER PEMPEK MN DEPT OF HLTH FED GRANTS/BUDGET 625 ROBERTS ST PAUL, MN 551640975	41-6007162	N/A	9,500		N/A	N/A	GRANT FOR BUILDING HEALTHIER COMMUNITIES IN MINNESOTA
(6) EMS TIME CRITICAL CARE WEB-BASED TRAINING MN DEPT OF HEALTH FED GRANTS/BUDGET 625 ROBERTS ST NO ST PAUL, MN 551640975	41-6007162	N/A	10,000		N/A	N/A	GRANT FOR BUILDING HEALTHIER COMMUNITIES IN MINNESOTA

2

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

3

3

Enter total number of other organizations listed in the line 1 table . . . . .

3

**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.  
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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**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	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 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 STRATIS HEALTH MONITORS THE USE OF THEIR GRANT FUNDS BY REQUIRING THE GRANTEE TO SUBMIT A FINAL PROGRAM SUMMARY REPORT WHICH INCLUDES THE PROGRAM DESCRIPTION, A DETAILED NARRATIVE DESCRIBING HOW THE FUNDS WERE USED AND HOW THE GRANTEE HAS ACHIEVED THE GOALS SET FORTH IN THEIR GRANT AGREEMENT AND THEIR PLANS FOR LONG TERM PROGRAM SUSTAINABILITY

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, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
STRATIS HEALTH

Employer identification number  
41-0971557

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate 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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in 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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JENNIFER P LUNDBLAD PHD MBA PRESIDENT/CEO	(i) (ii)	229,849 0	0 0	0 0	8,029 0	11,407 0	249,285 0	0 0
(2)MICHAEL J NOVAK VP FINANCE/CFO	(i) (ii)	136,907 0	0 0	0 0	4,869 0	8,400 0	150,176 0	0 0
(3)PAUL KLEEBERG MD CHIEF MED INFORMATICS OFFICER	(i) (ii)	331,335 0	0 0	0 0	9,100 0	12,506 0	352,941 0	0 0
(4)JANE PEDERSON MD DIRECTOR MEDICAL AFFAIRS	(i) (ii)	180,247 0	0 0	0 0	6,586 0	20,197 0	207,030 0	0 0
(5)GREG LINDEN MBA CPHIT CPEHR VP INFORMATION SYSTEMS	(i) (ii)	155,912 0	0 0	0 0	5,869 0	15,721 0	177,502 0	0 0
(6)CATHERINE WEIK MAL SPHR SENIOR VP ADMINISTRATION	(i) (ii)	160,767 0	0 0	0 0	5,800 0	14,006 0	180,573 0	0 0
(7)ELIZABETH JEPPESEN RN BSN CPHQ VP PROGRAM INTEGRITY	(i) (ii)	134,258 0	0 0	0 0	5,821 0	16,466 0	156,545 0	0 0

**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
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2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

[www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

STRATIS HEALTH

Employer identification number

41-0971557

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A PROGRAM NARRATIVE CONTINUATION	<p>THE FOLLOWING SUMMARIZES OUR WORK DURING THE FISCAL YEAR AUGUST 1, 2013, THROUGH JULY 31, 2014 STRATIS HEALTH'S LARGEST BODIES OF WORK INCLUDED -SERVING AS THE MEDICARE QUALITY IMPROVEMENT ORGANIZATION (QIO) FOR MINNESOTA ON BEHALF OF THE CENTERS FOR MEDICARE &amp; MEDICA ID SERVICES (CMS) -LEADING THE FEDERAL REGIONAL EXTENSION CENTER FOR HIT FOR MINNESOTA AND NORTH DAKOTA ON BEHALF OF THE OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY (HIT) OTHER STRATIS HEALTH WORK FACILITATED HEALTH CARE QUALITY IMPROVEMENT AND SAFETY FOR PEOPLE AND COMMUNITIES IN MINNESOTA AND ACROSS THE NATION THIS WORK WAS PRIM ARILY IN HEALTH INFORMATION TECHNOLOGY TO ADVANCE E-HEALTH, RURAL HEALTH QUALITY IMPROVEME NT TO BUILD AND STRENGTHEN INFRASTRUCTURE, LONG-TERM CARE PROMOTING QUALITY ASSURANCE PERF ORMANCE IMPROVEMENT (QAPI), CULTURAL COMPETENCE, AND PATIENT SAFETY MEDICARE QIO FOR MINN ESOTA SERVING AS THE QUALITY IMPROVEMENT ORGANIZATION (QIO) FOR MINNESOTA, ON BEHALF OF TH E CENTERS FOR MEDICARE &amp; MEDICAID SERVICES (CMS), STRATIS HEALTH CONVENED PROVIDERS, PRACT IONERS AND PATIENTS TO BUILD AND SHARE KNOWLEDGE, SPREAD BEST PRACTICES, AND ACHIEVE RAPID , WIDE-SCALE IMPROVEMENTS IN PATIENT CARE, IMPROVE POPULATION HEALTH, AND DECREASE HEALTH CARE COST STRATIS HEALTH BROUGHT TOGETHER COMMUNITIES IN STATEWIDE LEARNING AND ACTION NE TWORKS TO ACHIEVE NATIONAL QUALITY GOALS WE SUPPORTED PROVIDERS AND PRACTIONERS WITH EVID ENCE-BASED CLINICAL INTERVENTIONS AND OBJECTIVE EXPERTISE WE PROTECTED MEDICARE BENEFICIA RIES AND IMPROVED THE VALUE OF HEALTH CARE BY ADDRESSING QUALITY COMPLAINTS AND DISCHARGE APPEALS MEDICARE BENEFICIARIES TO BOLSTER THE MINNESOTA HEALTH CARE COMMUNITY'S EFFORTS TO REDUCE MEDICAL ERRORS, STRATIS HEALTH FIELDIED OVER 1,700 HELP-LINE CALLS AND PERFORMED 1, 169 REVIEWS, WHICH INCLUDED 1,054 APPEALS ABOUT DISCONTINUATION OF NURSING HOME SKILLED SE RVICE, HOME HEALTH SKILLED SERVICE, AND HOSPICE SERVICES OR HOSPITAL DISCHARGES STRATIS H EALTH HELPS CONSUMERS ENGAGE WITH THE HEALTH SY STEM, USING DATA TO MAKE INFORMED DECISIONS , AND SERVING AS AN AVENUE FOR PATIENTS TO ADDRESS QUALITY OF CARE CONCERNS ACROSS THE CA RE CONTINUUM STRATIS HEALTH USED A COMMUNITY-BASED APPROACH TO SUPPORT THE BRAINERD, DULUT H, AND TWIN CITIES NORTH METRO AREAS TO IMPROVE TRANSITIONS BETWEEN CARE FACILITIES AND RE DUCE HOSPITAL READMISSIONS AMONG THE 71,000 BENEFICIARIES COLLECTIVELY SERVED WHAT BEGAN AS SIX HOSPITALS, 18 NURSING HOMES, AND EIGHT HOME HEALTH AGENCIES TALKING ABOUT OBSTACLES BECAME IMPLEMENTATION OF CHANGES THAT CONTRIBUTED TO 3,811 FEWER HOSPITAL ADMISSIONS AND 933 FEWER READMISSIONS ADULT PRIMARY CARE CLINICS ALL OF THE 23 PROVIDERS WHO WORKED WITH STRATIS HEALTH TO FACILITATE REPORTING OF CLINICAL MEASURES THROUGH THE PHY SICIAN QUALITY REPORTING SY STEM (PQRS) AND TO TRACK IMPROVEMENT RECEIVED THE INCENTIVE PAY MENTS FOR USIN G THEIR ELECTRONIC HEALTH RECORD (EHR) SY STEMS TO REPORT PQRS MEASURES FOR THE 31 MEDICAL CLINICS THAT STRATIS HEALTH WORKED WITH TO TRACK QUALITY IMPROVEMENTS IN CARDIAC CARE, 7, 260 OF THEIR PATIENT VISITS MET CLINICAL CARE GOALS FOR USE OF ASPIRIN, BLOOD PRESSURE CON TROL, CHOLESTEROL MANAGEMENT, AND SMOKING CESSATION STRATIS HEALTH COLLABORATED WITH THE MINNESOTA DEPARTMENT OF HEALTH (MDH) TO IMPROVE BLOOD PRESSURE CONTROL IN FOUR NORTHEASTER N MINNESOTA COMMUNITIES AS PART OF THE MILLION HEARTS INITIATIVE PARTNERING WITH THE REGI ONAL EXTENSION ASSISTANCE CENTER FOR HEALTH INFORMATION TECHNOLOGY, WHICH SERVES MINNESOTA AND NORTH DAKOTA, STRATIS HEALTH PROMOTED THE USE OF HEALTH INFORMATION TECHNOLOGY TO IMP ROVE POPULATION HEALTH IN ADDITION TO IMPROVEMENTS IN CARDIOV ASCULAR HEALTH, THIS WORK AS SISTS PRIMARY CARE CLINICS IN OPTIMIZING EHR AS A TOOL TO INCREASE PREVENTIVE SERVICES LIK E MAMMOGRAPHY SCREENINGS, COLORECTAL CANCER SCREENINGS, AND FLU AND PNEUMOCOCCAL IMMUNIZAT IONS HOSPITALS STRATIS HEALTH ASSISTED HOSPITALS WITH QUALITY REPORTING AND IMPROVEMENT I NITIATIVES BY CREATING A BRIDGE BETWEEN STATE AND NATIONAL EFFORTS, INCLUDING UNDERSTANDIN G VALUE-BASED PURCHASING, A REWARDS SY STEM WITH INCENTIVE PAY MENTS FOR QUALITY OF CARE TO ENHANCE PATIENT SAFETY, STRATIS HEALTH PROVIDED DIRECT TECHNICAL ASSISTANCE TO 12 HOSPITA LS WORKING TO REDUCE HOSPITAL-ACQUIRED INFECTIONS WITHIN THEIR 22 PATIENT CARE UNITS, STR ATIS HEALTH DOCUMENTED A 32 PERCENT RELATIVE IMPROVEMENT RATE FOR CATHETER-ASSOCIATED URIN ARY TRACT INFECTIONS, A DECREASE FROM 175 TO 119 INFECTIONS BETWEEN 2012 AND 2014 STATEWI DE, STRATIS HEALTH CO-LEADS INFECTION REDUCTION EFFORTS AS PART OF THE COLLABORATIVE HEALT HCARE ASSOCIATED INFECTION NETWORK (CHAIN) WITH THE ASSOCIATION FOR PROFESSIONALS IN INFEC TION CONTROL AND EPIDEMIOLOGY (MINNESOTA CHAPTER), MDH, AND THE MINNESOTA HOSPITAL ASSOCIA TION (MHA) THROUGH THE RARE CAMPAIGN, LED BY STRATIS HEALTH, MHA, AND THE INSTITUTE FOR C LINICAL SY STEMS IMPROVEMENT, 86 HOSPITALS HAVE PREVENTED 7,975 AVOIDABLE HOSPITAL READMISS IONS SINCE 2011-EQUATING TO 31,900 MORE NIGHTS SLE</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A PROGRAM NARRATIVE CONTINUATION	<p>EP FOR PATIENTS IN THEIR OWN BEDS FROM 2010 THROUGH THE FOURTH QUARTER OF 2013, MINNESOTA HOSPITALS REACHED A COLLECTIVE REDUCTION IN READMISSIONS OF 19 PERCENT, USING EVIDENCE-BASED STRATEGIES LIKE COMPREHENSIVE DISCHARGE PLANNING, MEDICATION MANAGEMENT, AND TRANSITIONS SUPPORT STRATIS HEALTH WORKED WITH SIX HOSPITALS TO ADVANCE THE USE OF MEDICATION THERAPY MANAGEMENT TO REDUCE ADVERSE DRUG EVENTS NURSING HOMES STRATIS HEALTH'S STATEWIDE WORK WITH 171 NURSING HOMES INCLUDED ENHANCING SYSTEMS OF CARE THAT LEAD TO BETTER OUTCOMES, ADDRESSING SYSTEMIC ISSUES, AND IMPROVING OVERALL CARE RESIDENT CARE IMPROVED AS 439 FEWER BENEFICIARIES WERE ON ANTIPSYCHOTIC MEDICATIONS SPECIAL INNOVATION PROJECTS STRATIS HEALTH LED FOUR CMS FUNDED QIO PROGRAM SPECIAL INNOVATION PROJECTS IN THE ENJOY A HEALTHY LIFE! PROJECT, MORE THAN 75 INDIVIDUALS IN 12 DIVERSE GROUPS, FROM AREAS ACROSS MINNESOTA IDENTIFIED AS BEING AT RISK FOR POOR CARDIAC HEALTH, PARTICIPATED IN SELF-DIRECTED CONVERSATIONS ABOUT HEART HEALTH HEALTH INFORMATION TECHNOLOGY FOR POST-ACUTE CARE PROVIDERS TO IMPROVE TRANSITIONS OF CARE AND MEDICATION MANAGEMENT THROUGH THE USE OF THE ELECTRONIC HEALTH RECORD WORKING TOWARDS HEALTH INFORMATION EXCHANGE, STRATIS HEALTH FACILITATED HEALTH INFORMATION EXCHANGE AND MEDICATION RECONCILIATION BETWEEN 10 SKILLED NURSING FACILITIES, THREE HOSPITALS, AND TWO PHARMACIES ACROSS URBAN AND RURAL COMMUNITIES THE PROJECT FACILITATED 56 TEST EXCHANGES BETWEEN CARE SETTINGS TWO LIVE EXCHANGES OF ACTUAL PATIENT DATA AS OCCURRED HOSPICE UTILIZATION PROJECT STRATIS HEALTH LED A ONE-YEAR, COMMUNITY-BASED PROJECT TO HELP ELIGIBLE PATIENTS RECEIVE HOSPICE CARE SOONER, AND TO INCREASE APPROPRIATE REFERRALS TO AND UTILIZATION OF HOSPICE CARE FOR THE THREE COMMUNITIES, RESULTS SHOWED AN INCREASE IN THE USE OF HOSPICE BY 8.7% AND A LONGER TIME IN HOSPICE FOR PATIENTS RURAL EMERGENCY DEPARTMENT TRANSFER COMMUNICATION (EDTC) NEARLY 100 CRITICAL ACCESS HOSPITALS (CAHS) ACROSS EIGHT STATES WORKED ON USING MEASURES TO EVALUATE COMMUNICATION FOR TRANSITIONS OF CARE DURING EMERGENCY DEPARTMENT (ED) TRANSFERS STRATIS HEALTH LED THE WORK WITH QIOS IN THE EIGHT STATES, WHICH SUPPORTED PARTICIPATING CAHS TO INCREASE THEIR PERCENTAGE OF MEDICAL RECORDS MEETING ALL OF THE EDTC DATA ELEMENTS OVER THE COURSE OF THE PROJECT FROM 28.26 TO 44.13 PERCENT-FOR A RELATIVE IMPROVEMENT RATE OF 56 PERCENT TO SUPPORT ITS QIO PROGRAM EFFORT, STRATIS HEALTH'S WORK INCLUDED -IN MINNESOTA, REACHING ALL 134 HOSPITALS, NEARLY 800 PRIMARY CARE CLINICS, 367 NURSING HOMES, 211 HOME HEALTH AGENCIES, AND 69 HOSPICE PROGRAMS WITH QUALITY IMPROVEMENT RESOURCES, TOOLS, AND INFORMATION WE ACTIVELY SUPPORT THE DISSEMINATION OF QUALITY IMPROVEMENT TOOLS AND RESOURCES ON OUR WEB SITE (WWW.STRATISHEALTH.ORG), WHERE AN EXTENSIVE CATALOG OF MORE THAN 2,732 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 FROM AUGUST 1, 2013, THROUGH JULY 31, 2014, STRATIS HEALTH OFFERED OVER 93 EDUCATIONAL EVENTS (IE, 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 3,000 PARTICIPANTS - RESPONDING TO 1,397 CALLS FOR TECHNICAL ASSISTANCE ON HOSPITAL QUALITY MEASURE DATA COLLECTION AND REPORTING, IN SUPPORT OF A TRANSPARENT HEALTH CARE SYSTEM MORE THAN 470 ATTENDEES PARTICIPATED IN TRAININGS ON HOSPITAL DATA ABSTRACTION</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM NARRATIVE CONTINUATION	<p>HIT REC FOR MINNESOTA AND NORTH AS A PARTNER IN KEY HEALTH ALLIANCE. STRATIS HEALTH CO-LEADS THE REGIONAL EXTENSION ASSISTANCE CENTER FOR HIT (REACH) ONE OF 62 NONPROFIT FEDERALLY DESIGNATED HIT REGIONAL EXTENSION CENTERS DEDICATED TO HELPING PROVIDERS IN MINNESOTA AND NORTH DAKOTA IMPROVE CARE BY IMPLEMENTING AND USING EHR SYSTEMS. REACH SERVED 5,601 INDIVIDUAL PRIMARY CARE PROVIDERS AT APPROXIMATELY 630 CLINICS AND 119 CRITICAL ACCESS AND RURAL HOSPITALS TO ADOPT AND OPTIMIZE USE OF ELECTRONIC HEALTH RECORDS (EHRS). PROVIDERS AND HOSPITALS HAVE SUCCESSFULLY ATTESTED TO FEDERAL MEDICARE MEANINGFUL USE REQUIREMENTS AND STATE MEDICAID MEANINGFUL USE REQUIREMENTS, AND RECEIVED ACCESS TO INCENTIVE DOLLARS OR AVOIDED PENALTIES. FOR CLINICIANS, 4,864 ARE USING CERTIFIED EHRS FOR E-PRESCRIBING AND QUALITY REPORTING, AND 3,108 ACHIEVED STAGE 1 MEANINGFUL USE. FOR CRITICAL ACCESS HOSPITALS/RURAL HOSPITALS, 108 ARE USING CERTIFIED EHRS FOR COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE), AND QUALITY REPORTING, AND 83 ACHIEVED STAGE 1 MEANINGFUL USE. DIRECT TECHNICAL ASSISTANCE IS PROVIDED TO CLIENTS. AUGUST 1, 2013, THROUGH JULY 31, 2014, REACH OFFERED EIGHT EDUCATIONAL WEBINARS THAT DREW 322 ATTENDEES AND THREE IN-PERSON TRAININGS WITH 111 PARTICIPANTS FROM THE TWO STATES. MEANINGFUL USE ATTAINMENT FOR MINNESOTA AND NORTH DAKOTA REACH CLIENTS WAS 14 PERCENT HIGHER THAN FOR REGIONAL EXTENSION CENTER PARTICIPANTS NATIONALLY. REACH RANKED FOURTH IN THE NATION AMONG EXTENSION CENTERS FOR THE NUMBER OF CLIENTS ACHIEVING MEANINGFUL USE-WITH 100 PERCENT OF THEM REPORTING BEING SATISFIED TO HIGHLY SATISFIED WITH REACH SERVICES. GRANTS TO OTHER ORGANIZATIONS DURING THE FISCAL YEAR AUGUST 1, 2013, THROUGH JULY 31, 2014, STRATIS HEALTH PROVIDED FINANCIAL GRANTS TOTALING \$90,150 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.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, THE VICE CHAIR, THE IMMEDIATE PAST CHAIR, THE SECRETARY AND AT LEAST ONE OTHER DIRECTOR DESIGNATED BY THE BOARD. THE CHAIR OF THE BOARD SHALL BE CHAIR OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS. DURING SUCH INTERVALS AND SUBJECT TO SUCH CONTROL AND DIRECTION, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY AND POWERS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION, SUBJECT TO SUCH LIMITATIONS AS THE BOARD OF DIRECTORS MAY IMPOSE FROM TIME TO TIME.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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. EACH RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. THIS SHALL BE DONE ANNUALLY BY EACH RESPONSIBLE PERSON. A DIRECTOR, OFFICER OR KEY PERSONNEL WHO HAS A CONFLICT OF INTEREST SHALL REPORT ALL FACTS MATERIAL TO THE CONFLICT TO THE CHAIR OF THE BOARD. THE CHAIR SHALL REPORT THE DISCLOSURE TO STRATIS HEALTH'S COMPLIANCE OFFICER AND AT THE MEETING, THE DISCLOSURE SHALL BE REFLECTED IN THE MEETING MINUTES. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD OR COMMITTEE DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. THE PERSON HAVING THE CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS DONE BY SECRET BALLOT.</p>

Return Reference	Explanation
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 CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER POSITIONS. THE COMMITTEE IS RESPONSIBLE FOR GATHERING 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 FOR APPROVING AND FINALIZING THE SALARY RANGE FOR EACH OF THE REVIEWED POSITIONS. THE COMMITTEE ALSO HAS THE RESPONSIBILITY TO APPROVE THE CHIEF EXECUTIVE OFFICER'S SALARY INCREASE ON AN ANNUAL BASIS. THE COMMITTEE ENGAGES A CONSULTANT TO CONDUCT AN INDEPENDENT SURVEY AND REVIEW OF THE SALARY DATA COLLECTED. THIS PROCESS WAS LAST CONDUCTED IN 2014 FOR OFFICERS OF STRATIS HEALTH.

Return Reference	Explanation
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. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER HEALTH CONTRACTING SERVICES PROGRAM SERVICE EXPENSES 2,496,682 MANAGEMENT AND GENERAL EXPENSES 190,570 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,687,252