

Form 990-T

C&F
983Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017► Information about Form 990-T and its instructions is available at www.irs.gov/form990t

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2016

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA Check box if
address changed

B Exempt under section

 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print

or

Type

Name of organization (Check box if name changed and see instructions.)

ESSENTIA HEALTH

Number, street, and room or suite no. If a P.O. box, see instructions.

502 E 2ND ST

City or town, state or province, country, and ZIP or foreign postal code

DULUTH, MN 55805

D Employer identification number
(Employees' trust, see
instructions)

20-0360007

E Unrelated business activity codes
(See instructions)

900099

C Book value of all assets
at end of year

372,799,250.

F Group exemption number (See instructions.)

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ► SYSTEM ACCESS/USE AND PARTNERSHIP ACTIVITY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► TRACI MORRIS

Telephone number ► 218-786-8376

Part I Unrelated Trade or Business Income

		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	7,888.		
b	Less returns and allowances		c Balance	
2	Cost of goods sold (Schedule A, line 7)		1c	7,888.
3	Gross profit. Subtract line 2 from line 1c		2	
4a	Capital gain net income (attach Schedule D)		3	7,888.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4a	
c	Capital loss deduction for trusts		4b	857,251.
5	Income (loss) from partnerships and S corporations (attach statement)		5	-1,895,665.
6	Rent income (Schedule C)		6	
7	Unrelated debt-financed income (Schedule E)		7	
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9	
10	Exploited exempt activity income (Schedule I)		10	
11	Advertising income (Schedule J)		11	
12	Other income (See instructions; attach schedule)	STATEMENT 1	12	276.
13	Total. Combine lines 3 through 12		13	-1,030,250.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	RECEIVED MAY 22 2018 OPEN, UT	14	
15	Salaries and wages		15	2,344.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	608.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)		21	6,813.
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	6,813.
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	1,005.
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	6,048.
29	Total deductions. Add lines 14 through 28		29	16,818.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-1,047,068.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-1,047,068.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-1,047,068.

Part III Tax Computation

'35 Organizations Taxable as Corporations. See instructions for tax computation.	
Controlled group members (sections 1561 and 1563) check here ► <input checked="" type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
(1) \$ 0. (2) \$ 0. (3) \$ 0.	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0.	
(2) Additional 3% tax (not more than \$100,000) \$ 0.	
c Income tax on the amount on line 34 ► 35c 0.	
'36 Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 34 from:	
Tax rate schedule or Schedule D (Form 1041) ► 36	
'37 Proxy tax. See Instructions ► 37	
'38 Alternative minimum tax ► 38	
'39 Tax on Non-Compliant Facility Income. See Instructions ► 39	
'40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies ► 40 0.	

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	
b Other credits (see instructions) 41b	
c General business credit. Attach Form 3800 41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	
e Total credits. Add lines 41a through 41d ► 41e	
42 Subtract line 41e from line 40 ► 42 0.	
43 Other taxes. Check if from: Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule) 43	
44 Total tax. Add lines 42 and 43 ► 44 0.	
45 a Payments: A 2015 overpayment credited to 2016 45a	
b 2016 estimated tax payments 45b	
c Tax deposited with Form 8868 45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	
e Backup withholding (see instructions) 45e	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g Other credits and payments: Form 2439 Form 4136 Other Total ► 45g	
46 Total payments. Add lines 45a through 45g ► 46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► 47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ► 48 0.	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ► 49 0.	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ► Refunded ► 50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ► CAYMAN ISLANDS	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
► <i>Traci Morris</i>	14/27/18	► CFO	
Signature of officer	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name MARY BETH SANTORI	Preparer's signature <i>Mary Beth Santori</i>	Date 4/28/18	Check if self-employed <input type="checkbox"/>	PTIN P00023783
	Firm's name ► RSM US LLP			Firm's EIN ►	42-0714325
	227 W 1ST ST, STE 700			Phone no.	2187275025
	Firm's address ► DULUTH, MN 55802-1926				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a		
b Other costs (attach schedule)	4b	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
5 Total. Add lines 1 through 4b	5		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.
Total dividends-received deductions included in column 8				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			► 0.	0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
			Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)
Totals		► 0.	0.	0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
			Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26	
Totals	► 0.	0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	► 0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Total. Enter here and on page 1, Part II, line 14	►		0.			

ESSENTIA HEALTH

20-0360007

FORM 990-T OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
INTEREST INCOME	276.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	276.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
PURCHASED SERVICES INFORMATION TECHNOLOGY	67. 5,981.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	6,048.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 3

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
AMERIGAS PARTNERS, L.P.	-16,733.	0.	-16,733.
BUCKEYE PARTNERS, L.P.	-12,455.	0.	-12,455.
ENBRIDGE ENERGY PARTNERS, L.P.	-51,677.	0.	-51,677.
ENERGY TRANSFER EQUITY LP	-61,613.	0.	-61,613.
ENERGY TRANSFER PARTNERS LP	-254,878.	0.	-254,878.
ENLINK MIDSTREAM PARTNERS, LP	-118,808.	0.	-118,808.
ENTERPRISE PRODUCTS PARTNERS LP	-396,910.	0.	-396,910.
EQT MIDSTREAM PARTNERS LP	-53,692.	0.	-53,692.
GENESIS ENERGY L.P.	-134,638.	0.	-134,638.
MAGELLAN MIDSTREAM PARTNERS LP	-108,466.	0.	-108,466.
MPLX LP	-138,328.	0.	-138,328.
ONEOK PARTNERS LP	-120,934.	0.	-120,934.
PHILLIPS 66 PARTNERS, L.P.	-21,630.	0.	-21,630.
PLAINS ALL AMERICAN PIPELINE LP	-157,368.	0.	-157,368.
SHELL MIDSTREAM PARTNERS, L.P.	-33,180.	0.	-33,180.
SPECTRA ENERGY PARTNERS, L.P.	-15,239.	0.	-15,239.
SUNOCO LOGISTICS PARTNERS LP	-22,532.	0.	-22,532.
TALLGRASS ENERGY PARTNERS, LP	-39,210.	0.	-39,210.
WESTERN GAS PARTNERS, LP	-52,101.	0.	-52,101.
WILLIAMS PARTNERS, LP	-85,273.	0.	-85,273.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,895,665.	0.	-1,895,665.

STATEMENT(S) 1, 2, 3

FORM 990T

PART II - LINE 31 - NET OPERATING LOSS DEDUCTION

STATEMENT 4

NET OPERATING LOSS CARRYFORWARD:

<u>YEAR GENERATED</u>	<u>AMOUNT GENERATED</u>	<u>AMOUNT UTILIZED</u>	<u>NOL REMAINING</u>	<u>DATE OF EXPIRATION</u>
6/30/2009	13,892	-	13,892	EXPIRES 6/30/2029
6/30/2010	24,704	-	38,596	EXPIRES 6/30/2030
6/30/2011	16,015	-	54,611	EXPIRES 6/30/2031
6/30/2012	1,274	-	55,885	EXPIRES 6/30/2032
6/30/2013	479	-	56,364	EXPIRES 6/30/2033
6/30/2014	-	56,364	-	EXPIRES 6/30/2034
6/30/2015	875,667	-	875,667	EXPIRES 6/30/2035
6/30/2016	1,868,715	-	2,744,382	EXPIRES 6/30/2036
6/30/2017	1,047,068	-	3,791,450	EXPIRES 6/30/2037
TOTAL	3,847,814	56,364	3,791,450	

AMT NET OPERATING LOSS CARRYFORWARD:

<u>YEAR GENERATED</u>	<u>AMOUNT GENERATED</u>	<u>AMOUNT UTILIZED</u>	<u>NOL REMAINING</u>	<u>DATE OF EXPIRATION</u>
6/30/2009	13,892	-	13,892	EXPIRES 6/30/2029
6/30/2010	24,704	-	38,596	EXPIRES 6/30/2030
6/30/2011	16,015	-	54,611	EXPIRES 6/30/2031
6/30/2012	1,274	-	55,885	EXPIRES 6/30/2032
6/30/2013	479	-	56,364	EXPIRES 6/30/2033
6/30/2014	-	56,364	-	EXPIRES 6/30/2034
6/30/2015	875,667	-	875,667	EXPIRES 6/30/2035
6/30/2016	1,868,715	-	2,744,382	EXPIRES 6/30/2036
6/30/2017	1,047,068	-	3,791,450	EXPIRES 6/30/2037
TOTAL	3,847,814	56,364	3,791,450	

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment

Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)► Attach to your tax return.
Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return ESSENTIA HEALTH	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 20-0360007
--------------------------------------------	-------------------------------------------------------------------------	----------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5 0

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8 0
9 Tentative deduction Enter the smaller of line 5 or line 8	9 0
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12 0
13 Carryover of disallowed deduction to 2017 Add lines 9 and 10, less line 12	13 0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16 6,813

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2016	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22 6,813
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25						
26 Property used more than 50% in a qualified business use											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use					S/L —						
		%			S/L —						
		%			S/L —						
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1					28			0			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1					29			0			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (don't include commuting miles). 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6	
	0	0	0	0	0	0	
	Yes	No	Yes	No	Yes	No	Yes

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles									
									Yes	No

Part VI Amortization	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
	42 Amortization of costs that begins during your 2016 tax year (see instructions)					
43 Amortization of costs that began before your 2016 tax year					43	
44 Total. Add amounts in column (f). See the instructions for where to report.					44	0

Name

ESSENTIA HEALTH

Employer identification number
20-0360007

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

- 1 Taxable income or (loss) before net operating loss deduction
- 2 **Adjustments and preferences:**
 - a Depreciation of post-1986 property
 - b Amortization of certified pollution control facilities
 - c Amortization of mining exploration and development costs
 - d Amortization of circulation expenditures (personal holding companies only)
 - e Adjusted gain or loss
 - f Long-term contracts
 - g Merchant marine capital construction funds
 - h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
 - i Tax shelter farm activities (personal service corporations only)
 - j Passive activities (closely held corporations and personal service corporations only)
 - k Loss limitations
 - l Depletion
 - m Tax-exempt interest income from specified private activity bonds
 - n Intangible drilling costs
 - o Other adjustments and preferences
- 3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o
- 4 **Adjusted current earnings (ACE) adjustment:**
 - a ACE from line 10 of the ACE worksheet in the instructions
 - b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions
 - c Multiply line 4b by 75% (0.75). Enter the result as a positive amount
 - d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note:** You must enter an amount on line 4d (even if line 4b is positive)
 - e ACE adjustment.
 - If line 4b is zero or more, enter the amount from line 4c
 - If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount
- 5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT
- 6 Alternative tax net operating loss deduction. See instructions
- 7 **Alternative minimum taxable income.** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions
- 8 **Exemption phase-out** (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):
 - a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
 - b Multiply line 8a by 25% (0.25)
 - c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
- 9 Subtract line 8c from line 7. If zero or less, enter -0-
- 10 Multiply line 9 by 20% (0.20)
- 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions
- 12 Tentative minimum tax. Subtract line 11 from line 10
- 13 Regular tax liability before applying all credits except the foreign tax credit
- 14 **Alternative minimum tax.** Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

JWA For Paperwork Reduction Act Notice, see separate instructions.

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