

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ARE CALLED TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	236
	6 Total number of volunteers (estimate if necessary)	6	22
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 39	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	570,963	4,000,736
	9 Program service revenue (Part VIII, line 2g)	21,818,945	18,658,804
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,963	112,303
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,752	15,432
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,567,623	22,787,275
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	201,259	218,118
	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)	13,679,980	14,658,932
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶391		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,646,540	8,739,610
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	22,527,779	23,616,660
	19 Revenue less expenses. Subtract line 18 from line 12	39,844	-829,385
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	13,805,426	22,182,095
	21 Total liabilities (Part X, line 26)	5,034,248	14,348,761
	22 Net assets or fund balances. Subtract line 21 from line 20	8,771,178	7,833,334

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$ 19,177,684 including grants of \$ 218,118) (Revenue \$ 18,658,804)
	See Additional Data





















4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 19,177,684
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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 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	51
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

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	1a 11		
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	1b 9		
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	Yes	
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	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
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		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 JYL RULAND 301 CEDAR OROFINO, ID 83544 (208) 476-4555

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY SAYLER BOARD DIRECTOR THRU 4/20	1.00 59.00	X						0	836,401	49,022
(2) KARIN SCHMIDOVA MD SURGEON	40.00 0.00					X		390,810	0	25,920
(3) CLARENCE J BRUNSON MD BOARD DIRECTOR	1.00 39.00	X						0	353,257	33,569
(4) JACK BRUNER II MD BOARD DIRECTOR THRU 9/19	1.00 39.00	X						0	334,346	31,798
(5) LENNE BONNER PRESIDENT	30.00 30.00			X				283,008	0	67,873
(6) KELLY MCGRATH MD BOARD DIRECTOR	39.00 1.00	X						294,254	0	35,642
(7) COLLEEN SHOLAR DO PHYSICIAN	40.00 0.00					X		203,333	0	32,851
(8) REBECCA KATZMAN MD PHYSICIAN	40.00 0.00					X		211,806	0	16,533
(9) ANN LIMA MD PHYSICIAN	40.00 0.00					X		200,592	0	26,400
(10) CLAYTON BUNT MD PHYSICIAN	40.00 0.00					X		196,634	0	25,120
(11) JYL RULAND CHIEF FINANCIAL OFFICER	30.00 30.00			X				136,098	0	23,200
(12) CHRISTINA ULMER BOARD DIRECTOR	1.00 1.00	X						0	0	0
(13) CINDY O'BRIEN BOARD DIRECTOR	1.00 1.00	X						0	0	0
(14) KIM INGRAM BOARD DIRECTOR	1.00 1.00	X						0	0	0
(15) LENNY HILL BOARD CHAIR	2.00 3.00	X		X				0	0	0
(16) MATT SARTINI BOARD DIRECTOR	1.00 1.00	X						0	0	0
(17) PAUL NUSSER BOARD DIRECTOR	1.00 1.00	X						0	0	0

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) RENE FORSMAN BOARD SECRETARY/TREASURER	1.00 1.00	X		X				0	0	0
(19) SISTER BARBARA JEAN GLODOWSKI BOARD DIRECTOR	1.00 1.00	X						0	0	0
(20) SISTER LISA MAURER BOARD DIRECTOR	1.00 1.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,916,535	1,524,004	367,928

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 **▶ 24**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
ABBOTT LABORATORIES INC PO BOX 92679 CHICAGO, IL 60675	LAB SUPPLIES	400,830
PALOUSE IMAGING CONSULTANTS PLLC PO BOX 9583 MOSCOW, ID 83843	LAB SERVICES	323,030
DMS HEALTH TECHNOLOGIES INC PO BOX 670747 DALLAS, TX 752670747	MRI	255,453
WENDI RICHARDSON PO BOX 1916 OROFINO, ID 83544	ANESTESIOLOGIST	234,508
PHARMD ON DEMAND INC 630 HAWTHORNE AVE ATHENS, GA 30606	PHARMACY SERVICES	213,963
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 ► 10		

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Part VIII Statement of Revenue																	
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>							
										(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts		1a Federated campaigns . . .		1a													
		b Membership dues . . .		1b													
		c Fundraising events . . .		1c													
		d Related organizations		1d		138,243											
		e Government grants (contributions)		1e		3,520,472											
		f All other contributions, gifts, grants, and similar amounts not included above		1f		342,021											
		g Noncash contributions included in lines 1a - 1f:\$		1g													
		h Total. Add lines 1a-1f				4,000,736											
Program Service Revenue				Business Code													
		2a INPATIENT AND OUTPATIENT REVENUES		621110		18,658,804											
		b															
		c															
		d															
		e															
		f All other program service revenue.															
		g Total. Add lines 2a-2f.				18,658,804											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				49,873											
		4 Income from investment of tax-exempt bond proceeds															
		5 Royalties															
				(i) Real		(ii) Personal											
		6a Gross rents		6a													
		b Less: rental expenses		6b													
		c Rental income or (loss)		6c													
		d Net rental income or (loss)															
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a		1,917,940											
		b Less: cost or other basis and sales expenses		7b		1,841,670		13,840									
		c Gain or (loss)		7c		76,270		-13,840									
		d Net gain or (loss)						62,430		62,430							
		8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a													
		b Less: direct expenses		8b													
		c Net income or (loss) from fundraising events															
		9a Gross income from gaming activities. See Part IV, line 19		9a													
		b Less: direct expenses		9b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances . . .		10a													
b Less: cost of goods sold . . .		10b															
c Net income or (loss) from sales of inventory																	
Miscellaneous Revenue		Business Code															
11a VENDING SALES		722514		10,323													
b FITNESS DUES		713940		2,970													
c MEDICAL RECORD COPIES		900099		2,139													
d All other revenue																	
e Total. Add lines 11a-11d				15,432													
12 Total revenue. See instructions				22,787,275													
				18,658,804													
				0													
				127,735													

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	218,118	218,118		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	624,866	369,258	255,608	
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	11,234,779	9,294,198	1,941,339	-758
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	400,192	318,824	81,152	216
9 Other employee benefits	1,576,060	1,283,328	293,356	-624
10 Payroll taxes	823,035	669,156	153,425	454
11 Fees for services (non-employees):				
a Management				
b Legal	394		394	
c Accounting				
d Lobbying	1,961		1,961	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,732		8,732	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,367,379	2,077,021	290,358	
12 Advertising and promotion	65,890		65,890	
13 Office expenses	585,308	502,871	81,664	773
14 Information technology	104,875	74,164	30,685	26
15 Royalties				
16 Occupancy	366,051	299,043	66,911	97
17 Travel	76,976	62,430	14,546	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	111,858	72,086	39,772	
20 Interest	100,050	96,434	3,616	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	700,099	576,129	123,763	207
23 Insurance	441,245	426,096	15,149	
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 MEDICAL SUPPLIES	1,493,017	1,493,017		
b BAD DEBT EXPENSE	1,041,029	1,041,029		
c DUES & SUBSCRIPTIONS	679,245	83,044	596,201	
d AFFILIATE SUPPORT FEE	465,711	99,243	366,468	
e All other expenses	129,790	122,195	7,595	
25 Total functional expenses. Add lines 1 through 24e	23,616,660	19,177,684	4,438,585	391
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1,898	1	1,901	
	2	Savings and temporary cash investments		625,167	2	11,132,093	
	3	Pledges and grants receivable, net		34,007	3	42,000	
	4	Accounts receivable, net		4,204,888	4	4,084,585	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		12,750	7	15,953	
	8	Inventories for sale or use		403,690	8	403,936	
	9	Prepaid expenses and deferred charges		239,438	9	226,279	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	15,356,377			
	b	Less: accumulated depreciation	10b	10,110,236	5,347,573	10c	5,246,141
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		2,936,015	12	1,029,207	
	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)		13,805,426	16	22,182,095		
Liabilities	17	Accounts payable and accrued expenses		1,891,424	17	8,193,525	
	18	Grants payable			18		
	19	Deferred revenue		116,181	19	1,401,541	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		2,974,364	23	2,462,330	
	24	Unsecured notes and loans payable to unrelated third parties			24	1,913,894	
	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		52,279	25	377,471	
	26	Total liabilities. Add lines 17 through 25		5,034,248	26	14,348,761	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		8,771,178	27	7,833,334	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		8,771,178	32	7,833,334		
33	Total liabilities and net assets/fund balances		13,805,426	33	22,182,095		

Part XI Reconciliation of Net AssetsCheck 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	22,787,275
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,616,660
3	Revenue less expenses. Subtract line 2 from line 1	3	-829,385
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,771,178
5	Net unrealized gains (losses) on investments	5	-108,774
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	315
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	7,833,334

Part XII Financial Statements and ReportingCheck 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		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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	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?		No
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.		

Additional Data

Software ID:
Software Version:
EIN: 82-0497771
Name: CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Form 990 (2019)

Form 990, Part III, Line 4a:

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS CREATED AND ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES. MORE SPECIFICALLY, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS CREATED AND ORGANIZED TO OWN, MAINTAIN, OPERATE AND CONDUCT, DIRECTLY OR INDIRECTLY, AND TO ASSIST AND COORDINATE ACTIVITIES OF FACILITIES FOR HEALTH CARE, EDUCATION, CARE FOR THE AGED AND SOCIAL SERVICES, INCLUDING CHARITABLE CARE TO PERSONS UNABLE TO PAY.CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. HAS A 23-BED HOSPITAL THAT SERVE CLEARWATER COUNTY AND THE SURROUNDING AREAS AND PRIMARY CARE CLINICS IN OROFINO, PIERCE, AND KOOSKIA. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. PROVIDES GENERAL MEDICAL AND SURGICAL CARE FOR INPATIENT, OUTPATIENT, AND EMERGENCY ROOM PATIENTS.CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. EMPLOYS APPROXIMATELY 160 FULL TIME EQUIVALENTS. THE HOSPITAL PROVIDED APPROXIMATELY 1,900 HOSPITAL PATIENT DAYS AND 16,800 OUTPATIENT VISITS DURING FISCAL YEAR ENDED JUNE 30, 2020. THE CLINICS HAD 17,200 ENCOUNTERS DURING THE SAME TIME PERIOD.DURING THE FISCAL YEAR ENDED JUNE 30, 2020, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. PROVIDED THE FOLLOWING COMMUNITY BENEFITS: \$430,000 IN CHARITY CARE, \$1.4 MILLION COSTS IN EXCESS OF MEDICAID PAYMENTS, \$4,800 IN COMMUNITY SERVICES, \$123,000 IN HEALTH PROFESSION EDUCATION, AND \$3,400 IN CASH AND IN-KIND CONTRIBUTIONS.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Employer identification number
82-0497771

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

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

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

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 82-0497771
Name: CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019

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

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

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

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

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

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

Name of the organization CLEARWATER VALLEY HOSPITAL AND CLINICS INC	Employer identification number 82-0497771
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,961
j	Total. Add lines 1c through 1i			1,961
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	LOBBYING ACTIVITY EXPLANATION: CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. PAYS DUES TO A CERTAIN ORGANIZATION RELATED TO THE INDUSTRY WHICH HAS LOBBYING EXPENSES. THE AMOUNT LISTED IS THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR LOBBYING.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Employer identification number
82-0497771

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				
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 on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	116,169		116,169
b	Buildings	6,253,451	2,817,670	3,435,781
c	Leasehold improvements	6,211	6,211	0
d	Equipment	7,860,394	6,893,431	966,963
e	Other	1,120,152	392,924	727,228
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			5,246,141

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2) PAYABLES TO RELATED TAX-EXEMPT ORGANIZATION	377,471
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	377,471

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information (continued)
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Employer identification number
82-0497771

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>16000.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>31000.0000000000 %</u> c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
		3b	Yes	
		4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b		No
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			429,665		429,665	1.900 %
b Medicaid (from Worksheet 3, column a)			2,187,001	774,966	1,412,035	6.260 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,616,666	774,966	1,841,700	8.160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	3	4,612	4,839		4,839	0.020 %
f Health professions education (from Worksheet 5)	2	6	123,382		123,382	0.550 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			454		454	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	1,949	3,447		3,447	0.020 %
j Total. Other Benefits	8	6,567	132,122		132,122	0.590 %
k Total. Add lines 7d and 7j	8	6,567	2,748,788	774,966	1,973,822	8.750 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,041,029	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	14,072	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	10,445,776	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	10,365,695	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	80,081	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year?
1

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
CLEARWATER VALLEY HOSPITAL AND CLINICS**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>SMH-CVH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

CLEARWATER VALLEY HOSPITAL AND CLINICS

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>160.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>310.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://APPS.PARA-HCFS.COM/PTT/FINALLINKS/STMARYS_V2.ASPX#</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://APPS.PARA-HCFS.COM/PTT/FINALLINKS/STMARYS_V2.ASPX#</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://APPS.PARA-HCFS.COM/PTT/FINALLINKS/STMARYS_V2.ASPX#</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

CLEARWATER VALLEY HOSPITAL AND CLINICS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CLEARWATER VALLEY HOSPITAL AND CLINICS

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **3**

Name and address	Type of Facility (describe)
1 1 - CLEARWATER VALLEY OROFINO HEALTH CENTER 1055 RIVERSIDE AVE OROFINO, ID 83544	PRIMARY CARE CLINIC
2 2 - CLEARWATER VALLEY PIONEER MEDICAL CLINIC 105 W CARLE ST PIERCE, ID 83546	PRIMARY CARE CLINIC - RURAL HEALTH CLINIC
3 3 - CLEARWATER VALLEY KOOSKIA MEDICAL CLINIC 201 THENON ST KOOSKIA, ID 83539	PRIMARY CARE CLINIC
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	UNDER ESSENTIA HEALTH THROUGH 3/31/2020, ASSETS WILL BE CONSIDERED ALONG WITH THE PATIENT'S INCOME TO DETERMINE ELIGIBILITY FOR THE FINANCIAL ASSISTANCE PROGRAM. TO BE ELIGIBLE, REPORTABLE ASSETS MAY NOT EXCEED \$25,000 FOR A HOUSEHOLD OF ONE (1), OR \$50,000 FOR A HOUSEHOLD OF TWO (2) OR MORE. ASSETS MAY INCLUDE, BUT ARE NOT LIMITED TO, SUCH ITEMS AS CHECKING AND SAVINGS ACCOUNTS, IRAS, 401(K)S, PENSIONS, HEALTH SAVINGS ACCOUNTS, ADDITIONAL PROPERTY, AND ANY OTHER RETIREMENT FUNDING. UNDER KOOTENAI HEALTH AS OF 4/1/2020, ASSETS WILL BE CONSIDERED ALONG WITH THE PATIENT'S INCOME TO DETERMINE ELIGIBILITY FOR THE FINANCIAL ASSISTANCE PROGRAM. ASSETS MAY INCLUDE, BUT ARE NOT LIMITED TO, SUCH ITEMS AS CHECKING AND SAVINGS ACCOUNTS, IRAS, 401(K)S, PENSIONS, HEALTH SAVINGS ACCOUNTS, ADDITIONAL PROPERTY, AND ANY OTHER RETIREMENT FUNDING.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	BAD DEBT EXPENSE THAT WAS SUBTRACTED FROM TOTAL EXPENSE TO OBTAIN THE % OF COMMUNITY BENEFIT TO TOTAL EXPENSE AMOUNTED TO \$1,041,029.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. APPLIED A HIGH-LEVEL, CONSERVATIVE ANALYTICAL REVIEW BY MULTIPLYING THE RATIO OF CHARITABLE ALLOWANCES TO GROSS PATIENT REVENUE AGAINST BAD DEBT EXPENSE TO ARRIVE AT AN APPROXIMATION OF CHARITY CARE THAT RESIDES IN BAD DEBT.CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. INCORPORATES THE COST OF BAD DEBT AS A COMMUNITY BENEFIT. AS A TAX-EXEMPT HOSPITAL, WE MUST PROVIDE THE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THAT CARE. IN DOING SO, WE MAKE QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	PAGES 17-19 OF ESSENTIA HEALTH'S CONSOLIDATED AUDIT REPORT CONTAIN THE FOOTNOTE DESCRIBING THE ORGANIZATION'S BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	<p>THE COSTING METHODOLOGY USED IN DETERMINING THE MEDICARE ALLOWABLE COST REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6:THE METHODOLOGY USED IN DETERMINING THE REPORTED MEDICARE ALLOWABLE COST BEGINS WITH THE HOSPITAL'S GENERAL LEDGER SYSTEM. THE COSTS ARE OBTAINED FROM THE GENERAL LEDGER AND THEN ADJUSTED AND REPORTED IN ACCORDANCE WITH CENTERS FOR MEDICARE SERVICES (CMS) "COST FINDING" GUIDELINES AS PUBLISHED IN THEIR PROVIDER REIMBURSEMENT MANUAL. ONCE THE MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE HOSPITAL'S COST REPORT, ANY COSTS ATTRIBUTED TO SUBSIDIZED HEALTH SERVICES, AND MEDICAL EDUCATION, ARE REMOVED AND REPORTED SEPARATELY.EXPLANATION FOR ANY PRIOR YEAR SETTLEMENTS FOR MEDICARE-RELATED SERVICES IN THE CURRENT TAX YEAR:THE HOSPITAL IS REQUIRED TO FILE A MEDICARE COST REPORT 5 MONTHS AFTER THE CLOSE OF THEIR FISCAL YEAR. THE COST REPORT PROVIDES MEDICARE WITH INFORMATION THAT IS USED TO DETERMINE UTILIZATION AND SPENDING TRENDS BUT ALSO IS USED TO SET FUTURE PAYMENT RATES FOR MOST MEDICARE SERVICES. IF THE INTERIM PAYMENTS PAID TO A HOSPITAL ARE HIGHER OR LOWER THAN THE FILED COST REPORT ALLOWABLE REIMBURSEMENT THERE WILL BE A SETTLEMENT FOR THAT FISCAL YEAR. THIS CAN BE DUE TO CHANGES IN UTILIZATION OR COST OF PROVIDING SERVICES FOR CRITICAL ACCESS HOSPITALS (CAH) OR DIFFERENCES BETWEEN INTERIM AND FINAL PAYMENT FACTORS FOR DISPROPORTIONATE SHARE, BAD DEBTS, OR INDIRECT MEDICAL EDUCATION FOR NON-CAH HOSPITALS. AN ESTIMATE FOR THESE SETTLEMENTS IS RECORDED AT THE CLOSE OF THE FISCAL YEAR. IF THE ESTIMATE VARIES FROM THE FINAL SETTLEMENT RECEIVED 6-7 MONTHS AFTER THE FISCAL YEAR ENDS, THEN THESE AMOUNTS ARE RECORDED AS PRIOR YEAR MEDICARE REVENUE.THE EXTENT TO WHICH ANY SHORTFALL REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT AND THE RATIONALE FOR THE ORGANIZATION'S</p> <p>OPINION:CLEARWATER VALLEY HOSPITAL AND CLINICS, INC., INCORPORATES THE FULL VALUE OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT. THE RATIONALE FOR THE ORGANIZATION'S OPINION IS PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE AND IT IS LIKELY TO GET WORSE. MANY MEDICARE BENEFICIARIES ARE POOR AND ARE ELIGIBLE FOR MEDICAID IN ADDITION TO MEDICARE. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY.</p>

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Form and Line Reference	Explanation
PART III, LINE 9B:	<p>THE POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR THE FINANCIAL ASSISTANCE POLICY (FAP) AND FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR FINANCIAL ASSISTANCE, AND THE PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS/HER PAYMENT AGREEMENTS. THE ORGANIZATION OFFERS EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS AND WILL NOT IMPOSE LIENS ON PRIMARY RESIDENCES. THE ORGANIZATION WILL NOT CHARGE A PATIENT THE GROSS AMOUNT OF CHARGES FOR ANY UNINSURED TREATMENT. UNINSURED DISCOUNTS WILL BE APPLIED TO THE GROSS CHARGES PRIOR TO ANY FINANCIAL ASSISTANCE OR OTHER DISCOUNTS. IF AT ANY TIME THE ORGANIZATION RECOGNIZES THAT A PATIENT MAY BE ELIGIBLE FOR STATE OR FEDERAL PROGRAMS, A REPRESENTATIVE WILL ASSIST THE PATIENT IN OBTAINING INFORMATION ABOUT THESE PROGRAMS OR PROVIDE CONTACT INFORMATION FOR THESE PROGRAMS. THE ORGANIZATION CONTRACTS WITH AN OUTSIDE PATIENT ADVOCACY AGENCY, WHICH MAY PROVIDE ASSISTANCE TO THE UNINSURED PATIENT IN APPLYING TO CERTAIN STATE AND FEDERAL PROGRAMS. AT ANY STAGE OF THE PATIENT EXPERIENCE AND UP THROUGH THE COLLECTION PROCESS, THE PATIENT MAY EXPRESS A CONCERN THAT THEY ARE UNABLE TO PAY THEIR BILL IN FULL OR MEET THE PAYMENT PLAN REQUIREMENTS. AT THAT TIME, THE PATIENT WILL BE GIVEN EVERY OPPORTUNITY TO COMPLETE AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE. THE ORGANIZATION TRAINS ITS OUTSIDE DEBT COLLECTION AGENCIES AND ATTORNEYS ABOUT THE FAP AND HOW A PATIENT MAY OBTAIN MORE INFORMATION ABOUT THE FAP OR SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE. THE ORGANIZATION REQUIRES ITS OUTSIDE COLLECTION AGENCIES AND ATTORNEYS TO REFER PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BACK TO THE ORGANIZATION. IF A PATIENT HAS SUBMITTED AN APPLICATION FOR FINANCIAL ASSISTANCE AFTER AN ACCOUNT HAS BEEN REFERRED FOR COLLECTION ACTIVITY, THE ORGANIZATION SUSPENDS ALL COLLECTION ACTIVITY UNTIL THE PATIENT'S FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND THE ORGANIZATION HAS NOTIFIED THE PATIENT OF ITS DECISION. PATIENTS ARE ADVISED AT THAT TIME TO NOTIFY THE COLLECTION AGENCY TO HOLD THEIR ACCOUNT. THE OUTSIDE DEBT COLLECTION AGENCIES ARE NOTIFIED BY THE ORGANIZATION ONCE AN ACCOUNT ADJUSTMENT HAS BEEN MADE.</p>

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Form and Line Reference	Explanation
PART VI, LINE 2:	<p>NEEDS ASSESSMENT:WE ASSESS AND RESPOND TO THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THROUGH MANY WAYS INCLUDING THE FOLLOWING:MARKETING RESEARCH - CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AND ST. MARY'S HOSPITAL, INC. REVIEW INTERNAL DATA TO BETTER UNDERSTAND THE NEEDS AND USE(S) OF OUR SERVICES. THIS INCLUDES ACCESS TO SERVICE AREAS (E.G., PRIMARY CARE), PAYOR INFORMATION, AND OVERALL GAPS IN SERVICES. ASSESSMENTS HAVE RESULTED IN STRATEGIC PLANS FOR GROWING SERVICES, AS WELL AS, CHANGES TO INTERNAL PROCESSES FOR HEALTH CARE ACCESS. POPULATION CARE MANAGEMENT - WE REGULARLY COMPARE OUR HEALTH RANKINGS AND RATINGS TO STATE AND NATIONAL DATA TO IDENTIFY GREATEST AREAS OF HEALTH CARE NEEDS. WE PREPARE INTERVENTIONS TARGETED TO AREAS OF GREATEST NEED, SUCH AS UNCONTROLLED DIABETES OR PRE-DIABETES. WE THEN MEASURE THE EFFECT OF INTERVENTIONS COMPARED TO OVERALL COUNTY RANKINGS. WE USE THIS DATA TO ASSESS THE IMPLICATIONS OF EXPANDING PILOT PROGRAMS. PLANNED INTERACTION WITH VARIOUS COMMUNITY HEALTH, HEALTHCARE, AND SOCIAL WELFARE GROUPS - AN UMBRELLA COALITION OF COMMUNITY HEALTH, HEALTHCARE, AND SOCIAL WELFARE GROUPS MEETS REGULARLY TO SHARE PERSPECTIVES ON COMMUNITY NEEDS AND THE ROLE THE HOSPITAL CAN PLAY IN ADDRESSING THOSE NEEDS AS A COLLABORATIVE PARTNER. INTERACTIONS HAVE RESULTED IN SUCCESSFUL PROGRAMS FOR NURSE CASE MANAGEMENT, COMMUNITY REFERRAL COORDINATOR, COMMUNITY HEALTH WORKER, AND BENEFITS COUNSELOR POSITIONS.INTERNAL QUALITY INDICATORS - WE TRACK DATA THAT LEAD TO THE IMPROVED CARE AND TREATMENT OF PATIENTS WITH CHRONIC DISEASES, TOBACCO USE, AND MENTAL HEALTH CONDITIONS. THIS INCLUDES PATIENT ACTIVITY AND OUTCOMES, ALLOWING FOR THE HOSPITAL TO BETTER IDENTIFY THE NEEDS OF THE PATIENTS, WHICH CAN BE UTILIZED TO ASSESS THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. HEALTH DATA PROVIDED BY PAYOR ORGANIZATIONS, NAMELY GOVERNMENT AND COMMERCIAL HEALTH INSURERS - THIS HEALTH DATA TYPICALLY INVOLVES MEDICAL TREATMENT AND OUTCOMES THAT REFLECT TRENDS OF UNHEALTHY LIFESTYLES AND BEHAVIORS. OUR OBJECTIVE IS TO UNDERSTAND THESE RELATIONSHIPS AND TO DEVELOP ACTION STEPS TO INTERVENE ON THE FRONT END TO PREVENT SUCH MEDICAL SITUATIONS FROM OCCURRING. EXAMPLES INCLUDE MANAGEMENT OF CARDIOVASCULAR HEALTH AND OPIOID USE.</p>

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

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Form and Line Reference	Explanation
PART VI, LINE 4:	<p>COMMUNITY INFORMATION: CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS LOCATED IN OROFINO, ID. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. OPERATES 1 HOSPITAL AND 3 CLINICS THAT SERVE THE COMMUNITIES OF IDAHO, LEWIS AND CLEARWATER COUNTIES COVERING 2,400 SQUARE MILES. THE OVERALL COMMUNITY IS CLASSIFIED AS RURAL. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. COVERS A SERVICE AREA OF APPROXIMATELY 27,000 PEOPLE. THE SERVICE AREA AGE DISTRIBUTION IS 19% UNDER THE AGE OF 18; 56% BETWEEN THE AGES OF 18 AND 65; AND 25% OVER THE AGE OF 65. THE RACIAL MAKEUP OF THE SERVICE AREA IS 91% CAUCASIAN; 3% HISPANIC; AND 6% OTHER. THE GENDER SPLIT RATIO IS 48% WOMEN AND 52% MEN. THE AVERAGE INCOME FOR THE SERVICE AREA IS APPROXIMATELY \$40,000. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC., IS COMMITTED TO SERVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. APPROXIMATELY 3.9% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 12.6% FROM MEDICAID RECIPIENTS. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. HAS CLINICS IN IDAHO COUNTY AND THE PIERCE-WEIPPE SERVICE AREA ARE CURRENTLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS. THERE ARE 4 OTHER HOSPITALS THAT SERVICE THE COMMUNITY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>PROMOTION OF COMMUNITY HEALTH:THE ORGANIZATION'S BOARD OF DIRECTORS IS COMPOSED MAINLY OF VOLUNTEER REPRESENTATIVES FROM THE COMMUNITIES IT SERVES. THE HOSPITAL EXTENDS MEDICAL STA FF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY WHO ARE PROPERLY SCREENED. ALL APPLICANTS THAT APPLY MUST MEET THE CREDENTIALING STANDARDS AND BE APPROVED BY THE FACILIT Y'S GOVERNING BOARD IN ORDER TO PROVIDE SERVICES AT THE HOSPITAL. IN ADDITION, THE HOSPITA L SERVES AS A CLINICAL PRACTICE SITE FOR MANY STUDENTS IN X-RAY TECHNOLOGY, NURSING, PHYSI CIAN ASSISTANT, NURSE PRACTITIONER, AND MEDICAL RESIDENCY PROGRAMS. THIS IS ESPECIALLY IMP ORTANT BECAUSE IDAHO HAS ONE OF THE LOWEST PHYSICIAN PER CAPITA RATES IN THE NATION.THE OR GANIZATION REGULARLY REVIEWS FACILITIES AND EQUIPMENT AND DEVELOPS AN ATTRITION PROCESS TO REPLACE AGING PLANT OPERATIONS AND EQUIPMENT. WE ALSO LOOK FOR OPPORTUNITIES TO BRING NEW SERVICES TO THE COMMUNITIES VIA INVESTING IN NEW SKILLS AND TECHNOLOGY WHERE APPROPRIATE. THE ORGANIZATION ENGAGED COMMUNITIES IN COMING TOGETHER AND CREATING SOCIAL CONNECTIVITY T HROUGH SUPPORT OF LOCAL EVENTS AND COMMUNITY PROGRAMS. THESE INCLUDE THE FORMATION OF COMM UNITY AND SCHOOL GARDENS, HEALTH TALKS, SPONSORSHIP OF RACES, AND PARTICIPATION IN COUNTY FAIR ACTIVITIES. WE PROMOTE BETTER MENTAL HEALTH BY BRINGING CHILD AND ADULT PSYCHIATRISTS TO OUR FRONTIER COMMUNITIES USING TELEMEDICINE. THIS MODEL HAS WON STATE AND NATIONAL AWA RDS FOR INNOVATION IN REACHING THE MEDICALLY UNDERSERVED. WE ARE ALSO ACTIVE PARTICIPANTS IN NATIONAL DEMONSTRATION PROJECTS AND OTHER COLLABORATIONS TO PROVIDE AN EVIDENCE BASE FO R EFFECTIVE PROCESSES TO PROMOTE RURAL HEALTH.IN ADDITION TO THE ACTIVITIES LISTED IN PART I, LINE 7 AS WELL AS PART V, SECTION B, LINE 11, SOME OTHER PROJECTS UNDERTAKEN BY THE OR GANIZATION INCLUDE THE FOLLOWING:MOST MONTHS WE HAVE AN OVERALL THEME TARGETING A CHRONIC DISEASE STATE WITH SPECIAL PROGRAMS AND OUTREACH TO OUR COMMUNITIES (E.G., FEBRUARY IS HEA RT MONTH, OCTOBER IS BREAST CANCER AWARENESS, NOVEMBER IS DIABETES, ETC.). DOC TALKS ARE G EARED TO THE MONTHLY THEME WITH SCREENINGS AND INFORMATION PROVIDED AT THE EVENTS. OUR CAR E MANAGERS, REFERRAL COORDINATORS, AND QUALITY DIRECTOR ARE ESPECIALLY ACTIVE IN COORDINAT ING THESE ACTIVITIES AND REACHING OUT TO PATIENTS WHO MAY NOT BE AWARE OF THE SERVICES OFF ERED. COMMUNITY HEALTH WORKERS ARE HOSTING CHRONIC DISEASE SELF-MANAGEMENT AND CHRONIC PAI N SELF-MANAGEMENT CLASSES THROUGHOUT OUR SERVICE AREA. COLON CANCER AWARENESS AND SCREENIN G HAS BEEN A MAJOR OUTREACH EFFORT AT HEALTH FAIRS, LOCAL BAZAARS, SOME OF THE FARMER'S MA RKET DAYS, AND WITHIN ALL OF THE CLINICS OVER THE PAST YEAR.THE HOSPITAL IS AN ACTIVE PART ICIPANT IN ATTENDING AND SITTING ON THE BOARDS OF THE LOCAL HUMAN NEED COUNCILS WITHIN THE SERVICE AREAS. WE HAVE A PRESENCE ON MULTIPLE COALITIONS THROUGHOUT NORTHERN AND NORTH CE NTRAL IDAHO. THIS IS OFTEN ACCOMPLISHED BY PHONE CONFERENCING IN ORDER TO PARTICIPATE IN T HE DISCUSSIONS AND GROWTH WITHOUT INCURRING TRAVEL EXPENSE. WE ARE ALSO ACTIVELY ENGAGED I N STATE COALITIONS ON CHRONIC DISEASE AND COMMUNITY HEALTH WORKER PROGRAMS (OFTEN SEEN AS MENTORS WITHIN THESE GROUPS FOR THE ACCOMPLISHMENTS ACHIEVED OVER THE PAST FEW YEARS).FUND RAISERS AND VOLUNTEER EFFORTS ARE ESTABLISHED AND ONGOING WITH LOCAL FOOD BANKS, CLOTHING DISTRIBUTION DRIVES, AND OTHER VOLUNTEERS THAT ARE GEARED AROUND NATURAL DISASTERS AND OTH ER NEEDS WITHIN OUR AREA. EFFORTS ARE BEING MADE TO BRING SAFE WALKING AND BIKE TRAILS TO COMMUNITIES WITHIN OUR SERVICE AREAS. A RESULT OF ALMOST EVERY SURVEY AND CONVERSATION IS THAT THE COMMUNITIES WANT MORE WAYS TO ENGAGE SAFELY IN PHYSICAL ACTIVITY AT LITTLE OR NO EXPENSE. COMMUNITY HEALTH WORKERS HAVE WORKED WITH COMMUNITY PARTNERS TO HOST WEEKLY WALKS THROUGHOUT THE REGION PROVIDING BOTH AN EDUCATION COMPONENT AND A SAFE WALKING PATH FOR T HE DAY.COMMUNITY HEALTH WORKERS COORDINATE AND HOST SCREENING EVENTS IN VARIOUS LOCATIONS THROUGHOUT THE SERVICE AREA TO HELP SCREEN FOR DIABETES, DEPRESSION, SDOH ISSUES, AND COLO N CANCER. SOME OF THE SCREENING EVENTS ARE HELD IN CONJUNCTION WITH A FOOD BANK DISTRIBUTI ON SITE.THROUGH 3/31/2020, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. WAS A PART OF ESSE NTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH FACILITIES IN MINNESOTA, WISCONSIN AND NORTH DAKOTA. AS A NON-PROFIT ORGANIZATION, ESSENTIA HEALTH REINVESTS SURPLUS REVENUES INT O MEDICAL TRAINING, PROGRAMS, AND TECHNOLOGY DESIGNED TO REDUCE THE RISK OF PREVENTABLE HA RM TO OUR PATIENTS AND INCREASE THE HEALTH AND VITALITY OF THE COMMUNITIES WE SERVE.ESSENT IA HEALTH PROVIDES SERVICES PREDOMINANTLY IN RURAL COMMUNITIES AND IS COMMITTED TO ELIMINAT ING GEOGRAPHIC BARRIERS TO CARE. MANY OF ESSENTIA HEALTH'S CLINICS AND COMMUNITY HOSPITAL S ARE LOCATED IN COMMUNITIES THAT ARE FEDERALLY RECOGNIZED AS BEING MEDICALLY UNDERSERVED. WE INVEST IN FACILITY UPGRADES, TECHNOLOGY, AND STAFFING THAT ENHANCE CARE IN THESE COMMU NITIES TO ENSURE PATIENTS CAN RECEIVE AS MUCH CARE</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>AS POSSIBLE CLOSE TO HOME A VITAL COMPONENT OF COMMUNITY HEALTH IN AREAS WHERE RESIDENTS ARE OFTEN ELDERLY, LIVING ON LIMITED INCOMES, AND RESTRICTED IN THEIR TRANSPORTATION OPTIONS. RESIDENTS OF GEOGRAPHICALLY ISOLATED COMMUNITIES SERVED BY ESSENTIA HEALTH ALSO BENEFIT FROM TELEHEALTH SERVICES THAT PROVIDE LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES USUALLY AVAILABLE ONLY IN LARGER URBAN AREAS. SERVICES ARE AVAILABLE IN MORE THAN 20 SPECIALTIES, RANGING FROM CARDIOLOGY AND BEHAVIORAL HEALTH TO SPEECH THERAPY AND MEDICAL WEIGHT LOSS. PATIENTS TREATED IN SMALLER ESSENTIA HEALTH EMERGENCY DEPARTMENTS BENEFIT FROM TELEHEALTH CONNECTIONS THAT ALLOW COMMUNITY HOSPITAL PHYSICIANS AND NURSES TO COMMUNICATE WITH TRAUMA AND OTHER SPECIALISTS LOCATED IN ESSENTIA HEALTH'S LARGER HOSPITALS. ESSENTIA HEALTH IS ONE OF THE ONLY ACCOUNTABLE CARE ORGANIZATIONS (ACO) IN THE COUNTRY TO RECEIVE THE HIGHEST LEVEL OF ACCREDITATION FROM THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA). AS AN ACO, ESSENTIA HEALTH IS COMMITTED TO MEETING THE TRIPLE AIM OF IMPROVING CARE AND POPULATION HEALTH, WHILE REDUCING THE OVERALL COSTS FOR PATIENTS AND SOCIETY AS A WHOLE. ONE OF THE NEWEST PROGRAMS UNDER THE ACO IS A POPULATION CARE MANAGEMENT TEAM OF REGISTERED NURSES WHO CAREFULLY REVIEW MEDICAL HISTORIES OF HIGH-RISK PATIENTS ON GOVERNMENT ASSISTANCE PROGRAMS TO ENSURE THEY ARE GETTING THE CARE NEEDED TO KEEP THEM HEALTHY AND OUT OF THE HOSPITAL. PATIENTS WITH MULTIPLE HIGH-RISK CONDITIONS (E.G. DIABETES, CONGESTIVE HEART FAILURE, MENTAL HEALTH ISSUES) AND THOSE WHO HAVE NOT RECENTLY RECEIVED CARE ARE CONNECTED WITH PRIMARY CARE CLINICIANS, NURSES, SPECIALISTS, THERAPISTS, AND OTHERS WHO CAN PROVIDE ADDITIONAL CARE, THERAPY, OR EDUCATION. THE GOAL IS IMPROVING PATIENTS' HEALTH AND REDUCING THE LIKELIHOOD OF HOSPITALIZATIONS OR OTHER HIGH-COST CARE. SINCE A MAJORITY OF HEALTHCARE COSTS ARE DIRECTLY RELATED TO CARING FOR PATIENTS WHO HAVE CHRONIC CONDITIONS, ESSENTIA HEALTH IS COMMITTED TO IMPROVING HEALTH OUTCOMES FOR PATIENTS, ESPECIALLY THOSE WITH CHRONIC DISEASES. FOR EXAMPLE, ESSENTIA HEALTH OFFERS ACCESS TO 53 CERTIFIED TOBACCO-FREE TREATMENT SPECIALISTS AT CLINIC AND HOSPITAL LOCATIONS ACROSS THE ORGANIZATION FROM HAYWARD, WISCONSIN TO DULUTH, MINNESOTA TO JAMESTOWN, NORTH DAKOTA. THESE SITES COVER A WIDE GEOGRAPHY, FROM SMALL RURAL COMMUNITIES TO LARGER URBAN AREAS, AND OFTEN SERVE PEOPLE LIVING ON LOW AND MODERATE INCOMES. IN CASES WHERE THESE SERVICES ARE NOT COVERED BY PRIVATE OR GOVERNMENT INSURANCE OR PROGRAMS, ESSENTIA HEALTH COVERS THE REMAINING COSTS. DOZENS OF ESSENTIA HEALTH NURSES AND DIABETES EDUCATORS ARE ALSO INVOLVED IN DIABETES EDUCATION, PREVENTION, AND OUTREACH PROGRAMS IN THE COMMUNITIES ESSENTIA HEALTH SERVES. THEIR WORK HAS BEEN RECOGNIZED BY A NUMBER OF COMMENDATIONS AND AWARDS FROM GOVERNMENT AGENCIES AND DIABETES ORGANIZATIONS. THESE COMMUNITY-BASED EFFORTS ARE FREE TO THE PUBLIC AND ALL INDIVIDUALS ARE WELCOME. ESSENTIA HEALTH SUPPORTS THE HEALTH OF OUR COMMUNITIES THROUGH ACTIVE RESEARCH AND CLINICAL TRIALS THROUGH THE ESSENTIA INSTITUTE OF RURAL HEALTH (INSTITUTE). THE INSTITUTE CONDUCTS CLINICAL, TRANSLATIONAL, AND HEALTH SERVICES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS. VARIOUS ESSENTIA HEALTH ORGANIZATIONS CONTRIBUTED APPROXIMATELY \$3.6 MILLION IN SUPPORT TO THE INSTITUTE DURING THE PAST YEAR. ESSENTIA HEALTH IS ALSO A PRIMARY SUPPORTER OF MEDICAL EDUCATION, PARTICULARLY IN THE AREA OF RURAL PRIMARY CARE. ESSENTIA HEALTH PHYSICIANS SERVE AS FACULTY AND PRECEPTORS FOR THE UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE IN DULUTH, MN. ESSENTIA HEALTH ALSO PROVIDES FUNDING, ADMINISTRATIVE SUPPORT, AND RESIDENCY OPPORTUNITIES FOR THE DULUTH FAMILY PRACTICE RESIDENCY PROGRAM. THIS PROGRAM IS VITAL IN ADDRESSING THE GROWING SHORTAGE OF PRIMARY CARE PHYSICIANS IN RURAL COMMUNITIES.</p>

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>AFFILIATED HEALTH CARE SYSTEM:THROUGH 3/31/20, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC . WAS PART OF ESSENTIA HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH 13 HOSPITALS, APPROXIMATELY 65 CLINICS, SIX LONG-TERM CARE FACILITIES, THREE ASSISTED LIVING FACILITIES, THREE INDEPENDENT LIVING FACILITIES, FIVE AMBULANCE SERVICES, AND ONE RESEARCH INSTITUTE IN MINNESOTA, WISCONSIN AND NORTH DAKOTA. ESSENTIA HEALTH SERVES A PREDOMINANTLY RURAL POPULATION WHOSE MEDIAN INCOMES GENERALLY FALL BELOW AVERAGES OF THE STATES WHERE THEY LIVE. THE PRESENCE OF OUR CLINICS AND HOSPITALS ENSURES THAT PEOPLE WITH FEW ECONOMIC RESOURCES DO NOT HAVE TO DRIVE AN HOUR OR MORE TO RECEIVE BASIC (AND IN SOME CASES LIFESAVING) MEDICAL CARE .IN ADDITION TO STAFFING HOSPITALS AND CLINICS IN FEDERALLY RECOGNIZED UNDERSERVED AREAS, ESSENTIA HEALTH SUPPORTS THE HEALTH OF COMMUNITIES THROUGH ACTIVE OUTREACH PROGRAMS THAT BRING ONCOLOGISTS, CARDIOLOGISTS, NEUROLOGISTS, AND OTHERS INTO SMALL HOSPITALS AND CLINICS . ESSENTIA HEALTH'S SIZE AND INTEGRATED STRUCTURE ALSO ALLOW THE ORGANIZATION TO EXTEND SERVICES LIKE CHEMOTHERAPY, CONGESTIVE HEART FAILURE MANAGEMENT, WOUND CARE, AND HOSPICE CARE TO SMALLER COMMUNITIES.PATIENTS ARE ABLE TO TRAVEL SEAMLESSLY BETWEEN ESSENTIA HEALTH'S SMALLER COMMUNITY CLINICS AND ITS LARGER SPECIALTY CARE CENTERS THANKS TO SIGNIFICANT INVESTMENTS IN ELECTRONIC HEALTH RECORDS (EHRS). EVERY ESSENTIA HEALTH HOSPITAL AND CLINIC IS LINKED TO THIS SYSTEM, ALLOWING CLINICIANS TO SHARE EVERYTHING FROM LAB RESULTS AND RADIOLOGY IMAGES TO NOTES ON CLINIC VISITS, HOSPITAL STAYS, AND SERVICES LIKE PHYSICAL REHABILITATION.THE EHR IS ALSO AN INCREASINGLY VALUABLE TOOL FOR PATIENTS AND THEIR FAMILIES, THANKS TO MYCHART/MYHEALTH, WHICH OFFERS PATIENTS SECURE, 24/7 ONLINE ACCESS TO THEIR MEDICAL RECORD. MYCHART/MYHEALTH ALSO ALLOWS PATIENTS TO CONTACT THEIR PHYSICIAN OR CLINIC, SCHEDULE APPOINTMENTS, AND ORDER MEDICATION REFILLS. THESE SERVICES ARE ALL OFFERED AT NO COST TO PATIENTS AND THEIR AUTHORIZED FAMILY, FRIENDS, AND CAREGIVERS.ESENTIA HEALTH ALSO PROMOTES THE HEALTH OF ALL OF ITS COMMUNITIES THROUGH ADHERENCE TO EVIDENCE-BASED BEST PRACTICE STANDARDS AND CLINICAL QUALITY GOALS DESIGNED TO ENSURE THAT PATIENTS RECEIVE THE SAME HIGH STANDARD OF CARE AT ANY ESSENTIA HEALTH HOSPITAL OR CLINIC.THE ESSENTIA INSTITUTE OF RURAL HEALTH (INSTITUTE) ACTIVELY SUPPORTS COMMUNITY HEALTH THROUGH ITS TRANSLATIONAL AND HEALTH SERVICES RESEARCH WITH A PRIMARY FOCUS ON THE NEEDS OF RURAL AMERICANS. THE INSTITUTE ALSO SPONSORS A NUMBER OF CONFERENCES AND OTHER EDUCATIONAL EVENTS, OPEN TO ALL MEDICAL PROFESSIONALS IN THE REGION, TO ENSURE THAT RURAL CLINICIANS HAVE ACCESS TO CURRENT MEDICAL EDUCATION AND TRAINING CLOSE TO HOME.TELEHEALTH ALLOWS PATIENTS TO RECEIVE CARE FROM A SPECIALIST WHO IS NOT AVAILABLE IN THEIR HOME COMMUNITY. TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CLINICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEOCONFERENCING. PATIENTS FEEL LIKE THEY ARE IN THE SAME ROOM WITH THEIR DOCTOR. THIS EXPERIENCE OFFERS THE SAME HIGH-QUALITY CARE THAT PATIENTS EXPECT DURING AN IN-PERSON VISIT. TELEHEALTH CAN BE USED FOR SERVICES SUCH AS HEART CARE, PSYCHIATRY, STROKE CARE, OR WEIGHT LOSS.ESSENTIA HEALTH OFFERS PATIENTS VIRTUAL VIDEO VISITS THROUGH MYCHART/MYHEALTH WITH PRIMARY CARE, BEHAVIORAL HEALTH, ORTHOPEDICS, OBSTETRICS, PHYSICAL THERAPY AND HEART & VASCULAR PROVIDERS. THIS OFFERS PATIENTS THE CONVENIENCE OF CONNECTING WITH THEIR HEALTH CARE PROVIDERS VIA VIDEO RIGHT FROM THEIR HOME. IN ADDITION, 24/7 VIDEO VISITS ON DEMAND PROVIDE PATIENTS AN OPTION FOR FACE-TO- FACE URGENT CARE VISITS FOR NEEDS ANY TIME THROUGH MYCHART/MY HEALTH.ESSENTIA HEALTH'S HOSPITALS AND CLINICS PLAY ADDITIONAL ROLES IN PROMOTING HEALTH WITHIN THEIR COMMUNITIES. EACH OF ESSENTIA HEALTH'S HOSPITALS CONDUCT A COMMUNITY HEALTH ASSESSMENT TO DETERMINE THE UNIQUE HEALTH NEEDS OF COMMUNITY RESIDENTS. THESE ASSESSMENTS, WHICH ARE BASED ON INPUT FROM A BROAD RANGE OF COMMUNITY RESIDENTS AND STAKEHOLDERS, ARE THE BASIS FOR ACTION PLANS AIMED AT ADDRESSING THE COMMUNITY'S MOST PRESSING HEALTH NEEDS. MOST RECENTLY, TOPICS OF CONCERN HAVE INCLUDED ELIMINATING SOCIAL AND ECONOMIC BARRIERS TO HEALTH AND WELLNESS, IMPROVING MENTAL HEALTH SERVICES AND AWARENESS, ADDRESSING YOUTH SUBSTANCE ABUSE, FOOD INSECURITY , AND OBESITY. THESE ISSUES ARE THEN ADDRESSED THROUGH COLLABORATION WITH PRIVATE BUSINESSES, GOVERNMENT AGENCIES, AND OTHER NON-PROFITS.CURRENTLY, TWO OF THE MOST PROMINENT COLLABORATIONS ARE WITH CROW WING ENERGIZED AND CASS COUNTY ENERGIZED, JOINT PUBLIC-PRIVATE PARTNERSHIPS AIMED AT IMPROVING THE OVERALL HEALTH STATUS OF THESE COUNTIES THROUGH COORDINATED PROGRAMMING AIMED AT LIFESTYLE ISSUES RANGING FROM EXERCISE TO HEALTHY EATING. IN ADDITION TO VARIOUS TYPES OF IN-KIND ASSISTANCE, THE COORDINATORS OF THESE PROGRAMS RECEIVE 50 PERCENT OF THEIR COMPENSATION FROM ESSENTIA HEALTH.IN AN EFFORT TO HELP SOME OF OUR COMMUNITIES' OLDEST AND FRAILEST RESIDENTS REMAIN AT HOME</p>

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>AND OUT OF THE HOSPITAL OR NURSING HOME, ESSENTIA HEALTH HAS LAUNCHED COMMUNITY PARAMEDIC PROGRAMS IN FARGO, ND, AS WELL AS BRAINERD, ADA, AND DETROIT LAKES, MN. PARAMEDICS MAKE HOUSE CALLS TO PATIENTS WHO HAVE BEEN IDENTIFIED AS AT RISK FOR EMERGENCY DEPARTMENT VISITS . DURING THE CALLS, THEY TAKE VITAL SIGNS, ASSESS FOR POSSIBLE HEALTH AND SAFETY RISKS, AND DETERMINE IF PATIENTS MAY BENEFIT FROM ADDITIONAL COMMUNITY RESOURCES.ESENTIA HEALTH EMPLOYEES CONTRIBUTE DIRECTLY TO THE HEALTH AND WELLNESS OF THEIR COMMUNITIES BY VOLUNTEERING IN PROGRAMS RANGING FROM HABITAT FOR HUMANITY TO UNITED WAY FOOD AND CLOTHING DRIVES. THEY ARE ACTIVE FUNDRAISERS FOR HEALTH-RELATED ORGANIZATIONS IN THEIR COMMUNITIES, LIKE LOCAL CHAPTERS OF THE AMERICAN HEART ASSOCIATION AND MARCH OF DIMES. ESSENTIA HEALTH ENCOURAGES AND SUPPORTS THESE VOLUNTEER EFFORTS IN A VARIETY OF WAYS, INCLUDING SPONSORSHIPS, FINANCIAL CONTRIBUTIONS, AND VOLUNTEER RECOGNITION.WE ALSO SUPPORT COMMUNITY HEALTH THROUGH THE ESSENTIA HEALTH FOUNDATION AND THROUGH CONTRIBUTIONS THAT FOCUS ON PROGRAMS AND SERVICES THAT BENEFIT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. SOME EXAMPLES OF THESE PROGRAMS ARE AFTER-SCHOOL MEALS, TUTORING PROGRAMS, AND RESPITE SERVICES FOR CAREGIVERS OF LOVED ONES WITH DEMENTIA.BEGINNING 4/1/2020, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS PART OF KOOTENAI HOSPITAL DISTRICT, KNOWN AS KOOTENAI HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH 3 HOSPITALS AND MORE THAN 40 CLINICS IN IDAHO. KOOTENAI HEALTH IS ORGANIZED AND EXISTS AS A POLITICAL SUBDIVISION UNDER THE LAWS OF THE STATE OF IDAHO TO PROVIDE HEALTH CARE SERVICES WITHIN THE DISTRICT. KOOTENAI HEALTH SERVES A RURAL POPULATION WHOSE MEDIAN INCOMES GENERALLY FALL BELOW STATE AVERAGES. THE PRESENCE OF OUR CLINICS AND HOSPITALS ENSURES THAT PEOPLE WITH FEW ECONOMIC RESOURCES DO NOT HAVE TO DRIVE AN HOUR OR MORE TO RECEIVE BASIC (AND IN SOME CASES LIFESAVING) MEDICAL CARE.IN ADDITION TO STAFFING HOSPITALS AND CLINICS IN FEDERALLY RECOGNIZED UNDERSERVED AREAS, KOOTENAI HEALTH SUPPORTS THE HEALTH OF COMMUNITIES THROUGH ACTIVE OUTREACH PROGRAMS INTO SMALL HOSPITALS AND CLINICS, RANGING FROM ONCOLOGY TO CARDIOLOGY.KOOTENAI HEALTH ALSO PROMOTES THE HEALTH OF ALL OF ITS COMMUNITIES THROUGH ADHERENCE TO EVIDENCE-BASED BEST PRACTICE STANDARDS AND CLINICAL QUALITY GOALS DESIGNED TO ENSURE THAT PATIENTS RECEIVE THE SAME HIGH STANDARD OF CARE AT ANY KOOTENAI HEALTH HOSPITAL OR CLINIC.TELEHEALTH ALLOWS PATIENTS TO RECEIVE CARE FROM A PROVIDER IN THEIR HOME. TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CLINICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEOCONFERENCING. PATIENTS FEEL LIKE THEY ARE IN THE SAME ROOM WITH THEIR DOCTOR. THIS EXPERIENCE OFFERS THE SAME HIGH-QUALITY CARE THAT PATIENTS EXPECT DURING AN IN-PERSON VISIT.KOOTENAI HEALTH IS INVOLVED IN SEVERAL JOINT RELATIONSHIPS TO PROVIDE NEEDED HEALTH SERVICES TO IDAHO RESIDENTS. THESE RELATIONSHIPS ARE IN THE AREAS OF IMAGING SERVICES, MAGNETIC RESONANCE IMAGING SERVICES, REHABILITATION SERVICES, AMBULATORY SURGICAL SERVICES, OUTPATIENT LABORATORY SERVICES AND RADIATION THERAPY SERVICES.WE ALSO SUPPORT COMMUNITY HEALTH THROUGH THE KOOTENAI HEALTH FOUNDATION AND THROUGH CONTRIBUTIONS THAT FOCUS ON PROGRAMS AND SERVICES THAT BENEFIT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5 CONTINUATION:	<p>BEGINNING 4/1/2020, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS A PART OF KOOTENAI HOSPITAL DISTRICT, KNOWN AS KOOTENAI HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH FACILITIES IN IDAHO. KOOTENAI HEALTH REINVESTS SURPLUS REVENUES INTO TECHNOLOGY, INFRASTRUCTURE AND CLINICAL PROGRAMS TO INCREASE THE HEALTH AND VITALITY OF THE COMMUNITIES WE SERVE. KOOTENAI HEALTH PROVIDES SERVICES IN RURAL COMMUNITIES AND IS COMMITTED TO ELIMINATING GEOGRAPHIC BARRIERS TO CARE. WE INVEST IN FACILITY UPGRADES, TECHNOLOGY, AND STAFFING THAT ENHANCE CARE IN THESE COMMUNITIES TO ENSURE PATIENTS CAN RECEIVE AS MUCH CARE AS POSSIBLE CLOSE TO HOME. TELEHEALTH ALLOWS PATIENTS TO RECEIVE CARE FROM A PROVIDER IN THEIR HOME. TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CLINICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEOCONFERENCING. PATIENTS FEEL LIKE THEY ARE IN THE SAME ROOM WITH THEIR DOCTOR. THIS EXPERIENCE OFFERS THE SAME HIGH-QUALITY CARE THAT PATIENTS EXPECT DURING AN IN-PERSON VISIT. KOOTENAI HEALTH'S CLINICALLY INTEGRATED NETWORK, KOOTENAI CARE NETWORK (KCN), CONTINUES TO GROW ITS PROVIDER MEMBERSHIP AND COVERED LIVES. BY THE END OF 2020 THERE WERE APPROXIMATELY 600 PARTICIPATING PROVIDERS AND MORE THAN 40,000 COVERED LIVES IN THE NETWORK. THE NETWORK NOW HAS THREE HOSPITALS, KOOTENAI HEALTH AND TWO CRITICAL ACCESS HOSPITALS. THE GOAL OF THE NETWORK IS TO IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY BY DELIVERING EFFICIENT, HIGH QUALITY CARE COLLABORATIVELY DESIGNED PATIENT CARE BY INDEPENDENT AND EMPLOYED PHYSICIANS AND ADVANCED PRACTICE PROFESSIONALS, HOSPITALS, POST-ACUTE CARE PROVIDERS, COMMUNITY HEALTHCARE PARTNERS AND PAYERS. KCN IS THE SOLE MEMBER OF KOOTENAI ACCOUNTABLE CARE, LLC, FORMED IN 2017 WHICH WAS GRANTED APPROVAL TO PARTICIPATE AS A MEDICARE SHARED SAVINGS PROGRAM (MSSP) ACCOUNTABLE CARE ORGANIZATION (ACO) TRACK 1 IN DECEMBER 2017 FOR THE THREE-YEAR PERIOD BEGINNING JANUARY 1, 2018 PLAN YEAR WITH AN ESTIMATED 12,700 ATTRIBUTED MEDICARE BENEFICIARIES. FOR FINANCIAL PERFORMANCE, IN 2020 KOOTENAI ACCOUNTABLE CARE WAS RANKED #6 OUT OF 128 MSSP ACOS THAT STARTED IN 2018. THE NETWORK INITIATED DISCUSSIONS WITH IDAHO MEDICAID AND OTHER ORGANIZATIONS AROUND THE STATE TO FORM VALUE CARE STRATEGIES IN SUPPORT OF THE MEDICAID POPULATION. KOOTENAI CARE NETWORK (KCN) HAS A TEAM OF CARE MANAGERS TO HELP PATIENTS WITH CHRONIC CONDITIONS TO MANAGE THEIR CARE. THESE CHRONIC CONDITIONS INCLUDE CHRONIC OBSTRUCTIVE PULMONARY DISEASE, HEART FAILURE, DEPRESSION, AND ANXIETY. THE CARE MANAGERS WORK WITH A VARIETY OF PATIENTS, CAREGIVERS, AND HEALTHCARE EXPERTS WITHIN KCN TO PROVIDE EFFICIENT, HIGH QUALITY CARE FOR THE COMMUNITY. EACH YEAR KOOTENAI HEALTH MAKES SUBSTANTIAL FINANCIAL AND IN-KIND DONATIONS THAT BENEFIT THE COMMUNITY. THESE INCLUDE DONATIONS TO GROUPS SUCH AS THE SUICIDE PREVENTION ACTION NETWORK AND THE COMMUNITY CANCER FUND. KOOTENAI HEALTH PROVIDES FREE AND LOW COST HEALTH SCREENINGS AND SUPPORT GROUPS FOR PATIENTS WITH DIABETES, CANCER, MENED HEARTS, PARKINSON'S, AND PULMONARY DISEASE. KOOTENAI HEALTH PROVIDES TRAINING OPPORTUNITIES FOR PHYSICIANS, NURSES, AND OTHER HEALTHCARE WORKERS. TOGETHER, THESE SERVICES ARE IMPROVING HOW PEOPLE ARE CARED FOR IN THE GEOGRAPHICALLY DIVERSE COMMUNITIES WE SERVE.</p>

Additional Data

Software ID:

Software Version:

EIN: 82-0497771

Name: CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CLEARWATER VALLEY HOSPITAL AND CLINICS INC 301 CEDAR OROFINO, ID 83544 WWW.SMH-CVHC.ORG 01	X	X		X	X		X			

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

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

Form and Line Reference	Explanation
CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.	PART V, SECTION B, LINE 5: A STEERING COMMITTEE WAS FORMED BY ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLEY HOSPITAL & CLINICS, INC. TO LEAD THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FROM APRIL 2018 TO DECEMBER 2018. PARTNERS WERE SELECTED FOR THE STEERING COMMITTEE TO ENSURE THE ASSESSMENT PROCESS WAS GUIDED BY COMMUNITY STAKEHOLDERS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. AS SUCH, THE PARTNERS REPRESENTED THE PUBLIC HEALTH PERSPECTIVE AND THE INTERESTS OF MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR INDIVIDUALS. ORGANIZATIONS REPRESENTED ON THE STEERING COMMITTEE INCLUDED: OROFINO BOARD OF EDUCATION, CLEARWATER ECONOMIC DEVELOPMENT COUNCIL, OROFINO AMBULANCE, LOCAL BUSINESS LEADERS, OROFINO CHAMBER OF COMMERCE, OROFINO POLICE DEPARTMENT, CITY OF OROFINO, FAITH-BASED ORGANIZATIONS, GRANGEVILLE BOARD OF EDUCATION, UPRIVER YOUTH COALITION, CAMAS PRAIRIE FOOD BANK, COTTONWOOD CHAMBER OF COMMERCE, NORTH IDAHO CORRECTIONAL INSTITUTION, COTTONWOOD SENIOR CENTER.COMMUNITY INPUT WAS COLLECTED THROUGH AN ONLINE SURVEY THAT WAS DISTRIBUTED BY THE STEERING COMMITTEE AND HOSPITAL STAFF. THE SURVEY WAS DEVELOPED BASED ON AN EXISTING TEMPLATE UTILIZED BY IDAHO PUBLIC HEALTH, NORTH CENTRAL REGION AMONG ITS AFFILIATES AND CITIZENS. MORE THAN 300 COMMUNITY MEMBERS RESPONDED TO THE SURVEY. THE SURVEY WAS COMPLETED BY A WIDE VARIETY OF AGES AND LOCATIONS. SIGNIFICANT EFFORT WAS TAKEN TO ENSURE THAT THE SURVEY WAS ACCESSIBLE TO INDIVIDUALS WHO ARE PART OF THE MEDICALLY UNDERSERVED, LOW-INCOME, OR MINORITY POPULATIONS.ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLEY HOSPITAL & CLINICS, INC. DID NOT RECEIVE ANY COMMENTS ON THEIR PREVIOUS CHNA. ANY COMMENTS WOULD HAVE BEEN TAKEN INTO CONSIDERATION IN THE DEVELOPMENT OF THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.	PART V, SECTION B, LINE 6A: TO ALIGN RESOURCES AND STRENGTHS TO BETTER SERVE OUR COMMUNITY, THE CHNA WAS CONDUCTED IN COLLABORATION WITH ST. MARY'S HOSPITAL, INC., A RELATED ORGANIZATION.

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

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

Form and Line Reference	Explanation
CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.	PART V, SECTION B, LINE 6B: TO HAVE THE GREATEST IMPACT ON THE COMMUNITY SERVED, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. WORKED COLLABORATIVELY ON THE ASSESSMENT PROCESS WITH IDAHO PUBLIC HEALTH AND NORTH CENTRAL REGION. NOT ONLY DID THIS ENSURE FEEDBACK FROM A REPRESENTATIVE OF PUBLIC HEALTH THROUGHOUT THE ENTIRE COMMUNITY HEALTH NEEDS ASSESSMENT, IT ALSO PROVIDED THE BACKBONE FOR CONTINUED COLLABORATION ON THE IMPLEMENTATION PLANS.

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

Form and Line Reference	Explanation
CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.	PART V, SECTION B, LINE 11: DURING FY 2020, ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLE Y HOSPITAL AND CLINICS, INC. BEGAN TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE 2019 ASSESSMENT: ACCESS TO CARE; CHILDREN ARE ACTIVE AND HEALTHY; AND CHILDREN ARE HEALTHY IN MIND, BODY, AND SPIRIT. WITH FEW EXCEPTIONS THE HOSPITALS PLAY A PRIMARY ROLE IN ESTABLISH ING THE FRAMEWORK FOR PROGRESS IN EACH OF THESE AREAS. WITH THE ADVENT OF COVID-19, MUCH O F THE WORK BEGUN ON ADDRESSING THESE INITIATIVES HAS UNDERGONE SIGNIFICANT CHANGES IN BOTH PRIORITY AND SCOPE OF WORK. THE FOLLOWING DESCRIBES THE HOSPITALS' EFFORTS TO ADDRESS THE IDENTIFIED PRIORITIES, IN LIGHT OF THE NEW DEMANDS THIS PANDEMIC HAS CREATED. PRIORITY AR EA #1: ACCESS TO CARE WITH A PATIENT POPULATION THAT COVERS APPROXIMATELY 29,000 PEOPLE IN AN AREA THE SIZE OF DELAWARE AND MARYLAND COMBINED, THE CHALLENGE OF PROVIDING ADEQUATE A CCESS TO CARE IS OF UTMOST IMPORTANCE. WITH A HIGH NUMBER OF ELDERLY PATIENTS LIVING ALONE , AND MINIMAL TO NO PUBLIC TRANSPORTATION AVAILABLE IN THE REGION, PROVIDING ADEQUATE ACCE SS TO FOOD, MEDICINE, AND HEALTHCARE IS INCREDIBLY CHALLENGING. IN THE FIRST YEAR, WORK HA S CENTERED ON IDENTIFYING POTENTIAL SOLUTIONS, AVAILABLE FUNDING OPTIONS, AND POSSIBLE PRI VATE PARTNERS TO ADDRESS THIS CRITICAL ISSUE.ONE OF THE WAYS THE HOSPITALS CONTINUE TO REA CH THESE PATIENTS IS THROUGH A CORPS OF 11 COMMUNITY HEALTH WORKERS (CHWS) TO SERVE THE TH REE IDAHO COUNTIES. THIS TEAM HOLDS SCREENING EVENTS WHERE THEY PERFORM HGBA1C TESTING; AD MINISTER FIT TESTS SCREENING FOR COLON CANCER; AND CONDUCT DEPRESSION, BODY MASS INDEX (BM I), AND BLOOD PRESSURE SCREENINGS. THEY ARE TRAINED TO LEAD CDSMP CLASSES (STANFORD CHRONI C DISEASE SELF-MANAGEMENT PROGRAM) AND REFER PATIENTS TO DSME (DIABETES SELF- MANAGEMENT ED UCATION) AND DPP (DIABETES PREVENTION PROGRAM) CLASSES WHICH ARE CONDUCTED BY OUR STAFF.IN MAY 2020, A MAJOR CLINIC EXPANSION WAS COMPLETED IN ONE OF OUR FASTEST GROWING COMMUNITIE S WITH EVER INCREASING MEDICAL SERVICE NEEDS. THE ST. MARY'S KAMIAH MEDICAL CLINIC IS A 17 ,000 SQUARE FOOT CLINIC THAT HOUSES 18 LARGE TREATMENT ROOMS, ALLOWING THE PROVIDERS AND O THER MEDICAL STAFF TO TREAT A GREATER NUMBER OF PATIENTS, AND LESSENING THE TIME IT TAKES TO BE SEEN. A SPACIOUS WAITING ROOM INCREASES PATIENT PRIVACY DURING THE ADMISSIONS PROCES S, AND PRIVATE TELE-PSYCHIATRY ROOMS PROVIDE GREATER ACCESS TO PATIENTS UTILIZING THOSE SE RVICES. ADDITIONALLY, TWO TRAINING CLASSROOMS ARE INCLUDED AND WILL ALSO BE MADE AVAILABLE FOR PUBLIC USE FOR EDUCATION AND OTHER HEALTH RELATED EVENTS. THE THERAPY SERVICES DEPART MENT, WHICH WAS LOCATED OFF-SITE, HAS BEEN INCORPORATED INTO THE NEW FACILITY, PROVIDING F OR MORE CONTINUITY OF CARE BETWEEN PHYSICIANS, THERAPISTS, AND PATIENTS. THIS MOVE ALSO PE RMITS MORE PATIENTS TO RECEIVE THERAPY SERVICES AND DECREASES THE TIME IT MAY TAKE TO BE T REATED SIGNIFICANTLY, DOWN FROM THE CURRENT ONE TO TWO WEEKS TO JUST DAYS.COVID-19 HAS CRE ATED ADDITIONAL UNFORESEEN CHA

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

Form and Line Reference	Explanation
CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.	<p>CHALLENGES TO PROVIDING ACCESS TO BOTH PREVENTATIVE AND CRITICAL NEEDS CARE TO OUR PATIENT POPULATION, WITH FOCUS BEING DIVERTED TO ADDRESS BOTH THE IMMEDIATE TIME FRAME AND THE FUTURE. ST. MARY'S AND CLEARWATER VALLEY WORKED SWIFTLY TO IMPLEMENT TELE-HEALTH AND TELE-BEHAVIORAL SERVICES IN ORDER TO CONTINUE TO SERVE PATIENTS WITHOUT A BREAK IN CARE. ADDITIONALLY, SERVICES LIKE FLU-SHOT CLINICS AND HEALTH SCREENINGS ARE BEING CONDUCTED VIA "DRIVE-THRU" CLINICS, HOME VISITS, AND EXPANDED CASE MANAGEMENT. PRIORITY AREA #2: CHILDREN ARE ACTIVE & HEALTHY. OROFINO WAS AWARDED A \$250,000 COMMUNITY TRANSFORMATION GRANT (CTG) FROM THE BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH. CTG IS A THREE-YEAR GRANT FOCUSED ON IMPROVING YOUTH ACCESS TO HEALTHY FOODS AND ACTIVE LIVING. YEAR ONE WAS SPENT LEARNING, BOTH FROM THE OROFINO COMMUNITY AND FROM COMMUNITY HEALTH EXPERTS, WITH ONE PROJECT INITIATED. AS WE ENTER YEAR TWO, WE ARE WORKING TO EXPAND THE ACTION PLAN THAT WILL GUIDE HOW FUNDS WILL BE SPENT. AREAS OF SPECIFIC FOCUS WILL BE: A. POLICIES: ORDINANCES, RULES, REGULATIONS, PRACTICES, AND PROCEDURES. PUBLIC POLICIES INCLUDE ZONING CODES, SUBDIVISION RULES AND REGULATIONS, SITE DESIGN GUIDELINES, ROADWAY DESIGN STANDARDS, ETC.; PRIVATE POLICIES INCLUDE FARMERS MARKET REGULATIONS, SCHOOL WELLNESS POLICIES, WORKSITE POLICIES, ETC. B. PROGRAMS: OUTREACH, EDUCATION AND BEHAVIOR CHANGE ACTIVITIES; EVENTS AND EDUCATION; POP-UPS, DEMONSTRATIONS, AND TRIALS. C. PROJECTS: CHANGES TO PHYSICAL INFRASTRUCTURE AND THE BUILT ENVIRONMENT; VENDING AND CONCESSION OPTIONS, GARDEN OR MARKET SPACE, FOOD LABELING, PRICING STRATEGIES, ETC. D. PARTNERSHIPS: ENGAGED ORGANIZATIONS AND COMMUNITY MEMBERS WITH ALIGNED RESOURCES WORKING TOGETHER TOWARD A COMMON GOAL (I.E. TO IMPROVE YOUTH ACCESS TO HEALTHY, AFFORDABLE FOOD AND INCREASED PHYSICAL ACTIVITY). THE PROPOSED PROJECTS CURRENTLY IDENTIFIED FOR THE AWARDED GRANT FUNDS ARE A NEW SKATE PARK, UPGRADED TENNIS/PICKLEBALL COURTS, SCHOOL GARDENS, WALK/BIKE PROGRAMS, OPEN GYM AVAILABILITY, AND EXPANDED CITY PARK FACILITIES AND EQUIPMENT. THE PROJECTS WILL TIE INTO THE GOALS OF OFFERING A HEALTHIER LIFESTYLE THROUGH PHYSICAL FITNESS, GROUP ACTIVITIES, AND BETTER NUTRITION. PRIORITY AREA #3: CHILDREN ARE HEALTHY IN MIND, BODY, AND SPIRIT. WITH 35% OF STUDENTS IN GRADES 9-12 IN THE STATE OF IDAHO STATING THAT THEY FEEL SAD OR HOPELESS MORE THAN HALF THE TIME, AND WITH THE ADDED PRESSURE THAT COVID-19 HAS PLACED ON OUR STUDENT POPULATION, SMH-CVHC RECOGNIZES THE IMPORTANCE OF OFFERING EDUCATION AND SERVICES AIMED AT REDUCING THE INCREASING NUMBER OF SCHOOL-AGED CHILDREN DYING, OR ATTEMPTING TO DIE, BY SUICIDE. A COMMUNITY HEALTH ACTION TEAM MADE UP OF COMMUNITY MEMBERS, FAITH-BASED ORGANIZATIONS, LAW ENFORCEMENT AGENCIES, CITY LEADERS, SCHOOL OFFICIALS, AND HOSPITAL STAFF, HAVE COMMITTED TO ORGANIZING AND OFFERING EDUCATION AND SUPPORT TO PARENTS, STUDENTS, AND FAMILIES TO HELP ADDRESS THIS ISSUE. CURRENT RESTRICTIONS HAVE MADE FORWARD PROGRESS ON THESE GOALS.</p>

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

Form and Line Reference	Explanation
CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.	OALS DIFFICULT TO ACHIEVE AT THIS TIME; HOWEVER, PLANS ARE IN PLACE TO RECONVENE THE CHAT GROUP PRIOR TO THE END OF THE YEAR TO BEGIN PLANNING FOR YEAR 2. EFFORTS WILL INCLUDE PROV IDING EDUCATORS AND WORKSHOPS, EITHER VIRTUALLY OR IN PERSON, STUDENT PEER TRAINING, CRISI S COUNSELING, AND IDENTIFYING POTENTIAL "SAFE SPACES" WITHIN OUR COMMUNITIES.

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

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

Form and Line Reference	Explanation
ADDITIONAL DISCLOSURES NOT REQUIRED FOR PART V, SECTION C:	SCHEDULE H, PART V, SECTION B, LINE 3E:ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. CHOSE TO ADDRESS THREE PRIORITY HEALTH NEEDS BASED ON STAKEHOLDER GROUP FEEDBACK. THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY ARE ACCESS TO CARE, CHILDREN ARE ACTIVE & HEALTHY, AND CHILDREN ARE HEALTHY IN MIND, BODY, AND SPIRIT. THE NEEDS ARE NOT RANKED IN ORDER; ALL THREE HEALTH NEEDS ARE CONSIDERED PRIORITIES. THE HOSPITAL WILL WORK ON ADDRESSING EACH NEED SIMULTANEOUSLY.SCHEDULE H, PART V, SECTION B, LINE 7A:THE CHNA IS POSTED AT: HTTPS://SMH-CVH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ SCHEDULE H, PART V, SECTION B, LINE 16I:DUE TO THE SMALL SIZES OF THE LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS OF THE COMMUNITIES SERVED BY THE ORGANIZATION, THE ORGANIZATION WAS NOT REQUIRED TO TRANSLATE THE FINANCIAL ASSISTANCE POLICY (FAP), THE FAP APPLICATION FORM, OR THE PLAIN LANGUAGE SUMMARY OF THE FAP TO OTHER LANGUAGES.

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Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Employer identification number
82-0497771

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST MARY'S HOSPITAL INC 701 LEWISTON ST COTTONWOOD, ID 83522	82-0226453	501(C)(3)	203,542				PROGRAM SUPPORT
(2) KOOTENAI HEALTH FOUNDATION INC 2003 KOOTENAI HEALTH WAY COEUR D ALENE, ID 83814	82-0380784	501(C)(3)	8,779				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							2
3 Enter total number of other organizations listed in the line 1 table							

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

Cat. No. 50055P

Schedule I (Form 990) 2019

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING USE OF GRANT FUNDS: CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.'S MANAGEMENT REVIEWS THE GRANT ACTIVITY BY REVIEWING AND DOCUMENTING EACH EXPENDITURE REQUEST AND APPROVING THE EXPENSE.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization CLEARWATER VALLEY HOSPITAL AND CLINICS INC		Employer identification number 82-0497771

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

For each individual whose compensation must be reported on 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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	ESTABLISHING CEO'S COMPENSATION: ESSENTIA HEALTH, AS A RELATED ORGANIZATION, USED THE FOLLOWING METHODS TO ESTABLISH CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.'S PRESIDENT'S COMPENSATION: A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINES 4A-B	SEVERANCE PAYMENT: BOARD DIRECTOR, TIMOTHY SAYLER, RECEIVED PAYMENT TOTALING \$293,561 IN CALENDAR YEAR 2019 RELATED TO HIS TERMINATION. THE TERMINATION TERMS ARE FROM APRIL 15, 2019 TO OCTOBER 14, 2020. MR. SAYLER WILL RECEIVE PAY TOTALING \$630,396 & BENEFITS TOTALING \$83,636 RELATED TO HIS TERMINATION. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: ESSENTIA HEALTH'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO DESIGNATED ESSENTIA HEALTH EXECUTIVES. THERE IS A MINIMUM FOUR YEAR VESTING DATE, OR VESTING IS AUTOMATIC UPON REACHING RETIREMENT AGE, DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING AND PAYABLE FROM ESSENTIA HEALTH'S GENERAL ASSETS. REPORTED AS OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B (III), THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT OF THE VESTED BENEFIT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR: TIMOTHY SAYLER \$200,851 REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C, ESSENTIA HEALTH MADE CONTRIBUTIONS, SUBJECT TO THE VESTING TERMS, DURING THE YEAR INTO THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ON BEHALF OF THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A: TIMOTHY SAYLER \$9,520

Additional Data

Software ID:

Software Version:

EIN: 82-0497771

Name: CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TIMOTHY SAYLER BOARD DIRECTOR THRU 4/20	(i)	0	0	0	0	0	0	0
	(ii)	130,687	154,447	551,267	24,266	24,756	885,423	101,448
1KARIN SCHMIDOVA MD SURGEON	(i)	375,710	15,100	0	11,200	14,720	416,730	0
	(ii)	0	0	0	0	0	0	0
2CLARENCE J BRUNSON MD BOARD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	287,731	65,526	0	11,199	22,370	386,826	0
3JACK BRUNER II MD BOARD DIRECTOR THRU 9/19	(i)	0	0	0	0	0	0	0
	(ii)	268,560	65,786	0	11,207	20,591	366,144	0
4LENNE BONNER PRESIDENT	(i)	224,542	58,466	0	45,782	22,091	350,881	0
	(ii)	0	0	0	0	0	0	0
5KELLY MCGRATH MD BOARD DIRECTOR	(i)	293,773	481	0	11,200	24,442	329,896	0
	(ii)	0	0	0	0	0	0	0
6COLLEEN SHOLAR DO PHYSICIAN	(i)	162,454	40,879	0	8,720	24,131	236,184	0
	(ii)	0	0	0	0	0	0	0
7REBECCA KATZMAN MD PHYSICIAN	(i)	191,310	20,496	0	6,917	9,616	228,339	0
	(ii)	0	0	0	0	0	0	0
8ANN LIMA MD PHYSICIAN	(i)	173,066	27,526	0	6,895	19,505	226,992	0
	(ii)	0	0	0	0	0	0	0
9CLAYTON BUNT MD PHYSICIAN	(i)	191,818	4,816	0	8,144	16,976	221,754	0
	(ii)	0	0	0	0	0	0	0
10JYL RULAND CHIEF FINANCIAL OFFICER	(i)	136,098	0	0	5,820	17,380	159,298	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

82-0497771

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1C:	NO GAMING (GAMBLING) WINNINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS: EFFECTIVE APRIL 1, 2020, THE ARTICLES OF INCORPORATION AND BYLAWS FOR CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. WERE AMENDED TO TRANSFER MEMBERSHIP TO KOOTENAI HOSPITAL DISTRICT DBA KOOTENAI HEALTH, AN IDAHO HOSPITAL DISTRICT. THE ARTICLES AND BYLAWS WERE FURTHER AMENDED TO INCLUDE THE POWERS RESERVED TO KOOTENAI HEALTH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>MEMBERS OF ORGANIZATION: THROUGH MARCH 31, 2020 CRITICAL ACCESS GROUP WAS THE SOLE MEMBER OF CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AND WAS ABLE TO ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7A. THROUGH MARCH 31, 2020 ESSENTIA HEALTH HAD RESERVED POWERS WITH RESPECT TO CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7B. EFFECTIVE APRIL 1, 2020, KOOTENAI HOSPITAL DISTRICT WAS THE SOLE MEMBER OF CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AND MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7A. EFFECTIVE APRIL 1, 2020 KOOTENAI HOSPITAL DISTRICT HAD RESERVED POWERS WITH RESPECT TO CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7B.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBER WITH RIGHT TO ELECT GOVERNING BODY: THROUGH MARCH 31, 2020 CRITICAL ACCESS GROUP APPOINTED AND REMOVED CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.'S GOVERNING BODY. EFFECTIVE APRIL 1, 2020 KOOTENAI HOSPITAL DISTRICT APPOINTS AND REMOVES CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.'S GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>MEMBERS WITH RIGHT TO APPROVE GOVERNING BODY DECISION: THROUGH MARCH 31, 2020, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. WAS A SUBSIDIARY OF ESSENTIA HEALTH, WHOSE BOARD OF DIRECTORS HAS RESERVED POWERS WITH RESPECT TO THIS CORPORATION AND ITS SUBSIDIARIES, AND ALL OF THE OTHER DIRECT AND INDIRECT SUBSIDIARIES OF ESSENTIA HEALTH (COLLECTIVELY, THE "SYSTEM"). ESSENTIA HEALTH'S RESERVED POWERS WERE AS FOLLOWS: STRATEGIC AND BUSINESS PLANS. AUTHORITY TO CREATE, AND TO APPROVE, THE SYSTEM'S STRATEGIC AND BUSINESS PLANS. MISSION. AUTHORITY TO CREATE, AND TO APPROVE, THE MISSION, PURPOSE AND VISION STATEMENTS FOR ALL ENTITIES IN THE SYSTEM BY THE AFFIRMATIVE VOTE OF AT LEAST 67% OF THE ESSENTIA HEALTH BOARD OF DIRECTORS. DEBT. APPROVAL OF THE INCURRENCE OF DEBT BY, AND THE CREATION OF ALL MORTGAGES, LIENS, SECURITY INTERESTS, OR OTHER ENCUMBRANCES ON THE ASSETS OF, ALL ENTITIES IN THE SYSTEM IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE ESSENTIA HEALTH BOARD OF DIRECTORS, AND THE AUTHORITY TO CAUSE ALL ENTITIES IN THE SYSTEM TO PARTICIPATE IN SYSTEM BORROWING. GOVERNING INSTRUMENTS. AUTHORITY TO CAUSE, AND TO APPROVE, AMENDMENTS OF THE ARTICLES OF INCORPORATION AND BYLAWS OF ALL ENTITIES IN THE SYSTEM. MERGERS AND ACQUISITIONS. AUTHORITY TO CAUSE, AND TO APPROVE, ALL MERGERS, CONSOLIDATIONS, AND DISSOLUTIONS OF ALL ENTITIES IN THE SYSTEM. AFFILIATIONS AND JOINT VENTURES. AUTHORITY TO CAUSE, AND TO APPROVE, ALL AFFILIATIONS, JOINT VENTURES AND OTHER ALLIANCES WITH THIRD PARTIES OF ALL ENTITIES IN THE SYSTEM. TRANSFER OF ASSETS WITHIN THE SYSTEM. AUTHORITY TO TRANSFER ASSETS, INCLUDING CASH, BETWEEN AND AMONG ENTITIES WITHIN THE SYSTEM; PROVIDED, HOWEVER, THAT ESSENTIA HEALTH SHALL NOT HAVE AUTHORITY TO REQUIRE ANY ENTITY IN THE SYSTEM TO TRANSFER ASSETS (A) THAT WOULD CAUSE SUCH ENTITY TO BE IN DEFAULT OF ITS COVENANTS OR OBLIGATIONS UNDER ANY BOND OR OTHER FINANCING DOCUMENTS; (B) FROM THE CATHOLIC ENTITIES TO THE SECULAR ENTITIES OR FROM THE SECULAR ENTITIES TO THE CATHOLIC ENTITIES IN A MANNER OR TO AN EXTENT THAT WOULD CAUSE THE CATHOLIC ENTITIES TO BE IN VIOLATION OF THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES (ERDS) IN THE JUDGMENT OF THE LOCAL ORDINARY; OR (C) SUCH THAT MONEY GENERATED BY SERVICES AT SECULAR FACILITIES WITHIN THE SYSTEM BY PROCEDURES THAT ARE CONTRARY TO THE ERDS WOULD BE USED AT THE CATHOLIC ENTITIES OR MONEY GENERATED BY CATHOLIC ENTITIES WOULD BE USED IN THE PROVIDING OF SERVICES CONTRARY TO THE ERDS AT SECULAR FACILITIES WITHIN THE SYSTEM. TRANSFER OF ASSETS OUTSIDE THE SYSTEM. AUTHORITY TO CAUSE, AND TO APPROVE, THE SALE, LEASE OR OTHER TRANSFER OF ASSETS OF ALL ENTITIES IN THE SYSTEM TO PARTIES OUTSIDE OF THE SYSTEM WHEN THE ASSET'S VALUE EXCEEDS THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE ESSENTIA HEALTH BOARD OF DIRECTORS. SERVICES. AUTHORITY TO CAUSE, AND TO APPROVE, THE DISCONTINUANCE OF SERVICES AND SERVICE LOCATIONS WITH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THIN ALL ENTITIES IN THE SYSTEM. BUDGETS. APPROVAL OF CAPITAL AND OPERATING BUDGETS OF ALL ENTITIES IN THE SYSTEM. PROFESSIONAL SERVICES. SELECTION OF THE GENERAL LEGAL COUNSEL AND EXTERNAL AUDITORS OF ALL ENTITIES IN THE SYSTEM. ACQUISITIONS. AUTHORITY TO CAUSE, AND TO APPROVE, ALL ACQUISITIONS BY AND FORMATIONS OF ENTITIES IN THE SYSTEM. MARKETING. AUTHORITY TO IMPLEMENT SYSTEM-WIDE MARKETING AND PROMOTIONAL ACTIVITIES. COMPLIANCE PLANS. AUTHORITY TO CREATE, AND TO APPROVE, CORPORATE COMPLIANCE, SAFETY AND RISK MANAGEMENT PLANS FOR ENTITIES WITHIN THE SYSTEM. QUALITY PLAN. AUTHORITY TO CREATE, AND TO APPROVE, THE SYSTEM'S QUALITY PLAN. NON-BUDGETED PURCHASES. APPROVAL OF NON-BUDGETED CAPITAL PURCHASES AND LEASES IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY ESSENTIA HEALTH FOR ENTITIES WITHIN THE SYSTEM. HUMAN RESOURCES. AUTHORITY TO CREATE HUMAN RESOURCE POLICIES AND PROCEDURES WITHIN THE SYSTEM. RESERVED POWERS. AUTHORITY TO CREATE ADDITIONAL ESSENTIA HEALTH RESERVED POWERS BY THE AFFIRMATIVE VOTE OF AT LEAST 80% OF THE ESSENTIA HEALTH BOARD OF DIRECTORS (EXCLUDING THE ESSENTIA HEALTH CEO); PROVIDED, HOWEVER, THAT ANY ADDITIONAL ESSENTIA HEALTH RESERVED POWERS SHALL NOT CONTRAVENE OR HINDER THE RESERVED POWERS OF BENEDICTINE SISTERS BENEVOLENT ASSOCIATION. EFFECTIVE APRIL 1, 2020, KOOTENAI HOSPITAL DISTRICT (KH) BECAME THE SOLE MEMBER OF CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AND HAS THE FOLLOWING RESERVED POWERS: STRATEGIC AND BUSINESS PLANS. AUTHORITY TO CREATE, AND TO APPROVE, CLEARWATER VALLEY'S STRATEGIC AND BUSINESS PLANS. MISSION. AUTHORITY TO CREATE, AND TO APPROVE, THE MISSION, PURPOSE AND VISION STATEMENTS FOR CLEARWATER VALLEY. DEBT. APPROVAL OF THE INCURRENCE OF DEBT BY, AND THE CREATION OF ALL MORTGAGES, LIENS, SECURITY INTERESTS, OR OTHER ENCUMBRANCES ON THE ASSETS OF CLEARWATER VALLEY IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE KH BOARD OF DIRECTORS. GOVERNING INSTRUMENTS. AUTHORITY TO CAUSE, AND TO APPROVE, AMENDMENTS OF THE ARTICLES OF INCORPORATION AND BYLAWS OF CLEARWATER VALLEY. MERGERS AND ACQUISITIONS. AUTHORITY TO CAUSE, AND TO APPROVE, ALL MERGERS, CONSOLIDATIONS, AND DISSOLUTION OF CLEARWATER VALLEY. AFFILIATIONS AND JOINT VENTURES. AUTHORITY TO CAUSE, AND TO APPROVE, ALL AFFILIATIONS, JOINT VENTURES AND OTHER ALLIANCES BETWEEN THIRD PARTIES AND CLEARWATER VALLEY. TRANSFER OF ASSETS. AUTHORITY TO CAUSE, AND TO APPROVE, THE SALE, LEASE OR OTHER TRANSFER OF CLEARWATER VALLEY ASSETS WHEN THE ASSET'S VALUE EXCEEDS THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE KH BOARD OF DIRECTORS. SERVICES. AUTHORITY TO CAUSE, AND TO APPROVE THE DISCONTINUANCE OF SERVICES AND SERVICE LOCATIONS OF CLEARWATER VALLEY. BUDGETS. APPROVAL OF CAPITAL AND OPERATING BUDGETS OF CLEARWATER VALLEY. PROFESSIONAL SERVICES. SELECTION OF THE GENERAL LEGAL COUNSEL AND EXTERNAL AUDITORS OF CLEARWATER VALLEY. ACQUISITIONS. AUTHORITY TO CAUSE, A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>ND TO APPROVE, ALL ACQUISITIONS BY AND FORMATIONS OF ENTITIES BY CLEARWATER VALLEY. MARKET ING AND BRANDING. AUTHORITY TO IMPLEMENT CLEARWATER VALLEY MARKETING, BRANDING AND PROMOTI ONAL ACTIVITIES. COMPLIANCE PLANS. AUTHORITY TO CREATE, AND TO APPROVE, CORPORATE COMPLIAN CE, SAFETY AND RISK MANAGEMENT PLANS FOR CLEARWATER VALLEY. QUALITY PLAN. AUTHORITY TO CRE ATE AND TO APPROVE CLEARWATER VALLEY'S QUALITY PLAN. NON-BUDGETED PURCHASES. APPROVAL OF N ON-BUDGETED CAPITAL PURCHASES, OPERATING EXPENSES, AND LEASES IN EXCESS OF THE SINGLE OR A NNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY KH FOR CLEARWATER VALLEY. HUMAN RES OURCES. AUTHORITY TO CREATE HUMAN RESOURCE POLICIES AND PROCEDURES FOR CLEARWATER VALLEY. RESERVED POWERS. AUTHORITY TO CREATE ADDITIONAL KH RESERVED POWERS BY THE AFFIRMATIVE VOTE OF AT LEAST 75% OF THE KH BOARD OF DIRECTORS (EXCLUDING THE KH PRESIDENT).</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING AND ENFORCING CONFLICT OF INTEREST POLICY: THROUGH MARCH 31, 2020, CLEARWATER V ALLEY HOSPITAL AND CLINICS, INC. FOLLOWED ESSENTIA HEALTH'S CONFLICT OF INTEREST PROGRAM. ESSENTIA HEALTH'S COMPREHENSIVE CONFLICT OF INTEREST PROGRAM PREVENTS, DETECTS, AND RESOLVES ACTUAL CONFLICTS OF INTERESTS OR THE ACTUAL OR POTENTIAL APPEARANCE OF SUCH. FIDUCIARIES, DEFINED AS AN ESSENTIA HEALTH BOARD MEMBER/TRUSTEE, OFFICER, BOARD COMMITTEE MEMBER, SENIOR MANAGEMENT EMPLOYEE, OR ANY OTHERS CONSIDERED TO BE IN A POSITION OF INFLUENCE, ARE COVERED UNDER ESSENTIA HEALTH'S CONFLICT OF INTEREST PROGRAM. UPON INITIAL APPOINTMENT, EACH FIDUCIARY MUST COMPLETE AN INITIAL CONFLICT OF INTEREST STATEMENT AND DISCLOSURE QUESTIONNAIRE. AT THE CONCLUSION OF EACH CALENDAR YEAR, EACH FIDUCIARY MUST COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT AND DISCLOSURE QUESTIONNAIRE. AS NEEDED, A FIDUCIARY WILL UPDATE HIS/HER MOST RECENTLY COMPLETED QUESTIONNAIRE EACH TIME THE FIDUCIARY BECOMES AWARE OF A FINANCIAL INTEREST, A POTENTIAL CONFLICT, OR CHANGE TO ANY INFORMATION THAT THE FIDUCIARY PREVIOUSLY REPORTED. ESSENTIA HEALTH'S CHIEF COMPLIANCE OFFICER WILL COLLECT THE QUESTIONNAIRES AND EVALUATE THE DISCLOSURES. IF A FIDUCIARY HAS A POTENTIAL CONFLICT OF INTEREST, THE CHIEF COMPLIANCE OFFICER OR DESIGNEE MAY REQUEST ADDITIONAL INFORMATION FROM THE FIDUCIARY, THE MANAGEMENT TEAM, AND OTHERS. DURING THE EVALUATION PROCESS, THE CHIEF COMPLIANCE OFFICER MAY ALSO CONSULT WITH ESSENTIA HEALTH'S BOARD AND AUDIT COMMITTEE CHAIRS, SENIOR MANAGEMENT, LEGAL DEPARTMENT, OR APPROPRIATE REPRESENTATIVES FROM ESSENTIA HEALTH. THE CHIEF COMPLIANCE OFFICER REPORTS TO THE ESSENTIA HEALTH AUDIT COMMITTEE AND THE ESSENTIA HEALTH BOARD OF DIRECTORS ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY THE FIDUCIARY, ALONG WITH RECOMMENDED ACTIONS. THE ESSENTIA HEALTH BOARD OF DIRECTORS (OR DESIGNEE) WILL THEN DETERMINE WHETHER TO APPROVE THE SITUATION OR TO IMPLEMENT SPECIAL CONTROLS TO MANAGE THE POTENTIAL CONFLICT OF INTEREST. THE CHIEF COMPLIANCE OFFICER WILL THEN OFFICIALLY NOTIFY THE FIDUCIARY IN WRITING OF THE BOARD'S DECISION. THE DECISION OF WHETHER OR NOT THE DISCLOSURE CONSTITUTES A CONFLICT WILL BE AT THE ESSENTIA HEALTH BOARD OF DIRECTORS' (OR DESIGNEE) SOLE DISCRETION, AND ITS CONCERN MUST BE THE WELFARE OF ESSENTIA HEALTH AND ITS AFFILIATE(S) AND THE ADVANCEMENT OF ITS PURPOSES. WHEN THE ESSENTIA HEALTH BOARD OF DIRECTORS (OR DESIGNEE) CONSIDERS A FIDUCIARY'S DISCLOSURE AS A CONFLICT OF INTEREST, SPECIAL CONTROLS WILL BE IDENTIFIED TO MANAGE, ELIMINATE OR REDUCE THE LIKELIHOOD AND/OR APPEARANCE OF A CONFLICT ARISING. CONTROLS MAY INCLUDE, BUT ARE NOT LIMITED TO: A. IF THE CONFLICT INVOLVES AN ONGOING MATTER OR RELATIONSHIP, THE FIDUCIARY MUST NOT PARTICIPATE IN BOARD, BOARD COMMITTEE, OR MANAGEMENT DISCUSSIONS RELATED TO THE CONFLICT AND MUST RECUSE THEMSELVES AND IF APPROPRIATE, WITHDRAW, FROM ANY BOARD MEETING OR PORTION THEREOF WHERE THE MATTER IS BEING DISCUSSED AND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>DURING THE VOTE ON THE POTENTIAL CONFLICT OF INTEREST. THE FIDUCIARY MAY ANSWER QUESTIONS AT THE BOARD'S OR THE BOARD COMMITTEE'S REQUEST. B. IF THE CONFLICT INVOLVES A SPECIFIC TRANSACTION OR DECISION, THE FIDUCIARY WILL FULLY DISCLOSE THEIR INTEREST AND ALL RELATED MATERIAL FACTS. THE BOARD OR COMMITTEE OF THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO ESSENTIA HEALTH OR ITS AFFILIATE(S). IF THE BOARD DETERMINES A CONFLICT DOES NOT EXIST, THE FIDUCIARY MAY PROCEED WITH THE TRANSACTION; HOWEVER, HE OR SHE WILL NOT BE ELIGIBLE TO VOTE ON RELATED ISSUES SHOULD THEY ARISE. IF THE BOARD DETERMINES A CONFLICT DOES EXIST, THE FIDUCIARY WILL BE NOTIFIED OF THE DECISION REGARDING WHETHER THE CONTEMPLATED TRANSACTION WILL BE AUTHORIZED AS JUST, FAIR, AND REASONABLE.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 1,977,860. MANAGEMENT AND GENERAL EXPENSES 283,261. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,261,121. CONSULTING FEES: PROGRAM SERVICE EXPENSES 56,489. MANAGEMENT AND GENERAL EXPENSES 734. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 57,223. RECRUITMENT FEES: PROGRAM SERVICE EXPENSES 42,672. MANAGEMENT AND GENERAL EXPENSES 63. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 42,735. RETAINER: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 6,300. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,300.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

Employer identification number
82-0497771

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

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

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

See Additional Data Table

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

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

See Additional Data Table

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 82-0497771
Name: CLEARWATER VALLEY HOSPITAL AND CLINICS
INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2024 S 6TH ST BRAINERD, MN 56401 37-1532145	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
2024 S 6TH ST BRAINERD, MN 56401 37-1532148	CLINIC	MN	501(C)(3)	LINE 3	BRAINERD LAKES INTEGRATED HEALTH SYSTEM	Yes	
201 9TH ST W ADA, MN 56510 20-0479568	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
503 E 3RD ST STE 400 DULUTH, MN 55805 26-1219624	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
115 10TH AVE NE DEER RIVER, MN 56636 41-0844574	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
502 E 2ND ST DULUTH, MN 55805 20-0360007	SUPPORTING ORG	MN	501(C)(3)	LINE 12C, III-FI	N/A		No
502 E 2ND ST DULUTH, MN 55805 27-1984704	FOUNDATION	MN	501(C)(3)	LINE 7	ESSENTIA HEALTH	Yes	
502 E 2ND ST DULUTH, MN 55805 27-1291124	RESEARCH	MN	501(C)(3)	LINE 4	THE DULUTH CLINIC LTD	Yes	
900 HILLIGOSS BLVD SE FOSSTON, MN 56542 41-0706143	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
115 WEST 2ND ST GRACEVILLE, MN 56240 41-0726173	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
3000 32ND AVE S FARGO, ND 58103 26-1175213	HOSPITAL/CLINIC	DE	501(C)(3)	LINE 3	ESSENTIA HEALTH	Yes	
4418 HAINES RD DULUTH, MN 55811 41-1674021	MEDICAL EQUIPMENT	MN	501(C)(3)	LINE 10	ST MARY'S MEDICAL CENTER	Yes	
5211 HWY 110 AURORA, MN 55705 41-0841441	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
705 LUNDORFF DR S SANDSTONE, MN 55072 41-1884597	HOSPITAL	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
530 E 2ND ST DULUTH, MN 55805 41-0691275	REHABILITATION SERVICES	MN	501(C)(3)	LINE 3	ST MARY'S MEDICAL CENTER	Yes	
502 E 2ND ST DULUTH, MN 55805 41-1878730	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
523 N 3RD ST BRAINERD, MN 56401 41-0695602	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	BRAINERD LAKES INTEGRATED HEALTH SYSTEM	Yes	
407 E 3RD ST DULUTH, MN 55805 41-1836633	SUPPORTING ORG	MN	501(C)(3)	LINE 12B, II	ESSENTIA HEALTH	Yes	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501 41-1805811	EMERGENCY SERVICES	MN	501(C)(3)	LINE 10	INNOVIS HEALTH LLC	Yes	
3500 TOWER AVE SUPERIOR, WI 54880 41-1811073	HOSPITAL/CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S MEDICAL CENTER	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 137 COTTONWOOD, ID 83522 82-0226453	HOSPITAL/CLINIC	ID	501(C)(3)	LINE 3	KOOTENAI (CAG THRU 33120)	Yes	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501 26-2861321	PHARMACY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
407 E 3RD ST DULUTH, MN 55805 41-0695604	HOSPITAL	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501 41-1620386	HOSPITAL/CLINIC/SKILLED NURSING FACILITY	MN	501(C)(3)	LINE 3	INNOVIS HEALTH LLC	Yes	
400 E 3RD ST DULUTH, MN 55805 41-0883623	CLINIC	MN	501(C)(3)	LINE 3	ST MARY'S DULUTH CLINIC HEALTH SYSTEM	Yes	
2003 KOOTENAI HEALTH WAY COEUR DALENE, ID 83814 82-0380784	FOUNDATION	ID	501(C)(3)	LINE 7	KOOTENAI HEALTH	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CRITICAL ACCESS GROUP	M	360,711	ACTUAL COSTS
ESSENTIA HEALTH	P	160,433	ACTUAL COSTS
ESSENTIA HEALTH FOUNDATION	C	125,000	ACTUAL COSTS
ST MARY'S HOSPITAL INC	B	203,542	ACTUAL COSTS
ST MARY'S HOSPITAL INC	O	237,316	ACTUAL COSTS
ST MARY'S HOSPITAL INC	P	2,641,692	ACTUAL COSTS
ST MARY'S HOSPITAL INC	Q	2,250,536	ACTUAL COSTS