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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2009 calendar year, or tax year beginning

07/01/2009, and ending

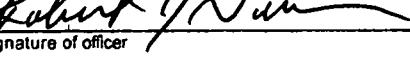
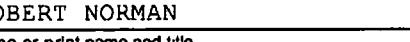
06/30, 2010

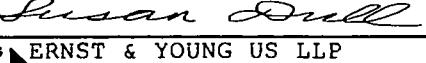
<input type="checkbox"/> Check if applicable. <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ESSENTIA HEALTH Doing Business As			D Employer identification number 20-0360007	
	Number and street (or P O box if mail is not delivered to street address) 502 E 2ND ST			Room/suite	E Telephone number (218) 786-8376
	City or town, state or country, and ZIP + 4 DULUTH, MN 55805			F Name and address of principal officer PETER PERSON, MD 502 E 2ND ST DULUTH, MN 55805	
				G Gross receipts \$ 13,976,149.	
				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> X 501(c)(3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ►	
J Website: ► WWW.ESSENTIAHEALTH.ORG					
K Form of organization <input checked="" type="checkbox"/> X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation 2003	M State of legal domicile MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE ARE CALLED TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	721,356.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-24,704.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,007,037.	11,842,122.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,160,360.	-311,067.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	23,636.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,167,397.	11,554,691.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,500.	1,000.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	194,150.	247,500.	
b Total fundraising expenses, Part IX, column (D), line 25 ►	0.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,085,566.	23,888,348.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,285,216.	24,136,848.	
19 Revenue less expenses Subtract line 18 from line 12	2,882,181.	-12,582,157.	
Expenses	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	74,714,855.	90,981,545.
	22 Net assets or fund balances. Subtract line 21 from line 20.	14,514,926.	25,156,925.
		60,199,929.	65,824,620.
JUN 20 2010			
Net Assets or Fund Balances	23 Total assets (Part X, line 16)	Beginning of Year	End of Year
	24 Total liabilities (Part X, line 26)	74,714,855.	90,981,545.
	25 Net assets or fund balances. Subtract line 24 from line 23.	14,514,926.	25,156,925.
		60,199,929.	65,824,620.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer		
	5-16-11 Date		
 ROBERT NORMAN		CFO	
Type or print name and title			

Paid	Preparer's signature ► 	Date 5/2/2011	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00233523
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG US LLP 75 BRATTLE PLACE, SUITE 600 GREENVILLE, SC 29601	EIN 34-6565596	Phone no 864-298-5740	
May the IRS discuss this return with the preparer shown above? (see instructions)			Yes <input checked="" type="checkbox"/> X No <input type="checkbox"/>	

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.*

Form 990 (2009)

JSA
9E1010 3-000

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Part III Statement of Program Service Accomplishments1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code _____) (Expenses \$ 11,240,107 including grants of \$ 1,000) (Revenue \$ 11,842,122)
SEE SCHEDULE O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 11,240,107.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	41
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5b	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	X
7 Organizations that may receive deductible contributions under section 170(c).	6b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
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	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, 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?	7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.	9a	
a Did the organization make any taxable distributions under section 4966?	9b	
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a 17	
1b	Enter the number of voting members that are independent	1b 11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4 X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5 X	
6	Does the organization have members or stockholders?	6 X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a X	
b	Each committee with authority to act on behalf of the governing body?	8b X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a X	

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► MN ,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ROBERT NORMAN 502 E 2ND ST DULUTH, MN 55805 218-786-3178

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated		
PETER PERSON, MD CHIEF EXECUTIVE OFFICER	60.00	X		X			0	1,205,236
RICHARD BLAIR BOARD CHAIR	5.00	X		X			24,600	0
LAURA BOEHLKE-BRAY, MD BOARD DIRECTOR	60.00	X					7,400	264,923
TERRENCE CLARK, MD BOARD DIRECTOR	60.00	X					0	194,849
LORI COLLARD BOARD DIRECTOR	4.00	X					11,200	9,700
SISTER LOIS ECKES BOARD DIRECTOR	5.00	X					0	0
SISTER VERDA CLARE EICHNER BOARD DIRECTOR	60.00	X					0	0
JOEL HAUGEN, MD BOARD DIRECTOR	50.00	X					9,500	207,520
NEAL HESSEN BOARD DIRECTOR	4.00	X					10,650	11,100
SISTER KATHLEEN HOFER BOARD VICE CHAIR	60.00	X	X				0	0
LAUREN LARSEN BOARD DIRECTOR	3.00	X					14,700	0
WALTER LEINO, MD BOARD DIRECTOR	2.00	X					9,500	2,082
BRUCE PIATT, MD BOARD DIRECTOR	40.00	X					10,800	565,161
SISTER BEVERLY RAWAY BOARD DIRECTOR	5.00	X					0	0
THOMAS RUSS, MD BOARD SECRETARY	60.00	X	X				11,550	224,682
JAMES SEITZ BOARD DIRECTOR	2.50	X					11,600	1,200

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated Former		
MARY FRANCES SKALA BOARD DIRECTOR	2.00	X					10,900.	0.
SISTER CLARE MARIE TRETTEL BOARD DIRECTOR	5.00	X					0.	0.
SISTER CLAUDIA RIEHL BOARD DIRECTOR	5.00	X					0.	0.
ROBERT NORMAN CHIEF FINANCIAL OFFICER	60.00			X			0.	531,094
GREGORY GLASNER, MD EXECUTIVE VICE PRESIDENT	60.00				X		0.	713,780
CARL HELTNE, MD EXECUTIVE VICE PRESIDENT	60.00				X		0.	564,440
DANIEL MCGINTY EXECUTIVE VICE PRESIDENT	60.00				X		0.	594,238
KEVIN PITZER EXECUTIVE VICE PRESIDENT	60.00				X		0.	450,107
JOHN C SMYLIE EXECUTIVE VICE PRESIDENT	60.00				X		0.	648,810
MICHAEL MAHONEY VICE PRESIDENT, GOVERNMENT AFF	60.00				X		0.	221,023
TERESA O'TOOLE EXECUTIVE VICE PRESIDENT	60.00				X		0.	370,360
THOMAS PRUSAK BLIHS CEO	60.00				X		0.	411,387
DAVID BORAN, MD BLIHS DYAD PARTNER	60.00				X		0.	260,239
1b Total CONTINUED AT SCHEDULE J-2 ►						311,175	9,390,524	1,750,526

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

	Yes	No
3	X	
4	X	
5		X

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5		

Part VII Statement of Revenue

20-0360007

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f \$ 1h Total. Add lines 1a-1f ►				
Program Service Revenue	2a SUPPORT FEES 2b CONSULTANT FEES c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 541610 541610	11,152,016 690,106	11,120,766 690,106	31,250
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ► 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events ► 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory ► 11a MISCELLANEOUS REVENUE 11b COST RECOVERY 11c UBI TAXES 11d All other revenue 11e Total. Add lines 11a-11d ► 12 Total Revenue. See instructions ►	(i) Real 1 2 3 4 5 6a 7a 8a 9a 10a 11a 11b 11c 11d 11e 12	670,353 0 0 0 1,440,038 2,421,458 -2,421,458 1,440,038 -981,420 0 0 0 0 4,832 18,804 23,636 11,554,691 11,120,766 721,356 -287,431		670,353 0 0 0 1,440,038 2,421,458 -2,421,458 1,440,038 -981,420 0 0 0 0 4,832 18,804 23,636 11,554,691 11,120,766 721,356 -287,431

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,000.	1,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	247,500.		247,500.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	144,325.		144,325.	
b Legal	104,241.		104,241.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	26,052.		26,052.	
g Other	1,425,158.	926,998.	498,160.	
12 Advertising and promotion	0.			
13 Office expenses	14,570.	1,653.	12,917.	
14 Information technology	33,930.	33,031.	899.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	24,542.	7,575.	16,967.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	58,301.	530.	57,771.	
20 Interest	103,305.		103,305.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	7,617,982.	7,609,346.	8,636.	
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a AFFILIATE EXPENSES ALLOCATION	8,245,572.	966,276.	7,279,296.	
b PROVISIONS FOR DOUBTFUL ACCT	4,373,716.		4,373,716.	
c LOSS ON DISCONTINUED CONTRAC	1,348,442.	1,348,442.		
d AFFILIATE SELF-INS PLAN	238,215.	238,215.		
e MISCELLANEOUS EXPENSE	129,997.	107,041.	22,956.	
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	24,136,848.	11,240,107.	12,896,741.	
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,375,693.	2	8,935,398.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	331,266.	4	938,312.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	3,391,573.	7	500,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	93,499.	9	474,081.
Assets	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	0.	11	9,488,713.
	12 Investments - other securities. See Part IV, line 11	2,628,750.	12	9,078,971.
	13 Investments - program-related. See Part IV, line 11	62,876,802.	13	61,532,818.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,272.	15	33,252.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	74,714,855.	16	90,981,545.
	17 Accounts payable and accrued expenses	442,490.	17	13,993,369.
	18 Grants payable		18	
	19 Deferred revenue		19	
Liabilities	20 Tax-exempt bond liabilities	0.	20	5,767,616.
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,144,731.	23	5,139,506.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,927,705.	25	256,434.
	26 Total liabilities. Add lines 17 through 25	14,514,926.	26	25,156,925.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	60,199,929.	27	65,824,620.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	60,199,929.	33	65,824,620.
	34 Total liabilities and net assets/fund balances	74,714,855.	34	90,981,545.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
ESSENTIA HEALTH

Employer identification number
20-0360007

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II .)
 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
				Yes	No	Yes	No	
ATTACHMENT	1							
Total								24,136,848.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, LINE 11H, COLUMN (IV)

GOVERNING DOCUMENTS:

THE SUPPORTED ORGANIZATIONS LISTED IN PART I LINE 11H THAT HAVE A "NO" BOX CHECKED ARE NOT SPECIFICALLY LISTED IN ESSENTIA'S ARTICLES OF INCORPORATION ARTICLE XI. HOWEVER, ESSENTIA'S ARTICLES STATE THAT ESSENTIA IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC AND RELIGIOUS PURPOSES EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE TAX-EXEMPT ENTITIES IDENTIFIED AS SUPPORTED ORGANIZATIONS IN THEIR RESPECTIVE ARTICLES OF INCORPORATION.

SCHEDULE A, LINE 11H, COLUMN (VII)

AMOUNT OF SUPPORT:

THE AMOUNT OF SUPPORT INCLUDES ESSENTIA HEALTH'S FUNCTIONAL EXPENSES WHICH ARE INCURRED FOR THE BENEFIT OF ESSENTIA HEALTH'S SUPPORTED ORGANIZATIONS.

ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
BRAINERD LAKES INTEGRATED HEALTH SYSTEM	37-1532145	11 TYPE II	X	X	X	0
BRAINERD MEDICAL CENTER	37-1532148	03	X	X	X	216,602
BRIDGES MEDICAL CENTER	20-0479568	03	X	X	X	110,259
CLEARWATER VALLEY HOSPITAL & CLINICS, INC	82-0497771	03	X	X	X	281,419
ECHC	26-1219624	11 TYPE II	X	X	X	380,026
ST BENEDICT'S FAMILY MEDICAL CENTER	82-0227163	03	X	X	X	324,086
ST JOSEPH'S MEDICAL CENTER	41-0695602	03	X	X	X	2,174,799
ST MARY'S EMS	41-1805811	09	X	X	X	20,436
ST MARY'S HOSPITAL & CLINICS, INC	82-0226453	03	X	X	X	280,913
ST MARY'S REGIONAL HEALTH CENTER	41-1620386	03	X	X	X	1,020,557

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1 (CONT'D)SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
INNOVIS HEALTH, LLC	26-1175213	03	X	X	X	3,945,820
MIDWEST MEDICAL EQUIPMENT & SUPPLY INC	41-1674021	09	X	X	X	140,352
SMDC MEDICAL CENTER	41-1878730	03	X	X	X	5,635,950
PINE MEDICAL CENTER	41-1884597	03	X	X	X	287,948
POLINSKY MEDICAL REHABILITATION CENTER	41-0691275	03	X	X	X	137,503
ST MARY'S DULUTH CLINIC FOUNDATION	41-2016979	07	X	X	X	0
ST MARY'S DULUTH CLINIC HEALTH SYSTEM	41-1836633	03	X	X	X	0
ST MARY'S HOSPITAL OF SUPERIOR	41-1811073	03	X	X	X	664,216
ST MARY'S MEDICAL CENTER	41-0695604	03	X	X	X	5,563,908
THE DULUTH CLINIC, LTD	41-0883623	03	X	X	X	2,541,412
DIVINE MEDICAL SERVICES	20-2773717	03	X	X	X	0
DL SURGERY CENTER	26-3837203	03	X	X	X	1,633
ECHC FOUNDATION	26-3359418	11 TYPE I	X	X	X	9,823
ST MARY'S INNOVIS HEALTH	26-2861321	03	X	X	X	53,198
MINNESOTA VALLEY HEALTH CENTER, INC	41-0837659	03	X	X	X	171,387
FIRST CARE MEDICAL SERVICES	41-0706143	03	X	X	X	174,249
ESSENTIA INSTITUTE OF RURAL HEALTH	27-1291124	04	X	X	X	352
INNOVIS HEALTH FOUNDATION	27-1984704	03	X	X	X	0
TOTAL AMOUNT OF SUPPORT						24,136,848

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization is described below.

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization

Employer identification number

ESSENTIA HEALTH

20-0360007

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. ▶ \$
2 Political expenditures ▶ \$
3 Volunteer hours

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

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

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

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

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

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

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

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

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

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
			Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		X	
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		120,319
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total Add lines 1c through 1i			120,319
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information (continued)**SCHEDULE C, PART II-B****LOBBYING ACTIVITY:**

ESSENTIA HEALTH EMPLOYS ONE FULL-TIME IN-HOUSE PUBLIC POLICY INDIVIDUAL.

ESSENTIA HEALTH'S PUBLIC POLICY ACTIVITIES OCCUR ON A MULTI STATE AND

NATIONAL LEVEL. ESSENTIA HEALTH PUBLIC POLICY ACTIVITIES INCLUDED IN

PERSON, TELEPHONIC, ELECTRONIC COMMUNICATION AND INFORMATION RELAY WITH

LEGISLATORS AND STAFF, ADMINISTRATIVE OFFICIALS, GOVERNMENT AGENCIES AND

DEPARTMENTS ON BOTH THE STATE AND FEDERAL LEVELS. THE PRIMARY ISSUES OF

INTEREST AND CONCERN INCLUDE:

CRITICAL ACCESS HOSPITAL REGULATION

PHYSICIAN AND HOSPITAL SERVICES REIMBURSEMENT

MEDICARE AND MEDICAID REIMBURSEMENT POLICIES

DISPROPORTIONATE SHARE HOSPITAL FUNDING

GRADUATE MEDICAL EDUCATION/INDIRECT MEDICAL EDUCATION FUNDING

HEALTH INFORMATION TECHNOLOGY FUNDING AND PRIVACY ISSUES

STATE AND FEDERAL HEALTH CARE REFORM

GENERAL ASSISTANCE MEDICAL CARE

SUSTAINABLE GROWTH RATE

HEALTH INSURANCE EXCHANGE

GEOGRAPHIC DISPARITIES

MEDICARE REIMBURSEMENT FOR REHAB FACILITIES

MEDICARE 340B PRESCRIPTION DRUG DISCOUNT PROGRAM

NURSE STAFFING RATIOS

ELECTRONIC MEDICAL RECORD INTEROPERABILITY

MEDICARE RECOVERY AUDIT CONTRACTOR AUDITS (RAC)

MEDICAL EDUCATION AND RESEARCH COSTS (MERC)

Part IV **Supplemental Information (continued)**

MENTAL HEALTH PARITY

STATE CHILDREN'S HEALTH INSURANCE PROGRAM

PUBLIC HEALTH INITIATIVES

ADMINISTRATIVE SIMPLIFICATION/FORMULARY EXCEPTION - PRIOR AUTHORIZATION

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2009**Open to Public
Inspection**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Name of the organization
ESSENTIA HEALTHEmployer identification number
20-0360007**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a)
 d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____4 Number of states where property subject to conservation easement is located ► _____5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

		Amount
1c		
1d		
1e		
1f		

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

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

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ►

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	3,795,663.	ATTACHMENT 2
Closely-held equity interests		
Other POOLED INVESTMENT FUND	5,279,788.	FMV
COMMERCIAL PAPER TEMP INV	3,520.	FMV
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►	9,078,971.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
TAX-EXEMPT ORGANIZATION NOTE	3,000,000.	FMV
INVESTMENT IN TAX-EXEMPT ORG	58,532,818.	FMV
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►	61,532,818.	

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
PAYABLES TO RELATED TAX-EXEMPT ORGS	256,434.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	256,434.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

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

Part XIV. Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)**SCHEDULE D, PART X****FIN 48 FOOTNOTE:**

ESSENTIA HEALTH HAS ADOPTED ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES (FORMERLY KNOWN AS FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAX - AN INTERPRETATION OF FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES). THE ADOPTION OF THIS INTERPRETATION HAD NO MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS AND THEREFORE, ESSENTIA HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS FOR FISCAL YEAR ENDED JUNE 30, 2010 NO LONGER INCLUDES AN ASC 740 FOOTNOTE.

ATTACHMENT 2**SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES**

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
FINANCIAL DERIVATIVES (SWAPS)	3,795,663.	FMV
TOTALS	<u>3,795,663.</u>	

Department of the Treasury
Internal Revenue Service

Name of the organization

ESSENTIA HEALTH

Employer identification number
20-0360007

Part I General

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	SELF INDEMNITY	

Totals ►

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

Schedule F (Form 990) 2009

Part II Grants and

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed. □

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule E (Form 990) 20

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule E-1 (Form 990) if additional space is needed.

Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ESSENTIA HEALTH

Employer identification number

20-0360007

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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

Schedule J (Form 990) 2009

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY GLASNER, MD	0.	0.	0.	0.	0.	0.	0.
(i) 407,826.	298,904.	7,050.	80,842.	22,937.	817,559.	817,559.	0.
CARL HELTNE, MD	0.	0.	0.	0.	0.	0.	0.
(i) 564,440.	0.	0.	23,000.	24,532.	611,972.	611,972.	0.
DANIEL MCGINTY	0.	0.	0.	0.	0.	0.	0.
(i) 367,261.	131,156.	95,821.	72,695.	39,902.	706,835.	706,835.	94,753.
ROBERT NORMAN	0.	0.	0.	0.	0.	0.	0.
(i) 377,302.	123,763.	30,029.	60,196.	46,117.	637,407.	637,407.	29,138.
PETER PERSON, MD	0.	0.	0.	0.	0.	0.	0.
(i) 846,204.	251,744.	107,288.	446,515.	31,587.	1,683,338.	1,683,338.	104,762.
KEVIN PITZER	0.	0.	0.	0.	0.	0.	0.
(i) 355,972.	90,565.	3,570.	99,312.	20,669.	570,088.	570,088.	0.
JOHN C SMYLLIE	0.	0.	0.	0.	0.	0.	0.
(i) 474,792.	174,018.	0.	71,302.	30,088.	750,200.	750,200.	0.
LAURA BOEHLKE-BRAY, MD	0.	0.	0.	0.	0.	0.	0.
(i) 264,923.	0.	0.	23,000.	3,184.	291,107.	291,107.	0.
TERRENCE CLARK, MD	0.	0.	0.	0.	0.	0.	0.
(i) 194,849.	0.	0.	20,003.	18,909.	233,761.	233,761.	0.
JOEL HAUGEN, MD	0.	0.	0.	0.	0.	0.	0.
(i) 187,732.	18,375.	1,413.	16,922.	16,958.	241,400.	241,400.	0.
BRUCE PIATT, MD	0.	0.	0.	0.	0.	0.	0.
(i) 520,489.	43,281.	1,391.	22,694.	22,872.	610,727.	610,727.	0.
THOMAS RUSS, MD	0.	0.	0.	0.	0.	0.	0.
(i) 224,682.	0.	0.	22,881.	18,468.	266,031.	266,031.	0.
MICHAEL MAHONEY	0.	0.	0.	0.	0.	0.	0.
(i) 188,769.	32,254.	0.	36,990.	10,727.	268,740.	268,740.	0.
TERESA O'TOOLE	0.	0.	0.	0.	0.	0.	0.
(i) 268,755.	88,125.	13,480.	58,832.	11,487.	440,679.	440,679.	13,480.
THOMAS PRUSAK	0.	0.	0.	0.	0.	0.	0.
(i) 331,203.	78,408.	1,776.	82,477.	25,900.	519,764.	519,764.	0.
DAVID BORAN, MD	0.	0.	0.	0.	0.	0.	0.
(i) 258,181.	2,058.	0.	12,250.	16,875.	289,364.	289,364.	448.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A**BENEFITS PROVIDED:**

DURING TAX YEAR 2009, CHARTER TRAVEL WAS USED ON OCCASION BY TWO BOARD

DIRECTORS, ONE OFFICER, AND FOUR KEY EMPLOYEES FOR TRAVEL BETWEEN

ESSENTIA HEALTH'S CORPORATE OFFICE IN DULUTH, MN AND ESSENTIA HEALTH'S

SUPPORTED ORGANIZATIONS. MANY OF ESSENTIA HEALTH'S SUPPORTED

ORGANIZATIONS ARE LOCATED IN RURAL AREAS WHICH DO NOT HAVE DIRECT

COMMERCIAL FLIGHTS AVAILABLE. CHARTER TRAVEL ENSURES EFFICIENT USE OF

ESSENTIA HEALTH'S BOARD DIRECTORS' AND EMPLOYEES' TIME. THE USE OF

CHARTER TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION TO THESE

INDIVIDUALS AS ALL TRAVEL WAS BUSINESS RELATED.

SCHEDULE J, PART I, LINE 4A**SEVERANCE PAYMENT:**

FORMER KEY EMPLOYEE, JAMES ABELSEN, A FORMER EMPLOYEE OF RELATED

ORGANIZATION THE DULUTH CLINIC, LTD., RECEIVED PAYMENT TOTALING \$297,752

IN TAX YEAR 2009 RELATED TO HIS TERMINATION. THE TERMINATION TERMS ARE

FROM JUNE 30, 2008 UNTIL JUNE 30, 2010. MR. ABELSEN WILL RECEIVE PAY

Part III Supplemental Information

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

TOTALING \$883,406 & BENEFITS TOTALING \$18,489 RELATED TO HIS TERMINATION.

SCHEDULE J, PART I, LINE 4B**SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:**

THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE

1A RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

DURING THE YEAR:

PETER PERSON, MD (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$104,792

ROBERT NORMAN (ECHC) \$29,138

GREGORY GLASNER, MD (INNOVIS HEALTH, LLC) \$0

DANIEL MCGINTY (ECHC) \$94,753

KEVIN PITZER (INNOVIS HEALTH, LLC) \$0

JOHN SMYLIE (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$0

MICHAEL MAHONEY (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$0

TERESA O'TOOLE (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$13,480

THOMAS PATNOE, MD (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$0

THOMAS PRUSAK (ECHC) \$0

Part III Supplemental Information

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

MARIBETH OLSON (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$11,830

ROCKLON CHAPIN (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$0

JAMES ABELSEN (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$143,552

DANIEL ZISMER (ST. MARY'S DULUTH CLINIC HEALTH SYSTEM) \$136,527

ECHC'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO ECHC EXECUTIVES. THERE IS A MINIMUM TWO YEAR VESTING DATE, BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING, AND BENEFITS ARE PAYABLE FROM ECHC'S GENERAL ASSETS.

ST. MARY'S DULUTH CLINIC HEALTH SYSTEM'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO DESIGNATED ST. MARY'S DULUTH CLINIC HEALTH SYSTEM'S EXECUTIVES. THERE IS A MINIMUM TWO YEAR VESTING DATE, BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING, AND BENEFITS ARE PAYABLE FROM ST.

MARY'S DULUTH CLINIC HEALTH SYSTEM'S GENERAL ASSETS.

INNOVIS HEALTH, LLC'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO DESIGNATED INNOVIS HEALTH'S EXECUTIVES. THERE IS A MINIMUM TWO YEAR VESTING DATE, BENEFITS ARE SUBJECT TO INCOME TAXES UPON VESTING, AND

Part III Supplemental Information

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

BENEFITS ARE PAYABLE FROM INNOVIS HEALTH LTD'S GENERAL ASSETS.

JSA

Continuation Sheet for Schedule J (Form 990)

OMB No 1545-0047

209

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule J (Form 990, Part II).
► See Instructions for Schedule J (Form 990).

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Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

Name of the organization

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

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

ESSENTIA HEALTH

Employer identification number

20-0360007

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

Name of the organization
ESSENTIA HEALTH

2009
Open to Public
Inspection

Employer identification number

20-0360007

OMB No. 1545-0047

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer
A MN AGRICULTURAL AND ECONOMIC DEVELOPMENT BOARD	41-6007162	6043202M9	06/25/2010	109,535,000	SERIES 2010	X	X
B							
C							
D							
E							

Part II Proceeds

	A	B	C	D	E		
1 Total proceeds of issue	5,767,616.						
2 Gross proceeds in reserve funds	0.						
3 Proceeds in refunding or defeasance escrows	0.						
4 Other unspent proceeds	5,565,680.						
5 Issuance costs from proceeds	19,784.						
6 Working capital expenditures from proceeds	0.						
7 Capital expenditures from proceeds	182,152.						
8 Year of substantial completion							
9 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	No
10 Were the bonds issued as part of an advance refunding issue?	X						
11 Has the final allocation of proceeds been made?		X					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X					

Part III Private Business Use

	A	B	C	D	E	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X				

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

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?			X							
b Are there any research agreements with respect to the financed property which may result in private business use?			X							
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.	▲		0.0000%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.	▲		0.0000%		%		%		%	
6 Total of lines 4 and 5			0.0000%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?			X							
2 Is the bond issue a variable rate issue?			X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?			X							
b Name of provider										
c Term of hedge			X							
4a Were gross proceeds invested in a GIC?			X							
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?			X							
6 Did the bond issue qualify for an exception to rebate?	X									

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
ESSENTIA HEALTH

Employer identification number
20-0360007

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year

Enter the SUBJECT (name) imposed on the organization managed by disqualifying persons using the [JUS](#) under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ **56**

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total ► \$

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Share of organization's revenues?	
				Yes	No
DANIEL ZISMER	FORMER KEY EMPLOYEE	173,664	INDEPENDENT CONTRACTOR		X

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

ESSENTIA HEALTH

Employer identification number

20-0360007

ATTACHMENT 3

FORM 990, PART III, LINE 4

PROGRAM SERVICE ACCOMPLISHMENTS:

ESSENTIA HEALTH IS ORGANIZED & SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC & RELIGIOUS PURPOSES EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF ECHC, A MINNESOTA NONPROFIT CORPORATION, ST. MARY'S DULUTH CLINIC HEALTH SYSTEM, A MINNESOTA NONPROFIT CORPORATION, & INNOVIS HEALTH, A DELAWARE LIMITED LIABILITY COMPANY & IN SUPPORT OF ECHC, SMDC, & INNOVIS HEALTH & EACH OF THE TAX-EXEMPT ENTITIES IDENTIFIED AS SUPPORTED ORGANIZATIONS IN THEIR ARTICLES OF INCORPORATION ALL OF WHICH ARE ORGANIZATIONS DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986.

ESSENTIA HEALTH SUPPORTS REGIONAL LEADERS IN THE DEVELOPMENT & ADVANCEMENT OF BUSINESS, CLINICAL & FINANCIAL MODELS FOR THE DELIVERY OF HIGH-QUALITY & COST-EFFECTIVE HEALTH CARE. THE REGIONAL LEADERS PROVIDE INTEGRATED HEALTH CARE DELIVERY THROUGH THEIR PHYSICIAN GROUP PRACTICES, AMBULATORY & OUTPATIENT CENTERS, ACUTE CARE HOSPITALS & COMMUNITY, RURAL & CRITICAL ACCESS HOSPITALS. THE ORGANIZATIONS ESSENTIA HEALTH SUPPORTS (THE "SUPPORTED ORGANIZATIONS") INCLUDE 17 HOSPITALS & MORE THAN 60 CLINICS IN MINNESOTA, WISCONSIN, NORTH DAKOTA, & IDAHO WITH SEVERAL LOCATED IN RURAL AREAS THAT HAVE LIMITED ACCESS TO OTHER HEALTHCARE OPTIONS. THESE SUPPORTED ORGANIZATION FILE SEPARATE FORM 990'S. AT FISCAL YEAR ENDED JUNE 30, 2010, ESSENTIA HEALTH'S SUPPORTED ORGANIZATIONS' CONSOLIDATED TOTAL REVENUE WAS \$1,500,289,000 &

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

CONSOLIDATED INCOME FROM OPERATIONS WAS \$48,147,000.

THESE HOSPITALS & CLINICS EMPLOY APPROXIMATELY 9,500 FULL TIME EQUIVALENTS. THE HOSPITALS HAVE A TOTAL OF 1,043 LICENSED BEDS WHICH PROVIDED FOR OVER 175,000 HOSPITAL PATIENT DAYS AND OVER 682,000 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2010. THE CLINICS HAD OVER 1.7 MILLION ENCOUNTERS DURING THE SAME TIME PERIOD.

THESE HOSPITALS & CLINICS EMPLOY APPROXIMATELY 9,500 FULL TIME EQUIVALENTS. THE HOSPITALS HAVE A TOTAL OF 1,043 LICENSED BEDS WHICH PROVIDED FOR OVER 175,000 HOSPITAL PATIENT DAYS AND OVER 682,000 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED JUNE 30, 2010. THE CLINICS HAD OVER 1.7 MILLION ENCOUNTERS DURING THE SAME TIME PERIOD.

DURING THE FISCAL YEAR ENDED JUNE 30, 2010, ESSENTIA HEALTH'S SUPPORTED ORGANIZATIONS PROVIDED TOTAL COMMUNITY BENEFITS OF OVER \$100.1 MILLION WHICH INCLUDED COSTS OF PROVIDING CHARITY CARE, COSTS IN EXCESS OF MEDICAID PAYMENTS, MEDICAID SURCHARGE, MINNESOTACARE TAX, COMMUNITY SERVICES, SUBSIDIZED HEALTH SERVICES, EDUCATION, RESEARCH, AND CASH AND IN-KIND DONATIONS.

FORM 990, PART V, LINE 1C

NO GAMING (GAMBLING) Winnings

FORM 990, PART VI, LINE 6

MEMBER OF ORGANIZATION:

BENEDICTINE SISTERS BENEVOLENT ASSOCIATION HAS RESERVED POWERS WITH RESPECT TO ESSENTIA HEALTH AS DESCRIBED IN SCHEDULE O PART VI LINE 7B.

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

FORM 990, PART VI, LINE 7B

MEMBER WITH RIGHT TO APPROVE GOVERNING BODY DECISIONS:

THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION ("BSBA") HAS CERTAIN RESERVED POWERS OVER ALL CATHOLIC FACILITIES WITHIN ESSENTIA HEALTH.

BSBA'S RESERVED POWERS ARE AS FOLLOWS:

SUBJECT TO ANY APPROVALS THAT ARE REQUIRED UNDER APPLICABLE CANON LAW AND THE PRIOR WRITTEN NOTICE TO ECHC REQUIRED BY SECTION 2.10 OF THE AMENDED AND RESTATED AFFILIATION AGREEMENT BY AND AMONG BENEDICTINE SISTERS BENEVOLENT ASSOCIATION, ESSENTIA HEALTH, ECHC, AND ST. MARY'S DULUTH CLINIC HEALTH SYSTEM DATED AS OF DECEMBER 21, 2007 (THE "AFFILIATION AGREEMENT"), AND TO ESSENTIA HEALTH AS REQUIRED BY SECTION 2.11 THEREOF, BENEDICTINE SISTERS BENEVOLENT ASSOCIATION SHALL HAVE THE FOLLOWING POWERS WHICH SHALL BE EXERCISED BY ACTION OF THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION BOARD OF DIRECTORS UNLESS OTHERWISE PROVIDED WITH RESPECT TO ALL ECCLESIASTICAL GOODS AND CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM (AS DEFINED IN THE AFFILIATION AGREEMENT, AS AMENDED):

MISSION. AUTHORITY TO APPROVE THE MISSION, PURPOSE AND VISION STATEMENTS FOR CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM.

ADHERENCE TO ETHICAL RELIGIOUS DIRECTIVES (ERDS). AUTHORITY TO APPROVE THE METHODS, POLICIES AND PROCEDURES PERTAINING TO THE ADHERENCE OF CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM TO THE ERDS, AND TO REQUIRE THE USE OF RELIGIOUS SYMBOLS, DISTINGUISHING ELEMENTS AND PRAYERS.

OFFICIAL CATHOLIC DIRECTORY. AUTHORITY TO REQUEST THE LISTING OF

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

QUALIFIED ENTITIES AND FACILITIES WITHIN THE SYSTEM IN THE OFFICIAL

CATHOLIC DIRECTORY, SUBJECT TO THE APPROVAL OF APPLICABLE CATHOLIC

AUTHORITIES.

CATHOLIC HEALTH ASSOCIATION. AUTHORITY TO REQUIRE CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM TO JOIN THE MEMBERSHIP OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES.

ALIENATION OF STABLE PATRIMONY OR ECCLESIASTICAL GOODS. AUTHORITY TO APPROVE ALIENATION OF EITHER STABLE PATRIMONY OR OTHER ECCLESIASTICAL GOODS IN THE SYSTEM IF SUCH GOODS INVOLVED IN A SPECIFIC TRANSACTION APPROVED BY ESSENTIA HEALTH PURSUANT TO SECTION 2.8(G) OR 2.8(H) OF THE AFFILIATION AGREEMENT HAVE A DOLLAR VALUE EQUAL TO OR GREATER THAN 70% OF THE AMOUNT ESTABLISHED FROM TIME TO TIME THAT REQUIRES APPROVAL FROM THE HOLY SEE.

AMENDMENTS. AUTHORITY TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THIS CORPORATION THAT WOULD ALTER THE NUMBER OF BENEDICTINE SISTERS OF ST. SCHOLASTICA MONASTERY OF DULUTH OR BENEDICTINE SISTERS BENEVOLENT ASSOCIATION BOARD OF DIRECTOR MEMBERS SERVING AS MEMBERS OF THIS CORPORATION'S BOARD OF DIRECTORS; AUTHORITY TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE SUPPORTED ORGANIZATIONS, AS WELL AS THE CATHOLIC ECHC AND SMDC SUBSIDIARIES (AS DEFINED IN THE AFFILIATION AGREEMENT), WHICH COULD MATERIALLY AFFECT SUCH ENTITY'S IDENTITY AS A CATHOLIC INSTITUTION, INCLUDING WITHOUT LIMITATION ANY AMENDMENT THAT WOULD ALTER THE NUMBER OF BENEDICTINE SISTERS OF ST. SCHOLASTICA MONASTERY OF DULUTH OR BENEDICTINE SISTERS BENEVOLENT ASSOCIATION BOARD OF DIRECTOR MEMBERS SERVING AS

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

MEMBERS OF SUCH ENTITY'S BOARD OF DIRECTORS; AND AUTHORITY TO CAUSE ESSENTIA HEALTH TO MAKE AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE SUPPORTED ORGANIZATIONS, AS WELL AS THE CATHOLIC ECHC AND SMDC SUBSIDIARIES, WHICH AMENDMENTS BENEDICTINE SISTERS BENEVOLENT ASSOCIATION IN GOOD FAITH ARE NECESSARY TO PRESERVE SUCH ENTITY'S IDENTITY AS A CATHOLIC INSTITUTION.

MISSION EFFECTIVENESS. AUTHORITY TO APPROVE ANNUAL PLANS AND EVALUATIONS RELATING TO MISSION EFFECTIVENESS AND CHAPLAINCY FOR THE CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM.

MERGERS AND DISSOLUTION. SUBJECT TO THE APPROVAL OF THE BENEDICTINE SISTERS OF ST. SCHOLASTICA MONASTERY OF DULUTH, AUTHORITY TO APPROVE A PROPOSED MERGER, CONSOLIDATION, LIQUIDATION, DISSOLUTION, OR THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS.

FORM. PART VI, LINE 11A

FORM 990 REVIEW PROCESS:

THE 2009 FORM 990 INCLUDING ALL SCHEDULES WAS REVIEWED BY ESSENTIA HEALTH'S MANAGEMENT AND GOVERNING BODY ON WEDNESDAY, APRIL 27TH, 2011 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. EACH CURRENT DIRECTOR OF THE GOVERNING BODY RECEIVED A COPY OF THE 2009 FORM 990. ESSENTIA HEALTH'S CHIEF FINANCIAL OFFICER LED THE REVIEW OF THE FORM AND SCHEDULES AND ANY QUESTIONS WERE DISCUSSED.

FORM 990, PART VI, LINE 12C

PRACTICES FOR MONITORING AND ENFORCING CONFLICT OF INTEREST POLICY:

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

INTERESTED PERSONS SHALL ANNUALLY DISCLOSE RELATIONSHIPS WHICH MIGHT LEAD TO A CONFLICT OF INTEREST BY COMPLETING A CONFLICT OF INTEREST DISCLOSURE FORM. INTERESTED PERSONS INCLUDE ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION. IT INCLUDES BUT IS NOT LIMITED TO ANY DIRECTOR, OFFICER, MANAGEMENT, EMPLOYEE, OR COMMITTEE MEMBER OF ESSENTIA HEALTH OR ANY OF ITS AFFILIATES.

ESSENTIA SHALL BE RESPONSIBLE FOR THE ANNUAL DISTRIBUTION OF CONFLICT OF INTEREST FORMS AND REVIEW OF DISCLOSURES FOR THE GOVERNING BODIES OF ESSENTIA AND ESSENTIA OPERATING MEMBERS AND FOR SENIOR MANAGEMENT EMPLOYEES OF ESSENTIA.

TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICT OF INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: THE CONFLICT OF INTEREST IS FULLY DISCLOSED; THE INTERESTED PERSON WITH THE CONFLICT OF INTEREST DOESN'T PARTICIPATE IN THE APPROVAL OF SUCH TRANSACTIONS; IF PRACTICAL OR APPROPRIATE, A COMPETITIVE BID OR COMPARABLE VALUATION IS OBTAINED; AND THE BOARD OR COMMITTEE OF THE BOARD HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

DISCLOSURE BY ANY INTERESTED PERSON OTHER THAN A BOARD OR COMMITTEE MEMBER SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE/HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD OR AN APPROPRIATE COMMITTEE OF THE BOARD. DISCLOSURE INVOLVING BOARD OR COMMITTEE MEMBERS SHALL BE MADE TO THE BOARD CHAIR (OR IF SHE/HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE CHAIR), WHO SHALL BRING THESE MATTERS TO THE BOARD OR AN APPROPRIATE COMMITTEE OF THE BOARD.

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

THE BOARD OR COMMITTEE OF THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IF SO, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO ESSENTIA OR ITS AFFILIATE(S). THE DECISION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE OF THE BOARD ON THESE MATTERS WILL BE AT ITS SOLE DISCRETION, AND ITS CONCERN MUST BE THE WELFARE OF ESSENTIA AND ITS AFFILIATE(S) AND THE ADVANCEMENT OF ITS PURPOSES. THE DECISION OF THE BOARD IS FINAL. IF THE BOARD DETERMINES A CONFLICT DOES NOT EXIST, THE INTERESTED PERSON MAY PROCEED WITH THE TRANSACTION; HOWEVER, HE/SHE WILL NOT BE ELIGIBLE TO VOTE ON RELATED ISSUES SHOULD THEY ARISE. IF THE BOARD DETERMINES A CONFLICT DOES EXIST, THE INTERESTED PERSON WILL BE NOTIFIED OF THE DECISION REGARDING WHETHER THE CONTEMPLATED TRANSACTION WILL BE AUTHORIZED AS JUST, FAIR, AND REASONABLE.

FORM 990, PART VI, LINE 15A & B

PROCESS FOR DETERMINING COMPENSATION:

THE EXECUTIVE COMPENSATION COMMITTEE OF ESSENTIA HEALTH'S BOARD OF DIRECTORS IS AUTHORIZED TO FULFILL THE BOARD'S RESPONSIBILITIES REGARDING EXECUTIVE COMPENSATION CONSISTENT WITH ESSENTIA'S MISSION, VALUES & TAX-EXEMPT STATUS, & THE EXECUTIVE COMPENSATION COMMITTEE'S CHARTER. THE EXECUTIVE COMPENSATION COMMITTEE MEETS AT LEAST TWICE ANNUALLY TO CARRY OUT ITS RESPONSIBILITIES, WHICH INCLUDE, BUT ARE NOT LIMITED TO, ESTABLISHING, REVIEWING & MODIFYING, AS APPROPRIATE, REASONABLE COMPENSATION & BENEFITS FOR ESSENTIA'S CHIEF EXECUTIVE OFFICER. THE EXECUTIVE COMPENSATION COMMITTEE ENGAGES QUALIFIED INDEPENDENT

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

COMPENSATION ADVISORS TO PROVIDE OBJECTIVE & IMPARTIAL COMPARATIVE DATA & TO EXPRESS OPINIONS ON TOTAL COMPENSATION REASONABLENESS. THE EXECUTIVE COMPENSATION COMMITTEE MAY REQUEST ITS INDEPENDENT ADVISORS TO: MONITOR COMPARABILITY DATA & MARKETPLACE TRENDS; MAKE APPROPRIATE RECOMMENDATIONS REGARDING SALARY RANGES; & PERIODICALLY REVIEW THE MARKET COMPETITIVENESS OF ESSENTIA EXECUTIVE COMPENSATION PACKAGES. PRIOR TO ESTABLISHING OR ADJUSTING EXECUTIVE COMPENSATION, THE EXECUTIVE COMPENSATION COMMITTEE WILL OBTAIN & RELY UPON APPROPRIATE DATA AS TO COMPARABILITY OF THE PROPOSED COMPENSATION OR ADJUSTMENTS. THE EXECUTIVE COMPENSATION COMMITTEE WILL ADEQUATELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THOSE DETERMINATIONS. THE EXECUTIVE COMPENSATION COMMITTEE MINUTES SHALL INCLUDE: THE TERMS OF THE APPROVED COMPENSATION & THE DATE APPROVED; THE EXECUTIVE COMPENSATION COMMITTEE MEMBERS PRESENT DURING THE REVIEW, DISCUSSION & APPROVAL OF THE PROPOSED COMPENSATION & THOSE WHO VOTED ON THE PROPOSED COMPENSATION; IDENTIFICATION OF THE COMPARABILITY DATA OBTAINED & RELIED UPON BY THE EXECUTIVE COMPENSATION COMMITTEE & HOW THE DATA WAS OBTAINED; ANY ACTIONS BY A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INTEREST; & DOCUMENTATION OF THE BASIS FOR THE DETERMINATION.

THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR ESSENTIA'S CEO, CFO, EXECUTIVE VICE PRESIDENTS, AND VICE PRESIDENTS WAS 2008.

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, &

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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<u>ATTACHMENT 3 (CONT'D)</u>

FINANCIAL STATEMENTS TO THE PUBLIC:

ESSENTIA HEALTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. ESSENTIA HEALTH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ESSENTIA HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS ARE INCLUDED IN ESSENTIA HEALTH'S ANNUAL REPORT POSTED ON ESSENTIA HEALTH'S WEB SITE.

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B

HOURS DEVOTED TO RELATED ORGANIZATIONS:

THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A ALSO DEVOTED TIME EACH WEEK TO RELATED ORGANIZATIONS:

LORI COLLARD: APPROXIMATELY 15 HOURS

NEAL HESSEN: APPROXIMATELY 16 HOURS

JAMES SEITZ: APPROXIMATELY 5 HOURS

PETER PERSON, MD IS EMPLOYED BY SMDC MEDICAL CENTER AS ESSENTIA HEALTH'S CHIEF EXECUTIVE OFFICER. 100% OF HIS TIME IS SPENT FURTHERING THE PURPOSE OF ESSENTIA HEALTH AND ALL RELATED ORGANIZATIONS.

LAURA BOEHLKE-BRAY, MD IS EMPLOYED BY THE DULUTH CLINIC, LTD. 100% OF HER TIME IS SPENT FURTHERING THE PURPOSE OF ST. MARY'S DULUTH CLINIC HEALTH SYSTEM AND ITS' RELATED ORGANIZATIONS.

TERRANCE CLARK, MD IS EMPLOYED BY THE DULUTH CLINIC, LTD. 100% OF HIS TIME IS SPENT FURTHERING THE PURPOSE OF ST. MARY'S DULUTH CLINIC HEALTH SYSTEM AND ITS' RELATED ORGANIZATIONS.

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

SISTER VERDA CLARE EICHNER IS EMPLOYED BY ST. MARY'S MEDICAL CENTER. 100%

OF HER TIME IS SPENT FURTHERING THE PURPOSE OF ST. MARY'S DULUTH CLINIC
HEALTH SYSTEM AND ITS' RELATED ORGANIZATIONS.

JOEL HAUGEN, MD IS EMPLOYED BY INNOVIS HEALTH, LLC. 100% OF HIS TIME IS
SPENT FURTHERING THE PURPOSE OF INNOVIS HEALTH, LLC.

SISTER KATHLEEN HOFER IS EMPLOYED BY ST. MARY'S MEDICAL CENTER AS
ESSENTIA HEALTH'S SENIOR VICE PRESIDENT, BENEDICTINE SPONSORSHIP. 100%
OF HER TIME IS SPENT FURTHERING THE PURPOSE OF ESSENTIA HEALTH AND ALL
RELATED ORGANIZATIONS.

BRUCE PIATT, MD IS EMPLOYED BY INNOVIS HEALTH, LLC. 100% OF HIS TIME IS
SPENT FURTHERING THE PURPOSE OF INNOVIS HEALTH, LLC.

THOMAS RUSS, MD IS EMPLOYED BY THE DULUTH CLINIC, LTD. 100% OF HIS TIME
IS SPENT FURTHERING THE PURPOSE OF ST. MARY'S DULUTH CLINIC HEALTH SYSTEM
AND ITS' RELATED ORGANIZATIONS.

ROBERT NORMAN IS EMPLOYED BY ECHC AS ESSENTIA HEALTH'S CHIEF FINANCIAL
OFFICER. 100% OF HIS TIME IS SPENT FURTHERING THE PURPOSE OF ESSENTIA
HEALTH AND ALL RELATED ORGANIZATIONS.

GREGORY GLASNER, MD IS EMPLOYED BY INNOVIS HEALTH, LLC AS ONE OF ESSENTIA
HEALTH'S EXECUTIVE VICE PRESIDENT. 100% OF HIS TIME IS SPENT FURTHERING
THE PURPOSE OF ESSENTIA HEALTH ORGANIZATIONS AND ALL RELATED
ORGANIZATIONS.

CARL HELTNE, MD IS EMPLOYED BY THE DULUTH CLINIC, LTD. AS ONE OF ESSENTIA
HEALTH'S EXECUTIVE VICE PRESIDENT. 100% OF HIS TIME IS SPENT FURTHERING
THE PURPOSE OF ESSENTIA HEALTH ORGANIZATIONS AND ALL RELATED
ORGANIZATIONS.

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

DANIEL MCGINTY IS EMPLOYED BY ECHC AS ONE OF ESSENTIA HEALTH'S EXECUTIVE

VICE PRESIDENT. 100% OF HIS TIME IS SPENT FURTHERING THE PURPOSE OF

ESSENTIA HEALTH ORGANIZATIONS AND ALL RELATED ORGANIZATIONS.

KEVIN PITZER IS EMPLOYED BY INNOVIS HEALTH, LLC AS ONE OF ESSENTIA

HEALTH'S EXECUTIVE VICE PRESIDENT. 100% OF HIS TIME IS SPENT FURTHERING

THE PURPOSE OF ESSENTIA HEALTH ORGANIZATIONS AND ALL RELATED

ORGANIZATIONS.

JOHN SMYLINE IS EMPLOYED BY SMDC MEDICAL CENTER AS ONE OF ESSENTIA

HEALTH'S EXECUTIVE VICE PRESIDENT. 100% OF HIS TIME IS SPENT FURTHERING

THE PURPOSE OF ESSENTIA HEALTH ORGANIZATIONS AND ALL RELATED

ORGANIZATIONS.

MICHAEL MAHONEY IS EMPLOYED BY SMDC MEDICAL CENTER AS ESSENTIA HEALTH'S

VICE PRESIDENT, GOVERNMENT AFFAIRS. 100% OF HIS TIME IS SPENT FURTHERING

THE PURPOSE OF ESSENTIA HEALTH AND ALL RELATED ORGANIZATIONS.

TERESA O'TOOLE IS EMPLOYED BY SMDC MEDICAL CENTER AS ONE OF ESSENTIA

HEALTH'S EXECUTIVE VICE PRESIDENT. 100% OF HER TIME IS SPENT FURTHERING

THE PURPOSE OF ESSENTIA HEALTH ORGANIZATIONS AND ALL RELATED

ORGANIZATIONS.

THOMAS PATNOE, MD IS EMPLOYED BY SMDC MEDICAL CENTER AS ONE OF ESSENTIA

HEALTH'S EXECUTIVE VICE PRESIDENT. 100% OF HIS TIME IS SPENT FURTHERING

THE PURPOSE OF ESSENTIA HEALTH ORGANIZATIONS AND ALL RELATED

ORGANIZATIONS.

THOMAS PRUSAK IS EMPLOYED BY ECHC AS BRAINERD LAKES INTEGRATED HEALTH

SYSTEM'S CHIEF EXECUTIVE OFFICER. 100% OF HIS TIME IS SPENT FURTHERING

THE PURPOSE OF BRAINERD LAKES INTEGRATED HEALTH SYSTEM AND ITS' RELATED

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

ORGANIZATIONS.

DAVID BORAN, MD IS EMPLOYED BY BRAINERD MEDICAL CENTER, INC. AS BRAINERD LAKES INTEGRATED HEALTH SYSTEM'S CHIEF MEDICAL OFFICER. 100% OF HIS TIME IS SPENT FURTHERING THE PURPOSE OF BRAINERD LAKES INTEGRATED HEALTH SYSTEM AND ITS' RELATED ORGANIZATIONS.

MARIBETH OLSON IS EMPLOYED BY ST. MARY'S MEDICAL CENTER AS ST. MARY'S MEDICAL CENTER'S CHIEF OPERATING OFFICER. 100% OF HER TIME IS SPENT FURTHERING THE PURPOSE OF ST. MARY'S DULUTH CLINIC HEALTH SYSTEM AND ITS' RELATED ORGANIZATIONS.

ROCKLON CHAPIN IS EMPLOYED BY SMDC MEDICAL CENTER AS ST. MARY'S DULUTH CLINIC HEALTH SYSTEM'S EXECUTIVE VICE PRESIDENT, HOSPITAL DIVISION. 100% OF HIS TIME IS SPENT FURTHERING THE PURPOSE OF ST. MARY'S DULUTH CLINIC HEALTH SYSTEM AND ITS' RELATED ORGANIZATIONS.

FORM 990, PART IX, LINE 22

DEPRECIATION EXPENSE:

IN 2010, ESSENTIA HEALTH DETERMINED IT WOULD BE MOVING TO A COMMON ELECTRONIC HEALTH RECORD PLATFORM. AS A RESULT, THE SOFTWARE ASSETS ANTICIPATED TO BE REPLACED UPON IMPLEMENTATION OF THIS NEW PLATFORM WERE IDENTIFIED BY INNOVIS HEALTH, LLC, AN ESSENTIA HEALTH SUPPORTED ORGANIZATION, AND TRANSFERRED TO ESSENTIA HEALTH. THE REMAINING USEFUL LIVES OF THESE ASSETS WERE ADJUSTED TO COINCIDE WITH THE PLANNED MIGRATION TO THE NEW PLATFORM. CONSEQUENTLY, ESSENTIA HEALTH RECORDED ADDITIONAL DEPRECIATION EXPENSE OF \$7,609,346 IN 2010.

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
<u>ATTACHMENT 3 (CONT'D)</u>	

FORM 990, PART IX, LINE 24A

AFFILIATE EXPENSES ALLOCATION:

AFFILIATE EXPENSES ALLOCATION OF \$8,245,572 REPRESENTS THE PORTION OF ECHC, INNOVIS HEALTH, & ST. MARY'S DULUTH CLINIC HEALTH SYSTEM'S COMPENSATION (\$7,148,352), INTEREST (\$540,000), SUPPLIES (\$152,904), DEPRECIATION & AMORTIZATION (\$134,817), OTHER PURCHASED SERVICES (\$1,008), RENT (\$94,500), MISCELLANEOUS OPERATING EXPENSES (\$159,711), REPAIRS & MAINTENANCE (\$14,280) RELATED TO ESSENTIA HEALTH, A SUPPORTING ORGANIZATION OF ECHC, INNOVIS HEALTH, & ST. MARY'S DULUTH CLINIC HEALTH SYSTEM, & ALLOCATED DIRECTLY TO ESSENTIA.

SCHEDULE K

ADDITIONAL INFORMATION/COMMENTS RELATING TO THE REPORTING OF LIABILITIES BY RELATED ORGANIZATIONS:

ESSENTIA HEALTH HAS AN OBLIGATED GROUP CREATED UNDER THE MASTER INDENTURE WHICH IS COMPOSED OF THE FOLLOWING MEMBERS: ESSENTIA HEALTH, ECHC, ST. MARY'S DULUTH CLINIC HEALTH SYSTEM, ST. JOSEPH'S MEDICAL CENTER, ST. MARY'S REGIONAL HEALTH CENTER, ST. MARY'S MEDICAL CENTER, INC., SMDC MEDICAL CENTER, FORMERLY KNOWN AS MILLER-DWAN MEDICAL CENTER, INC., NAT G. POLINSKY MEMORIAL REHABILITATION CENTER, INC., ST. MARY'S HOSPITAL OF SUPERIOR, BRAINERD MEDICAL CENTER, INC., BRAINERD LAKES INTEGRATED HEALTH SYSTEM, ST. MARY'S INNOVIS HEALTH, THE DULUTH CLINIC, LTD. AND INNOVIS HEALTH, LLC (THE "OBLIGATED GROUP MEMBERS" OR THE "MEMBERS OF THE OBLIGATED GROUP"). THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY OBLIGATED ON ALL INDEBTEDNESS EVIDENCED OR SECURED BY NOTES

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

ISSUED UNDER THE MASTER INDENTURE.

THE SERIES 2010 BONDS ARE SECURED BY NOTES ISSUED UNDER THE MASTER INDENTURE. THE OBLIGATED GROUP MEMBERS: THE DULUTH CLINIC, LTD., ESSENTIA HEALTH, ST. JOSEPH'S MEDICAL CENTER, ST. MARY'S DULUTH CLINIC HEALTH SYSTEM, ST. MARY'S MEDICAL CENTER, INC. AND ST. MARY'S REGIONAL HEALTH CENTER ARE THE CONDUIT BORROWERS OF THE SERIES 2010 BONDS. THE CONDUIT BORROWERS, THE DULUTH CLINIC, LTD., ESSENTIA HEALTH, ST. JOSEPH'S MEDICAL CENTER, AND ST. MARY'S REGIONAL HEALTH CENTER, HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH. THE OBLIGATED GROUP MEMBERS, ECHC AND INNOVIS HEALTH, LLC, ARE INDIRECT BENEFICIARIES OF A PORTION OF THE SERIES 2010 BORROWING AND HAVE RECORDED A PORTION OF THE BOND LIABILITY ON THEIR BALANCE SHEETS WHICH ARE CONSOLIDATED WITH ESSENTIA HEALTH.

SCHEDULE K, PART I, COLUMN (E)

ISSUE PRICE:

SERIES 2010 WAS ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP. THE ISSUE PRICE LISTED IN ESSENTIA HEALTH CORPORATE'S SCHEDULE K PART I COLUMN (E) REPRESENTS THE ESSENTIA HEALTH OBLIGATED GROUP'S TOTAL BORROWING.

SCHEDULE K, PART I, COLUMN (F)

DESCRIPTION OF PURPOSE:

REFUND SERIES 1993C AND 1993E BONDS ISSUED JANUARY 15, 1993 AND REFUND SERIES 2008 C-3 AND 2008 C-4B BONDS ISSUED MARCH 4, 2008 TO REFUND SERIES 2004 BONDS ISSUED MARCH 19, 2004 FOR VARIOUS ACQUISITIONS, CONSTRUCTION

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 3 (CONT'D)

PROJECTS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES IN DULUTH, BRAINERD, AND DETROIT LAKES, MN AND VARIOUS DULUTH CLINIC SITES IN NORTHERN MINNESOTA AND FINANCE VARIOUS CONSTRUCTION PROJECTS, CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASED IN BRAINERD, DETROIT LAKES AND DULUTH, MN AND VARIOUS DULUTH CLINIC SITES IN NORTHERN MINNESOTA.

SCHEDULE K, PART II, LINES 1 THROUGH 7

PROCEEDS:

SERIES 2010 WAS ISSUED BY THE ESSENTIA HEALTH OBLIGATED GROUP. A PORTION OF THE SERIES 2010 BORROWING WAS ALLOCATED TO ESSENTIA HEALTH CORPORATE, AN ESSENTIA HEALTH OBLIGATED GROUP MEMBER. THE PROCEEDS LISTED IN ESSENTIA HEALTH CORPORATE'S SCHEDULE K PART II LINES 2 THROUGH 7 REPRESENT ESSENTIA HEALTH CORPORATE'S ALLOCATED PORTION OF THE PROCEEDS.

SCHEDULE K, PART II, LINE 5

IDENTIFY PORTIONS OF THE AMOUNT ENTERED RELATING TO ISSUANCE COSTS AND CREDIT ENHANCEMENT FEES:

THE TOTAL AMOUNT REPORTED IN PART II LINE 5 REPRESENTS THE AMOUNT OF PROCEEDS USED TO PAY BOND ISSUANCE COSTS.

SCHEDULE K, PART II, LINE 8

YEAR OF SUBSTANTIAL COMPLETION:

N/A

Name of the organization

ESSENTIA HEALTH

Employer identification number

20-0360007

ATTACHMENT 3 (CONT'D)

SCHEDULE K, PART III, LINE 3C

ROUTINELY ENGAGE BOND COUNSEL TO REVIEW MANAGEMENT, SERVICE CONTRACTS, OR

RESEARCH AGREEMENTS:

NONE

SCHEDULE R, PART V, COLUMN C

METHOD USED TO DETERMINE VALUE OF SERVICES, CASH, AND OTHER ASSETS:

THE METHODS USED TO DETERMINE THE AMOUNTS IN SCHEDULE R PART V COLUMN C

WERE:

REIMBURSEMENT OF ACTUAL COSTS

FEE BASED UPON EXPECTED COSTS

ACTUAL AMOUNTS TRANSFERRED

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

Name of the organization ESSENTIA HEALTH	Employer identification number 20-0360007
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ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ERNST & YOUNG 220 S 6TH ST STE 1400 MINNEAPOLIS, MN 55402	AUDITING/CONSULTING	584,027.
HOSPITAL-PHYSICIAN STRATEGIES, LLC 7101 WILLOW LN MINNEAPOLIS, MN 55430	CONSULTING	298,325.
DANIEL ZISMER 11009 CAVELL CIRCLE S BLOOMINGTON, MN 55438	CONSULTING	178,775.
JAMES BRUEGEMANN, MD 48675 CLEARWATER RD GORDON, WI 54838	CONSULTING	162,599.
INTERSECT HEALTHCARE, INC 1729 YORK RD, STE 200 LUTHERVILLE, MD 21093	PURCHASED SERVICES	154,260.
TOTAL COMPENSATION		<u>1,377,986.</u>

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.

► Attach to Form 990

► See separate instructions.

Employer Identification number
20-0360007

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if Section 501(c)(3))	(f) Direct controlling entity
BRAINERD LAKES INTEGRATED HEALTH SYSTEM	37-1532145				
2024 S 6TH ST	BRAINERD, MN 56401	SUPPORTING	MN	501 (C) (3)	11 III
BRAINERD MEDICAL CENTER, INC	37-1532148	CLINIC	MN	501 (C) (3)	3
2024 S 6TH ST	BRAINERD, MN 56401				BLIHS
BRIDGES MEDICAL CENTER	20-0479568	CLINIC/HOSP	MN	501 (C) (3)	3
201 9TH ST W	ADA, MN 56510	CLINIC/HOSP	ID	501 (C) (3)	3
CLEARWATER VALLEY HOSPITAL AND CLINICS	82-0497771	CLINIC/HOSP	ID	501 (C) (3)	3
301 CEDAR	ÓROFINO, ID 83544				ECHC
DIVINE MEDICAL SERVICES	20-2773717	EMERGENCY SR	ID	501 (C) (3)	3
709 N LINCOLN	JEROME, ID 83338				SBFMC
DL SURGERY CENTER	26-3837203	ASC	MN	501 (C) (3)	3
1027 WASHINGTON AVE	DETROIT LAKES, MN 56501	FOUNDATION	MN	501 (C) (3)	3
ECHC FOUNDATION	26-3359418				ECHC
502 E 2ND ST	DULUTH, MN 55805				ECHC

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
Yes	No								
PMC-GATEWAY IMAGING 26-1634764	109 COURT AVE S SANDSTONE MN	IMAGING SERVICES	MN	N/A	0	0			0
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Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 b Gift, grant, or capital contribution to other organization(s)
 c Gift, grant, or capital contribution from other organization(s)
 d Loans or loan guarantees to or for other organization(s)
 e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)
 g Purchase of assets from other organization(s)
 h Exchange of assets
 i Lease of facilities, equipment, or other assets to other organization(s)
 j Lease of facilities, equipment, or other assets from other organization(s)
 k Performance of services or membership or fundraising solicitations for other organization(s)
 l Performance of services or membership or fundraising solicitations by other organization(s)
 m Sharing of facilities, equipment, mailing lists, or other assets
 n Sharing of paid employees
 o Reimbursement paid to other organization for expenses
 p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)
 r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization	(b) Transaction type (e-r)	(c) Amount involved
(1) ECHC		K	3,099,012.
(2) ECHC		N	1,399,008.
(3) ECHC		O	4,137,919.
(4) ECHC		P	279,218.
(5) ECHC		Q	107,612.
(6) ECHC		R	7,508,338.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

Schedule R (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
503 E 3RD ST STE 400 DULUTH, MN 55805 26-1219624	SUPPORTING	MN	501(C) (3)	11 II	ESSENTIA
ST. BENEDICT'S FAMILY MEDICAL CENTER 82-0227163	CLINIC/HOSP	MN	501(C) (3)	3	ECHC
709 N LINCOLN JEROME, ID 83338	HOSPITAL	MN	501(C) (3)	3	BLIHS
ST. JOSEPH'S MEDICAL CENTER 41-0965602	CLINIC/HOSP	ID	501(C) (3)	3	SMRHC
523 N 3RD ST BRAINERD, MN 56401	EMERGENCY	SR MN	501(C) (3)	9	ECHC
ST. MARY'S EMS 41-1805811	CLINIC/HOSP	ID	501(C) (3)	3	
1027 WASHINGTON AVE DETROIT LAKES, MN 56501	CLINIC	MN	501(C) (3)	3	ECHC
ST. MARY'S HOSPITAL & CLINICS, INC 82-0226453	CLINIC/HOSP	MN	501(C) (3)	3	
PO BOX 137 COTTONWOOD, ID 83522	CLINIC/HOSP	DE	501(C) (3)	3	
ST. MARY'S INNOVIS HEALTH 26-2861321	CLINIC	MN	501(C) (3)	3	ECHC
1027 WASHINGTON AVE DETROIT LAKES, MN 56501	CLINIC	MN	501(C) (3)	3	ECHC
ST. MARY'S REGIONAL HEALTH CENTER 41-1620386	CLINIC/HOSP	MN	501(C) (3)	3	ECHC
1027 WASHINGTON AVE DETROIT LAKES, MN 56501	CLINIC/HOSP	MN	501(C) (3)	3	ECHC
INNOVIS HEALTH, LLC 26-1175213	CLINIC/HOSP	DE	501(C) (3)	3	ESSENTIA
1702 S UNIVERSITY DR FARGO, ND 58103	CLINIC/HOSP	DE	501(C) (3)	3	
MIDWEST MEDICAL EQUIPMENT & SUPPLY INC 41-1674021	MEDICAL EQUIP	MN	501(C) (3)	9	SMDC
4418 HAINES RD DULUTH, MN 55811	CLINIC/HOSP	MN	501(C) (3)	3	SMDC
SMDC MEDICAL CENTER 41-1878730	CLINIC/HOSP	MN	501(C) (3)	3	SMDC
502 E 2ND ST DULUTH, MN 55805	CLINIC/HOSP	MN	501(C) (3)	3	SMDC
PINE MEDICAL CENTER 41-1884597	CLINIC/HOSP	MN	501(C) (3)	3	SMDC
109 COURT AVE S SANDSTONE, MN 55072	CLINIC/HOSP	MN	501(C) (3)	3	SMDC
POLINSKY MEDICAL REHABILITATION CENTER 41-0691275	CLINIC/HOSP	MN	501(C) (3)	3	SMMC
530 E 2ND ST DULUTH, MN 55805	CLINIC/HOSP	MN	501(C) (3)	3	
ST. MARY'S DULUTH CLINIC FOUNDATION 41-2016979	FOUNDATION	MN	501(C) (3)	7	SMDC
400 E 3RD ST DULUTH, MN 55805	CLINIC/HOSP	MN	501(C) (3)	3	ESSENTIA
ST. MARY'S DULUTH CLINIC SYSTEM 41-1836633	CLINIC/HOSP	MN	501(C) (3)	3	SMMC
407 E 3RD ST DULUTH, MN 55805	CLINIC/HOSP	WI	501(C) (3)	3	
ST. MARY'S HOSPITAL OF SUPERIOR 41-1811073	CLINIC/HOSP	WI	501(C) (3)	3	
3500 TOWER AVE SUPERIOR, WI 54880	CLINIC/HOSP	WI	501(C) (3)	3	
ST. MARY'S MEDICAL CENTER 41-069564	CLINIC/HOSP	MN	501(C) (3)	3	SMDC
407 E 3RD ST DULUTH, MN 55805	CLINIC/HOSP	MN	501(C) (3)	3	SMDC
THE DULUTH CLINIC, LTD 41-0883623	CLINIC/HOSP	MN	501(C) (3)	3	ECHC
400 E 3RD ST DULUTH, MN 55805	CLINIC/HOSP	MN	501(C) (3)	3	
FIRST CARE MEDICAL SERVICES 41-0706143	CLINIC/HOSP	MN	501(C) (3)	3	
900 HILLIGROSS BLVD SE FOSSTON, MN 56542	CLINIC/HOSP	MN	501(C) (3)	3	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MINNESOTA VALLEY HEALTH CENTER	41-0837659	HOSPITAL/NUR MN	501 (C) (3)	3	ECHC
621 S 4TH ST	LESUEUR, MN 56058				
ESSENTIA INSTITUTE OF RURAL HEALTH	27-1291124	RESEARCH	MN	501 (C) (3)	ESSENTIA
502 E 2ND ST	DULUTH, MN 55805				
INNOVIS HEALTH FOUNDATION	27-1984704	FOUNDATION	MN	501 (C) (3)	INNOVIS
502 E 2ND ST	DULUTH, MN 55805				

Schedule R-1 (Form 990) 2009

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	BRAINERD MEDICAL CENTER, INC	P	576,496.
(8)	ST. JOSEPH'S MEDICAL CENTER	F	245,053.
(9)	ST. JOSEPH'S MEDICAL CENTER	P	1,049,099.
(10)	BRIDGES MEDICAL CENTER	P	52,199.
(11)	CLEARWATER VALLEY HOSPITAL AND CLINICS, INC	P	387,982.
(12)	ST. MARY'S HOSPITAL & CLINICS, INC	P	487,226.
(13)	MINNESOTA VALLEY HEALTH CENTER	P	124,913.
(14)	ST. BENEDICT'S FAMILY MEDICAL CENTER	K	96,761.
(15)	ST. BENEDICT'S FAMILY MEDICAL CENTER	P	254,269.
(16)	ST. MARY'S REGIONAL HEALTH CENTER	P	1,072,648.
(17)	ST. MARY'S REGIONAL HEALTH CENTER	R	187,871.
(18)	INNOVIS HEALTH, LLC	F	244,783.
(19)	INNOVIS HEALTH, LLC	K	2,499,996.
(20)	INNOVIS HEALTH, LLC	P	4,761,081.
(21)	INNOVIS HEALTH, LLC	Q	8,957,788.
(22)	INNOVIS HEALTH, LLC	R	946,918.
(23)	SMDC MEDICAL CENTER	G	108,122.
(24)	SMDC MEDICAL CENTER	K	5,006,568.

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) SMDC MEDICAL CENTER	N	5,749,344.
(8) SMDC MEDICAL CENTER	O	674,252.
(9) SMDC MEDICAL CENTER	P	6,374,061.
(10) SMDC MEDICAL CENTER	Q	94,500.
(11) ST. MARY'S HOSPITAL OF SUPERIOR	P	281,571.
(12) THE DULUTH CLINIC, LTD	P	4,240,732.
(13) THE DULUTH CLINIC, LTD	R	1,203,885.
(14) ESSENTIA HEALTH INSURANCE SERVICES SPC, LTD	P	6,719,597.
(15) ESSENTIA HEALTH INSURANCE SERVICES SPC, LTD	Q	8,854,798.
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Part VI Continuation of Unrelated Organizations Taxable as a Partnership