Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A I	or the	2022 calend	lar year, or tax year beginni			na enaing		, 20			
В	Check if a	pplicable:	C Name of organization NOR	THWOOD DEACONESS HEAL	TH CENTER		D Emplo	-			
_	\ddress c	•									
=	lame cha	-		f mail is not delivered to street address)		Room/suite	E Telepi	none number			
	nitial retu	_	PO BOX 190	·			(701) 587-645				
		n/terminated		ountry, and ZIP or foreign postal code			G Gross	receipts			
			NORTHWOOD, ND 5				\$_	20,388,108			
	Amended					H(a) 1	s this a group return f	or subordinates? Yes X No			
⊔ <i>′</i>	applicatio	n pending	F Name and address of principal of	nicos.		1		— — —			
		[5.7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ ₅₃₇						
<u> </u>	ax-exem		501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or							
<u>J 1</u>	Nebsite:	N/A		r-1	1		1				
		7	Corporation Trust Assoc	ciation Other	L Year of formati	on: 1902	M State of leg	a) domicile. ND			
Pa	rt I	Summai				. 1		full mange of			
	1	Briefly desc	ribe the organization's missio	n or most significant activities:	Serve as a 1	OCAL ACCE	ess to a	il. in care of			
		health c	are services, cont	inue as a leader in p	rimary care	for the v	NOTE Law	ily, in care or			
Governance		the elde	rly, and in emerge	ncy services. Function	on as a focal	point fo	or health	education and			
룓		wellness	3 .								
ķ	2	Check this b	ox [] if the organization dis	continued its operations or dispos	sed of more th an 25	i‰ of⊪ts neta	ssets.	_			
တိ	3	Number of v	voting members of the govern	ning body (Part VI, line 1a)			3	9			
ŏ	4	Number of i	ndependent voting members	of the governing body (Part VI, li	ne 1b)	📢	4				
Ees	5						5	210			
Activities &	6		er of volunteers (estimate if no	And the second s				25			
Ą	7a	Total unrela	ted husiness revenue from P				7a	0			
		Not unrelate	nd business tavable income f	from Form 990-T Part 1 line 11			7b	0			
	D	Net uniterate	30 DOSINESS (avable income i	ioni i dini coo i,i di i dia			or Year	Current Year			
		0-4-1-4	and greate (Dart VIII line 1	h			421,697	853,168			
	8					15		19,518,573			
를	9							16,367			
Revenue	10							0			
ď	11	Other reven	iue (Part VIII, column (A), line			(701) 587-6459 G Gross receipts 20,388,104	20.388.108				
	12	Total reven	ue - add lines 8 through 11 (n	nust equal Rant VIII, column (A), ii	## 45-0226472 ## 45-0226472 ## 16 of affect address) ## 16 is the a group return for subordinates of the process of the pro	0					
	13							0			
	14	Benefits pa	id to or for membe rs (Part IX	, columna (A), line 4)			20E 710				
	15	Salaries, ot	her compensa tion, em ploy ee	benefits (Part IX, column (A), line	s 5-10)	9	1,393,719	9,304,230			
Ses	16a	Professiona	al fundraising fees (Part IX, c	olumma (A), line 11e)							
Expenses	b	Total fundra	aisin g expenses (Pa rt IX , colu	ımn (D), line 25)	0						
盎	17	Other expe	nses (Part IX, column (A), lin	es 11a-11d, 11f-24e)							
	18	Total exper	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25))						
	19					1	.,387,717	4,976,331			
						Beginning	of Current Year				
5	8 20	Total asset	s (Part X, line 16)	,		11	,795,273	15,024,741			
Ssel	를 21		ties (Part X, line 26)			5	5,777,722	4,030,859			
Net Assets or	E 22		or fund balances. Subtract			•	6,017,551	10,993,882			
D	-+ II	Signat	ure Block								
			the state of the second this solution	n, including accompanying schedules and s	statements, and to the bes	st of my knowledge	e and belief, it is				
true	e, correct,	and complete. D	Declaration of preparer (other than office	cer) is based on all information of which pre	parer has any knowledge	•	· · · · · · · · · · · · · · · · · · ·				
		200	T AMBIONICON								
Sig	n n	Signature of o	E ANTONSON				D	ate			
	_	"									
He	re	<u></u>	E ANTONSON, CEO								
		Type or print r		Preparer's signature	Date		Check if	PTIN			
			preparer's name	•	1	023					
Pa			1000, 0000	Brad Ness, CPA	p3-07-2	1					
	epare			Tax Service							
Us	e On	ly Firm's addr		shington St		Lunue		-746-1750			
_				rks ND 58201-4328			701				
Ma	y the IF	RS discuss th	is return with the preparer sh	own above? See instructions				Form 990 (2022			

arm r	100 (2022) NORTHWOOD DEACONESS HEALTH CENTER	45-0226472	Page 2
ai t	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
1	snelly describe the organizations mission.	a leader i	n primary
	Serve as a local access to a full fainge of hearth care services. Comments of	Function (as a foca
9	care for the whole family, in care of the elderly, and in emergency services.		
1	point for health education and wellness.		
	to the service during the week which were not listed on the		
<u> </u>	Jid the organization undertake any significant program services during the year which were not used on the	□ Yes	X No
		•• 🗀 🚎	
i	f "Yes," describe these new services on Schedule C.		
3	Did the organization cease conducting, or make significant changes in now it conducts, any program	□ Vac	Y No
Statement of Program Service Accomplishments Check if Schedule O combine a response or rote to any live in this Port III Serve as a local access to a full range of health care services, continue as a leader in primary care for the whole family, in care of the elderly, and in emergency desvices. Function as a focal point for health education and wellness. Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-EZ? On Schedule O. Tyes, describe these new services on Schedule O. Did the organization cease conducting, or make significant charges in how it conducts, any program services? Tyes, describe these charges on Schedule O. Did the organization cease conducting, or make significant charges in how it conducts, any program services? Tyes, describe these charges on Schedule O. Did the organization cease conducting, or make significant charges in how it conducts, any program services? Tyes, describe these charges on Schedule O. Did the organization cease conducting, or make significant charges in how it conducts, any program services? Tyes, describe these charges on Schedule O. Did the organization cease conducting, or make significant charges in how it conducts, any program services, and not the program services, and respect to the services and allocations to others, the total expenses, and revenue, if any, for each program service reported. Did the program service and the program service and allocations to others, the total expenses, and revenue, if any, for each program service reported. Services and allocations to others, the total expenses, and revenue, if any, for each program service reported. Services and allocations to others, the total expenses, and revenue, if any, for each program service reported. Services and allocations to others, the total expenses and revenue, if any, for each program service reported. Services and allocations to others, the total expenses and revenue and allocations			
!	f "Yes," describe these changes on Schedule O.	d by	
\$	Describe the organization's program service accomplishments for each of its three largest program services, as measured	J Dy boro	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	ners,	
•	the total expenses, and revenue, if any, for each program service reported.		
		¢ 15 10	5 EOG \
ia			
;	2,042 days of acute and swing bed care 569 emergency room visits 6,9245 clin	le Visits i	3 4
	ambulance calls 4,694 outpatient therapy visits		
4h	(Code:) (Expenses \$ 3,636,101 including grants of \$) (Revenue	\$ 4,21	8,605)
	20,000 20,000		
			-
	(a.) (Figure 96 090 including grants of \$) (Revenue	\$ 10	3,462)
4c	\		
	89 months occupied rentals by tenants		
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 13,254,933		
		Fo	orm 990 (202)

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Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		ļ	
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		x
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		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		x
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	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		x
		<u>-</u> -		-
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments.	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.	194,750,75		120g/tg/1000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	.,	
	complete Schedule D, Part VI	11a	Х	
þ	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	-	X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	l.,		l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	the state of the s			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
~	fundraising, business, investment, and program service activities outside the United States, or aggregate	-	1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	****		
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
	Part VIII, lines 10 and 0a / II Tes, complete consume o, Fart II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	20a	х	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b	X	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		+===	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			(0000

Par	t 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		<u> </u>
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	Х	
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		Х
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	24c		
	to defease any tax-exempt bonds?	240 24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
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		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part.II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
2.	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes;" complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		· ·
	conservation contributions? If. "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	 	
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		х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
ან ა	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		X
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
Pai	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
	Total the number reported in Roy 3 of Form 1096. Enter On if not applicable		1 62	HU
1a	Enter the number reported in box 3 or 1 or 11 1030; Enter 10 in Not applicable 1 1 1 1 1	-		
b	Enter the number of Forms vv-26 included in line 1a. Enter -0-11 not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		1
	reportable gaming (gambling) winnings to prize winners?		n 990	(2022)

Form	990 (2022) NORTHWOOD DEACONESS HEALTH CENTER 45-022	5472	F	age (
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4.0000.000.000 0.0000.0000.000		
	Statements, filed for the calendar year ending with or within the year covered by this return	<u>o</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	- 2000		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	MANAGE		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c	}	х
d	If "Yes," indicate the number of Forms 8282 filed during the year.			Section.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	17 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18		V 5 4 3
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
b 10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b 44	Section 504(a)(42) organizations Enfor			
11	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
42~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	700		
b	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
C	Did the organization receive any payments for indoor tanning services during the tax year?	14a	100000000000000000000000000000000000000	х
14a	Did the organization receive any payments for induor taining solvices during the tax year:	14b		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		†	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?		- 57/554.7 57/554.7	Ť
	If "Yes," see the instructions and file Form 4720, Schedule N.	16	1	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		† ^
	If "Yes," complete Form 4720, Schedule O.	A32545-6	Age Comment	1
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.	43769966	<u> </u>	4 - 2 - 2 - 5

45-0226472

NORTHWOOD DEACONESS HEALTH CENTER

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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

Se	ction A. Governing Body and Management				Yes	No	
1-	Enter the number of voting members of the governing body at the end of the tax year	1a	و		T es	INO	
1a	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 on Schedule O.						
h	Enter the number of voting members included in line 1a, above, who are independent	1b	و				
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
2	any other officer, director, trustee, or key employee?			2		x	
,	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>	†	 -	
3				3		x	
	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4	+	x	
4	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		x	
5	Did the organization have members or stockholders?			6		x	
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint					 ==	
7a	one or more members of the governing body?			7a		x	
	Are any governance decisions of the organization reserved to (or subject to approval by) members.	• • •				† 	
b				7b		x	
_	stockholders, or persons other than the governing body?	• • •				1 -	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	i.		0.00.00			
	the year by the following:			8a	х		
а	The governing body?			8b	x	<u> </u>	
b						\dagger	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		x	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	Codo	<u> </u>			1 1	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	C008.			Yes	No	
				10a	100	х	
10a	Did the organization have local chapters, branches, or affiliates?			100	+		
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10b			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	 aa tha	form?	11a	ж	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ig ii ie	IOIIII	110	•	1595	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	x		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		nefliato?	12b		╁──	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e io c	Jimicto?	120	_		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	ж	1	
	describe on Schedule O how this was done	• • •		13	X	 	
13	Did the organization have a written whistleblower policy?			14		+	
14	Did the organization have a written document retention and destruction policy?	• • •		55500	X	1247	
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?			45-	4 THEFT	A chipelings	
а	The organization's CEO, Executive Director, or top management official			15a	+	 	
þ	Other officers or key employees of the organization		• • • • •	15b	X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			40-			
	with a taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			33763			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			4.00		40.000	
	organization's exempt status with respect to such arrangements?	• • •		16b	<u> </u>		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed North Dakota	,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(sectio	n 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		.				
	X Own website Another's website X Upon request Other (explain on Sch						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest p	oolicy,				
	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 red	ords.					
	Pete Antonson, CEO (701)587-6459, PO Box 190, 4 N Park St, Northwood,	ND	58267				

45-0226472

,		Check if Schedule O contains a response or n	ote to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
<i>u</i>	b	Membership dues 1b					
anta	С	Fundraising events 1c				100000000000000000000000000000000000000	
يَ قِ ق	d	Related organizations 1d					
A Par	e	Government grants (contributions) 1e					
δ, E	f	All other contributions, gifts, grants,					
er S		and similar amounts not included above 1f	853,168				
ĘĘ	g	1					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g					
	<u>h</u>	Total. Add lines 1a-1f		853,168			
			Business Code	45 406 506	15 100 500		
æ	ł	Hospital	621400	15,196,506	15,196,506 4,218,605		
<u>ĕ</u> Ğ	1	Skilled Nursing Facilit	623000 623990	4,218,605 103,462	103,462		
ent en	- 4	Apartments	023990	103,402	\$05,402		
Program Service Revenue	u						
<u> </u>	f	All other program service revenue		- Tillian			
<u></u>	1	Total. Add lines 2a-2f		19,518,573			
		Investment income (including dividends, interest,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NA N	N. Committee of the com	
	"	other similar amounts)		16,367	16,367	<u> </u>	
	4	Income from investment of tax-exempt bond proc	eeds 👝 😧		- 7		
	5	Royalties		Y A	<u> </u>		
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	1	Less: rental expenses 6b					
	1	Rental income or (loss) 6c					
	d	Net rental income or (loss)	E4-5- 20005/XXX				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	۱ .	other than inventory 7a Less: cost or other basis					
ø.	"	and sales expenses 76					
enne	_	Gain or (loss)					
ě	d	Net gain or (loss)					
<u> </u>	8a	Gross Income from fundraising					
Other Rev		events (not including \$					
•		of contributions reported on line					
		1c). See Part IV, line 18					
		Less: direct expenses 8b					
	1	, ,					
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a		-			
		Less: direct expenses 9b)				
		` '		Every Commence of the Commence			
	10a	Gross sales of inventory, less returns and allowances					A-1000 A-100
	h	Less: cost of goods sold 10th					
	1	Net income or (loss) from sales of inventory	1	a segregation to an experience being about			
		Tree mounts of treesty from outer of Broatiery 1 1	Business Code				
<u>ω</u>	11a						
Ze ze	b						
scellanol Revenue	С						
Miscellanous Revenue	d	All other revenue					
<u> </u>	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		20,388,108	19,534,940	0	0

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 (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundralsing Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 370,030 7 8,320,928 7,950,898 Pension plan accruals and contributions (include 211,085 201,698 9,387 section 401(k) and 403(b) employer contributions) 825,154 38,402 863,556 543,436 25,291 568,727 10 Fees for services (nonemployees): 596,760 147,950 448,810 а 1,795 1,795 Legal..... 37,425 37,425 C d Lobbying Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column) (A) amount, list line 11g expenses on Schedule O.) 11,125 11,125 12 46,807 46,807 13 Office expenses 343,227 343,227 14 Information technology 15 16 11,014 61,635 50,621 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 66,913 4,445 71,358 20 21 681,182 681,182 Depreciation, depletion, and amortization 22 129,108 129,108 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 318,416 318,416 Utilities 259,660 259,660 Repairs/Maintenance b 136,781 136,781 C Food 679,978 2,072,224 2,752,202 Supplies/Misc e All other expenses Total functional expenses. Add lines 1 through 24e. . 0 13,254,933 2,156,844 15,411,777 25 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 [] if following SOP 98-2 (ASC 958-720)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 2,717,485 1 2,526,998 1,462,310 3,092,721 2 1 3 2 4,656,203 3 4 1,173,179 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \dots 7 Notes and loans receivable, net 40,937 7 8 50,566 Assets 9 8 9 Land, buildings, and equipment: cost or other 10a 18,769,730 basis. Complete Part VI of Schedule D 10a 6,147,806 10c 4,951,809 Less: accumulated depreciation 10b 12,621,924 11 b 12 11 13 12 Investments - program-related. See Part IV, line 11 14 13 15 14 15,024,741 16 15 11,795,273 Total assets. Add lines 1 through 15 (must equal line 33) , 2,517,151 17 16 3,648,482 18 17 19 18 20 19 21 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% Liabilities 22 1,513,708 2,129,240 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 23 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D

Total liabilities. Add lines 17 through 25 4,030,859 5,777,722 26 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net Assets or Fund Balances 28 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 29 Paid-in or capital surplus, or land, building, or equipment fund 10,993,882 31 30 Retained earnings, endowment, accumulated income, or other funds 6,017,551 10,993,882 31 6,017,551 32 15,024,741 33 32 11,795,273 Total liabilities and net assets/fund balances Form 990 (2022)

orm 9	990 (2022) NORTHWOOD DEACONESS HEALTH CENTER			
Part				
	and the state of t		20,388,	108
1	The state of the s		15,411,	
2			4,976,	
			6,017,	
		;		
	· · · · · · · · · · · · · · · · · · ·	_		
6	- f f11/4 in m			
		3		
		3		0
	is and consts or fund halances (explain on Schedule U)			
	the lease of and of year Combine lines 3 (niough 9 (must equal 1 art 1) miles	0	10,993	,882
	32 column (B))	,. <u></u>		
		<u>.</u>		
	t XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		2a	X
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •	2b X	
	Were the organization's financial statements addited by different statements for the year were audited on a lif "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis		2c X	
	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a X	
Ė	If "Yes," did the organization undergo the required audit or audits? If the organization describe any steps taken to undergo such audits	· · · ·	3b X	0 (2022)
	required addition addition or the second of		1 0/1/11 00	- \/

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Name of the organization NORTHWOOD DEACONESS HEALTH CENTER 45-0226472 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.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) An agricultural research organization described in section 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 5111ax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported organization (iii) Type of organization (Iv) is the organization (v) Amount of monetary support (see other support (see (described on lines 1-10 listed in your governing instructions) instructions) above (see instructions)) document? Yes (A) (B) (C) (D) (E)

45-0226472 Page 2 NORTHWOOD DEACONESS HEALTH CENTER Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (d) 2021 (e) 2022 (b) 2019 (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2020 (e) 2022 (f) Total (d) 2021 (b) 2019 Calendar year (or fiscal year beginning in) (a) 2018 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 14 15 33 1/3% support test -2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. 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 10%-facts-and-circumstances test - 2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

45-0226472

Support Schedule for Organizations Described in Section 509(a)(2) Schedule A (Form 990) 2022 Part III

(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.)

	- A Bublic Support				(4) 2021	(a) 2022	(f) Total
Section	n A. Public Support lar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(a) 2021	(e) ZUZZ	
Calend	Gifts, grants, contributions, and membership fees						
1	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	ne organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)					
2	Gross receipts from activities that are not an	ļ					
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-7	organization's benefit and either paid to	\					
	or expended on its behalf						
5	The value of services or facilities		1	1	1	ļ	
•	furnished by a governmental unit to the		1	•			
	organization without charge						
6	Total, Add lines 1 through 5			18			
7a	Amounts included on lines 1, 2, and 3		-				
, u	received from disqualified persons .				1		
h	Amounts included on lines 2 and 3		}				
	received from other than disqualified						
	persons that exceed the greater of \$5,000				111		
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
-	Public support. (Subtract line 7c from						
٠	line 6.)		<u> </u>				
Sac	ion B. Total Support			(a) 2020	(d) 2021	(e) 2022	(f) Total
Calo	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(6) 2020	<u> </u>		
	Amounts from line 6						
_	Gross income from interest, dividends,						
	payments received on securities loans, rents,					_	
	royalties, and income from similar sources Unrelated business taxable income (les	is	€	1	Į		
b	section 511 taxes) from businesses						
	section 511 taxes) from pharmacours		*				
	acquired after June 30, 1975						
	Add lines 10a and 10b			ļ		ļ	
11	Net income from unrelated business		1		5		
	activities not included on line 10b, whether or not the business is regularly carried on		<u> </u>				
				Ì	ļ	Ì	
12	Other income. Do not include gain or	l l	ļ	Ì		Ì	
	loss from the sale of capital assets	.					
	(Explain in Part VI.)				Ļ	-	
13	Total support. (Add lines 9, 10c, 11,				561 tox 100	as a section 5	01(c)(3)
	and 12.)	e organization	n's first, second	l, third, fourth,	or timin tax yea	as a scotton o	[
14	organization, check this box and stop	here · · ·	<u></u>			• • • • • • • • •	
	organization, check this box and over		. 4				
Se	ection C. Computation of Tubile 312	ne 8. column	(f), divided by	ine 13, column	(†))	16	
-		COLIECTOR 1 11 1		<u> </u>			
1	6 Public support percentage non 2021	t Income Pe	ercentage		(0)	17	
Se		ZZ UNIC IVVI V	JOI	ded by line 13,	column (T))	18	
	7 Investment income percentage for 20	2021 Schedul	e A, Part III, lin	e 17		is more than 3	
1	8 Investment income percentage from	organization	did not check ti	ne box on line '	14, and line 15	IS HIVE WAILS	dorganization
1	9a 33 1/3% support tests - 2022. If the	his box and si	top here. The	organization qu	ialifies as a pu	DIICIY Supported	3% and
Calendar 1 Gift record 2 Grown 3 Grown 4 Ta or or 5 Til 7a A 8 I Section Calend 9 10a b C 11 12 13 14 Section Calend 15 16 Section Calend 10a b	4 The second than 44 1/370 CHOOK	I IIO DOX GIVE T				more man aa n	J /0, CITIC
	the state of the s	HILLAUOH GIG HE			وهم و دارستا باز.	IDDAMENTA OFFICIAL	MUCH
	line 18 is not more than 33 1/3%, check to	on did not che	eck a box on lir	ne 14, 19a, or 1	9b, check this	pox and see if	adule A (Form 990)
2	20 Private foundation. If the organization	on the not one				Sch	rednie w (i ouitt 200) y

Part IV Supporting Organizations

Schedule A (Form 990) 2022

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

Section .	A.	Αii	Suppo	rting	Organ	nizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	A (Form 990) 2022 NORTHWOOD DEACONESS HEALTH CENTER 45-0226472		<u>F</u>	age
	- i-tions (continued)		Yes	No
art l'				
	Has the organization accepted a gift or contribution from any of the following persons? Has the organization accepted a gift or contribution from any of the following persons?			
11	Has the organization accepted a gift or contribution from any of the following persons. A person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described on lines 11b and a person who directly or indirectly controls, either alone or together with persons described or indirectly or indire	11a	de	
а	11c below, the governing body of a supported organization?	11b		
	A family member of a person described on line 11a above? A family member of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110	walleby	4/19
þ	A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	P(0.5) 0.3	AND THE	
C	A 35% controlled entity of a person described on the	11c		
	provide detail in Part VI.		Yes	N
ecti	on B. Type I Supporting Organizations	f e	162	141
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
1	Did the governing body, members of the governing body, officers acting in their statement of the organization's officers, more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, more supported organization (s)			
	more supported organizations have the power to regularly appoint of elect activation and the supported organization (s) directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (s) directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (s)			
	directors, or trustees at all times during the tax year? If "No," describe in Fait Virion at a supported effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported effectively operated, supervised, or controlled the organization of five trustees were allocated among the			
	effectively operated, supervised, or controlled the organization's activates, it also significantly appropriately supervised, or controlled the organization's activates, it also significantly appropriately supervised, or controlled the organization's activates, it also significantly activates activated and the organization's activates activated and the organization's activates activated and the organization's activated and the organization activated and the organization activated and the organization activated activated and the organization activated act		SHE	
		1		
	organization, describe how the powers to appoint and/or remove sinears, and powers during the tax year. supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	supported organizations and what conditions or restrictions, if any, approved organization other than the supported Did the organization operate for the benefit of any supporting organization? If Yes," explain in Part			
-	Did the organization operate for the benefit of any supported organization of the supported organization? If "Yes," explain in Part organization(s) that operated, supervised, or controlled the supported organization(s) that operated,			
	VI how providing such benefit carried out the purposes of the carried out the	2]	1
	supervised, or controlled the supporting organization.			
4	ion C. Type II Supporting Organizations		Ye	s N
ect	1011 G. Type ii dapperang g		200	
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	Were a majority of the organization's directors or trustees during the tax year and or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or trustees of each of the organization was vested in the same persons that controlled or managed	97443		
	or trustees of each of the organization's supported organization(s) in the same persons that controlled or managed or management of the supporting organization was vested in the same persons that controlled or managed			
	or management of the supporting organization	1		
	the supported organization(s).		1 3/	
iect	tion D. All Type III Supporting Organizations	(A81.83)	Ye	s I
	the last day of the fifth month of the	700		
1	Did the organization provide to each of its supported organizations, by and amount of stimport provided during the prior tax			
	Did the organization provide to each of its supported organizations, by the temporal provided during the prior tax organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax organization's 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	100000		
	year, (ii) a copy of the Form 990 that was most recently meet as of the cytont not previously provided?	1		
	year, (ii) a copy of the Form 990 that was most recently like as of the sate of notification, to the extent not previously provided? organization's governing documents in effect on the date of notification, to the extent not previously provided?	1000		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided by the supported Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported Were any of the organization of	w		
-	Were any of the organization's officers, directors, or trustees either (i) appointed or directors of the organization? If "No," explain in Part VI horoganization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI horoganization(s).	2	ļ	
	organization(s) or (ii) serving on the governing body of a supported organization (s). the organization maintained a close and continuous working relationship with the supported organizations have	- 1222 2222		
_	the organization maintained a close and continuous working relationship with the supported organizations have By reason of the relationship described in line 2, above, did the organization's supported organization's			
3	By reason of the relationship described in line 2, above, did the organization's support of the organization's a significant voice in the organization's investment policies and in directing the use of the organization's a significant voice in the organization's lives "describe in Part VI the role the organization's			
	a significant voice in the organization's investment policies and in directing the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
	supported organizations played in this tegeror. ction E. Type III Functionally Integrated Supporting Organizations ction E. Type III Functionally Integrated Supporting Organization used to satisfy the Integral Part Test during the year (s	coo in	etru	ctio
Sec		566 W	1300	Ç., C
1	The organization satisfied the Activities Test. Complete line 2 below. a The organization satisfied the Activities Test. Complete line 2 below.			
	 The organization satisfied the Activities Test. Complete Ime 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 	.tr. ratio	nel	
	b The organization is the parent of each of its supported organizations. Complete image is the parent of each of its supported organizations. Complete image is the parent of each of its supported a government entity (see insection). The organization supported a government entity (see insection).	รเกมเบนเบ	110). 	es
	The organization supported a governmental orticly.	70		E9
2	Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of a Did substantially all of the organization was responsive? If "Yes," then in Part VI identify	555 555		
	a Did substantially all of the organization's activities during the tax year directly turning the tax year directly turning the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify the supported organization was responsive?	1973 2013		
	the supported organization(s) to writer the organization directly furthered their exempt purposes,	12.5		
		1		
	those supported organizations and explain now those supported organization determined	_	2a ∣	
	those supported organizations and explain how allow the organization determined		La	90000
	those supported organizations and explain now allow the organization determined how the organization was responsive to those supported organizations, and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined		La	
	those supported organizations and explain how allow the organization was responsive to those supported organizations, and how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities that the for the organization's		34	
	those supported organizations and explain now the description of the d		-	
	 those supported organizations and explain now the organization determined how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's Did the activities described on line 2a, above, constitute activities that, but for the organization's line involvement, one or more of the organization's supported organization(s) would have been engaged in? If involvement, one or more of the organization's position that its supported organization(s) would 			
	 those supported organizations and explain now the organizations and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would a supported organization in Part VI the reasons for the organization's position that its supported organization(s) would are those activities but for the organization's involvement. 		2b	
	 those supported organizations and explain now the organizations and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would "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. 			
	 those supported organizations and explain now the organizations and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's Did the activities described on line 2a, above, constitute activities that, but for the organization's would have been engaged in? If involvement, one or more of the organization's supported organization(s) would "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. Parent of Supported Organizations. Answer lines 3a and 3b below. 		2b	
	 those supported organizations and explain now the organization determined how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would "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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or Did the organization have the power to regularly appoint or elect a majority of the officers. 			
	 those supported organizations and explain now the organizations and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's Did the activities described on line 2a, above, constitute activities that, but for the organization's finvolvement, one or more of the organization's supported organization(s) would "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. Parent of Supported Organizations. Answer lines 3a and 3b below. 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? If "Yes" or "No," provide details in Part VI. 		2b 3a	
	 those supported organizations and explain now the organization determined how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's Did the activities described on line 2a, above, constitute activities that, but for the organization's finvolvement, one or more of the organization's supported organization(s) would "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. Parent of Supported Organizations. Answer lines 3a and 3b below. 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? If "Yes" or "No," provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		2b 3a 3b	

chedul	e A (Form 990) 2022 NORTHWOOD DEACONESS HEALTH CENTER	aniz	ations	
Part	V Type III Non-Functionally Integrated 909(a)(3) Supporting	trust	on Nov. 20, 1970 (expli	ain in Part VI). See
1	 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi 	zatior	s must complete Section	ons A through E.
	instructions. All other Type III non-functionally integrated supporting a support of the support		(A) Prior Year	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 1 ear	(optional)
4	Net short-term capital gain	1		
1	Recoveries of prior-year distributions	2		
2	Other gross income (see instructions)	3	<u></u>	
3	Add lines 1 through 3.	4	<u></u>	
4		5		
5	a subject to the suppression of incurred for production of concentration			
6	of group income or for management, conservation, or maintenance			
	property held for production of income (see instructions)	6		
_	Other synances (see instructions)	7		
7	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year
8			(A) Prior Year	(optional)
Sec	tion B - Minimum Asset Amount	_,		
	Aggregate fair market value of all non-exempt-use assets (see			
1	instructions for short tax year or assets held for part of year):		<u> </u>	Harris Trees Control of the Control
	Average monthly value of securities	1a		
	a Average monthly value of socialists	<u> 15</u>		
	Average monthly cash balances Fair market value of other non-exempt-use assets	1c		
	c Fair Market value of other flott oxempt	1d		
	d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors			
	e Discount claimed for blockage of out of			
	(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets	2		
2		3		
3	the latter exempt use Enter () ()15 of line 5 (toll greater and	t,	43	į
4	Cash deemed neid for exempt use. Enter the			
	see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	_ 5		
5	Net value of non-exempt-use assets (dubits)	6		
6	Multiply line 5 by 0.035.	7		
7	Recoveries of prior-year distributions A (add line 7 to line 6)	8		
	Minimum Asset Amount (add line 7 to line 6)			Current Year
Se	ection C - Distributable Amount	1		
	1 Adjusted net income for prior year (from Section A, line 8, column A)	- + 2		
		-+3		
	3 Minimum asset amount for prior year (from Section B, line o, solarity)			
	4 Enter greater of line 2 or line 3:			
		-+'		
	2 Distributable Amount, Subtract line 5 from line 4, unless subject to		6	
	emergency temporary reduction (see instructions).	on all	integrated Type III sup	porting organization
	emergency temporary reduction (see instructions). 7	undny	unogracios () po est	
	(see instructions).			Schedule A (Form 990)
	1000			

Schedul	e A (Form 990) 2022 NORTHWOOD DEACONESS HEALT	H CENTER	45	<u>022</u>	6472 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continue	9 <i>d</i>)_	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		,,,	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h					
Ť	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	-24			
4	Distributions for 2022 from	and the state of t			
•	Section D, line 7:				
а					
b	Applied to 2022 distributable amount				
5	Remaining underdistributions for years prior to 2022, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
٠	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				The state of the s
	F 4 2040		100 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (42.00 (4		
a	F f 2040				
b					
C	Excess from 2020			2000	

d Excess from 2021 e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number 45-0226472

Name of the organization	45-0226472
NORTHWOOD DEACONESS	HEALTH CENTER
Organization type (check or	ne):
Filers of:	Section:
rijeis ot.	and an arganization
Form 990 or 990-EZ	3 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	4947(a)(1) 11010101111
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	Carroral Pulp or a Special Rule.
Check if your organization	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule . See
Note: Only a section 501(c	c)(7), (8), or (10) organization can oncor solve
instructions.	
General Rule	
	during the year, contributions totaling \$5,000
X For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ey or property) from any one contributor. Complete Parts I and II. See instructions for determining a
or more (in mone	ey or property) from any one contributes
contributor's tota	d contributions.
Special Rules	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the
☐ For an organizat	tion described in section 501(c)(3) filing Form 990 or 990-E2 that the title 00 or 990), Part II, line 13, 16a, or er sections 509(a)(1) and 170(b)(1)(A)(vI), that checked Schedule A (Form 990), Part II, line 13, 16a, or er sections 509(a)(1) and 170(b)(1)(A)(vI), that checked Schedule A (Form 990), Part II, line 13, 16a, or expectations of the greater of (1) \$5,000; or
regulations unde	er sections about 1 and
16b, and that re	er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked scheduler (vi) of the greater of (1) \$5,000; or eceived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or eceived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or eceived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or eceived from any one contributor.
(2) 2% of the at	mount on (i) Form 990, Fait Vincinia 2017
	Same on or ognification any one
For an organiza	ation described in section 501(c)(7), (8), or (10) filing Form 990 of 950 E2 and the scientific, ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ring the year, total contributions of cruelty to children or animals. Complete Parts I (entering
"NI/A" in columb	n (b) instead of the commodici frame and
	(40) filing Form 990 or 990-EZ that received from any one
For an organiza	ation described in section 501(c)(7), (8), or (10) filing Form 555 of section described in section 501(c)(7), (8), or (10) filing Form 555 of section, purposes, but no such uring the year, contributions exclusively for religious, charitable, etc., purposes, but no such
contributor du	uring the year, contributions oxogen and the total contributions that were received
thutione to	otaled more than \$ 1,000. If this box is a second of the parts unless the
Juring the Ves	ar for an exclusively religious, charitable, etc., contributions
An organiza	ation that isn't covered by the General Rule and/or the Special Rules doesn't his 500 and 1500 at 1500
must answer "No" on	ation that isn't covered by the General Rule and/or the Special Rules doesn't life Schedule 5 (1997). Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line
2 to cortify that it doe	Part IV, line 2, or its 1 of the control of Schedule B (Form 990).

Employer identification number 45-0226472

ORTHWO	OD DEACONESS HEALTH CENTER		اممام
Part I	Contributors (see instructions). Use duplicate copies of		(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1	Glimsdal Brothers Estate Ed Jones 12555 Manchester Road	\$10,000	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for
	Saint Louis MO 63131		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Chester & Karen Flaagan	\$ 10,000	Person 💹 Payroll 🔲 Noncash 🗍
	9550 24th St NE Tolna ND 58380		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution
3	American Legion Victory Post 92	\$ 10,766	Person 🗓 Payroll 🗌 Noncash 🗍
	PO Box 412 Northwood ND 58267		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Center for Rural Health UND 1301 N Columbia Rd STE E231 Grand Forks ND 58202	\$ 258,913	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Myra Foundation PO Box 13536 Grand Forks ND 58208-3536	\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

2022 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

epartment eternal Re	venue Service G	o to www.irs.gov/Form9	90 for instructions and the latest imore	Employer identification number
lame of t	ne organization			45-0226472
ORTHW	OOD DEACONESS HEALTH	CENTER	Other Similar Funds or A	
Part	Mainta	ining Danar Adviseu I	Funds or Other Similar Funds or A	
	Complete if the organiz	zation answered "Yes" (on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	······································		(a) Doug and sea man	
1 3	otal number at end of year			
2	agregate value of contributions	to (during year)		
3 /	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		that the assets held in denor advis	sed
5	Old the organization inform all do	onors and donor advisors in	writing that the assets held in donor advis ation's exclusive legal control?	Yes No
1	unds are the organization's prop	perty, subject to the organiz	advisors in writing that grant funds can be	used
6	Did the organization inform all gr	antees, donors, and donor	advisors in writing that grant funds can be	oose
	only for charitable purposes and	not for the benefit of the oc	oner or denor advisor, or for any other purp	Yes No
	conferring impermissible private	benefit?		
Part	II Conservation Eas	ements.	on Form 990, Part IV, line 7.	
	Complete if the organ	IZATION ANSWEIEU 163	ation (check all that apply).	
1	Purpose(s) of conservation ease	ements held by the organiz	tion or education) Preservation	of a historically important land area
	Purpose(s) of conservation of land for public	c use (for example, recrea-	Preservation	of a certified historic structure
	Protection of natural habitat			
	Preservation of open space	the association held a GUS	ulified conservation contribution in the form	of a conservation
2	Complete lines 2a through 2d if	the organization field a que		Held at the End of the Tax Year
	easement on the last day of the Total number of conservation e	_		
а				2b
b	_	t and sortified highlif	SHIRTHER BRINGHOUSE IN COMPAR.	<u>2c</u>
¢				
d	Number of conservation easen	tional Pegister	released extinguished or terminated by	2d
	historic structure listed in the Na	autorial regision	released, extinguished, or terminated by	the organization during the
3	Number of conservation easen	Helips Hodilica, transcent		
	tax year Number of states where prope	- ety subject to conservation	easement is located	_
4	Number of states where prope	written policy regarding the		of Yes No
5	violations, and enforcement of	the conservation easemen	ts it halds?	
	violations, and enforcement of	ted to monitoring, inspectin	s it holds? g, handling of violations, and enforcing co	nservation easements during the year
6	Staff and volunteer floors days			to during the year
	A of eveness incurred	in monitoring, inspecting, h	andling of violations, and enforcing conse	rvation easements during the your
7	Amount of expenses mounts			ATO (LAMPAN)
_	Day and consensation ease	ment reported on line 2(d)	above satisfy the requirements of section	1/0(n)(4)(b)(l)
8	poes each conscient and poet another 170(h)(4)(B)(ii)?			
_	In Dorf VIII describe how the	organization reports conse	rvation easements in its revenue and exprostrate to the organization's financial state	ense statement and
9	balance sheet and include If	applicable, the text of the fo	otnote to the organization's financial state	ements that describes are
	organization's accounting for	conservation easements.		or Other Similar Assets.
ПВа		Laining ('Allectit)	ns of Art, Historical Treasures	, of Other Onthia.
Га	Complete if the ord	anization answered "Ye	s" on Form 990, Part IV, line 8.	and holance sheet works
	If the organization elected, as	permitted under FASB AS	S" on Form 990, Faithy, inco. C 958, not to report in its revenue statem s public exhibition, education, or research	ent and parame of public
1a				
	service provide in Part XIII th	he text of the footnote to its	financial statements that describes these	and belance sheet Works Of
ı	If the organization elected, as	s permitted under FASB AS	of tinancial statements that describes the SC 958, to report in its revenue statement bublic exhibition, education, or research in	furtherance of public service.
t	art historical treasures, or of	her similar assets held for p	public exhibition, education, or research in	luttilerance of public solution,
	provide the following amount	s relating to these items:		\$
	/// Revenue included on For	rm 990, Part VIII, line 1 .		
	(ii) Assets included in Form	990, Part X	at treasures, or other similar assets for fin	pancial gain, provide the
•		se bold Morks of All. Hisburi	al (Capato)	ialiciai Aquit biotino
2	following amounts required t	o be reported under FASB	ASC 958 relating to these items:	
		NO D-4 \ /		\$
	h Assets included in Form 990), Part X		Schedule D (Form 990) 2

Раг	till Organizations Maintaining Coll				
3	Using the organization's acquisition, accession, an	d other records, check a	ny of the following that	make significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange p	orogram	
b	Scholarly research	e	Other		
C	Preservation for future generations				
4	Provide a description of the organization's collection	ons and explain how they	further the organization	n's exempt purpose in Par	t
	XIII.				
5	During the year, did the organization solicit or rece	ive donations of art, histo	rical treasures, or othe	r similar	
	assets to be sold to raise funds rather than to be i				. Yes No
Par	t IV Escrow and Custodial Arrange				
	Complete if the organization ansv		n 990, Part IV, line	9, or reported an an	nount on Form
	990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, custodian or	other intermediary for cor	tributions or other ass	ets not	
					Yes No
b	If "Yes," explain the arrangement in Part XIII and o	complete the following tab	ole:		
	, ,	,		Ar	mount
C	Beginning balance			. 1c	
d	Additions during the year				
e	Distributions during the year			. 1e	
f	Ending balance			. If	
2a	Did the organization include an amount on Form 9			unt liability?	. Yes No
b	If "Yes," explain the arrangement in Part XIII. Che				
	V Endowment Funds.		****		
	Complete if the organization ansv	vered "Yes" on Form	n 990. Part IV. line	10.	
		All Controller	oryear. (c) Two year		(e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and		- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
·	losses				
	Grants or scholarships			***************************************	
a	Other expenditures for facilities and		7		
e	programs				
E	Administrative expenses				
1					
9	End of year balance	or and balance /line 1g	column (a)) held se:		
2	Board designated or quasi-endowment	ov	column (a)) now as.		
a					
b	Permanent endowment. %				
C					
_	The percentages on lines 2a, 2b, and 2c should ed		era hald and administer	ad for the	
3a	Are there endowment funds not in the possession	or the organization that a	are nelu arki administer	ed for the	Yes No
	organization by:			•	
	(i) Unrelated organizations				. 3a(i)
	(ii) Related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations				. 3b
4	Describe in Part XIII the intended uses of the orga		nds.		
Par	Land, Buildings, and Equipmen		4 000 David 87 Barr	11a Cas Es 000	Dorf V line 40
	Complete if the organization ansv				
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated depreciation	(d) Book value
		(investment)	(other)	debtectation	=
1a	Land	70,510			70,510
b	Buildings	14,518,322		10,066,545	4,451,777
c	Leasehold improvements				
d	Equipment	4,180,898		2,555,379	1,625,519
<u>e</u>	Other				***************************************
Total	Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colum	n (B), line 10c.)	1	6,147,806

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11b. See F	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	:	(c) Method of valuation: t or end-of-year market value
(1) Financial of	derivatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)		The second secon	
Part VIII	Investments - Program Related.			
***************************************	Complete if the organization answered "Yes" on For	rm 990, Part IV, li	ine 11c. See F	Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of valuation: t or end-of-year market value
(1)		4		
(2)		(5)		
(3)				
(4)				
(5)		/ 3		
(6)				3
(7)				
(8)				
(9)	, V	-70	- Table 1	
	n (b) must equal Form 990, Part X, col. (B) line 13.).			
Part IX	Other Assets.			
<u> </u>	Complete if the organization answered "Yes" on Fo	rm <mark>99</mark> 0, Part IV, I	ine 11d. See l	Form 990, Part X, line 15.
	(a) Description		-	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8)				
(9)	n (b) must equal Form 990. Part X, col. (B) line 15.)			
(9)	on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Follow 25			See Form 990, Part X,
(9) Total. (Colum. Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Colum. Part X	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i	Other Liabilities. Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i (2)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I		See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i (2) (3)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I		See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,
(9) Total. (Colum. Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book	rm 990, Part IV, I	ine 11e or 11f	See Form 990, Part X,

Part	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	20,388,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
· 2	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
	Recoveries of prior year grants		
c d	Other (Describe in Part XIII.)	12,000,000	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,388,108
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.)		
c	Add lines 4a and 4b	4c	
5	Table severe Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,388,108
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Ketui	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	15,411,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	VA	
а	Donated services and use of facilities		
b	Prior year adjustments	7	
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e 3	15,411,777
3	Subtract line 2e from line 1	3	13,411,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Control of the Contro	
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Diport Describe in Pall All 1	4c	
C	Add lines 4a and 4b	5	15,411,777
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part	Supplemental Information. e 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, lin	е
Provid	e the descriptions required for Part II, lines 3, 5, and 3, rain that all and 1, rain the second and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
2; Part	XI, lines 20 and 4b; and Part XII, lines 20 and 40. Also complete 20.		
,			

SCHEDULE H (Form 990)

Department of the Treasury

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Internal Revenue Service Name of the organization 45-0226472 NORTHWOOD DEACONESS HEALTH CENTER Financial Assistance and Certain Other Community Benefits at Cost No Yes Part l Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . X 1a 1b X 1a 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: Applied uniformly to most hospital facilities Applied uniformly to all hospital facilities Generally tailored to individual hospital facilities 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. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: . За X Other 200% 150% X 100% Did the organization use FPG as a factor in determining eligibility for providing discounted care? If Yes," 3b X indicate which of the following was the family income limit for eligibility for discounted care: 400% 350% 300% 250% 200% 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. 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"? Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5a Х X 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5a If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or b 5c discounted care to a patient who was eligible for free or discounted care? X 6a Did the organization prepare a community benefit report during the tax year? 6b Х 6a Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Financial Assistance and Certain Other Community Benefits at Cost (f) Percent (e) Net community (d) Direct offsetting (b) Persons (c) Total community (a) Number of Financial Assistance and гечепие expense activities or programs (optional) . benefit expense Means-Tested Government Programs Financial Assistance at cost (from 37,628 37,628 62,425 449,816 512,241 Medicaid (from Worksheet 3, column a) 1 b Costs of other means tested government programs (from Worksheet 3, column b) Total. Financial Assistance and 100,053 <u>449,81</u>6 549,869 Means-Tested Government Programs 2 Other Benefits Community health improvement 45,544 services and community benefit operations (from Worksheet 4) 2,296 47,840 3 Health professions education (from Worksheet 5) 12,164 Subsidized health services (from 9,128 21,292 3 Worksheet 6) Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from 2,120 2,120 59,828 Worksheet 8)

7

159,881

11,424

461,240

71,252

621,121

Total, Other Benefits

45-0226472 Schedule H (Form 990) 2022 NORTHWOOD DEACONESS HEALTH CENTER 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. (f) Percent of (e) Net community (d) Direct offsetting (c) Total community (b) Persons total expense (a) Number of building expense revenue building expense activitles or erved (optional) programs (optional) Physical improvements and housing Economic development 2 Community support 3 Environmental improvements Leadership development and training for community members Coalition building 6 Community health improvement advocacy Workforce development 8 Other 9 10 **Total Bad Debt, Medicare, & Collection Practices** Yes No Part III Section A. Bad Debt Expense Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?. X 1 Enter the amount of the organization's bad debt expense. Explain in Part VI the 120,000 2 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 3 methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 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 6,321,679 Enter total revenue received from Medicare (including DSH and IME) 6,523,973 6 Enter Medicare allowable costs of care relating to payments on line 5 (202,294) 6 Subtract line 6 from line 5. This is the surplus (or shortfall) Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community 7 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: Other Cost to charge ratio X Cost accounting system Section C. Collection Practices X 9a 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 Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions) (e) Physicians' Part IV (b) Description of primary profit % or stock trustees, or key profit % or stock (a) Name of entity ownership % activity of entity employees' profit % ownership % or stock ownership % 3 4 5

Part V Facility Information										<u> </u>
Section A. Hospital Facilities	Lig	ଜୁ	<u>₽</u>	ea l	₹	Res	罗	퓠		
(list in order of size, from largest to smallest - see instructions)	Licensed hospital	era	Children's hospital	Teaching hospital	<u>83</u>	Research facility	ER-24 hours	ER-other		
How many hospital facilities did the organization operate during	荿	med	s to	Soff 6	CC 88	n fac	Sano			
the tax year?1	pital	<u>≅</u>	spita	pita	Critical access hospital	₹				
Name, address, primary website address, and state license number		General medical & surgical	-	1	spital					Facility reporting
(and if a group return, the name and EIN of the subordinate hospital		gical				1			(All (decoration)	group
organization that operates the hospital facility):									Other (describe)	
1 Northwood Deaconess Health Center								Ì		
PO Box 190 at 4 N Park Street	1				.,					1
Northwood ND 58267					X			İ		-
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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)

Name	e of hospital facility or letter of facility reporting group:Northwood Deaconess Health Center			
Line	number of hospital facility, or line numbers of hospital			
facili	ties in a facility reporting group (from Part V, Section A):			
			Yes	No
Comi	munity 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		x
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		X
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	3	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	X A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
C	Existing health care facilities and resources within the community that are available to respond to the			
	health needs of the community			
d	How data was obtained			
e	The significant health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the			
	community health needs			
h	The process for consulting with persons representing the community's interests			
ì	The impact of any actions taken to address the significant health needs identified in the hospital			
	facility's prior CHNA(s)			
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22		Managar.	
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	X	
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		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"			l
	list the other organizations in Section C	6b		Х
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	ļ
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а	X Hospital facility's website (list un): www.ndhc.net			
b	Other website (list url):			
C	Made a paper copy available for public inspection without charge at the hospital facility			
d	Other (describe in Section C)	1000000		
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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2022		\$50 S54	
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	2000
а	If "Yes," (list url): www.ndhc.net			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	e de la companya de	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	2002000		
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
12 a	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	<u> </u>	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to 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) Northwood Deaconess Health Center Financial Assistance Policy (FAP)

lam	e of	nospital facility or letter of facility reporting group:		1	١.,
	Die	the hospital facility have in place during the tax year a written financial assistance policy that:		Yes	No
13		plained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	x	1
		Yes," indicate the eligibility criteria explained in the FAP:	13		
	100	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.00 %			
•	ı K		0000000		
	. m	and FPG family income limit for eligibility for discounted care of			
	: X	Asset level	V73.475		
	Terror 1	Medical indigency	12730.00		
	-	• .			
•		Insurance status			
f		Underinsurance status			
9		Residency			
	<u>ا</u> ا	Other (describe in Section C)	3826188	-0-11 (6.14)	
14		plained the basis for calculating amounts charged to patients?	14	X	
15	-	plained the method for applying for financial assistance?	15	X	
		Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
		lained the method for applying for financial assistance (check all that apply):			
ě	X	Described the information the hospital facility may require an individual to provide as part of his or her			
_		application	N. 100 C.		
t	X	Described the supporting documentation the hospital facility may require an individual to submit as part	1000 cm		
	550	of his or her application	4-80.000		978919
•	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
(ı 📙	Provided the contact information of nonprofit organizations or government agencies that may be			
		sources of assistance with FAP applications			
E		Other (describe in Section C)	A 1975 A 1975	26-57-57-54 26-57-55-74	
16		s widely publicized within the community served by the hospital facility?	16	X	
		es," indicate how the hospital facility publicized the policy (check all that apply):			
8	*****	The FAP was widely available on a website (list un): www.ndhc.net			
t		The FAP application form was widely available on a website (list url): www.ndhc.net			
•	_	A plain language summary of the FAP was widely available on a website (list url): www.ndhc.net			
•	X	The FAP was available upon request and without charge (in public locations in the hospital facility and			
	_	by mail)	7000000		
€	X	The FAP application form was available upon request and without charge (in public locations in the			
		hospital facility and by mail)			
f	X	A plain language summary of the FAP was available upon request and without charge (in public			50 100 100 100 100 100 100
		locations in the hospital facility and by mail)			
ç	X	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	2002-000 2002-000		
		conspicuous public displays or other measures reasonably calculated to attract patients' attention			
ŀ	X	Notified members of the community who are most likely to require financial assistance about availability			
		of the FAP			
i		The FAP, FAP application form, and plain language summary of the FAP were translated into the			
		primary language(s) spoken by Limited English Proficiency (LEP) populations			No.

Other (describe in Section C)

Part	٧	Facility Information (continued) Northwood Deaconess Health Center			
		d Collections	····		
Name	of h	ospital facility or letter of facility reporting group:	······································		
		r		Yes	No
17		he hospital facility have in place during the tax year a separate billing and collections policy, or a written			
	finar	cial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party			
		take upon nonpayment?	17	X	
18	Che	k all of the following actions against an individual that were permitted under the hospital facility's			
	polic	ies during the tax year before making reasonable efforts to determine the individual's eligibility under the			
	facili	ty's FAP:			
а		Reporting to credit agency(ies)			
b		Selling an individual's debt to another party			
c		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		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
f		None of these actions or other similar actions were permitted			
19		the hospital facility or other authorized party perform any of the following actions during the tax year			
		ore making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
		es," check all actions in which the hospital facility or a third party engaged:			
а	П	Reporting to credit agency(ies)	Nav XIII		
b	П	Selling an individual's debt to another party			
c	Ħ	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	П	Actions that require a legal or judicial process			
e	Ħ	Other similar actions (describe in Section C)			
20	ப Indi	cate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
		checked) in line 19 (check all that apply):			
а	П	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
4	L.J	FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b	П	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C	C)		
c	片	Processed incomplete and complete FAP applications (if not, describe in Section C)	•		
d	H	Made presumptive eligibility determinations (if not, describe in Section C)			
		Other (describe in Section C)			
e		None of these efforts were made			
Dalla	· Da	lating to Emergency Medical Care		,	
21	y rxe	the hospital facility have in place during the tax year a written policy relating to emergency medical care			I
£1	that	required the hospital facility to provide, without discrimination, care for emergency medical conditions to			
		viduals regardless of their eligibility under the hospital facility's financial assistance policy?	21	x	
		No," indicate why:			No.
_	[]	The hospital facility did not provide care for any emergency medical conditions			
a	님	The hospital facility's policy was not in writing			
D -		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe			
C	Ш				
	г	in Section C) Other (describe in Section C)			
<u>d</u>		Other (describe in Section C) Schedul	e H (F	orm 99	0) 2022

Schedule H (Form 990) 2022

EEA

If "Yes," explain in Section C.

Part V Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. Facility Group . Part V, line 5 The organization reviews its community health needs assessment regularly. The stratigic				
planning process takes the assessment into consideration when setting plans, priorities,				

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)

low many non-hospital health care facilities did the organization operate during the tax year?	6
Name and address	Type of facility (describe)
1 Northwood Deaconess Health Cen	Medical Clinic
Towner Avenue	
Larimore ND 58251	
2 Northwood Deaconess Health Cen	Medical Clinic
Main St.	
Binford ND 58416	
3 Northwood Deaconess Health Cen	Medical Clinic
4 N. Park St.	
Northwood ND 58267	
4 Northwood Deaconess Health Cen	37 Bed Skilled Nursing Facility
PO Box 190 at 4 N. Park St.	
Northwood ND 58267	
5 Northwood Deaconess Health Cen	6 Units Assisted Living Apartments
PO Box 190 at 4 N. Park St.	
Northwood ND 58267	
6 Northwood Deaconess Health Cen	10 Units Independent Living
PO Box 190 at 4 N. Park St.	Apartments
Northwood ND 58267	
7	
8	r-cater
9	
	-
10	
EA	Schedule H (Form 990) 20

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization	Employer identification number
NORTHWOOD DEACONESS HEALTH CENTER	45-0226472
Part I Questions Regarding Compensation	

rait	1 Questions Regarding Compensation		Yes	No
4-	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	100 E	169	.110
1a	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	19. 33 19. 33		
	_ ,			
	☐ Discretionary spending account ☐ Personal services (such as 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	41-		
	explain	1b	Agin (s)	NANA
		ACCOUNTED		daing.
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line	_		
	1a?	2	GA GIVEN	0.995456
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	ļ	
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Rart VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:	Chargastan Chargastan		
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
		\$2550 (6.63 \$46,700 5)		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9	<u>L</u>	
	nogulation doctor of too of the contract of th		000)	

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NOKI	HWOOD DEACONESS HEALTH CEN	TER		45-022	5472		
Par	t l Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) I of determi ontribution a	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes			- A			
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential	х	1	140,000	FMV		
16	Real estate - Commercial						
17	Real estate - Other	4					
18	Collectibles		100				
19	Food inventory						
20	Drugs and medical supplies	7 3					
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (
26	Other (
27	Other (- W					
28	Other (
29	Number of Forms 8283 received by the	organization	during the tax year for contribu	tions for			
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29		
	,					Ye	s No
30a	During the year, did the organization rece	elve by contr	ibution any property reported ir	Part I, lines 1 through			
	28, that it must hold for at least three yea						
	used for exempt purposes for the entire I					30a	
b	If "Yes," describe the arrangement in Pai						
31	Does the organization have a gift accept		hat requires the review of any r	nonstandard			
••						31	
32a	Does the organization hire or use third p						
						32a	
ь	If "Yes," describe in Part II.						
33	If the organization didn't report an amoun	nt in column	(c) for a type of property for wh	ich column (a) is checked,			
	describe in Part II	3		, ,			

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Employer identification number

NORTHWOOD DEACONESS HEALTH CENTER 45-0226472 01. Form 990 governing body review (Part VI, line 11) The tax return is provided to all members of the governing board with related schedules prior to the return beign filed. The return is on the agendaof a regularly scheduled board meeting, mailed one week prior to the meeting, and reviewed at the board meeting. 02. Conflict of interest policy compliance (Part VI, line 12c) The policy is reviewed by the board of directors and management team annually. Examples of what a conflict of interest or conflicted person are reviewed. **Bach p**erson must sign and acknowladge understanding of the policy. 03. CEO, executive director, top management comp (Part VI, line 15a) We are managed by Sanford Health with the CEO being employed by Sanford Health. Sanford Health uses regional salary data to set their scale and suggests salary for the CEO to the board of directors. 04. Other officer or key employee compensation (Part VI, line 15b The facility uses statewide data surveyed by the ND Hospital Association and the ND Long Term Care Association when administering salaries. Policy is to be competitive regionally. 05. Governing documents, etc, available to public (Part VI, line 19) The financial statements, conflict of interest policy and governing documents are available upon request.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

, 20

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN NORTHWOOD DEACONESS HEALTH CENTER 45-0226472 Name and title of officer or person subject to tax PETE ANTONSON, CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)..... 20,388,108 Form 990-EZ check here . . . 3a Form 1120-POL check here. . Form 990-PF check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5). 4a **b** Balance due (Form 8868, line 3c).......... Form 8868 check here 5a Form 990-T check here 6a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1)....... 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here 9a Form 8038-CP check here. . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Liberty Tax Service 85596 to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the retum's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05-07-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 450039 50266 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Brad Ness, CPA 05-07-2023 Date **ERO Must Retain This Form - See Instructions**