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Form 990

## Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

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

Open to Public Inspection

## A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable	C Name of organization Essentia Health		D Employer identification number 20-0360007
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (218) 786-8376
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code Duluth, MN 55805		
<input type="checkbox"/> Application pending			G Gross receipts \$ 131,925,978
F Name and address of principal officer David Herman MD 502 E 2nd St Duluth, MN 55805		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 2003	
J Website: ► <a href="http://www.essentialhealth.org">www.essentialhealth.org</a>		M State of legal domicile MN	

## Part I Summary

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 ► 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	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	662
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	199,456
b Net unrelated business taxable income from Form 990-T, line 34	7b	47,776

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	0	555,457
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,312,482	124,485,092
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	279,702	6,489,941
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,105	252,729
	79,694,289	131,783,219

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	390,766	653,565
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	54,170,295	92,842,411
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► <sup>0</sup>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,331,076	27,199,672
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	71,892,137	120,695,648
19 Revenue less expenses Subtract line 18 from line 12	7,802,152	11,087,571

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	257,198,745	288,406,776
21 Total liabilities (Part X, line 26)	185,723,693	196,565,807
22 Net assets or fund balances Subtract line 21 from line 20	71,475,052	91,840,969

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2015-05-04
	Signature of officer	Date
	ROBERT NORMAN CFO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Diane L Bean	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00104972
	Firm's name ► ERNST & YOUNG US LLP			Firm's EIN ►	
	Firm's address ► 41 S HIGH ST 1100 HUNTINGTON CTR COLUMBUS, OH 43215			Phone no	

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

Form 990

## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2013

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning

07/01/2013, and ending

06/30/2014

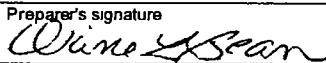
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ESSENTIA HEALTH			D Employer identification number 20-0360007				
	Doing Business As							
	Number and street (or P O box if mail is not delivered to street address) 502 E 2ND ST			Room/suite				
	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55805							
	F Name and address of principal officer DAVID HERMAN, MD 502 E 2ND ST DULUTH, MN 55805			G Gross receipts \$ 131,925,978.				
				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ►				
I Tax-exempt status	X 501(c)(3)	501(c)( )	◀ (insert no)	4947(a)(1) or	527			
J Website: ► <a href="http://WWW.ESSENTIAHEALTH.ORG">WWW.ESSENTIAHEALTH.ORG</a>								
K Form of organization	X Corporation	Trust	Association	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		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
Expenses	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	662.
	6 Total number of volunteers (estimate if necessary)	6	0
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	199,456.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	47,776.
	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)	0	555,457.	
9 Program service revenue (Part VIII, line 2g)	79,312,482.	124,485,092.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	279,702.	6,489,941.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,105.	252,729.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,694,289.	131,783,219.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	390,766.	653,565.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	54,170,295.	92,842,411.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ►	0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,331,076.	27,199,672.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	71,892,137.	120,695,648.	
19 Revenue less expenses Subtract line 18 from line 12	7,802,152.	11,087,571.	
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	257,198,745.	288,406,776.	
21 Total liabilities (Part X, line 26)	185,723,693.	196,565,807.	
22 Net assets or fund balances Subtract line 21 from line 20	71,475,052.	91,840,969.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	►  CPA		5/4/18
	Signature of officer	Date	
	► ROBERT NORMAN	CFO	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DIANE L BEAN	Preparer's signature 	Date 04/22/15
	Firm's name ► ERNST & YOUNG U.S. LLP		Firm's EIN ► 34-6565596
	Firm's address ► 41 S. HIGH ST, 1100 HUNTINGTON CTR COLUMBUS, OH 43215		Phone no 614-232-5678

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

## **Part III Statement of Program Service Accomplishments**

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

**1 Briefly describe the organization's mission**

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 C

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 C.

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

**4a** (Code ) (Expenses \$ 31,687,649 including grants of \$ 653,565 ) (Revenue \$ 124,485,092  
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**  **31,687,649**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c	Yes	
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
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	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	<b>Note.</b> All Form 990 filers are required to complete Schedule O			

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b> 813		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .		<b>1c</b> Yes	
<b>2a</b> 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 . . .	<b>2a</b> 662		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b> Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b> Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .		<b>3b</b> Yes	
<b>4a</b> 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)? . . .		<b>4a</b> Yes	
<b>b</b> If "Yes," enter the name of the foreign country <b>CJ</b> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		<b>5a</b> No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b> No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		<b>6a</b> No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		<b>7a</b> No	
<b>a</b> 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? . . .		<b>7b</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .		<b>7c</b> No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .		<b>7d</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .		<b>7e</b> No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .		<b>7f</b> No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7g</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .		<b>7h</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .		<b>8</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .		<b>9a</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		<b>9b</b>	
<b>a</b> Did the organization make any taxable distributions under section 4966? . . .			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .		<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		<b>14b</b>	

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

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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	12		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>		Yes	
<b>a</b> The governing body?	<b>8b</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No	
<b>9</b> 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				

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

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

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  MN
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 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**

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

✓

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

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

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

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

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

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

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

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	7,173,245	6,116,817	2,595,250

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **69**

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION, PO BOX 88314 MILWAUKEE WI 53288	SOFTWARE Maint SRVCS	5,648,941
WEATHERBY LOCUMS INC, PO BOX 972633 DALLAS TX 75397	PROF STAFFING SRVCS	3,976,950
OLAF ANDERSON SON, PO BOX 2766 FARGO ND 58108	CONSTRUCTION SERVICE	7,490,121
Ray Riihilauma Inc, 1415 Hwy 33 S CLOQUET MN 55720	Construction Service	5,953,958
Max Gray Construction Inc, PO Box 689 HIBBING MN 55746	Construction Service	5,306,852

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **►108**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	441,964			
	<b>e</b> Government grants (contributions)	<b>1e</b>	113,493			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		555,457			
<b>Program Service Revenue</b>	<b>2a</b> SUPPORT REVENUE	Business Code 541610	124,485,092	124,485,092		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		124,485,092			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,383,991		-6,355	3,390,346
<b>4</b> Income from investment of tax-exempt bond proceeds		0				
<b>5</b> Royalties . . . . .		0				
<b>6a</b> Gross rents	(I) Real	(II) Personal				
<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)	0	0				
<b>d</b> Net rental income or (loss) . . . . .			0			
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses	3,248,709					
<b>c</b> Gain or (loss)	142,759					
<b>d</b> Net gain or (loss) . . . . .	3,248,709	-142,759	3,105,950		3,105,950	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a					
<b>b</b> Less cost of goods sold . . . . .	b					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b> SYSTEM ACCESS/USE REVENUE	900099	205,811		205,811		
<b>b</b> RELEASE OF INFORMATION	900099	21,991			21,991	
<b>c</b> TELEPHONE TRIAGE SERVICES	900099	18,420			18,420	
<b>d</b> All other revenue . . . . .		6,507			6,507	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		252,729				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		131,783,219	124,485,092	199,456	6,543,214	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	653,565	653,565		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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 . . .	5,155,295	21,201	5,134,094	
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	68,776,311	21,629,564	47,146,747	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	3,149,311	1,010,458	2,138,853	
9 Other employee benefits . . .	10,813,345	2,794,177	8,019,168	
10 Payroll taxes . . .	4,948,149	1,503,271	3,444,878	
11 Fees for services (non-employees)				
a Management . . .	0			
b Legal . . .	130,594		130,594	
c Accounting . . .	762,086		762,086	
d Lobbying . . .	86,367		86,367	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees . . .	657,382		657,382	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . .	15,623,079	1,680,735	13,942,344	
12 Advertising and promotion . . .	869,734	656,101	213,633	
13 Office expenses . . .	1,159,190	286,123	873,067	
14 Information technology . . .	678,491	116,153	562,338	
15 Royalties . .	0			
16 Occupancy . . .	25,181	680	24,501	
17 Travel . . .	1,522,663	658,898	863,765	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .	0			
19 Conferences, conventions, and meetings . . .	575,713	233,296	342,417	
20 Interest . . .	3,406,161		3,406,161	
21 Payments to affiliates . . .	0			
22 Depreciation, depletion, and amortization . . .	410,399	100,166	310,233	
23 Insurance . . .	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a PROVISION FOR DOUBTFUL ACCTS	477,750		477,750	
b DUES	246,203	72,784	173,419	
c RECRUITMENT	238,827	172,972	65,855	
d UBI TAXES	27,000	27,000		
e All other expenses	302,852	70,505	232,347	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	120,695,648	31,687,649	89,007,999	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
<b>Assets</b>				
1	Cash—non-interest-bearing	4,392,270	<b>1</b>	5,285,823
2	Savings and temporary cash investments	54,239,220	<b>2</b>	37,215,761
3	Pledges and grants receivable, net	0	<b>3</b>	0
4	Accounts receivable, net	7,094,952	<b>4</b>	6,576,405
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
7	Notes and loans receivable, net	0	<b>7</b>	0
8	Inventories for sale or use	0	<b>8</b>	0
9	Prepaid expenses and deferred charges	1,437,769	<b>9</b>	2,067,137
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	7,930,280	
b	Less accumulated depreciation	<b>10b</b>	6,151,956	897,187
		<b>10c</b>		1,778,324
11	Investments—publicly traded securities	203,928	<b>11</b>	281,289
12	Investments—other securities See Part IV, line 11	92,603,833	<b>12</b>	127,186,600
13	Investments—program-related See Part IV, line 11	58,532,818	<b>13</b>	58,532,818
14	Intangible assets	0	<b>14</b>	0
15	Other assets See Part IV, line 11	37,796,768	<b>15</b>	49,482,619
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	257,198,745	<b>16</b>	288,406,776
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	68,608,455	<b>17</b>	75,892,042
18	Grants payable	0	<b>18</b>	0
19	Deferred revenue	0	<b>19</b>	35,625
20	Tax-exempt bond liabilities	15,028,679	<b>20</b>	14,413,983
21	Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	<b>22</b>	0
23	Secured mortgages and notes payable to unrelated third parties	65,366,777	<b>23</b>	57,423,801
24	Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	36,719,782	<b>25</b>	48,800,356
26	<b>Total liabilities.</b> Add lines 17 through 25	185,723,693	<b>26</b>	196,565,807
<b>Net Assets or Fund Balances</b>				
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets	71,475,052	<b>27</b>	91,840,969
28	Temporarily restricted net assets	0	<b>28</b>	0
29	Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
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	71,475,052	<b>33</b>	91,840,969
34	<b>Total liabilities and net assets/fund balances</b>	257,198,745	<b>34</b>	288,406,776

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,783,219
2	Total expenses (must equal Part IX, column (A), line 25)	2	120,695,648
3	Revenue less expenses Subtract line 2 from line 1	3	11,087,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,475,052
5	Net unrealized gains (losses) on investments	5	4,208,664
6	Donated services and use of facilities	6	
7	Investment expenses	7	6,355
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,063,327
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,840,969

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-0360007  
**Name:** Essentia Health

### Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Laura Boehlke-Bray MD	40								
Board Director	560	X					30,000	175,101	20,040
Joel Haugen MD	30		X						
Board Director	570						20,000	287,621	46,400
Peter Dunphy MD	30		X						
Board Director	370						20,000	316,203	28,794
Theresa Gunnarson MD	30		X						
Board Director	570						20,000	558,083	56,406
Michael Sheldon MD	30		X						
Board Director	570						25,000	318,699	47,482
THOMAS RUSS MD	30		X						
BOARD DIRECTOR	570						20,000	272,398	37,244
Sister Kathleen Hofer	30		X		X				
Board Secretary	130						0	0	0
Richard Blair	60		X		X				
Board Chair	10						45,000	0	0
James Anderson	30		X		X				
Board Vice Chair	60						30,500	0	0
Lori Collard	20		X						
Board Director	10						20,000	32,728	0
David Gaddie	30		X						
Board Director	100						38,800	0	0
Dean Ager	40		X						
Board Director	00						30,000	0	0
James Seitz	40		X						
Board Director	00						30,000	0	0
Neal Hessen	40		X						
Board Director	20						35,000	0	0
Sister Clare Marie Trettel	30		X						
Board Director	00						0	0	0
Sister Lois Eckes	20		X						
Board Director	00						0	0	0
Walter Leino MD	40		X						
Board Director	00						5,650	0	0
Chuck Walt	30		X						
Board Director	100						6,400	0	0
Robert McLean	10		X						
Board Director	40						4,150	0	0
Peter Person MD	580			X					
Chief Executive Officer	20						1,615,793	0	967,719
Robert Norman	492			X					
Chief Financial Officer	108						777,091	0	91,274
Gregory Glasner MD	20			X					
PRESIDENT & CMO, West Region	580						0	622,435	90,898
Daniel McGinty	20			X					
CAO, EAST REGION THRU 8/13	580						0	621,770	34,481
Kevin Pitzer	00			X					
CAO, West Region THRU 4/13	00						0	190,439	15,546
John Smylie	600			X					
Chief Operating Officer	00						826,191	0	133,017

**Form 990, Part VII – Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**SCHEDULE A**  
(Form 990 or 990EZ)**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.

**2013****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service

- **Attach to Form 990 or Form 990-EZ.** ► See separate instructions.
- **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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 - Non-functionally integrated

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?

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

	<b>Yes</b>	<b>No</b>
11g(i)		No
11g(ii)		No
11g(iii)		No

<b>(i) Name of supported organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of monetary support</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
See Additional Data Table									
<b>Total</b>									120,695,648

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2012 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►	

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).**Facts And Circumstances Test**

## Return Reference

## Explanation

SCHEDULE A, LINE 11H

ESSENTIA HEALTH ALSO SUPPORTS THE TAX-EXEMPT SUBSIDIARIES OF ESSENTIA'S SUPPORTED ORGANIZATIONS, SUBSTANTIALLY ALL OF WHICH ARE PUBLICLY SUPPORTED ENTITIES UNDER IRC SECTION 509(A) SCHEDULE A, LINE 11H, COLUMN (VII) The amount of support includes Essentia Health's functional expenses which are incurred for the benefit of Essentia Health's supported organizations

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-0360007  
**Name:** Essentia Health

### Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

<b>(i)</b> Name of Supported Organization	<b>(ii)</b> EIN	<b>(iii)</b> Type of organization (described on lines 1- 9 above or IRC section )	<b>(iv)</b> Is the organization in (i) listed in your governing document?		<b>(v)</b> Did you notify the organization in (i) of your support?		<b>(vi)</b> Is the organization in (i) organized in the U S ?		<b>(vii)</b> Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BRAINERD LAKES INTEGRATED HEALTH SYSTEM	371532145	0	Yes		Yes		Yes		12013844
(A) CRITICAL ACCESS GROUP	261219624	0	Yes		Yes		Yes		3505348
(B) INNOVIS HEALTH LLC	261175213	03	Yes		Yes		Yes		29718036
(C) ST MARY'S DULUTH CLINIC HEALTH SYSTEM	411836633	0	Yes		Yes		Yes		75458420

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2013****Open to Public  
Inspection****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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

**If the organization answered "Yes" 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of the organization Essentia Health	Employer identification number 20-0360007
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 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 the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2010</b>	<b>(b) 2011</b>	<b>(c) 2012</b>	<b>(d) 2013</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)			(b)	
	Yes	No	Amount		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?		No			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c Media advertisements?		No			
d Mailings to members, legislators, or the public?	Yes				
e Publications, or published or broadcast statements?		No			
f Grants to other organizations for lobbying purposes?		No			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		127,265		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		213,632	
i Other activities?	Yes				
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912		No			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B	Lobbying Activity Explanation Essentia Health employs one full-time in-house public policy individual and during 2014 contracted with two consultant firms to monitor state legislative activities of interest and two consultant firms to monitor federal legislative activities of interest dealing fully with Health and Human Services issues. 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 designation, Physician and Hospital Services Reimbursement, Medicare and Medicaid Reimbursement Policies, Disproportionate Share Hospital Funding, Sole Community Hospital Status and Funding, Graduate Medical Education/Indirect Medical Education Funding, Health Information Technology Funding and Privacy Issues, State and Federal Health Care Reform including patient protection and affordable care act implementation, State and Federal Shared Savings Demonstration Projects, Medicare Reimbursement for Rehab Facilities, Medicare 340B Prescription Drug Discount Program, Multi-State Nurse Licensure Compact, Multi-State Physician Licensure Compact, Nurse Staffing Ratios, Electronic Medical Record Interoperability, Medicare Recovery Audit Contractor Audits (RAC), Health Information Exchange, Medical Education and Research Costs (MERC), State Children's Health Insurance Program, Workforce Issues, Public Health Initiatives, Community Benefits, Workers Compensation System Reform, Tax Exempt Status, Constitutional Ballot Questions Impacting Public Bond Financing.

**Part IV Supplemental Information (continued)**

**Schedule D (Form 990) 2013**

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2013**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Essentia Health**Employer 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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <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 XIII

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

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

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

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .			10,880	2,116	8,764
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .			7,919,400	6,149,840	1,769,560
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					1,778,324

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED INVESTMENT FUNDS	127,186,600	F
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )</b>	<b>127,186,600</b>	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVEST IN BENEDICTINE HEALTH	58,532,818	F
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )</b>	<b>58,532,818</b>	

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEFERRED DEBT FINANCING COSTS	1,014,685
(2) DEFERRED COMPENSATION FUND	47,885,937
(3) RECEIVABLES FROM RELATED ORGS	581,997
<b>Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)</b>	<b>49,482,619</b>

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

1	(a) Description of liability	(b) Book value
Federal income taxes		0
NON CURRENT SWAP LIABILITY		914,419
BENEFIT PLAN LIABILITY		47,885,937
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )</b>	<b>48,800,356</b>	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII** **Supplemental Information**

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

Return Reference	Explanation

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

2013

Open to Public  
InspectionSCHEDULE F  
(Form 990)

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

Department of the Treasury  
Internal Revenue ServiceName of the organization  
Essentia Health

Employer identification number

20-0360007

**Part I 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 its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) Central America and the Caribbean			Investments		145,519,879
(2) Central America and the Caribbean			Program Services	Self Indemnity	7,414,315
(3) North America			Send agents to seminar		745
(4)					
(5)					
<b>3a Sub-total</b>					152,934,939
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals</b> (add lines 3a and 3b)					152,934,939

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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 . . . ►

Schedule F (Form 990) 2013

**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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-0360007

**Name:** Essentia Health

### Part V

#### Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## Schedule I (Form 990)

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

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

► Attach to Form 990

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

**Open to Public  
Inspection**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Essentia Health

**Employer identification number**

20-0360007

## Part I General Information on Grants and Assistance

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2	Procedures for monitoring grants. Essentia Health's management reviews the grant activity by reviewing and documenting each expenditure request and approving the expense.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-0360007  
**Name:** Essentia Health

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARY'S MEDICAL CENTER 407 E 3rd Street Duluth, MN 55805	41-0695604	501(c)(3)	113,300				Program Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INNOVIS HEALTH LLC 3000 32ND AVENUE FARGO, ND 58103	26-1175213	501(C)(3)	170,890				Program Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESSENTIA INSTITUTE OF RURAL HEALTH 502 E 2ND STREET DULUTH, MN 55805	27-1291124	501(C)(3)	161,828				Program Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESSENTIA HEALTH FOUNDATION 502 E 2ND STREET DULUTH, MN 55805	27-1984704	501(C)(3)	19,200				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SMDC MEDICAL CENTER 502 E 2ND STREET DULUTH, MN 55805	41-1878730	501(C)(3)	9,800				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOSEPH'S MEDICAL CENTER 523 N 3RD STREET BRAINERD, MN 56401	41-0695602	501(C)(3)	85,147				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION MNNSD CHAPTER 333 N WASHINGTON AVE SUITE 105 MINNEAPOLIS, MN 55401	41-1756085	501(C)(3)	10,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER DULUTH INC 424 W SUPERIOR STREET DULUTH, MN 55802	41-0857077	501(C)(3)	7,500				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DESTINATION DULUTH 5812 GLENWOOD STREET DULUTH, MN 55804	46-1907687	501(C)(3)	10,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	26,500				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GITCHI GUMMI SOCCER CLUB INC 1346 W ARROWHEAD ROAD PMB 301 DULUTH, MN 55811	41-1701244	501(C)(3)	10,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROTARY INTERNATIONAL 1560 SHERMAN AVENUE EVANSTON, IL 60201	36-1707667	501(C)(4)	10,000				PROGRAM SUPPORT

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2013**Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

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

**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

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

**a** The organization?

**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 Regulations 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
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>	Yes	
<b>9</b>	Yes	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1	Benefits provided During tax year 2013, charter travel was used on occasion by one officer for travel between Essentia Health's Corporate office in Duluth, MN and Essentia Health's supported organization 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 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 4b	Supplemental nonqualified retirement plan Essentia Health's nonqualified retirement plan is offered to designated Essentia Health executives There is a minimum two year vesting date, or vesting is automatic upon reaching retirement age, death, disability or involuntary termination without cause Benefits are subject to income taxes upon vesting and payable from Essentia Health's general assets Reported as Other Reportable Compensation in Schedule J, Part II, Column B (iii), the following individuals listed in Form 990, Part VII, Section A, Line 1a received payment of the vested benefit from the supplemental nonqualified retirement plan during the year Peter Person, MD 184,836 Thomas Crook 26,083 Robert Norman 60,185 Michael Mahoney 24,626 Daniel McGinty 102,865 Thomas Prusak 35,195 Teresa O'Toole 64,374 Gregory Glasner, MD 54,236 John Smylie 65,241 Ken Gilles 26,213 Diane Davidson 41,580 Reported as Retirement and Other Deferred Compensation in Schedule J, Part II, Column C, Essentia Health made contributions, subject to the vesting terms, during the year into the supplemental nonqualified retirement plan on behalf of the following individuals listed in Form 990, Part VII, Section A, Line 1a Peter Person, MD 162,266 Thomas Crook 5,673 Robert Norman 52,337 Michael Mahoney 6,482 Adam Rees 48,802 Peter Henry, MD 28,398 Thomas Prusak 29,040 Teresa O'Toole 50,227 Patrick Twomey, MD 50,001 Gregory Glasner, MD 46,160 John Smylie 75,536 Daniel Nikcevich, MD 79,570 Ken Gilles 6,217 Diane Davidson 27,473 Dennis Dassenko 28,898 Michael Metcalf 42,000
Schedule J, Part I, Line 8	Initial contract exception Essentia Health's Chief Medical Officer, Patrick Twomey, MD, received compensation during the year under an initial employment agreement subject to the initial contract exception Through the Executive Compensation Committee of Essentia Health's board of directors, this compensation arrangement was reviewed and approved by independent persons using comparability data and deliberations and decisions were documented

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-0360007  
**Name:** Essentia Health

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Gregory Glasner MD PRESIDENT & CMO, West Region	(i) 0 (ii) 434,192	0 130,728	0 57,515	0 64,970	0 25,928	0 713,333	0 54,236
Daniel McGinty CAO, EAST REGION THRU 8/13	(i) 0 (ii) 312,309	0 116,495	0 192,966	0 15,300	0 19,181	0 656,251	0 102,865
Peter Person MD Chief Executive Officer	(i) 989,806 (ii) 0	273,393 0	352,594 0	937,342 0	30,377 0	2,583,512 0	184,836 0
Robert Norman Chief Financial Officer	(i) 435,704 (ii) 0	122,489 0	218,898 0	67,637 0	23,637 0	868,365 0	60,185 0
Kevin Pitzer CAO, West Region THRU 4/13	(i) 0 (ii) 189,539	0 0	0 900	0 14,388	0 1,158	0 205,985	0 0
John Smylie Chief Operating Officer	(i) 586,899 (ii) 0	166,389 0	72,903 0	101,036 0	31,981 0	959,208 0	65,241 0
Laura Boehlke-Bray MD Board Director	(i) 30,000 (ii) 174,560	0 0	0 541	0 17,183	0 2,857	30,000 195,141	0 0
Joel Haugen MD Board Director	(i) 20,000 (ii) 285,997	0 0	0 1,624	0 22,504	0 23,896	20,000 334,021	0 0
Michael Mahoney Vice President, Public Policy	(i) 215,306 (ii) 0	41,440 0	25,387 0	31,362 0	27,556 0	341,051 0	24,626 0
Teresa O'Toole CAO & CLO	(i) 432,287 (ii) 0	118,909 0	71,016 0	75,241 0	12,386 0	709,839 0	64,374 0
Thomas Prusak President,Cen Region Thru 2/13	(i) 376,748 (ii) 0	0 0	134,611 0	40,581 0	18,803 0	570,743 0	35,195 0
David Boran MD CMO, Central Region THRU 8/13	(i) 0 (ii) 246,899	0 0	0 2,392	0 11,988	0 12,946	0 274,225	0 0
Peter Dunphy MD Board Director	(i) 20,000 (ii) 313,935	0 0	0 2,268	0 20,400	0 8,394	20,000 344,997	0 0
Theresa Gunnarson MD Board Director	(i) 20,000 (ii) 557,122	0 0	0 961	0 25,500	0 30,906	20,000 614,489	0 0
Michael Sheldon MD Board Director	(i) 25,000 (ii) 318,196	0 0	0 503	0 22,729	0 24,753	25,000 366,181	0 0
DANIEL NIKCEVICH MD PRESIDENT & CMO, EAST REGION	(i) 0 (ii) 658,077	0 171,516	0 4,182	0 105,070	0 28,039	0 966,884	0 0
THOMAS RUSS MD BOARD DIRECTOR	(i) 20,000 (ii) 270,449	0 0	0 1,949	0 25,519	0 11,725	20,000 309,642	0 0
THOMAS WIIG MD CHIEF MED INFORMATICS OFFICER	(i) 310,760 (ii) 0	0 0	4,083 0	25,500 0	24,791 0	365,134 0	0 0
DENNIS DASSENKO CHIEF INFORMATION OFFICER	(i) 298,773 (ii) 0	83,000 0	4,475 0	54,398 0	19,061 0	459,707 0	0 0
KEN GILLES ASSOCIATE CIO	(i) 207,720 (ii) 0	29,847 0	27,881 0	27,256 0	23,914 0	316,618 0	26,213 0

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Thomas Crook Vice President, Treasury	(i) 179,626 (ii) 0	25,088 0	96,014 0	17,467 0	12,156 0	330,351 0	26,083 0
Adam Rees President, Central Region	(i) 0 (ii) 242,451	0 22,341	0 15,539	0 48,802	0 11,514	0 340,647	0 0
Peter Henry MD CMO, Central Region	(i) 0 (ii) 304,555	0 0	0 2,655	0 46,309	0 23,800	0 377,319	0 0
Patrick Twomey MD Chief Medical Officer	(i) 428,158 (ii) 0	47,128 0	931 0	70,020 0	32,414 0	578,651 0	0 0
Diane Davidson Chief Human Resource Officer	(i) 287,750 (ii) 0	80,614 0	46,118 0	52,973 0	21,182 0	488,637 0	41,580 0
Michael Metcalf CAO, East Region	(i) 0 (ii) 383,432	0 111,150	0 5,856	0 67,500	0 27,797	0 595,735	0 0
Thomas Patnoe MD President & CMO, East Region	(i) 0 (ii) 547,888	0 0	0 2,407	0 25,500	0 29,629	0 605,424	0 0

**Schedule K  
(Form 990)****Supplemental Information on Tax Exempt Bonds****2013**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ► Attach to Form 990. ► See separate instructions.  
 ► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Essentia HealthEmployer identification number  
20-0360007**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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CASS COUNTY NORTH DAKOTA	45-6002205	148047AU7	02-25-2010	59,573,111	SRS 2008A REOFFERED (SEE PART VI)		X		X		X
B	WI HEALTH AND EDUCATION FACILITIES AUTHORITY	39-1337855	97710BSD5	02-25-2010	12,854,722	SRS 2008B REOFFERED (SEE PART VI)		X		X		X
C	MN AGRICULTURAL AND ECONOMIC DEVELOPMENT BOARD	41-6007162	6049202H0	02-25-2010	165,717,405	SRS 2008C REOFFERED (SEE PART VI)		X		X		X

**Part II Proceeds**

							A		B		C		D	
							Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired						0		0		996,125			
2	Amount of bonds legally defeased						0		0		0			
3	Total proceeds of issue						3,872,252		835,557		10,771,632			
4	Gross proceeds in reserve funds						0		0		0			
5	Capitalized interest from proceeds						0		0		0			
6	Proceeds in refunding escrows						0		0		0			
7	Issuance costs from proceeds						0		0		123,454			
8	Credit enhancement from proceeds						0		0		0			
9	Working capital expenditures from proceeds						0		0		0			
10	Capital expenditures from proceeds						0		0		0			
11	Other spent proceeds						3,872,252		835,557		10,648,178			
12	Other unspent proceeds						0		0		0			
13	Year of substantial completion						2010		2010		2010			
14	Were the bonds issued as part of a current refunding issue?						Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?							X		X		X		
16	Has the final allocation of proceeds been made?						X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?						X		X		X			

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> 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 %		0 %		0 %			
<b>5</b> 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 ►								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?		X		X		X		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X		X		X		
<b>b</b> Exception to rebate?	X		X		X			
<b>c</b> No rebate due?		X		X		X		
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider	0		0		0			
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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, Critical Access Group, Essentia Health East, Essentia Health St Joseph's Medical Center, Essentia Health St Mary's-Detroit Lakes, Essentia Health St Mary's Medical Center, Essentia Health Duluth, Essentia Health Polinsky Medical Rehabilitation Center, Essentia Health St Mary's Hospital-Superior, Essentia Health Brainerd Specialty Clinic, Essentia Health Central, St Mary's Innovis Health, The Duluth Clinic, Ltd and Essentia Health West (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 issued under the Master Indenture. The Series 2008A reoffered bonds are secured by Notes issued under the Master Indenture. Essentia Health is the conduit borrower of the Series 2008A reoffered bonds and has recorded a portion of the bond liability on its balance sheet. The Obligated Group Members, Essentia Health West, The Duluth Clinic, Ltd, and Essentia Health St Mary's-Detroit Lakes, are indirect beneficiaries of the Series 2008A reoffered borrowing and have recorded the bond liability on their balance sheets which are consolidated with Essentia Health. The Series 2008B reoffered bonds are secured by Notes issued under the Master Indenture. The Obligated Group Members, The Duluth Clinic, Ltd, Essentia Health and Essentia Health St Mary's Hospital-Superior are the conduit borrowers of the Series 2008B reoffered bonds. The conduit borrowers, The Duluth Clinic, Ltd and Essentia Health, have recorded a portion of the bond liability on their balance sheets which are consolidated with Essentia Health. The Obligated Group Members, Essentia Health West and Essentia Health St Mary's-Detroit Lakes, are indirect beneficiaries of a portion of the Series 2008B reoffered borrowing and have recorded a portion of the bond liability on their balance sheets which are consolidated with Essentia Health. The Series 2008C reoffered bonds are secured by Notes issued under the Master Indenture. The Obligated Group Members, Essentia Health East, Essentia Health St Joseph's Medical Center, Essentia Health St Mary's-Detroit Lakes, The Duluth Clinic, Ltd, Essentia Health, and Essentia Health St Mary's Medical Center, Inc are the conduit borrowers of the Series 2008C reoffered bonds. The conduit borrowers, Essentia Health St Mary's-Detroit Lakes, Essentia Health, and The Duluth Clinic, Ltd, have recorded a portion of the bond liability on their balance sheets which are consolidated with Essentia Health. The Obligated Group Member, Essentia Health West is an indirect beneficiary of a portion of the Series 2008C reoffered borrowing and has recorded a portion of the bond liability on its balance sheet which is consolidated with Essentia Health. SCHEDULE K, PART I, COLUMN (F) DESCRIPTION OF PURPOSE SERIES 2008A REOFFERED Reoffer Series 2008 A-1 and A-2 bonds issued March 4, 2008 to refinance a portion of the acquisition of certain assets of Essentia Health West in connection with the affiliation of Essentia Health with Essentia Health West. SERIES 2008B REOFFERED Reoffer Series 2008 B-1 bonds issued March 4, 2008 to refund Series 1999B bonds issued May 18, 1999 for construction projects and equipment purchases in Superior, WI and various Duluth Clinic locations in northwestern Wisconsin. SERIES 2008C REOFFERED Reoffer Series 2008 C-5 and 2008 C-4A bonds issued March 4, 2008 to refund Series 2004 bonds issued March 19, 2004 for various acquisitions, construction projects, capital improvements and equipment purchases in Duluth, Brainerd, and Detroit Lakes, MN and refund Series 1999A bonds issued May 18, 1999 for various acquisitions, construction projects, capital improvements and equipment purchases in Brainerd, Detroit Lakes and Duluth, MN and various Duluth Clinic sites in northern Minnesota. SCHEDULE K, PART II, LINE 3 Issue Price Series 2008A Reoffered, Series 2008B Reoffered, AND Series 2008C Reoffered were issued by the Essentia Health Obligated Group. The issue price listed in Essentia Health Schedule K Part I Column (e) represents the Essentia Health Obligated Group's total borrowing. SCHEDULE K, Part II, Lines 3 through 12 Proceeds Series 2008A Reoffered, Series 2008B Reoffered, AND Series 2008C Reoffered were issued by the Essentia Health Obligated Group. A portion of the Series 2008A Reoffered, Series 2008B Reoffered, AND Series 2008C Reoffered borrowings were allocated to Essentia Health, an Essentia Health Obligated Group Member. The proceeds listed in Essentia Health Schedule K Part II Lines 3 through 12 represent Essentia Health's allocated portion of the proceeds.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2013****Open to Public  
Inspection**Name of the organization  
Essentia Health**Employer identification number**

20-0360007

Return Reference	Explanation
Form 990, Part III, Line 4	Program service accomplishments Essentia Health 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 Critical Access Group, a Minnesota nonprofit corporation, Brainerd Lakes Integrated Health System dba Essentia Health Central, a Minnesota nonprofit corporation, St. Marys Duluth Clinic Health System dba Essentia Health East, a Minnesota nonprofit corporation, and Innovis Health dba Essentia Health West, a Delaware limited liability company and in support of Critical Access Group, Essentia Health Central, Essentia Health East, and Essentia Health West and 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 is an integrated health system which supports regional leaders in the development and advancement of business, clinical and financial models for the delivery of high-quality and cost-effective health care. The regional leaders provide integrated health care delivery through their physician group practices, ambulatory and outpatient centers, acute care hospitals and community, rural and critical access hospitals. Essentia Health system includes 16 hospitals, 66 clinics, eight long-term care facilities, two assisted living facilities, five independent living facilities, five ambulance services, and one research institute in Minnesota, Wisconsin, North Dakota, and Idaho with several located in rural areas that have limited access to other healthcare options. Essentia Health is accredited as an Accountable Care Organization by the National Committee for Quality Assurance. The legal entities comprising Essentia Health system file separate Form 990s. At fiscal year ended June 30, 2014, Essentia Health system's consolidated total revenue was \$1,754,280,000 and consolidated income from operations was \$46,229,000. Essentia Health system employs over 11,000 full time equivalents. The hospitals have a total of 1,206 licensed beds which provided over 179,000 hospital patient days and over 578,000 outpatient visits during the fiscal year ended June 30, 2014. The clinics had over 1.5 million encounters during the same time period. During the fiscal year ended June 30, 2014, Essentia Health system provided total community benefits of over \$120 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.

Return Reference	Explanation
Form 990, Part V, Line 1a	1099 Reporting Vendor payments and Form 1099's were processed through Essentia Health on behalf of certain legal entities comprising Essentia Health system

Return Reference	Explanation
Form 990, Part V, Line 1c	No Gaming (Gambling) Winnings

Return Reference	Explanation
Form 990, Part VI, Section A, Line 4	Significant changes to governing documents. During the fiscal year ended June 30, 2014, the Articles of Incorporation and Bylaws of Essentia Health were amended. Brainerd Lakes Integrated Health System and Innovis Health, LLC were added to receive asset distributions upon dissolution along with any remaining assets that are Stable Patrimony distributed to the Benedictine Sisters Benevolent Association. Additionally, the amendments decreased the minimum number of Board Directors from 14 to 10 and decreased the minimum number of physician members that must be Essentia Health Physicians from 4 to 3.

Return Reference	Explanation
Form 990, Part VI, Line 7b	<p>MEMBER WITH RIGHT TO APPROVE GOVERNING BODY DECISIONS THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION ("BSBA") HAS CERTAIN RESERVED POWERS OVER ESSENTIA HEALTH'S CATHOLIC FACILITIES. BSBA'S RESERVED POWERS ARE AS FOLLOWS: MISSION AUTHORITY TO APPROVE THE MISSION, PURPOSE AND VISION STATEMENTS FOR CATHOLIC FACILITIES AND ENTITIES WITHIN THE SYSTEM; ADHERENCE TO ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES (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 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 28(G) OR 28(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, PROVIDED, HOWEVER, THAT IT IS THE INTENT OF THE PARTIES THAT THIS PROVISION NOT BE APPLIED TO RESTRICT OR TO IMPEDE ESSENTIA FROM ACTING AND MAKING DECISIONS ON BEHALF OF THE SYSTEM IN THE ORDINARY COURSE OF BUSINESS BUT BE APPLIED TO PREVENT THE TRANSFER OF SUBSTANTIAL ASSETS OF CATHOLIC ENTITIES WITHIN THE SYSTEM TO SUPPORT THE SECULAR ENTITIES WITHIN THE SYSTEM WITHOUT THE PRIOR APPROVAL OF BSBA AMENDMENTS AUTHORITY TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BY LAWS OF THIS CORPORATION THAT WOULD ALTER THE NUMBER OF DULUTH BENEDICTINES OR BSBA BOARD OF DIRECTOR MEMBERS SERVING AS MEMBERS OF SUCH ENTITY'S BOARD OF DIRECTORS, AUTHORITY TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BY LAWS OF ESSENTIA'S CATHOLIC SUBSIDIARIES WHICH COULD MATERIALLY AFFECT SUCH ENTITY'S IDENTITY AS A CATHOLIC INSTITUTION, INCLUDING WITHOUT LIMITATION ANY AMENDMENT THAT WOULD ALTER THE NUMBER OF DULUTH BENEDICTINES OR BSBA BOARD OF DIRECTOR MEMBERS SERVING AS MEMBERS OF SUCH ENTITY'S BOARD OF DIRECTORS, AND AUTHORITY TO CAUSE ESSENTIA HEALTH TO MAKE AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BY LAWS OF ESSENTIA'S CATHOLIC SUBSIDIARIES, WHICH AMENDMENTS BSBA 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 DULUTH BENEDICTINES, AUTHORITY TO APPROVE A PROPOSED MERGER, CONSOLIDATION, LIQUIDATION, DISSOLUTION, OR THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS.</p>

Return Reference	Explanation
Form 990, Part VI, Line 11a	FORM 990 REVIEW PROCESS THE 2013 FORM 990, INCLUDING ALL SCHEDULES, WAS REVIEWED BY ESSENTIA HEALTH'S MANAGEMENT AND GOVERNING BODY ON MARCH 11TH, 2015 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE EACH CURRENT DIRECTOR OF THE GOVERNING BODY RECEIVED A COPY OF THE 2013 FORM 990 ESSENTIA HEALTH'S CHIEF FINANCIAL OFFICER LED THE REVIEW OF THE FORM AND SCHEDULES AND ANY QUESTIONS WERE DISCUSSED

Return Reference	Explanation
Form 990, Part VI, Line 12c	<p>Monitoring and enforcing Conflict of Interest policy</p> <p>Essentia Health's comprehensive conflict of interest program prevents, detects and resolves actual conflicts of interests or the actual or potential appearance of such Fiduciaries, defined as an Essentia Health board member/trustee, officer, board committee member, senior management employee, or any others considered to be in a position of influence, are covered under Essentia's conflict of interest program</p> <p>Upon initial appointment, each fiduciary must complete an initial conflict of interest statement and disclosure questionnaire</p> <p>At the conclusion of each fiscal year, each fiduciary must complete an annual conflict of interest statement and disclosure questionnaire</p> <p>As needed, a fiduciary will update his/her most recently completed questionnaire each time the fiduciary becomes aware of a financial interest, a potential conflict, or change to any information that the fiduciary previously reported</p> <p>Essentia Health's Chief Compliance Officer will collect the questionnaires and evaluate the disclosures</p> <p>If a fiduciary has a potential conflict of interest, the Chief Compliance Officer or designee may request additional information from the fiduciary, the management team, and others</p> <p>During the evaluation process, the Chief Compliance Officer may also consult with Essentia Health's Board and Audit Committee Chairs, senior management, legal department, or appropriate representatives from Essentia Health</p> <p>The Chief Compliance Officer reports to the Essentia Health Audit Committee and the Essentia Health Board of Directors any actual or potential conflicts of interest disclosed by the fiduciary, along with recommended actions</p> <p>The Essentia Health Board of Directors (or designee) will then determine whether to approve the situation or to implement special controls to manage the potential conflict of interest</p> <p>The Chief Compliance Officer will then officially notify the fiduciary in writing of the board's decision</p> <p>The decision of whether or not the disclosure constitutes a conflict will be at the Essentia Health Board of Director's (or designee) sole discretion, and its concern must be the welfare of Essentia Health and its affiliate(s) and the advancement of its purposes</p> <p>When the Essentia Health Board of Directors (or designee) considers a Fiduciary's disclosure as a Conflict of Interest, special controls will be identified to manage, eliminate or reduce the likelihood and/or appearance of a conflict arising</p> <p>Controls may include, but are not limited to</p> <ul style="list-style-type: none"> <li>A. If the conflict involves an on-going matter or relationship, the Fiduciary must not participate in Board, Board committee or management discussions related to the conflict and must recuse themselves and if appropriate, withdraw, from any Board meeting or portion thereof where the matter is being discussed and during the vote on the potential Conflict of Interest</li> <li>The Fiduciary may answer questions at the Board's or the Board Committee's request</li> <li>B. If the conflict involves a specific transaction or decision, the Fiduciary will fully disclose their interest and all related material facts</li> <li>The Board or committee of the Board will determine whether the contemplated transaction may be authorized as just, fair, and reasonable to Essentia Health or its affiliate(s)</li> <li>If the Board determines a conflict does not exist, the Fiduciary may proceed with the transaction, however, he or she will not be eligible to vote on related issues should they arise</li> <li>If the Board determines a conflict does exist, the Fiduciary will be notified of the decision regarding whether the contemplated transaction will be authorized as just, fair, and reasonable</li> </ul>

Return Reference	Explanation
Form 990, Part VI, Line 15 A&B	<p>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 and tax-exempt status, and the Executive Compensation Committee's Charter The Executive Compensation Committee meets at least twice annually to carry out its responsibilities, which include, but are not limited to, establishing, reviewing and modifying, as appropriate, reasonable compensation and benefits for designated Essentia executives who are officers or key employees of Essentia or any of its affiliates which may be paid by related organizations The Executive Compensation Committee engages qualified independent compensation advisors to provide objective and impartial comparative data and to express opinions on total compensation reasonableness The Executive Compensation Committee may request its independent advisors to monitor comparability data and marketplace trends, make appropriate recommendations regarding salary ranges, and periodically review the market competitiveness of Essentia executive compensation packages Prior to establishing or adjusting executive compensation, the Executive Compensation Committee will obtain and rely upon appropriate data as to comparability of the proposed compensation or adjustments The Executive Compensation Committee will adequately document the basis for its determination concurrently with making those determinations The Executive Compensation Committee minutes will include the terms of the approved compensation and the date approved, the Executive Compensation Committee members present during the review, discussion and approval of the proposed compensation and those who voted on the proposed compensation, identification of the comparability data obtained and relied upon by the Executive Compensation Committee and how the data was obtained, any actions by a member of the Executive Compensation Committee having a conflict of interest, and documentation of the basis for the determination The year this process was last undertaken for Essentia Health's Chief Executive Officer, Chief Financial Officer, Vice President of Public Policy, Chief Administrative Officer/Chief Legal Officer, Chief Medical Officer, and Chief Operating Officer, Essentia Health East's President/Chief Medical Officer, Essentia Health Central's President and Chief Medical Officer, and Essentia Health West's President/Chief Medical Officer was 2014 The year this process was last undertaken for Essentia Health East's Chief Administrative Officer was 2013 The year this process was last undertaken for Essentia Health West's Chief Administrative Officer was 2012</p>

Return Reference	Explanation
Form 990, Part VI, Line 19	Availability of governing documents, conflict of interest policy, & financial statements to the public Governing documents, conflict of interest policy, and financial statements are made available to the public upon request. The organization is part of Essentia Health's consolidated financial statements which are included in Essentia Health's annual report posted on Essentia Health's web site

Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes in Net Assets The total amount of other changes in net assets includes Net Asset transfers with related organizations, reallocated Balance Sheet items transferred to align with organizational structure (1,568,284) Net Asset transfer with related organizations, reallocated Income Statement items transferred to align with organizational structure 6,631,611 Total 5,063,327

Return Reference	Explanation
Form 990, Part XII, Line 3	Consolidated A-133 Essentia Health, as part of Essentia Health's consolidated financial statements, was required and underwent a consolidated audit set forth in the Single Audit Act and OMB Circular A-133. The consolidated audit is reviewed by the Essentia Health Audit Committee.

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 9289954

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 4018991

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION AGENCY FEES TOTAL FEES 1700698

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMP AGENCY FEES TOTAL FEES 606534

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 6902

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Essentia Health

**Employer identification number**

20-0360007

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

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

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

**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.

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

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
  
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
  
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
  
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
  
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		<b>No</b>
<b>1b</b>	<b>Yes</b>	
<b>1c</b>	<b>Yes</b>	
<b>1d</b>		<b>No</b>
<b>1e</b>		<b>No</b>
<b>1f</b>		<b>No</b>
<b>1g</b>		<b>No</b>
<b>1h</b>		<b>No</b>
<b>1i</b>	<b>Yes</b>	
<b>1j</b>		<b>No</b>
<b>1k</b>		<b>No</b>
<b>1l</b>	<b>Yes</b>	
<b>1m</b>	<b>Yes</b>	
<b>1n</b>		<b>No</b>
<b>1o</b>		<b>No</b>
<b>1p</b>	<b>Yes</b>	
<b>1q</b>	<b>Yes</b>	
<b>1r</b>	<b>Yes</b>	
<b>1s</b>	<b>Yes</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

**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.

**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (A), Name	The following Essentia Health entities have a doing business as name Legal Name, Doing Business As Name Brainerd Lakes Integrated Health System, Essentia Health Central Brainerd Medical Center, Inc , Essentia Health Brainerd Specialty Clinic Bridges Medical Center, Essentia Health Ada Deer River Healthcare Center, Inc , Essentia Health Deer River First Care Medical Services, Essentia Health Fosston Graceville Health Center, Essentia Health Holy Trinity Hospital Innovis Health, LLC, Essentia Health West Midwest Medical Equipment and Supplies, Inc , Essentia Health Medical Equipment and Supplies Northern Pines Medical Center, Essentia Health Northern Pines Pine Medical Center, Essentia Health Sandstone Polinsky Medical Rehabilitation Center, Essentia Health Polinsky Medical Rehabilitation Center SMDC Medical Center, Essentia Health Duluth St Joseph's Medical Center, Essentia Health St Joseph's Medical Center St Mary's Duluth Clinic Health System, Essentia Health East St Mary's EMS, Essentia Health St Mary's Emergency Medical Services-Detroit Lakes St Mary's Hospital of Superior, Essentia Health St Mary's Hospital-Superior St Mary's Medical Center, Essentia Health St Mary's Medical Center St Mary's Regional Health Center, Essentia Health St Mary's-Detroit Lakes

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-0360007  
**Name:** Essentia Health

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Brainerd Lakes Integrated Health System  2024 S 6th St Brainerd, MN 56401 37-1532145	Support ORG	MN	501(c)(3)	11 TYPE II	Essentia	Yes	
(1) Brainerd Medical Center Inc  2024 S 6th St Brainerd, MN 56401 37-1532148	Clinic	MN	501(c)(3)	3	BLIHS	Yes	
(2) Bridges Medical Center  503 E 3rd ST Suite 400 Duluth, MN 55805 20-0479568	Clinic/Hosp	MN	501(c)(3)	3	Innovis	Yes	
(3) Clearwater Valley Hospital & Clinics INC  301 Cedar Orofino, ID 83544 82-0497771	Clinic/Hosp	ID	501(c)(3)	3	CAG	Yes	
(4) Critical Access Group  503 E 3rd St Ste 400 Duluth, MN 55805 26-1219624	SUPPORT ORG	MN	501(c)(3)	11 TYPE II	Essentia	Yes	
(5) St Joseph's Medical Center  523 N 3rd St Brainerd, MN 56401 41-0695602	CLINIC/HOSP	MN	501(c)(3)	3	BLIHS	Yes	
(6) St Mary's EMS  1027 Washington Ave Detroit Lakes, MN 56501 41-1805811	EMERG SRVCS	MN	501(c)(3)	9	SMRHC	Yes	
(7) St Mary's Hospital Inc  PO Box 137 Cottonwood, ID 83522 82-0226453	Clinic/Hosp	ID	501(c)(3)	3	CAG	Yes	
(8) St Mary's Innovis Health  1027 Washington Ave Detroit Lakes, MN 56501 26-2861321	Pharmacy	MN	501(c)(3)	3	Innovis	Yes	
(9) St Mary's Regional Health Center  1027 Washington Ave Detroit Lakes, MN 56501 41-1620386	Clinic/Hosp	MN	501(c)(3)	3	Innovis	Yes	
(10) Innovis Health LLC  3000 32ND AVENUE S Fargo, ND 58103 26-1175213	Clinic/Hosp	DE	501(c)(3)	3	Essentia	Yes	
(11) Midwest Medical Equip & Supplies Inc  4418 Haines Rd Duluth, MN 55811 41-1674021	Medical Equip	MN	501(c)(3)	9	SMMC	Yes	
(12) SMDCHS Medical Center  502 E 2nd St Duluth, MN 55805 41-1878730	Clinic/Hosp	MN	501(c)(3)	3	SMDCHS	Yes	
(13) Pine Medical Center  109 Court Ave S Sandstone, MN 55072 41-1884597	Hospital/Nurs	MN	501(c)(3)	3	SMDCHS	Yes	
(14) Polinsky Medical Rehabilitation Center  530 E 2nd St Duluth, MN 55805 41-0691275	Rehab Service	MN	501(c)(3)	3	SMMC	Yes	
(15) St Mary's Duluth Clinic Health System  407 E 3rd St Duluth, MN 55805 41-1836633	Support ORG	MN	501(c)(3)	11 TYPE II	Essentia	Yes	
(16) St Mary's Hospital of Superior  3500 Tower Ave Superior, WI 54880 41-1811073	Clinic/Hosp	MN	501(c)(3)	3	SMMC	Yes	
(17) St Mary's Medical Center  407 E 3rd St Duluth, MN 55805 41-0695604	Hospital	MN	501(c)(3)	3	SMDCHS	Yes	
(18) The Duluth Clinic Ltd  400 E 3rd St Duluth, MN 55805 41-0883623	Clinic	MN	501(c)(3)	3	SMDCHS	Yes	
(19) First Care Medical Services  900 Hilligoss Blvd SE Fosston, MN 56542 41-0706143	Clinic/Hosp	MN	501(c)(3)	3	Innovis	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) Minnesota Valley Health Center Inc  621 S 4th St Le Sueur, MN 56058 41-0837659	Hospital/Nurs	MN	501(c)(3)	3	CAG	Yes	
(1) Essentia Institute of Rural Health  502 E 2nd St Duluth, MN 55805 27-1291124	Research	MN	501(c)(3)	4	Essentia	Yes	
(2) Essentia Health Foundation  502 E 2nd St Duluth, MN 55805 27-1984704	Foundation	MN	501(c)(3)	7	ESSENTIA	Yes	
(3) Northern Pines Medical Center  5211 Hwy 110 Aurora, MN 55705 41-0841441	Hospital/Nurs	MN	501(c)(3)	3	SMDCHS	Yes	
(4) Graceville Health Center  115 West Second St Graceville, MN 56240 41-0726173	Clinic/Hosp	MN	501(c)(3)	3	Innovis	Yes	
(5) DEER RIVER HEALTHCARE CENTER INC  115 10TH AVE NE DEER RIVER, MN 56636 41-0844574	HOSP/CLIN/NH	MN	501(c)(3)	3	SMDCHS	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BRIDGES MEDICAL CENTER	L	324,808	actual costs
BRIDGES MEDICAL CENTER	Q	233,437	actual costs
Brainerd Medical Center Inc	L	1,124,665	Actual Costs
Brainerd Medical Center Inc	Q	497,203	Actual Costs
Critical Access Group	L	500,000	Actual Costs
Critical Access Group	Q	113,908	Actual Costs
CLEARWATER VALLEY HOSPITALS & CLINICS INC	Q	391,727	Actual Costs
The Duluth Clinic Ltd	L	9,697,846	Actual Costs
The Duluth Clinic Ltd	P	269,818	Actual Costs
The Duluth Clinic Ltd	Q	438,726	Actual Costs
Deer River Healthcare Center Inc	L	516,337	Actual Costs
Deer River Healthcare Center Inc	P	51,847	Actual Costs
Deer River Healthcare Center Inc	Q	674,570	Actual Costs
Essentia Health Foundation	P	84,088	Actual Costs
Essentia Health Foundation	Q	100,217	Actual Costs
Essentia Health Insurance Services	C	399,237	Actual Costs
Essentia Health Insurance Services	Q	15,553,792	Actual Costs
Essentia Health Insurance Services	R	7,414,315	Actual Costs
Essentia Institute of Rural Health	B	161,828	Actual Costs
Essentia Institute of Rural Health	L	65,772	Actual Costs
Essentia Institute of Rural Health	P	955,749	Actual Costs
Essentia Institute of Rural Health	Q	117,901	Actual Costs
First Care Medical Services	L	1,198,004	Actual Costs
First Care Medical Services	Q	183,223	Actual Costs
Graceville Health Center	L	315,986	Actual Costs

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

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
Graceville Health Center	Q	560,420	Actual Costs
Innovis Health LLC	B	170,890	Actual Costs
Innovis Health LLC	L	19,142,373	Actual Costs
Innovis Health LLC	P	4,467,772	Actual Costs
Innovis Health LLC	Q	7,058,849	Actual Costs
Innovis Health LLC	R	17,585,466	Actual Costs
Innovis Health LLC	S	658,938	Actual Costs
Midwest Medical Equipment and Supplies Inc	L	314,244	Actual Costs
MINNESOTA VALLEY HEALTH CENTER INC	Q	309,143	actual costs
Northern Pines Medical Center	L	1,032,881	Actual Costs
Northern Pines Medical Center	Q	84,830	Actual Costs
Pine Medical Center	L	885,304	Actual Costs
Pine Medical Center	P	71,661	Actual Costs
Pine Medical Center	Q	164,217	Actual Costs
Polinsky Medical Rehabilitation Center	L	506,365	Actual Costs
Polinsky Medical Rehabilitation Center	Q	68,560	Actual Costs
St Joseph's Medical Center	B	85,147	Actual Costs
St Joseph's Medical Center	L	10,121,976	Actual Costs
St Joseph's Medical Center	P	801,527	Actual Costs
St Joseph's Medical Center	Q	3,025,429	Actual Costs
St Joseph's Medical Center	S	200,912	Actual Costs
SMDC Medical Center	I	846,136	Actual Costs
SMDC Medical Center	L	36,553,024	Actual Costs
SMDC Medical Center	P	14,133,100	Actual Costs
SMDC Medical Center	Q	17,531,594	Actual Costs

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

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
SMDC Medical Center	S	1,672,465	Actual Costs
ST MARY'S HOSPITAL Inc	Q	336,528	Actual Costs
St Mary's Hospital of Superior	L	2,522,065	Actual Costs
St Mary's Hospital of Superior	Q	203,359	Actual Costs
St Mary's Innovis Health	Q	89,658	Actual Costs
St Mary's Medical Center	B	113,300	Actual Costs
St Mary's Medical Center	L	20,565,479	Actual Costs
St Mary's Medical Center	P	1,446,002	Actual Costs
St Mary's Medical Center	Q	7,624,431	Actual Costs
St Mary's Regional Health Center	L	4,874,000	Actual Costs
St Mary's Regional Health Center	P	130,439	Actual Costs
St Mary's Regional Health Center	Q	1,974,588	Actual Costs
St Mary's Regional Health Center	R	168,553	Actual Costs