

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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
- OUR MISSIONWE SERVE OUR COMMUNITIES BY PROVIDING EXCEPTIONAL CARE, AS WE PREVENT ILLNESS, RESTORE HEALTH AND PROVIDE COMFORT TO ALL WHO ENTRUST US WITH THEIR CARE OUR VISIONWE WILL PUT THE PATIENT FIRST, MAKE A DIFFERENCE IN PEOPLES LIVES BY PROVIDING EXCEPTIONAL CARE AND SERVICE, CREATE A HEALING ENVIRONMENT WHERE PASSIONATE PEOPLE THRIVE AND EXCEL, AND LEAD COLLABORATIVE EFFORTS THAT SOLVE OUR COMMUNITY'S HEALTH CARE CHALLENGES OUR VALUESINTEGRITY, RESPECT, TRUST, COMPASSION AND STEWARDSHIP
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
- If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
- If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
- Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

| | | | | |
|----|--|----------------------------|------------------------------------|-----------------------------|
| 4a | (Code) | (Expenses \$ 3,325,388,139 | including grants of \$ 7,438,207) | (Revenue \$ 4,512,353,288) |
| | See Additional Data | | | |
| 4b | (Code) | (Expenses \$ 390,929,275 | including grants of \$) | (Revenue \$) |
| | See Additional Data | | | |
| 4c | (Code) | (Expenses \$ 59,740,538 | including grants of \$) | (Revenue \$ -108,316,218) |
| | See Additional Data | | | |
| | (Code) | (Expenses \$ 36,931,637 | including grants of \$) | (Revenue \$) |
| | <p>COMMUNITY SERVICES IN 2018, ALLINA HEALTH CONTRIBUTED \$36,931,637 TO COMMUNITY PROGRAMS AND SERVICES TO ADVANCE THE HEALTH OF THE BROADER COMMUNITY BELOW ARE EXAMPLES OF PROGRAMS AND SERVICES ALLINA HEALTH PROVIDES WITHIN THE COMMUNITIES WE SERVE THAT OFFER COMMUNITY BENEFIT COMMUNITY HEALTH IMPROVEMENT SERVICESACCORDING TO IRS REPORTING CATEGORIES AND THE CATHOLIC HEALTH ASSOCIATION (CHA/VHA) GUIDELINES, COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE ACTIVITIES TO IMPROVE COMMUNITY HEALTH THAT ARE SUBSIDIZED BY THE HEALTH CARE ORGANIZATION AND DO NOT GENERATE INPATIENT OR OUTPATIENT BILLS ALLINA HEALTH PROVIDES MANY PROGRAMS AND SERVICES THAT FALL UNDER THIS CATEGORY A FEW EXAMPLES INCLUDE HEALTH POWERED KIDS (HPK), LAUNCHED IN 2012, IS A FREE COMMUNITY EDUCATION PROGRAM DESIGNED TO EMPOWER CHILDREN AGES 3 TO 14 YEARS TO MAKE HEALTHIER CHOICES ABOUT EATING, EXERCISE, KEEPING CLEAN AND MANAGING STRESS IN 2018, 70,000 USERS VISITED THE HPK WEBSITE ADDITIONALLY, PROGRAM STAFF ADDED 7 LESSONS TO THE PROGRAM, ALL WITH A FOCUS ON MENTAL WELL-BEING, INCLUDING THE POWER OF MEDITATION, LEARNING MINDFULNESS THROUGH MOVEMENT AND GRATITUDE OVERLOOKED BLESSINGS CHANGE TO CHILL (CTC) IS A FREE, ONLINE RESOURCE THAT PROVIDES STRESS REDUCTION TIPS, LIFE BALANCE TECHNIQUES AND HEALTH EDUCATION SERVICES FOR TEENS IN 2018, MORE THAN 50,000 USERS VISITED THE CTC WEBSITE SOME OF THE USERS ARE TEACHERS WHO USE IT IN THEIR CLASSROOMS, TEENS WHO USE IT IN SOCIAL GROUPS AND PARENTS LOOKING FOR WAYS TO HELP THEIR CHILD STRESS LESS ALLINA HEALTH CONTINUED TO OFFER THE TRAIN-THE-TRAINER SESSIONS PILOTED IN 2017 TO EDUCATE SCHOOL AND COMMUNITY STAFF ON THE RESOURCES AND CURRICULUM OFFERED BY CTC IN 2018, APPROXIMATELY 111 TEACHERS, SOCIAL WORKERS AND OTHER PROFESSIONALS ATTENDED THE TRAIN-THE-TRAINER SESSIONS OVERALL, THE TRAINING WAS WELL-RECEIVED BY PARTICIPANTS AND MANY REPORTED THEY INTENDED TO USE WHAT THEY LEARNING IN THE CLASSROOM OR IN THE CAPACITY THAT THEY WORK WITH TEENS ALSO IN 2018, CTC LAUNCHED THE CHANGE TO CHILL SCHOOL PARTNERSHIP (CTCSP) WITH THE GOAL OF PROMOTING AND SUPPORTING A CULTURE OF MENTAL WELL-BEING IN LOCAL HIGH SCHOOLS DURING THE 2018-2019 SCHOOL YEAR, ALLINA HEALTH PARTNERED WITH NINE HIGH SCHOOLS THROUGH CTCSP, REACHING MORE THAN 10,000 STUDENTS COMPONENTS OF CTCSP INCLUDE STAFF TRAINING ON CTC, FOCUS GROUPS WITH STUDENTS, PEER MENTORING, CTC MESSAGING FOR PARENTS, A PAID STUDENT INTERNSHIP AND FUNDING FOR A "CHILL ZONE", A DESIGNATED SPACE FOR STUDENTS AND STAFF TO PRACTICE SELF-CARE FINALLY, THE CTC LEAD A SERIES CONTINUED TO BE OFFERED BY ALLINA HEALTH STAFF IN MIDDLE AND HIGH SCHOOLS IN SELECT ALLINA HEALTH COMMUNITIES THE LEAD A SERIES CURRICULUM IS AN IN-PERSON SERIES OF WORKSHOPS DESIGNED TO INCREASE PARTICIPATING STUDENTS' 1) AWARENESS OR KNOWLEDGE OF MENTAL WELLNESS AND STRESS REDUCTION CONCEPTS, 2) SELF-CONFIDENCE IN THEIR ABILITY TO COPE WITH STRESS, AND (3) INTENT TO USE HEALTHY COPING SKILLS LEARNED IN THE CHANGE TO CHILL CURRICULUM EVALUATIONS OF THIS CURRICULUM HAVE SHOWN THAT, OVERALL, SUTDENTS RESPOND WELL TO THE SERIES AND MOST PARTICIPANTS BELIEVE IT IS AT LEAST POSSIBLE THEY WILL USE THE SKILLS LEARNED IN THE PROGRAM ADDITIONALLY, PRE/POST TESTS HAVE SHOWN SIGNIFICANT INCREASES IN STUDENTS' OVERALL CONFIDENCE IN THEIR ABILITY TO DEPLOY SOME HEALTHY COPING TECHQUES NEIGHBORHOOD HEALTH CONNECTION (NHC) IS A COMMUNITY GRANTS PROGRAM THAT AIMS TO IMPROVE THE HEALTH OF COMMUNITIES BY BUILDING SOCIAL CONNECTIONS THROUGH HEALTHY EATING AND PHYSICAL ACTIVITY EACH YEAR, ALLINA HEALTH AWARDS OVER 50 NEIGHBORHOOD HEALTH CONNECTION GRANTS, RANGING IN SIZE FROM \$500-\$10,000, TO LOCAL NONPROFITS AND GOVERNMENT AGENCIES IN MINNESOTA AND WESTERN WISCONSIN THE 71 ACTIVITIES OFFERED IN 2018 REACHED ALMOST 3,600 PARTICIPANTS EVALUATIONS OF THE NHC PROGRAM FIND THAT THE MAJORITY OF PEOPLE WHO PARTICIPATE IN NHC-FUNDED PROGRAMS INCREASE THEIR SOCIAL CONNECTIONS AND MAKE POSITIVE CHANGES IN THEIR PHYSICAL ACTIVITY AND HEALTHY EATING BEHAVIOR FURTHER, FOLLOW-UP DATA HAS REVEALED THAT THESE POSITIVE CHANGES ARE MAINTAINED SIX MONTHS LATER AND THE MAJORITY OF PARTICIPANTS CONTINUE TO PARTICIPATE IN THE NHC ACTIVITY AFTER THE GRANT PERIOD ENDS MEDELIGIBLE - MEDELIGIBLE SERVICES SUPPORTS PATIENTS WHO HAVE DIFFICULTY PAYING THEIR MEDICAL BILLS THE STAFF HELPS PATIENTS APPLY TO FEDERAL, STATE, AND COUNTY AID PROGRAMS SUCH AS MEDICAID, MEDICARE, SOCIAL SECURITY, FOOD STAMPS, EMERGENCY FOOD AND SHELTER MEDELIGIBLE SERVICES EDUCATES PATIENTS AND THEIR FAMILIES ABOUT THE ADVANTAGES OF THESE PROGRAMS AND WORKS WITH THEM TO GET THE HELP THEY NEED CENTER FOR MEDICARE AND MEDICAID SERVICES ACCOUNTABLE HEALTH COMMUNITY COOPERATIVE AGREEMENTIN MAY 2017, ALLINA HEALTH WAS AWARDED AN ACCOUNTABLE HEALTH COMMUNITIES (AHC) COOPERATIVE AGREEMENT WITH THE CENTERS FOR MEDICARE & MEDICAID SERVICES THROUGH THE AHC MODEL, CARE TEAMS IN 78 ALLINA HEALTH SITES SCREEN PATIENTS WITH MEDICARE AND/OR MEDICAID INSURANCE FOR FIVE HEALTH-RELATED SOCIAL NEEDS HOUSING INSTABILITY, FOOD INSECURITY, ACCESS TO TRANSPORTATION, DIFFICULTY PAYING FOR HEAT, ELECTRICITY OR OTHER UTILITIES, AND CONCERS ABOUT INTERPERSONAL SAFETY IF A PATIENT IDENTIFIES A NEED, THE CARE TEAM PROVIDES A LIST OF COMMUNITY RESOURCES TAILORED TO THE PATIENT'S UNIQUE NEEDS IN ADDITION, SOME HIGH RISK PATIENTS RECEIVE CARE TEAM ASSISTANCE NAVIGATING TO COMMUNITY RESOURCES IN 2018, MORE THAN 76,000 ALLINA HEALTH PATIENTS COMPLETED IN AHC SCREEING TWENTY-FIVE PERCENT OF PATIENTS SCREEN IDENTIFIED AT LEAST ONE NEED, WITH THE MOST FREQUENTLY IDENTIFIED NEED BEING FOOD ACCESS (57%) FOLLOWED BY HOUSING INSTABILITY (44%) MORE THAN \$230,000 WAS INVESTED IN ACCOUNTABLE HEALTH COMMUNITIES WAS REPORTED AS COMMUNITY BENEFIT HEALTH PROFESSIONS EDUCATION ALLINA HEALTH ACTIVELY SUPPORTS NUMEROUS MEDICAL EDUCATION ACTIVITIES FOR PROVIDERS, HEALTH CARE STUDENTS AND OTHER HEALTH PROFESSIONALS IN 2018, ALLINA HEALTH INVESTED OVER \$15 MILLION IN INTERNSHIP OPPORTUNITIES, MENTORING PARTNERSHIPS, AND GRADUATE MEDICAL EDUCATION PROGRAMMING ALLINA HEALTH IS COMMITTED TO THE EDUCATION, TRAINING AND DEVELOPMENT OF FUTURE HEALTH CARE PROFESSIONALS AND ENSURES THE AVAILABILITY OF A HIGHLY TRAINED WORKFORCE TO MEET THE COMMUNITY'S HEALTH CARE NEEDS RESEARCH ALLINA HEALTH PARTICIPATES IN CLINICAL AND COMMUNITY HEALTH RESEARCH THAT IS FOCUSED ON IMPROVING COMMUNITY HEALTH ALLINA HEALTH INVESTED \$2,807,988 TOWARD THIS RESEARCH IN 2018 FINANCIAL AND IN-KIND CONTRIBUTIONSALLINA HEALTH PROVIDES NUMEROUS IN-KIND AND MONETARY CONTRIBUTIONS TO INDIVIDUALS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT COMMUNITY NEEDS IN 2018, ALLINA HEALTH FUNDED OVER \$5 6 MILLION FOR DONATIONS OF EQUIPMENT, SUPPLIES, FREE MEALS, STAFF TIME AND SPONSORSHIP OF VARIOUS CIVIC AWARDS, COMMUNITY PROGRAMS AND EVENTS COMMUNITY-BUILDING ACTIVITIESALLINA HEALTH AND ITS EMPLOYEES ARE ACTIVE PARTICIPANTS IN VARIOUS COMMUNITY ACTIVITIES THAT TARGET THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL ISSUES EXAMPLES INCLUDE COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT, PARTICIPATING IN VARIOUS COMMUNITY COALITIONS AND DISASTER PREPAREDNESS PLANNING COMMUNITY BENEFIT OPERATIONSALLINA HEALTH USES DEDICATED STAFF FOR THE ASSESSMENT AND MANAGEMENT OF COMMUNITY BENEFIT PROGRAMS AND NEEDS FOR MORE, PLEASE VISIT HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/ FOR MORE, PLEASE VISIT HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/</p> | | | |
| 4d | Other program services (Describe in Schedule O) | | | |
| | (Expenses \$ 36,931,637 | including grants of \$) | (Revenue \$) | |
| 4e | Total program service expenses ► 3,812,989,589 | | | |

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a Yes | |
| b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b Yes | |
| c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 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 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b Yes | |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a Yes | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 Yes | |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 Yes | |

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

| | | Yes | No |
|-----------|--|-----------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 1,501 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c Yes | |

| | | | | | | |
|--|--|-----------|--------|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 32,321 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | 3b | Yes | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | 4a | Yes | |
| b If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | |
| | | | | 8 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a Gross income from members or shareholders | | | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | | | 13a | | |
| 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 | | | | 13b | | |
| c Enter the amount of reserves on hand | | | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | 15 | Yes | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | 16 | | No |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | Yes | |
| 10b | 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? | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | Yes | |
| 16b | 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? | Yes | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MN, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ TAX SERVICES MAIL ROUTE 10890 2925 CHICAGO AVENUE MINNEAPOLIS, MN 554071321 (612) 262-0660

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

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

☒

● 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

[illegible]

Part VII

(A)
Name and Title

Sub-Total

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 ▶ 3,661

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

Section B. Independent Contractors

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 | |
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| 99 | |
| 100 | |

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 ► 207

| | | | | | | | |
|--|--|--|---|--|---|--|----------|
| Part VIII | | Statement of Revenue | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | | |
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | 31,633,757 | | | |
| | e | Government grants (contributions) | 1e | 8,886,742 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 611,362 | | | |
| | g | Noncash contributions included in lines 1a - 1f \$ | 253,199 | | | | |
| | h | Total. Add lines 1a-1f | 41,131,861 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | PROG SERV REVENUE-RELATED-990 | 621990 | 4,503,611,333 | 4,503,611,333 | | |
| | b | PATIENT BAD DEBT | 621990 | -108,316,218 | -108,316,218 | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | 9 | Total. Add lines 2a-2f | 4,395,295,115 | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | 46,229,676 | | 46,229,676 | |
| | 4 | | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | | Royalties | | | | |
| | 6a | (i) Real | | (ii) Personal | | | |
| | | Gross rents | | | | | |
| | | 9,429,570 | | | | | |
| | | b Less rental expenses | | 0 | | | |
| | c | | Rental income or (loss) | 9,429,570 | | | |
| | d | | Net rental income or (loss) | 9,429,570 | | 9,429,570 | |
| | 7a | (i) Securities | | (ii) Other | | | |
| | | Gross amount from sales of assets other than inventory | | 918,489,319 | 15,121,624 | | |
| | | b Less cost or other basis and sales expenses | | 897,047,263 | 12,598,798 | | |
| | | c Gain or (loss) | | 21,442,056 | 2,522,826 | | |
| | d | | Net gain or (loss) | 23,964,882 | | 23,964,882 | |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | a | 6,046,081 | | |
| | | b Less direct expenses | | b | 7,024,354 | | |
| | | c Net income or (loss) from fundraising events | | | -978,273 | | -978,273 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | a | | | |
| | | b Less direct expenses | | b | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | a | | | | |
| | b Less cost of goods sold | | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | RETAIL PHARMACY | 446110 | 13,670,022 | | 13,670,022 | | |
| b | REFERENCE LAB | 621500 | 12,771,369 | | 12,771,369 | | |
| c | ST FRANCIS MEDICAL CENTER | 621990 | 7,076,071 | 7,076,071 | | | |
| d | All other revenue | | 14,729,891 | 1,665,884 | 13,064,007 | | |
| e | Total. Add lines 11a-11d | | 48,247,353 | | | | |
| 12 | Total revenue. See Instructions | | 4,563,320,184 | 4,404,037,070 | 39,505,398 | 78,645,855 | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 6,818,108 | 6,818,108 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 620,099 | 620,099 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 14,188,148 | | 14,188,148 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 2,105,987,068 | 1,861,378,663 | 240,027,439 | 4,580,966 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 117,139,168 | 102,840,721 | 14,045,350 | 253,097 |
| 9 Other employee benefits. | 303,192,086 | 266,183,321 | 36,353,672 | 655,093 |
| 10 Payroll taxes. | 135,748,932 | 119,178,907 | 16,276,718 | 293,307 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 29,640,298 | 22,827,312 | 6,785,869 | 27,117 |
| b Legal. | 6,022,718 | | 6,022,718 | |
| c Accounting. | 1,076,739 | | 1,076,739 | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 420,087,385 | 311,524,972 | 108,026,592 | 535,821 |
| 12 Advertising and promotion. | 5,348,448 | 1,039,597 | 4,307,275 | 1,576 |
| 13 Office expenses. | 672,476,983 | 645,670,852 | 26,572,636 | 233,495 |
| 14 Information technology. | 56,773,598 | 38,743,696 | 18,009,441 | 20,461 |
| 15 Royalties. | | | | |
| 16 Occupancy. | 129,875,142 | 104,679,090 | 25,047,237 | 148,815 |
| 17 Travel. | 7,252,925 | 5,970,062 | 1,252,531 | 30,332 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 5,534,599 | 4,615,248 | 902,320 | 17,031 |
| 20 Interest. | 32,348,593 | 32,348,593 | | |
| 21 Payments to affiliates. | 312,729 | 312,729 | | |
| 22 Depreciation, depletion, and amortization. | 185,803,819 | 145,631,164 | 40,098,902 | 73,753 |
| 23 Insurance. | 48,452,259 | 48,452,259 | | |
| 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 MINNESOTA CARE TAX | 53,735,926 | 53,735,926 | | |
| b MEDICAID SURCHARGE | 25,957,224 | 25,957,224 | | |
| c INCOME TAX - UBI | 3,138,606 | | 3,138,606 | |
| d COMMUNITY OUTREACH | 1,230,995 | 587,800 | 640,913 | 2,282 |
| e All other expenses | 26,633,792 | 13,873,246 | 11,690,355 | 1,070,191 |
| 25 Total functional expenses. Add lines 1 through 24e. | 4,395,396,387 | 3,812,989,589 | 574,463,461 | 7,943,337 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|---------------|--------------------------|---------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 28,088,481 | 1 | 19,237,314 |
| | 2 | Savings and temporary cash investments | | 8,776,073 | 2 | 7,162,618 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 759,366,829 | 4 | 795,349,446 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 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 | | | 6 | |
| | 7 | Notes and loans receivable, net | | 5,129,813 | 7 | 2,001 |
| | 8 | Inventories for sale or use | | 65,605,879 | 8 | 72,444,308 |
| | 9 | Prepaid expenses and deferred charges | | 15,361,450 | 9 | 20,699,926 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 3,496,686,398 | | |
| | b | Less: accumulated depreciation | 10b | 2,272,907,658 | | |
| | | | | 1,219,507,118 | 10c | 1,223,778,740 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 2,302,152,806 | 12 | 2,270,930,572 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 17,604,016 | 14 | 33,094,803 |
| 15 | Other assets. See Part IV, line 11 | | 111,716,255 | 15 | 102,642,983 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 4,533,308,720 | 16 | 4,545,342,711 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 481,344,656 | 17 | 488,883,939 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 19,761,293 | 19 | 30,315,871 |
| | 20 | Tax-exempt bond liabilities | | 973,911,676 | 20 | 948,490,944 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 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 | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 43,200 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 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 | | 356,253,838 | 25 | 331,990,961 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,831,314,663 | 26 | 1,799,681,715 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 2,693,676,728 | 27 | 2,737,463,132 |
| | 28 | Temporarily restricted net assets | | 5,873,186 | 28 | 5,826,652 |
| | 29 | Permanently restricted net assets | | 2,444,143 | 29 | 2,371,212 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | Total net assets or fund balances | | 2,701,994,057 | 33 | 2,745,660,996 | |
| 34 | Total liabilities and net assets/fund balances | | 4,533,308,720 | 34 | 4,545,342,711 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|---|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,563,320,184 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,395,396,387 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 167,923,797 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,701,994,057 |
| 5 | Net unrealized gains (losses) on investments | 5 | -121,989,876 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,266,982 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,745,660,996 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

| | |
|-------------------|----------------------|
| Software ID: | |
| Software Version: | |
| EIN: | 36-3261413 |
| Name: | ALLINA HEALTH SYSTEM |

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDING MEDICAL SERVICESHOSPITAL, MEDICAL AND OTHER HEALTH CARE SERVICESALLINA HEALTH DELIVERS HIGH QUALITY HOSPITAL, MEDICAL AND OTHER HEALTH CARE SERVICES TO PATIENTS IN MINNESOTA AND WESTERN WISCONSIN AS A MISSION-DRIVEN ORGANIZATION, ALLINA HEALTH IS COMMITTED TO IMPROVING THE LIFELONG HEALTH OF THE COMMUNITIES IT SERVES ALLINA HEALTH PROVIDES THESE SERVICES TO THE COMMUNITY THROUGH ITS FAMILY OF HOSPITALS WHICH INCLUDE ABBOTT NORTHWESTERN HOSPITAL - MINNEAPOLIS, MINNESOTALOCATED IN SOUTH MINNEAPOLIS, ABBOTT NORTHWESTERN HOSPITAL IS THE TWIN CITIES' LARGEST NOT-FOR-PROFIT HOSPITAL ABBOTT NORTHWESTERN IS KNOWN AROUND THE REGION AND ACROSS THE UNITED STATES FOR ITS CENTERS OF EXCELLENCE CANCER CARE THROUGH THE VIRGINIA PIPER CANCER INSTITUTE, CARDIOVASCULAR SERVICES IN PARTNERSHIP WITH THE MINNEAPOLIS HEART INSTITUTE, THE SPINE INSTITUTE, NEUROSCIENCE INSTITUTE, ORTHOPAEDIC INSTITUTE, PERINATOLOGY, OBSTETRICS AND GYNECOLOGY THROUGH WOMENCARE AND PHYSICAL REHABILITATION THROUGH COURAGE KENNY REHABILITATION INSTITUTE BUFFALO HOSPITAL - BUFFALO, MINNESOTALOCATED IN THE WESTERN METROPOLITAN COMMUNITY OF BUFFALO, BUFFALO HOSPITAL IS RECOGNIZED AS ONE OF THE NATION'S 100 TOP HOSPITALS ACCORDING TO THOMSON REUTERS BUFFALO HOSPITAL PROVIDES HIGH QUALITY, PERSONAL CARE IN PRIVATE ROOMS THE HOSPITAL PROVIDES MANY SPECIALTY SERVICES INCLUDING THE BIRTH CENTER, CARDIAC CENTER, EMERGENCY SERVICES, SLEEP CENTER, PHILLIPS EYE INSTITUTE, COURAGE KENNY REHABILITATION INSTITUTE AND VIRGINIA PIPER CANCER INSTITUTE CAMBRIDGE MEDICAL CENTER - CAMBRIDGE, MINNESOTALOCATED IN THE COMMUNITY OF CAMBRIDGE, CAMBRIDGE MEDICAL CENTER IS A REGIONAL HEALTH CARE FACILITY PROVIDING COMPREHENSIVE HEALTH CARE SERVICES TO RESIDENTS OF ISANTI COUNTY THE MEDICAL CENTER IS COMPRISED OF A LARGE MULTI-SPECIALTY CLINIC AND A HOSPITAL ON ONE LARGE CAMPUS DEDICATED TO MEETING THE NEEDS OF ITS PATIENTS, CAMBRIDGE MEDICAL CENTER PROVIDES AN ATMOSPHERE THAT PROMOTES HEALING AND COMFORT DISTRICT ONE HOSPITAL - FARIBAULT, MNLOCATED JUST SOUTH OF THE TWIN CITIES IN FARIBAULT, DISTRICT ONE HOSPITAL PROVIDES A BROAD RANGE OF HEALTH CARE SERVICES BIRTH CENTER, COURAGE KENNY REHABILITATION INSTITUTE, CARDIOPULMONARY REHABILITATION, DIAGNOSTIC IMAGING, EMERGENCY, GENERAL SURGERY, LABORATORY, PHARMACY, SLEEP STUDY AND VIRGINIA PIPER CANCER INSTITUTE THE DYNAMIC HEALTH CARE CAMPUS ALSO INCLUDES THE ALLINA HEALTH FARIBAULT CLINIC AND MAYO CLINIC HEALTH SYSTEM-FARIBAULT MERCY HOSPITAL - COON RAPIDS, MINNESOTALOCATED IN COON RAPIDS, MERCY HOSPITAL OFFERS NATIONALLY RECOGNIZED CLINICAL EXCELLENCE AND COMPASSIONATE HEALTH CARE SERVICES TO NORTH METRO COMMUNITIES AMONG THE SERVICES PROVIDING CUTTING-EDGE CARE ARE HEART & VASCULAR CENTER, CANCER CARE, THE MOTHER BABY CENTER, EMERGENCY SERVICES, MENTAL HEALTH SERVICES AND A WIDE RANGE OF HEALTH EDUCATION AND SUPPORT GROUPS THE UNITY CAMPUS OF MERCY, LOCATED IN FRIDLEY, ALSO PROVIDES A WIDE RANGE OF HEALTH CARE SERVICES TO THE NORTH METRO AREA, INCLUDING A RENOWNED BARIATRIC [SURGICAL WEIGHT LOSS] CENTER OTHER SERVICES INCLUDE MEDICAL SURGICAL CARE, CANCER CARE, EMERGENCY SERVICES AND MENTAL HEALTH AND ADDICTION SERVICES INCLUDING GERIATRIC MENTAL HEALTH UNITY ALSO OFFERS A COMPLETE ARRAY OF HEALTH EDUCATION AND SUPPORT GROUPS TO PATIENTS AND THE COMMUNITY NEW ULM MEDICAL CENTER - NEW ULM, MINNESOTALOCATED IN SOUTH CENTRAL MINNESOTA, NEW ULM MEDICAL CENTER (NUMC) CONSISTS OF A HOSPITAL AND CLINIC THAT SERVES THE REGION IN AND AROUND BROWN COUNTY NUMC OFFERS AN EXTENSIVE RANGE OF HEALTH CARE OPTIONS, INCLUDING FAMILY PRACTICE, INTERNAL MEDICINE, GENERAL SURGERY, PEDIATRICS, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, RADIOLOGY, EMERGENCY MEDICINE, PSYCHIATRY, PODIATRY, MENTAL HEALTH AND SUBSTANCE ABUSE, HOME CARE AND HOSPICE AS A FULLY INVOLVED MEMBER OF ITS COMMUNITY, NUMC CONTINUALLY FOSTERS AN ATMOSPHERE OF WELL BEING OUTSIDE ITS FOUR WALLS THROUGH A VARIETY OF COMMUNITY-FOCUSED INITIATIVES OWATONNA HOSPITAL - OWATONNA, MINNESOTALOCATED SOUTH OF THE TWIN CITIES METROPOLITAN AREA, OWATONNA HOSPITAL PROVIDES COMPREHENSIVE CARE TO PATIENTS IN AND AROUND STEELE COUNTY OWATONNA HOSPITAL HAS HELPED TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF ITS PATIENTS AND THE COMMUNITY FOR MORE THAN 110 YEARS THE 38-BED REPLACEMENT HOSPITAL THAT OPENED IN OCTOBER 2009 FEATURES INTERNATIONAL BEST PRACTICES IN CONTEMPORARY HOSPITAL DESIGN THE HOSPITAL OFFERS A FULL RANGE OF INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES PHILLIPS EYE INSTITUTE - MINNEAPOLIS, MINNESOTALOCATED IN MINNEAPOLIS, PHILLIPS EYE INSTITUTE IS THE THIRD LARGEST SPECIALTY EYE HOSPITAL IN THE U S , SPECIALIZING IN THE DIAGNOSIS, TREATMENT AND CARE OF EYE DISORDERS AND DISEASES PHILLIPS EYE INSTITUTE DRAWS PATIENTS FROM A FIVE-STATE REGION WITH AN EXTENSIVE ARRAY OF SERVICES, RANGING FROM DIAGNOSTIC TESTS AND VISION REHABILITATION TO LASER EYE TREATMENTS AND SPECIALIZED EYE SURGERY REGINA MEDICAL CENTER - HASTINGS, MNLOCATED IN HASTINGS, REGINA HOSPITAL PROVIDES HEALTH CARE SERVICES INCLUDING, PRIMARY CARE, INTERNAL MEDICINE, GENERAL SURGERY, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, PEDIATRICS, EMERGENCY MEDICINE, INPATIENT GERIATRIC MENTAL HEALTH, UROLOGY AND OCCUPATIONAL MEDICINE SINCE ITS FOUNDATION, REGINA HOSPITAL CONTINUES TO MAINTAIN ITS CATHOLIC HERITAGE FOCUSING ON SERVING THE WHOLE PERSON - MIND, BODY AND SPIRIT THE HASTINGS CAMPUS INCLUDES SENIOR LIVING FACILITIES, TWO ALLINA HEALTH CLINICS AND A SURGERY CENTER RIVER FALLS AREA HOSPITAL - RIVER FALLS, WISCONSINLOCATED IN WESTERN WISCONSIN, RIVER FALLS AREA HOSPITAL IS PART OF A SHARED MEDICAL CAMPUS THAT PROVIDES EASY ACCESS TO HOSPITAL SERVICES AS WELL AS PRIMARY CARE AND SPECIALTY CLINICS, A LONG-TERM CARE FACILITY AND A WELLNESS AND FITNESS CENTER RIVER FALLS AREA HOSPITAL PROVIDES HIGH QUALITY PATIENT FOCUSED CARE AT THEIR RIVERS CANCER CENTER, BIRTH CENTER AND SLEEP CENTER RIVER FALLS AREA HOSPITAL PROVIDES PATIENTS A FULL RANGE OF INPATIENT, OUTPATIENT AND EMERGENCY SERVICES INCLUDING SURGICAL, CARDIOVASCULAR AND REHABILITATION SERVICES UNITED HOSPITAL ST PAUL, MINNESOTALOCATED IN DOWNTOWN ST PAUL, UNITED HOSPITAL IS THE LARGEST HOSPITAL IN THE TWIN CITIES EAST METRO AREA UNITED HAS A REPUTATION FOR EXCELLENCE IN PATIENT CARE AND STATE-OF-THE-ART FACILITIES, WITH INNOVATIVE PROGRAMS SUCH AS CARDIOVASCULAR SERVICES (INCLUDING NASSEFF HEART CENTER, WOMEN'S HEART CENTER AND VASCULAR CENTER), NASSEFF NEUROSCIENCE CENTER, AND PSYCHIATRY, WOMEN'S HEALTH, SURGICAL, REHABILITATION AND EMERGENCY SERVICES ALLINA HEALTH ALSO PROVIDES SERVICES TO THE COMMUNITY THROUGH ITS FAMILY OF CLINICS WITH MORE THAN 90 CLINICS THROUGHOUT MINNESOTA AND WESTERN WISCONSIN, WE PROVIDE PRIMARY CARE, SPECIALTY CARE AND URGENT CARE SERVICES TO PEOPLE IN OVER 40 COMMUNITIES ALLINA AND ITS SUBSIDIARIES PROVIDE A FULL RANGE OF PRIMARY AND SPECIALTY HEALTH CARE SERVICES INCLUDING TECHNICALLY ADVANCED INPATIENT AND OUTPATIENT CARE, 24-HOUR EMERGENCY CARE, MEDICAL TRANSPORTATION, PHARMACY, LABORATORY, HOME CARE AND HOSPICE SERVICES MORE THAN 750 HEALTH CARE PRACTITIONERS HELP PATIENTS IDENTIFY HEALTH RISKS, MANAGE CHRONIC ILLNESS AND FIND THEIR PATH TO BETTER HEALTH ALLINA HEALTH ALSO OPERATES ADDITIONAL SERVICES WHICH INCLUDE HOME CARE, HOSPICE AND PALLIATIVE CAREHOME OXYGEN AND MEDICAL EQUIPMENTMEDICAL LABORATORIESMEDICAL TRANSPORTATION PHARMACYPHYSICAL REHABILITATIONIN 2018, ALLINA HEALTH EXPENDED OVER \$3 BILLION TO PROVIDE SERVICES TO PATIENTS THAT INCLUDED 4,900,000 CLINIC VISITS, 111,735 INPATIENT ADMISSIONS AND 1,500,000 HOSPITAL OUTPATIENT VISITS THERE WERE 339,744 EMERGENCY CARE VISITS, 396,924 HOMECARE AND HOSPICE VISITS, AND OVER 15,222 BIRTHS AT ALLINA HEALTH HOSPITALS FOR MORE INFORMATION PLEASE VISIT HTTP //WWW.ALLINAHEALTH.ORG SUBSIDIZED HEALTH SERVICESALLINA HEALTH SUBSIDIZES CERTAIN NECESSARY HEALTH CARE SERVICES, WHICH INCLUDE 24-HOUR EMERGENCY SERVICES TO THE COMMUNITY, ESPECIALLY THOSE LOCATED IN MEDICALLY UNDERSERVED OR HIGH-NEED AREAS, AND MENTAL HEALTH SERVICES IN 2018, ALLINA HEALTH EXPENDED \$4,898,042 TO MAKE AVAILABLE AND PROVIDE THESE SERVICES TO THE COMMUNITIES WE SERVE

Form 990, Part III, Line 4b:

COST OF PARTICIPATING IN GOVERNMENT PROGRAMS ALLINA HEALTH IS COMMITTED TO SERVING ALL PERSONS IN NEED, REGARDLESS OF RACE, CREED, SEX, NATIONALITY, RELIGION, DISABILITY, AGE, OR ABILITY TO PAY TO PROMOTE ACCESS TO CARE FOR ALL INDIVIDUALS, ALLINA HEALTH PARTICIPATES IN THE FOLLOWING PUBLIC HEALTH CARE PROGRAMS MEDICARE, MEDICAID, MINNESOTACARE, AND GENERAL ASSISTANCE PAYMENTS FROM THESE PROGRAMS FREQUENTLY DO NOT COVER THE COSTS ALLINA HEALTH INCURS TO SERVE PROGRAM BENEFICIARIES IN 2018, ALLINA HEALTH PROVIDED \$390,929,275 IN HEALTH CARE SERVICES IN EXCESS OF THE REIMBURSEMENT RECEIVED BY PUBLIC PROGRAMS AND SURCHARGES, TAXES AND FEES RELATED TO THESE PROGRAMS THE FOLLOWING IS A BREAKDOWN ON COSTS RELATED TO THESE PROGRAMS, SERVICES AND ADDITIONAL TAXES AND FEES COSTS IN EXCESS OF MEDICARE AND MEDICAID PAYMENTS ALLINA HEALTH PROVIDES SERVICES TO PUBLIC PROGRAM ENROLLEES SUCH PUBLIC PROGRAMS HAVE HISTORICALLY BEEN REIMBURSED AT AMOUNTS LESS THAN COST IN 2018, ALLINA HEALTH EXPENDED \$261,076,486 BEYOND REIMBURSEMENTS TO PROVIDE CARE FOR MEDICARE PATIENTS AND AN ADDITIONAL \$45,426,834 BEYOND REIMBURSEMENTS FOR MEDICAID PATIENTS MEDICAID SURCHARGE ALLINA HEALTH IS A PARTICIPANT IN THE MEDICAID SURCHARGE PROGRAM THE CURRENT PROGRAM INCLUDES A 1.56% SURCHARGE ON A HOSPITAL'S NET PATIENT SERVICE REVENUE (EXCLUDING MEDICARE REVENUE) REPORTED AMOUNTS ARE NET OF ANY DISPROPORTIONATE SHARE ADJUSTMENTS IN 2018, ALLINA HEALTH PAID \$25,957,224 FOR THE MEDICAID SURCHARGE MINNESOTACARE TAX ALLINA HEALTH ALSO PARTICIPATES IN THE FUNDING OF MEDICAL CARE FOR THE UNINSURED THROUGH A MINNESOTACARE TAX OF 2% ON CERTAIN NET REVENUE PATIENTS WHO ARE UNABLE TO GET INSURANCE THROUGH THEIR EMPLOYER ARE ELIGIBLE TO PARTICIPATE IN MINNESOTACARE IF THEY MEET RESIDENCY AND INCOME GUIDELINES ALLINA HEALTH PAID \$53,735,926 FOR THE MINNESOTACARE TAX IN 2018 TAXES AND FEES ALLINA HEALTH PAYS PROPERTY TAXES TO LOCAL AND STATE GOVERNMENT USED IN FUNDING CIVIL AND EDUCATION SERVICES TO THE COMMUNITY IN TOTAL, ALLINA HEALTH PAID \$4,732,805 IN TAXES AND FEES IN 2018

Form 990, Part III, Line 4c:

UNCOMPENSATED CARE CHARITY CARE ALLINA HEALTH PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COST TO RESIDENTS OF THE COMMUNITIES THAT IT SERVES THROUGH THE PROVISION OF CHARITY CARE OUR PARTNERS CARE WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE SUCH AS MEDICAID AND WHOSE ANNUAL INCOMES ARE AT OR BELOW 275% OF THE FEDERAL POVERTY LEVEL CHARITY CARE DOES NOT INCLUDE BAD DEBT (CHARGES WRITTEN OFF FOR PROVIDING SERVICES TO PERSONS ABLE, BUT UNWILLING, TO PAY FOR THESE SERVICES) THROUGH THIS PROGRAM, ALLINA HEALTH STRIVES TO ENSURE THAT ALL MEMBERS OF THE COMMUNITY RECEIVE QUALITY MEDICAL CARE, REGARDLESS OF ABILITY TO PAY IN 2018, ALLINA HEALTH PROVIDED \$20,651,844 IN CHARITY CARE UNINSURED DISCOUNT PROGRAM FOR UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MEDICAID OR MEET THE FINANCIAL THRESHOLD FOR CHARITY CARE, BUT REQUIRE SOME FINANCIAL ASSISTANCE, ALLINA HEALTH PROVIDES A SLIDING SCALE DISCOUNT ALL UNINSURED PATIENTS ARE ELIGIBLE FOR A MINIMUM OF A 19 PERCENT DISCOUNT ON BILLED CHARGES AND MAY QUALIFY FOR DISCOUNTS UP TO 46 PERCENT BASED ON ELIGIBILITY CRITERIA IN 2018, ALLINA HEALTH PROVIDED \$39,088,694 IN SUCH DISCOUNTS TO LOW-INCOME, UNINSURED INDIVIDUALS BAD DEBT - BAD DEBT WILL BE REPORTED AS A REDUCTION TO REVENUE ALLINA HEALTH PROVIDES MEDICAL CARE TO ALL IN NEED THERE ARE TIMES WHEN PATIENT ACCOUNT BALANCES GO UNPAID, KNOWN AS BAD DEBT THESE BAD DEBT AMOUNTS IN 2018 TOTALED \$108,316,218

| 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 | Former | | | |
| RAYMOND CLAY AHRENS DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| JOHN ALLEN MD DIRECTOR | 2 00 0 00 | X | | | | | | 14,000 | 0 | 0 |
| JENNIFER ALSTAD DIRECTOR | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| GARY BHOJWANI DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| BARBARA BUTTS WILLIAMS DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| JOHN CHURCHCHAIRMAN DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| LAURA GILLUND DIRECTOR | 2 00 0 00 | X | | | | | | 14,000 | 0 | 0 |
| JOSEPH GOSWITZ MD DIRECTOR | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| GREGORY HEINEMANN DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| LOUIS KING II DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |

| 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 | Former | | | |
| DAVID KUPLIC DIRECTOR | 2 00 0 00 | X | | | | | | 14,000 | 0 | 0 |
| STEVEN LACROIX DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| HUGH NIERENGARTEN DIRECTOR | 2 00 0 00 | X | | | | | | 15,000 | 0 | 0 |
| SAHRA NOOR DIRECTOR | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN ROSENBERG DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| DEBBRA SCHONEMAN DIRECTOR/VICE CHAIR | 2 00 0 00 | X | | | | | | 15,000 | 0 | 0 |
| THOMAS SCHREIER DIRECTOR/VICE CHAIR/CHAIR | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| ABIR SEN DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |
| SALLY SMITH DIRECTOR | 2 00 0 00 | X | | | | | | 14,000 | 0 | 0 |
| DARRELL TUKUA DIRECTOR | 2 00 0 00 | X | | | | | | 10,000 | 0 | 0 |

| 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 | Former | | | |
| TIMOTHY WELSH DIRECTOR | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| PENNY WHEELER MD DIRECTOR/PRESIDENT/CEO | 40 00 2 00 | X | | X | | | | 2,262,858 | 0 | 806,785 |
| BEN BACHE-WIIG MD EVP CHIEF POPULATION HEALTH OFF | 40 00 2 00 | | | X | | | | 905,650 | 0 | 158,612 |
| MARY BEAR-DUKES VP-REVENUE CYCLE MGMT | 40 00 0 00 | | | X | | | | 338,207 | 0 | 74,207 |
| CHRISTINE BENT EVP-ALLINA HEALTH GROUP | 40 00 0 00 | | | X | | | | 866,404 | 0 | 293,449 |
| SARA CRIGER SVP, PRES MERCY HOSP | 40 00 2 00 | | | X | | | | 944,810 | 0 | 275,074 |
| MARGARET HASBROUCK VP, PAYOR RELATIONS/CONTRACTING | 40 00 0 00 | | | X | | | | 352,660 | 0 | 45,377 |
| CORRINE KROEHLER VP FINANCE/SUPPLY CHAIN | 40 00 0 00 | | | X | | | | 384,050 | 0 | 86,334 |
| RICHARD MAGNUSON EVP/CFO/TREASURER | 40 00 2 00 | | | X | | | | 834,474 | 0 | 234,998 |
| CHRISTINE MOORE SVP, CHIEF HR OFFICER | 40 00 0 00 | | | X | | | | 585,113 | 0 | 192,408 |

| 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 | Former | | | |
| THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP | 40 00 4 00 | | | X | | | | 1,050,494 | 0 | 162,601 |
| ANN MADDEN RICE SVP/PRESIDENT ANW | 40 00 0 00 | | | X | | | | 344,852 | 0 | 51,919 |
| LISA SHANNON EVP, CHIEF OPERATING OFF | 40 00 0 00 | | | X | | | | 1,034,622 | 0 | 250,238 |
| JONATHAN SHOEMAKER SVP CHIEF INFO & IMPRV OFFICER | 40 00 0 00 | | | X | | | | 508,640 | 0 | 145,717 |
| JEFFREY SHOEMATE SVP CHIEF MARKETING OFFICER | 40 00 0 00 | | | X | | | | 230,564 | 0 | 73,359 |
| TIMOTHY SIELAFF SVP-AHG-SPEC CARE/CMO | 40 00 0 00 | | | X | | | | 1,021,139 | 0 | 276,544 |
| DAVID SLOWINSKE SVP, AHG OPERATIONS | 40 00 0 00 | | | X | | | | 492,566 | 0 | 194,226 |
| KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF | 40 00 0 00 | | | X | | | | 457,443 | 0 | 90,986 |
| ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN COUN | 40 00 0 00 | | | X | | | | 823,005 | 0 | 228,657 |
| ROBERT WIELAND MD SVP CHIEF STRATEGY OFFICER | 40 00 0 00 | | | X | | | | 564,597 | 0 | 62,876 |

| 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 | Former | | | |
| DANIEL BUSS MD PHYSICIAN | 40 00 0 00 | | | | | X | | 1,381,411 | 0 | 115,884 |
| MICHAEL FREEHILL MD PHYSICIAN | 40 00 0 00 | | | | | X | | 1,200,503 | 0 | 106,509 |
| MARK HELLER MD PHYSICIAN | 40 00 0 00 | | | | | X | | 1,454,481 | 0 | 109,943 |
| TODD HESS MD PHYSICIAN | 40 00 0 00 | | | | | X | | 1,513,691 | 0 | 119,614 |
| LEROY MCCARTY III MD PHYSICIAN | 40 00 0 00 | | | | | X | | 1,335,947 | 0 | 112,103 |
| ELIZABETH SMITH MD FORMER INTERIM SVP AHG-PRI | 40 00 0 00 | | | | | | X | 263,520 | 0 | 43,549 |
| RODNEY CHRISTENSEN MD FORMER SVP/PRESIDENT AHC | 40 00 0 00 | | | | | | X | 592,169 | 0 | 114,226 |

| | | |
|---|---|---|
| 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. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. | OMB No 1545-0047 2018 Open to Public Inspection |
| Department of the Treasury Internal Revenue Service Name of the organization ALLINA HEALTH SYSTEM | | Employer identification number 36-3261413 |

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | | |
|--|--|---------|---------|---------|---------|-----------|----------|
| Calendar year (or fiscal year beginning in) ► | | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|---|----|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| b | 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | | |
| 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | | |
| 3b | | |

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

Part V

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

| | |
|--|--|
| Name of the organization ALLINA HEALTH SYSTEM | Employer identification number 36-3261413 |
|--|--|

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | | (a) | | (b) |
|-----------|--|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | Yes | | |
| 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 | | 5,622 |
| 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 | | 506,185 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | |
| j | Total. Add lines 1c through 1i | | | 511,807 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a | Current year | 2b | |
| b | Carryover from last year | 2c | |
| c | Total | 3 | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 4 | |
| 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? | 5 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|---|
| PART II-B, LINE 1 | ALLINA HEALTH EMPLOYS VARIOUS INDIVIDUALS, AS WELL AS CONTRACTS WITH VARIOUS LOBBYISTS, TO MONITOR LEGISLATIVE ACTS IMPORTANT TO ALL OF ALLINA ON BOTH A NATIONAL AND STATE LEVEL |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 102,594,063 | 94,600,833 | 90,703,126 | 94,260,855 | 92,547,888 |
| b Contributions | 131,724 | 113,190 | 262,589 | 344,252 | 377,018 |
| c Net investment earnings, gains, and losses | -4,679,140 | 10,942,048 | 6,502,830 | -1,885,276 | 3,371,089 |
| d Grants or scholarships | -41,015 | 5,000 | 7,615 | 6,000 | 4,500 |
| e Other expenditures for facilities and programs | 4,068,672 | 3,057,008 | 2,860,097 | 2,747,357 | 2,030,640 |
| f Administrative expenses | | | | | |
| g End of year balance | 93,936,959 | 102,594,063 | 94,600,833 | 89,966,474 | 94,260,855 |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 96,797,809 | | 96,797,809 |
| b Buildings | | 1,530,199,467 | 815,623,560 | 714,575,907 |
| c Leasehold improvements | | 173,585,128 | 106,729,778 | 66,855,350 |
| d Equipment | | 1,642,281,189 | 1,330,301,869 | 311,979,320 |
| e Other | | 53,822,805 | 20,252,451 | 33,570,354 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 1,223,778,740 |

Schedule D (Form 990) 2018

Part VII

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) CASH AND CASH EQUIVALENTS | 105,312,481 | F |
| (B) MONEY MARKET COLLECTIVE FUND | 21,114,717 | F |
| (C) FIXED INCOME | 988,528,255 | F |
| (D) SHORT-TERM FIXED INCOME | 2,869,557 | F |
| (E) EQUITY SECURITIES | 308,698,408 | F |
| (F) INVESTMENTS ACCOUNTED FOR AT NET ASSET VALUE | 605,239,000 | F |
| (G) INVESTMENTS IN JOINT VENTURES | 105,590,021 | F |
| (H) REAL RETURN MUTUAL FUNDS | 133,578,133 | F |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | 2,270,930,572 | |

Part VIII

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

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

Part IX

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

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

Part X

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

| (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| OTHER LIABILITIES | 198,118,423 | |
| NET PENSION LIABILITY | 7,657,672 | |
| DEFERRED COMPENSATION | 20,744,968 | |
| INSURANCE CLAIMS PAYABLE | -1,336,336 | |
| MN CARE TAX PAYABLE | 17,851,378 | |
| CAPITALIZED LEASE OBLIGATIONS | 5,527,307 | |
| INCURRED BUT NOT REPORTED CLAIMS FOR EMPLOYEE BENEFIT PLAN | 83,427,549 | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 331,990,961 | |

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

Form 990, Schedule D, Part VII - Investments Other Securities

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (A) CASH AND CASH EQUIVALENTS | 105,312,481 | F |
| (A) MONEY MARKET COLLECTIVE FUND | 21,114,717 | F |
| (B) FIXED INCOME | 988,528,255 | F |
| (C) SHORT-TERM FIXED INCOME | 2,869,557 | F |
| (D) EQUITY SECURITIES | 308,698,408 | F |
| (E) INVESTMENTS ACCOUNTED FOR AT NET ASSET VALUE | 605,239,000 | F |
| (F) INVESTMENTS IN JOINT VENTURES | 105,590,021 | F |
| (G) REAL RETURN MUTUAL FUNDS | 133,578,133 | F |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | EDUCATION AND RESEARCH CHARITY AND INDIGENT CARE PURCHASE OF PLANT ASSETS BUILDINGS AND EQUIPMENT PATIENT CARE OTHER |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | <p>ALLINA HEALTH SYSTEM CONSOLIDATED FIN 48 (ASC740) FOOTNOTE (AMOUNTS IN THOUSANDS) (17) TA XES THE SYSTEM HAS BEEN DETERMINED TO QUALIFY AS A TAX EXEMPT ORGANIZATION UNDER SECTION 5 01(C)(3) OF THE INTERNAL REVENUE CODE THE SYSTEM HAS ALSO BEEN DETERMINED TO BE EXEMPT FR OM FEDERAL AND STATE INCOME TAX ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REV ENUE CODE AND MINNESOTA STATUTE SECTION 290 05, SUBDIVISION 2 CERTAIN OF THE SYSTEM'S SUB SIDIARIES AND AFFILIATES QUALIFY AS TAX EXEMPT ORGANIZATIONS, WHILE OTHERS ARE TAXABLE TH E SYSTEM AND ITS SUBSIDIARIES PAID TAXES OF \$2,696 AND \$2,868 IN 2018 AND 2017, RESPECTIVE LY AS OF DECEMBER 31,2018 AND 2017, THE TAXABLE SUBSIDIARIES OF THE SYSTEM'S CONTINUING O PERATIONS HAD A GROSS DEFERRED TAX ASSET OF \$ 48,966 AND \$48,863, RESPECTIVELY, RESULTING FROM NET OPERATING LOSS CARRYFORWARDS, EMPLOYEE COMPENSATION AND BENEFITS ACCRUALS, AND DE PRECIATION, OFFSET BY VALUATION ALLOWANCES OF \$34,509 AND \$47,968, RESPECTIVELY, AND A GRO SS DEFERRED TAX LIABILITY OF \$897 AND \$896, RESPECTIVELY, RESULTING FROM JOINT VENTURE INV ESTMENTS AND EMPLOYEE COMPENSATION AND BENEFITS DURING 2018, THE SYSTEM DETERMINED THAT I T IS MORE LIKELY THAN NOT THAT APPROXIMATELY \$15,000 OF THE DEFERRED TAX ASSETS WILL BE RE COVERED AND AS SUCH HAVE REDUCED THE CARRIED VALUATION ALLOWANCE THE RECOVERY IS RECORDED AS A REDUCTION OF STATE ASSESSMENTS AND TAXES EXPENSE IN THE 2018 CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS AS OF DECEMBER 31, 2018 AND 2017, THE CONTINUING OPERATIONS OF THE SYSTEM AND ITS SUBSIDIARIES HAD NET OPERATING LOSS CARRYFORWARDS OF \$102 ,589 AND \$112,217, RESPECTIVELY, FOR INCOME TAX PURPOSES, WHICH EXPIRE IN VARIOUS YEARS TH ROUGH 2029 WITH \$3,376 HAVING AN INDEFINITE CARRYOVER PERIOD THE SYSTEM HAS ANALYZED INCO ME TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDIC TIONS WHERE IT OPERATES THE SYSTEM BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUST AINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATE RIAL ADVERSE EFFECT ON THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2018 AND 2017, THE SYSTEM DOES NOT HAVE ANY SIGNIFICANT LIABILITIES FOR UNCERTAIN TAX BENE FITS THE FILINGS FOR THE YEARS ENDED 2014 TO 2017 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES H R 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT (THE ACT), WAS SI GNED INTO LAW ON DECEMBER 22, 2017 THE ACT IS EFFECTIVE FOR THE SYSTEM AS OF JANUARY 1, 2 018 THE ACT CONTAINS VARIOUS PROVISIONS AFFECTING BOTH TAXABLE AND TAX-EXEMPT ENTITIES T AX- EXEMPT ENTITIES ARE IMPACTED IN PART BY THE INCLUSION OF A NEW EXCISE TAX ON EXCESS COM PENSATION FOR COVERED EMPLOYEES, CHANGES TO UNRELATED BUSINESS INCOME, CHANGES TO TAX RATE S, AS WELL AS THEIR ABILITY TO ADVANCE REFUND BONDS IN ADDITION, TAX-EXEMPT ENTITIES MAY BE IMPACTED THROUGH CERTAIN FOR-PROFIT SUBSIDIARIES AND/OR JOINT VENTURES BASED ON THE ACT 'S PROVISIONS FOR TAX RATES, E</p> |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | LIMINATION OF THE CORPORATE ALTERNATIVE MINIMUM TAX, CHANGES TO NET OPERATING LOSS UTILIZATION AND CARRYOVER/CARRYBACK PERIOD, AND MEASUREMENT OF DEFERRED TAXES AS WELL AS OTHER LIMITATIONS ON DEDUCTIONS THE ACT'S PROVISIONS MAY ALSO IMPACT DONOR TAX INCENTIVES FOR CHARITABLE GIVING |

Supplemental Information

| Return Reference | Explanation |
|------------------------------|--|
| FORM 990, SCHEDULE D, PART V | THE 2018 ENDOWMENT FUND BALANCE FOR ALLINA HEALTH SYSTEM INCLUDES THE UNITED HOSPITAL FOUNDATION ENDOWMENTS THE 2016 ENDOWMENT FUND BALANCES FOR UNITED HOSPITAL FOUNDATION CHANGED DUE TO ADDITIONAL FUNDS THAT MEET THE FINANCIAL STATEMENT REPORTING REQUIREMENT THUS AFFECTING THE ALLINA HEALTH SYSTEM 2016, 2017 AND 2018 BALANCES IN ORDER TO BE CONSISTENT WITH THE PRESENTATION OF THE 2018 AUDITED FINANCIAL STATEMENTS, ENDOWMENTS ARE BEING INCLUDED IN SCHEDULE D, PART V OF THE FORM 990 FOR THE CURRENT YEAR THIS AMOUNT IS EQUAL TO \$ 1,123,915 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

36-3261413

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 |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 336,276,293 |
| b Total from continuation sheets to Part I | | | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 336,276,293 |

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.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

| | |
|-----------------|---|
| 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.

[illegible]

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 separately 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, don't file with Form 990)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

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).

| ReturnReference | Explanation |
|-----------------|-------------|
| | |
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| | |

Additional Data

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS | | 310,716,968 |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | INVESTMENTS | | 25,559,325 |

Employer identification number
36-3261413

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|--|--------------|------------------|---|
| | | 3M CHAMPIONSHIP GOLF TOURNAMENT (event type) | (event type) | (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 6,046,081 | | | 6,046,081 |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 6,046,081 | | | 6,046,081 |
| Direct Expenses | 4 Cash prizes | 1,891,512 | | | 1,891,512 |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 144,000 | | | 144,000 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 4,988,842 | | | 4,988,842 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 7,024,354 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -978,273 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|---|--|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

| | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|--|--|
| FORM 990, SCHEDULE G, PART II EXPLANATION | THE 3M CHAMPIONSHIP IS A U S SENIOR PROFESSIONAL GOLF ASSOCIATION SPONSORED TOURNAMENT WHOSE NET PROCEEDS ARE DISTRIBUTED TO FURTHER THE CHARITABLE PURPOSE OF THE ORGANIZATION IN CONJUNCTION WITH THE TOURNAMENT, THE 3M FOUNDATION AGREED TO PROVIDE A GUARANTEED CONTRIBUTION TOTALING \$1,300,000 WHICH WAS PROVIDED DIRECTLY TO SUPPORTING ORGANIZATIONS OF ALLINA HEALTH [UNITED HOSPITAL FOUNDATION, ABBOTT NORTHWESTERN HOSPITAL FOUNDATION, AND MERCY AND UNITY HOSPITALS FOUNDATION] AND THEREFORE IS NOT REFLECTED IN THE AMOUNTS REPORTED ON SCHEDULE G |

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ALLINA HEALTH SYSTEM

Employer identification number

36-3261413

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

► Attach to Form 990.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 27500 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

No

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

| 7 Financial Assistance and Certain Other Community Benefits at Cost | | | | | | |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1) | | | 20,651,849 | | 20,651,849 | 0 480 % |
| b Medicaid (from Worksheet 3, column a) | | | 70,989,511 | | 70,989,511 | 1 630 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 53,735,926 | | 53,735,926 | 1 240 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 145,377,286 | | 145,377,286 | 3 350 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 147 | 9,872,923 | 14,514,570 | 1,981,554 | 12,533,016 | 0 290 % |
| f Health professions education (from Worksheet 5) | 39 | 3,631 | 26,683,178 | 10,983,579 | 15,699,599 | 0 360 % |
| g Subsidized health services (from Worksheet 6) | 4 | 134 | 4,910,842 | 12,800 | 4,898,042 | 0 110 % |
| h Research (from Worksheet 7) | 2 | 15,050 | 2,807,988 | | 2,807,988 | 0 060 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 73 | 287,941 | 5,768,088 | 93,697 | 5,674,391 | 0 120 % |
| j Total. Other Benefits | 265 | 10,179,679 | 54,684,666 | 13,071,630 | 41,613,036 | 0 940 % |
| k Total. Add lines 7d and 7j | 265 | 10,179,679 | 200,061,952 | 13,071,630 | 186,990,322 | 4 290 % |

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Cat No 50192T

Schedule H (Form 990) 2018

Part II

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | 0 | 0 | 0 | 0 | | 0 % |
| 2 Economic development | 3 | 1,299 | 7,069 | 0 | 7,069 | 0 % |
| 3 Community support | 9 | 6,459 | 72,340 | 0 | 72,340 | 0 % |
| 4 Environmental improvements | 0 | 0 | 0 | 0 | | 0 % |
| 5 Leadership development and training for community members | 1 | 40 | 1,262 | 0 | 1,262 | 0 % |
| 6 Coalition building | 16 | 5,370 | 84,049 | 0 | 84,049 | 0 % |
| 7 Community health improvement advocacy | 5 | 500 | 2,781 | 0 | 2,781 | 0 % |
| 8 Workforce development | 7 | 1,100 | 99,142 | 0 | 99,142 | 0 010 % |
| 9 Other | 0 | 0 | 0 | 0 | | 0 % |
| 10 Total | 41 | 14,768 | 266,643 | | 266,643 | 0 010 % |

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

50,524,451

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).

5

860,822,095

6 Enter Medicare allowable costs of care relating to payments on line 5.

6

882,799,545

7 Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-21,977,450

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

9a

Yes

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

9b

Yes

Part IV **Management Companies and Joint Ventures**(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1 1 MOBILE IMAGING SERVICES LLC | DIAGNOSTIC IMAGING | 50 000 % | | 50 000 % |
| 2 2 MAGNETO LEASING LLC | EQUIPMENT LEASING | 50 000 % | | 50 000 % |
| 3 3 SUBURBAN IMAGING LLC | OUTPATIENT RADIOLOGY SERVICES | 50 000 % | | 50 000 % |
| 4 4 APPLE VALLEY BUILDING ASSOCIATES LLC | BUILDING | 50 000 % | | 50 000 % |
| 5 5 CROSBY CARDIOVASCULAR SERVICES LLC | CARDIOLOGY DIAGNOSTIC SERVICES | 50 000 % | | 50 000 % |
| 6 6 NORTHSTAR SLEEP CENTER LLC | SLEEP MEDICINE | 49 000 % | | 51 000 % |
| 7 7 GERIATRIC SERVICES OF MINNESOTA LLC | LONG TERM CARE FOR THE ELDERLY | 50 000 % | | 50 000 % |
| 8 8 WOODBURY AMBULATORY SURGERY CENTER LLC | OUTPATIENT SERVICES | 50 000 % | | 50 000 % |
| 9 9 HEALTHCARE CAMPUS IMAGING ONE LLC | DIAGNOSTIC IMAGING | 50 000 % | | 25 000 % |
| 10 10 REHAB ONE CENTER LLC | REHABILITATION SERVICES | 34 600 % | | 48 700 % |
| 11 11 PET EQUIPMENT LEASING LLC | EQUIPMENT LEASING | 25 000 % | | 25 000 % |
| 12 12 TWIN CITIES MEDICAL IMAGING LLC | DIAGNOSTIC IMAGING | 58 000 % | | 42 000 % |
| 13 13 WESTHEALTH SURGERY CENTER LLC | OUTPATIENT SERVICES | 51 000 % | | 49 000 % |

Schedule H (Form 990) 2018

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

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

How many hospital facilities did the organization operate during the tax year?
11

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

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
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Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP - A**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

| | | Yes | No |
|--|---|------------|-----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 | Yes |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | Yes |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 | Yes |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSM</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>HTTPS //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-</u> | 10 | Yes |
| a | If "Yes" (list url) <u>ASSESSM</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

| FACILITY REPORTING GROUP - A | | | Yes | No |
|--|---|----|-----|----|
| Name of hospital facility or letter of facility reporting group | | | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 275 000000000000 % and FPG family income limit for eligibility for discounted care of 0 000000000000 % | | | |
| b | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c | <input checked="" type="checkbox"/> Asset level | | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | | |
| e | <input checked="" type="checkbox"/> Insurance status | | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g | <input checked="" type="checkbox"/> Residency | | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG | | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ALLINAHEALTH ORG | | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG | | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | | |

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

FACILITY REPORTING GROUP - A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | Yes | |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 9

| Name and address | Type of Facility (describe) |
|---|--------------------------------------|
| 1 1 - ALLINA HEALTH CLINICS-65 LOCATIONS PO BOX 43 INTERNAL ZIP 10890 MINNEAPOLIS, MN 55440 | INPATIENT AND OUTPATIENT SERVICES |
| 2 2 - ALLINA HEALTH LABORATORIES 800 E 28TH STREET MINNEAPOLIS, MN 55407 | LABORATORY SERVICES |
| 3 3 - ALLINA HEALTH PHARMACIES-15 LOCATIONS 800 E 28TH STREET MINNEAPOLIS, MN 55407 | PHARMACY SERVICES |
| 4 4 - ALLINA HEALTH EMERGENCY MEDICAL SERVICE 167 GRAND AVENUE ST PAUL, MN 55102 | AMBULANCE AND MEDICAL TRANSPORTATION |
| 5 5 - WESTHEALTH SURGERY CENTER LLC PO BOX 43 INTERNAL ZIP 10890 MINNEAPOLIS, MN 55440 | OUTPATIENT SURGERY CENTER |
| 6 6 - SOUTHWEST SURGICAL CENTER LLC 920 EAST 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 | OUTPATIENT SURGERY CENTER |
| 7 7 - NORTHSTAR SLEEP CENTER LLC 3800 COON RAPIDS BOULEVARD SUITE 3800 COON RAPIDS, MN 55433 | OUTPATIENT SERVICES |
| 8 8 - ASPEN SLEEP CENTER 1010 BANDANA BOULEVARD WEST ST PAUL, MN 55108 | OUTPATIENT SERVICES |
| 9 9 - MOBILE IMAGING SERVICES 7505 METRO BOULEVARD SUITE 400 EDINA, MN 55439 | MOBILE RADIOLOGY |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

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| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 3C | <p>CHARITY CARE PROGRAM- ALLINA PARTNERS CARE PROGRAM A KEY COMPONENT OF ALLINA'S MISSION IS TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ADVOCATE FOR THOSE WITH LIMITED FINANCIAL MEANS ALLINA STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING MEDICAL CARE THEREFORE, ALLINA HAS SEVERAL FINANCIAL ASSISTANCE PROGRAMS INCLUDING A ROBUST CHARITY CARE PROGRAM KNOWN AS THE ALLINA PARTNERS CARE PROGRAM WHICH PROVIDES FREE CARE TO ALL PERSONS AT OR BELOW 275 PERCENT OF THE FEDERAL POVERTY GUIDELINES AS PUBLISHED ANNUALLY IN THE FEDERAL REGISTRAR THE CHARITY CARE PROGRAM ALSO PROVIDES FOR THE CONSIDERATION OF SPECIAL CIRCUMSTANCES FOR THE "MEDICALLY INDIGENT" THE ORGANIZATION EXTENDS THE CHARITY CARE PROGRAM IN INSTANCES THE ORGANIZATION HAS DETERMINED THE PATIENT IS UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS DUE TO CATASTROPHIC CIRCUMSTANCES EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERALLY APPLICABLE ELIGIBILITY CRITERIA FOR THE FREE CARE PROGRAM OR THE DISCOUNTED CARE PROGRAM (DESCRIBED BELOW) UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM GUIDELINES DISCOUNTED CARE PROGRAM - UNINSURED DISCOUNT PROGRAM ALLINA ALSO HAS A FINANCIAL ASSISTANCE PROGRAM KNOWN AS THE UNINSURED DISCOUNT PROGRAM THAT PROVIDES A DISCOUNT ON BILLED CHARGES TO UNINSURED PATIENTS, AND INSURED PATIENTS WHO RECEIVE UNINSURED TREATMENT, FOR MEDICALLY NECESSARY CARE RECEIVED FROM ANY ALLINA HOSPITAL, HOSPITAL BASED CLINIC AND WHOLLY-OWNED AMBULATORY SURGERY CENTERS THE UNINSURED DISCOUNT PROGRAM DOES NOT USE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY INSTEAD, UNINSURED PATIENTS AND INSURED PATIENTS WHO RECEIVE UNINSURED TREATMENT ARE ELIGIBLE FOR A DISCOUNT BASED UPON THEIR INCOME LEVEL AND THE LOCATION OF THE SERVICES PROVIDED ALL PATIENTS WITH AN ANNUAL INCOME AT OR BELOW \$125,000 ARE ELIGIBLE FOR A DISCOUNT THE DISCOUNT IS ALSO GENERALLY EXTENDED TO PATIENTS WITH AN ANNUAL INCOME ABOVE \$125,000 THERE ARE THREE DISCOUNTS LEVELS ESTABLISHED, ONE FOR METRO HOSPITALS, ONE FOR REGIONAL HOSPITALS, AND ONE FOR HOSPITAL BASED CLINICS WITHIN THE ALLINA SYSTEM ALLINA HEALTH'S UNINSURED DISCOUNT PROGRAM PROVIDES A SUBSTANTIAL DISCOUNT TO BILLED CHARGES FOR UNINSURED PATIENTS THE DISCOUNT IS UPDATED ANNUALLY AND IS BASED ON THE REIMBURSEMENT RATE OF THE NON-GOVERNMENTAL THIRD PARTY PAYER WHICH PROVIDED ALLINA HEALTH THE MOST REVENUE DURING THE PREVIOUS YEAR</p> |

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| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 6A | ALLINA'S ANNUAL COMMUNITY BENEFIT REPORT URL -HTTP //WWW ALLINAHEALTH ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/ |

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| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 7 | WHERE APPROPRIATE, THE ORGANIZATION USES A RATIO OF PATIENT CARE COSTS TO CHARGES ("COST TO CHARGE RATIO") TO CALCULATE THE AMOUNTS REPORTED FOR PART I, LINE 7 (THE TABLE) |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 7G | THE AMOUNT REPORTED AS SUBSIDIZED HEALTH SERVICES DOES NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LN 7 COL(F) | BAD DEBT EXPENSE HAS NOT BEEN INCLUDED IN FORM 990, PART IX, LINE 25 AND HAS NOT BEEN USED FOR THE PURPOSE OF CALCULATING THE AMOUNTS REPORTED IN COLUMN 7F IT HAS BEEN REPORTED AS A REDUCTION TO PATIENT SERVICE REVENUE ON FORM 990, PART VIII, LINE 2B |

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| Form and Line Reference | Explanation |
|--|--|
| PART II, COMMUNITY BUILDING ACTIVITIES | <p>COMMUNITY-BUILDING ACTIVITIESUNDERSTANDING THAT GOOD HEALTH IS DEPENDENT ON SOCIETAL, COMMUNITY, AND FAMILY ENVIRONMENTS AS WELL AS INDIVIDUAL CHOICES, AND IS BIGGER THAN THE PROVISION OF HEALTH CARE, ALLINA ENGAGES IN COMMUNITY-BUILDING ACTIVITIES BELOW ARE EXAMPLES OF WAYS THAT OUR HOSPITALS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES IN 2018</p> <p>WORKFORCE DEVELOPMENTMANY OF ALLINA HEALTH HOSPITALS HAVE TRAIN-TO-WORK PROGRAMS AS A MEANS TO BUILD A FUTURE WORKFORCE WITHIN AND OUTSIDE OF OUR ORGANIZATION BY FOCUSING ON BUILDING THE WORKFORCE, THE GOAL IS THAT THERE WILL BE AN INCREASE IN PERSONAL EMPLOYMENT AND ECONOMIC AND WORKFORCE STABILITY MULTIPLE ALLINA HEALTH HOSPITALS HAVE DEVELOPED PARTNERSHIPS WITH LOCAL SCHOOLS AND COMMUNITY ORGANIZATIONS IN THE PROCESS SEVERAL HOSPITALS AND THE CORPORATE OFFICE HOST CAREER DAYS FOR HIGH SCHOOL STUDENTS RIVER FALLS AREA HOSPITAL ALSO HAS SIGNIFICANT INVESTMENTS IN TRAIN TO WORK PROGRAMS, IN PARTICULAR THROUGH AN INTERNATIONAL PROGRAM CALLED PROJECT SEARCH THIS PROGRAM PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES STUDENTS SPEND NINE MONTHS GAINING REAL-LIFE, TRANSFERRABLE SKILLS AT THE HOSPITAL COMMUNITY COALITIONSALL ALLINA HEALTH HOSPITALS PARTICIPATE ON LOCAL COMMUNITY COALITIONS AND CIVIC GROUPS, SUCH AS COMMUNITY HEALTH ADVISORY COUNCILS AND LOCAL CHAMBERS OF COMMERCE, AS A WAY TO RESPOND TO COMMUNITY NEEDS THROUGH COLLABORATION AND PARTNERSHIP THESE COALITIONS PROVIDE THE HOSPITALS THE OPPORTUNITIES TO BUILD RELATIONSHIPS AND DETERMINE HOW BEST TO LEVERAGE LOCAL RESOURCES TO ADDRESS COMMUNITY NEEDS THAT EXIST OUTSIDE THE TRADITIONAL REALM OF HEALTH CARE ALLINA HEALTH HOSPITALS ARE PRESENT AT THOSE DISCUSSIONS TO DETERMINE THE ROLE HEALTH CARE CAN PLAY ONE EXAMPLE OF THIS IS THE STATEWIDE HEALTH IMPROVEMENT PLAN (SHIP), WHICH HAS LOCAL COALITIONS THROUGHOUT THE STATE VIA LOCAL PUBLIC HEALTH AGENCIES TO WORK ON NUTRITION, PHYSICAL ACTIVITY AND TOBACCO USE IN ADDITION, MANY OF OUR LEADERS SERVE ON LOCAL COMMUNITY ORGANIZATION LEADERSHIP TEAMS, SUCH AS VOLUNTEER BOARDS, TO ADVANCE COMMUNITY WORK DISASTER PREPAREDNESSIN ADDITION TO COMMUNITY-BUILDING ACTIVITIES THAT RELATED TO ROOT CAUSES OF HEALTH, ALLINA HEALTH HOSPITALS ENGAGED IN AND LED DISASTER PREPAREDNESS PLANNING TO ENSURE SAFETY, EFFICIENCY AND EXCELLENT HEALTH CARE DURING TIMES OF TRAGEDY AND/OR UPSET THIS INCLUDED PLANNING MEETINGS AND COMMUNITY MEETINGS/TRAININGS, AMONG OTHER THINGS THESE PROGRAMS AND SERVICES, AMONG OTHERS, PROVIDE THE HOSPITALS WITHIN OUR SYSTEM THE OPPORTUNITY TO IMPACT COMMUNITY HEALTH BEFORE IT BECOMES PROBLEMATIC AND EXPENSIVE IN ADDITION, THIS IMPORTANT WORK IS SUPPORTED BY THE MISSION OF OUR ORGANIZATION AND IS OUR RESPONSIBILITY AS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION WE WILL CONTINUE TO CONTRIBUTE TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH THE PROMOTION OF COMMUNITY HEALTH</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 2 | <p>SCH H, PART III, SECTION A, LINES 2 & 3 THE ORGANIZATION HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION [HFMA] STATEMENT NO 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE, IMPLICIT PRICE CONCESSIONS AND BAD DEBTS BY INSTITUTIONAL HEALTHCARE PROVIDERS (STATEMENT 15) THE BAD DEBT AMOUNT STATED FOR FINANCIAL REPORTING PURPOSES IS REPORTED "NET" OF ANY ANTICIPATED PATIENT DISCOUNTS OR IMPLICIT PRICE CONCESSIONS TO WHICH THE PATIENT MAY BE ELIGIBLE INCLUDING, BUT NOT LIMITED TO, THE UNINSURED DISCOUNT PROGRAM (DISCUSSED ABOVE) AND REFLECTS THE ESTIMATED AMOUNT REPORTED AS "NET PATIENT SERVICE REVENUE" DURING THE CURRENT PERIOD OR ANY PREVIOUS PERIOD THIS DOES NOT NECESSARILY EQUAL THE "COST" TO PROVIDE THE MEDICAL SERVICES ALSO, NOTE THAT AMOUNTS RELATED TO PATIENTS WHO HAVE QUALIFIED UNDER THE CHARITY CARE PROGRAM ARE NOT INCLUDED IN EITHER NET PATIENT REVENUE OR IN BAD DEBT EXPENSE IN OTHER WORDS, THE BAD DEBT EXPENSE REPORTED AS A REDUCTION TO PATIENT SERVICE REVENUE IN THE REVENUE SECTION OF THE FINANCIAL STATEMENTS OF THE FORM 990 DOES NOT INCLUDE AMOUNTS RELATED TO QUALIFIED CHARITY CARE PATIENTS AND IS STATED AT THE "NET" EXPECTED OR ANTICIPATED COLLECTION AMOUNT WHICH MAY BE SIGNIFICANTLY DIFFERENT THAN PATIENT CHARGES DUE TO THE APPLICATION OF DISCOUNTS SUCH AS THOSE PROVIDED UNDER THE UNINSURED DISCOUNT PROGRAM THIS AMOUNT ALSO CONSTITUTES A DIFFERENT AMOUNT THAN THE ORGANIZATION'S ACTUAL COST TO PROVIDE THE MEDICAL SERVICES TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 2 BAD DEBT "AT COST", THE ORGANIZATION HAS APPLIED A RATIO OF PATIENT CARE COST TO CHARGES (COST TO CHARGE RATIO) TO THE ESTIMATED PATIENT CHARGE AMOUNT INCLUDED IN BAD DEBT AFTER REMOVING THE ANTICIPATED DISCOUNTS THE COST TO CHARGE RATIO IS CALCULATED INDEPENDENTLY FOR EACH HOSPITAL OR OPERATING UNIT THE RESULTING BAD DEBT (AT COST) AMOUNT FOR EACH HOSPITAL AND OPERATING UNIT IS THEN AGGREGATED TO ARRIVE AT THE BAD DEBT (AT COST) REPORTED ON LINE 2 THIS PROCESS PROVIDES A VERY CONSERVATIVE ESTIMATE OF THE ORGANIZATION'S BAD DEBT (AT COST) THE ORGANIZATION HAS A ROBUST PROCESS FOR ADMINISTERING THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS INCLUDING THE CHARITY CARE AND UNINSURED DISCOUNT PROGRAM DESCRIBED IN FURTHER DETAIL IN PART VI, LINE 3 EACH PATIENT IS PROVIDED NUMEROUS OPPORTUNITIES TO APPLY TO THE COMMUNITY CARE PROGRAM AND TO PARTICIPATE, IF QUALIFIED, TO RECEIVE FREE OR DISCOUNTED MEDICAL CARE OR BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM UNDER THE ORGANIZATIONS VARIOUS FINANCIAL ASSISTANCE PROGRAMS THE ADMINISTRATIVE PROCESS INCLUDES IDENTIFYING ANY PATIENT WITH A FINANCIAL CONCERN, AS WELL AS INFORMING, COUNSELING, QUALIFYING AND ASSISTING PATIENTS TO APPLY FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS ALTHOUGH EACH PATIENT IS PROVIDED NUMEROUS OPPORTUNITIES TO RECEIVE FINANCIAL ASSISTANCE AND INFORMED MULTIPLE TIMES OF THE CHARITY CARE PROGRAM PRIOR TO OUR CLASSIFYING THE AMOUNTS AS BAD DEBT, IT IS POSSIBLE THAT PATIENTS WHO WOULD QUALIFY FOR CHARITY CARE DO NOT COMPLETE THE APPLICATION THIS AMOUNT IS NOT REASONABLY ESTIMABLE AS A TAX-EXEMPT HOSPITAL ORGANIZATION WE ARE REQUIRED TO PROVIDE NECESSARY MEDICAL CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES PROVIDED DUE TO CIRCUMSTANCES BEYOND OUR CONTROL, A PERSON WHO WOULD OTHERWISE QUALIFY UNDER THE CHARITY CARE PROGRAM MAY NOT PROVIDE US THE NECESSARY INFORMATION, QUALIFY FOR THE PROGRAM, AND RECEIVE FREE CARE ALLOWING US TO CLASSIFY AND QUANTIFY IT ACCORDINGLY AND AS SUCH ULTIMATELY, THOSE AMOUNTS ARE WRITTEN-OFF AND REPORTED AS BAD DEBT EXPENSE ANY METHODOLOGY WE COULD USE TO QUANTIFY AND PROVIDE AN ESTIMATE OF HOW MUCH BAD DEBT (AT COST AND IF ANY) REPORTED ON LINE 2 REASONABLY COULD BE ATTRIBUTABLE TO PERSONS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY AND FOR US TO PROVIDE AN ESTIMATE OF WHAT PORTION OF BAD DEBT, IF ANY, THE ORGANIZATION BELIEVES SHOULD CONSTITUTE COMMUNITY BENEFIT WOULD BE PURELY SPECULATIVE, IMPRECISE AND SUBJECT TO INHERENT METHODOLOGY FLAWS WHILE WE FIRMLY BELIEVE, FOR THE REASONS STATED ABOVE, THAT SOME COMPONENT OF OUR REPORTED BAD DEBT EXPENSE (AT COST) ON LINE 2 CONSTITUTES AMOUNTS RELATED TO PERSONS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE PROGRAM, WE CANNOT REASONABLY QUANTIFY THE AMOUNT AND RESPECTFULLY DECLINE THE OPPORTUNITY TO PROVIDE AN AMOUNT THEREFORE, WE HAVE REPORTED ZERO OR NONE FOR FORM 990, SCHEDULE H, PART III, LINE 3</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4 | FOOTNOTES TO AUDITED FINANCIAL STATEMENT THAT DESCRIBE BAD DEBT EXPENSE SEE ATTACHED AUDIT, FOOTNOTE 2(T) ON PAGE 11 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 8 | <p>THE ORGANIZATION HAS MORE THAN ONE MEDICARE PROVIDER NUMBER AND THEREFORE AGGREGATED THE AMOUNTS REPORTED IN THE MEDICARE COST REPORTS AS THE SOURCE FOR THE AMOUNTS REPORTED ON PART III, LINES 5 & 6 AS OUTLINED IN THE FORM 990, SCHEDULE H INSTRUCTIONS FOR MEDICARE COST REPORTS, ALLINA USES A RATIO OF PATIENT CARE COSTS TO CHARGES (COST TO CHARGE RATIO) TO DETERMINE MEDICARE ALLOWABLE COSTS. GENERALLY, THE RATIO IS CALCULATED AS THE TOTAL MEDICARE ALLOWABLE PATIENT COSTS OVER THE TOTAL PATIENT CHARGES. MEDICARE CHARGES MULTIPLIED BY THIS RATIO EQUALS THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORTS. THE COST TO CHARGE RATIO IS CALCULATED INDEPENDENTLY FOR EACH MEDICARE COST REPORT/PROVIDER NUMBER. ALLINA BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. ALLINA'S PROVIDING OF THESE SERVICES CLEARLY LESSENS THE BURDENS OF GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES. AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINE 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM. THE TRUE COMMUNITY BENEFIT FOR OUR PARTICIPATION IN THE CURRENT MEDICARE PROGRAM IS DEPENDENT ON HOW EFFICIENTLY AND COST EFFECTIVELY THE FEDERAL GOVERNMENT COULD OPERATE A DIRECT MEDICAL CARE MEDICARE PROGRAM OR ALTERNATIVELY THE COST TO THE GOVERNMENT TO CONTRACT OUT SUCH SERVICES THROUGH A COMPETITIVE BIDDING PROCESS IN THE OPEN MARKETS FOR THE SAME OR SIMILAR SERVICES FACTORING IN ITEMS SUCH AS QUALITY OF CARE, OUTCOMES AND SIMILAR IMPORTANT FACTORS AS COMPARED TO ALLINA'S ACTUAL COSTS OF PROVIDING THE MEDICAL CARE. THE MEDICARE SHORTFALL CALCULATION ON THE FORM 990, SCHEDULE H, PART III, LINE 7 SIGNIFICANTLY UNDERSTATES ALLINA'S ACTUAL MEDICARE SHORTFALL FOR TWO REASONS. FIRST, ALLINA INCURS SIGNIFICANT COSTS IN EXCESS OF PAYMENTS UNDER THE MEDICARE PROGRAM FOR PROVIDING CERTAIN SERVICES THAT ARE NOT SUBJECT TO MEDICARE COST REPORTING AND THEREFORE NOT REFLECTED IN OUR COST AMOUNTS ON LINE 6. SECOND, THE LINE 6 LIMITS OUR REPORTED COSTS TO ONLY MEDICARE "ALLOWABLE COSTS" AS SOLELY DETERMINED BY THE FEDERAL GOVERNMENT MEDICARE PROGRAM. FOR THESE TWO REASONS, THE MEDICARE SHORTFALL REPORTED ON LINE 7 SIGNIFICANTLY UNDERSTATES ALLINA'S ACTUAL MEDICARE SHORTFALL AND THE ACTUAL COST OF PROVIDING MEDICAL CARE TO MEDICARE PROGRAM PARTICIPANTS. WE ESTIMATE THESE TWO ITEMS UNDERSTATE ALLINA'S REPORTED MEDICARE SHORTFALL BY OVER \$239 MILLION. WE BELIEVE A DIRECT MEDICAL SERVICE MEDICARE PROGRAM OPERATED BY THE FEDERAL GOVERNMENT AND THE COST TO THE GOVERNMENT TO CONTRACT OUT THE SERVICES UNDER A COMPETITIVE BIDDING PROCESS MAY EVEN PROVE TO BE MORE EXPENSIVE TO THE FEDERAL GOVERNMENT THAN ALLINA'S REPORTED MEDICARE "ALLOWABLE COSTS" ON LINE 6 GIVEN OUR QUALITY OF CARE, SUCCESSFUL OUTCOMES AND THE SIGNIFICANT DIFFERENCE BETWEEN ACTUAL COSTS WE INCUR AND MEDICARE "ALLOWABLE COSTS" IN PROVIDING CARE UNDER THE MEDICARE PROGRAM. THEREFORE, WE FIRMLY BELIEVE THAT THERE IS A TRUE COMMUNITY BENEFIT COMPONENT TO OUR PARTICIPATION IN THE FEDERAL MEDICARE PROGRAM.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 9B | <p>THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY AND COLLECTION PRACTICES APPLY UNIFORMLY TO ALL PATIENTS AND INCLUDE PROVISIONS RELATED TO THE ORGANIZATIONS CHARITY CARE PROGRAM AND OTHER FINANCIAL ASSISTANCE PROGRAMS IF A PATIENT IS KNOWN TO QUALIFY FOR A FINANCIAL ASSISTANCE PROGRAM THEY ARE AUTOMATICALLY AFFORDED THE PROGRAM BENEFITS FOR UP TO ONE YEAR AS THEY WOULD HAVE ALREADY PROVIDED INFORMATION NECESSARY FOR US TO MAKE SUCH A DETERMINATION FOR EXAMPLE, A PATIENT THAT QUALIFIED FOR THE ORGANIZATION'S CHARITY CARE PROGRAM BEFORE RECEIVING SERVICES WOULD NOT RECEIVE A BILLING STATEMENT FOR THE MEDICAL SERVICES PROVIDED IN THE CASE OF A PATIENT QUALIFYING FOR THE CHARITY CARE PROGRAM AFTER RECEIVING SERVICES AND THE COMMENCEMENT OF CERTAIN COLLECTION ACTIVITIES, THE AMOUNTS ARE DISCHARGED AS CHARITY CARE AND ALL COLLECTION ACTIVITIES CEASE AS DISCUSSED IN THE RESPONSE TO PART VI, LINE 3, PATIENTS ARE INFORMED AND EDUCATED ON THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS INCLUDING THE ORGANIZATION'S CHARITY CARE PROGRAM AS PART OF THE ROUTINE REGISTRATION, ADMISSION, INTAKE, BILLING AND COLLECTION PROCESSES IF A PATIENT DESIRES TO APPLY FOR THE CHARITY CARE PROGRAM, PERSONNEL WILL SEND AN APPLICATION TO THE PATIENT IF COLLECTION ACTIVITIES HAVE COMMENCED, THOSE ACTIVITIES WILL BE SUSPENDED FOR THIRTY (30) DAYS TO ALLOW TIME FOR THE APPLICATION PROCESS COLLECTION ACTIVITY MAY RESUME IF, AFTER 30 DAYS, A COMPLETED APPLICATION HAS NOT BEEN RECEIVED IN THE CASE OF AN INCOMPLETE APPLICATION, THE ORGANIZATION MAY RESUME COLLECTION ACTIVITIES IF REQUESTS FOR ADDITIONAL INFORMATION ARE NOT MET WITH A TIMELY RESPONSE IF AN APPLICANT DOES NOT MEET THE ELIGIBILITY CRITERIA AND THE APPLICATION IS DENIED, COLLECTION ACTIVITY MAY RESUME UPON DENIAL HOWEVER, THE PATIENT MAY STILL BE ELIGIBLE FOR OTHER FINANCIAL ASSISTANCE PROGRAMS WHICH ARE APPLIED AS WARRANTED BASED UPON THE INFORMATION PROVIDED SUCH ACTIVITIES ARE FULLY EXPLAINED TO THE PATIENT DURING THE COLLECTION PROCESS</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 2 | <p>IN 2016, ALLINA HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR EACH OF THE HOSPITALS IN THE SYSTEM. THE NEEDS ASSESSMENT PURPOSE WAS TO IDENTIFY THREE LOCAL PRIORITIES FOR EACH HOSPITAL AS WELL AS OVER-ARCHING THEMES FOR THE HEALTH SYSTEM TO ADDRESS FOR FY 2017-2019. THIS IMPLEMENTATION PLAN IS CURRENTLY IN PROGRESS. THE NEXT PHASE OF PLANNING BEGAN IN LATE 2018 AND WILL CONTINUE THROUGH LATE 2019. THE PROCESS RELIED PRIMARILY ON EXISTING PUBLIC DATA, DIRECTLY ENGAGED COMMUNITY STAKEHOLDERS AND COLLABORATED WITH LOCAL PUBLIC HEALTH AND OTHER HEALTH PROVIDERS. THERE WERE THREE STAGES INVOLVED DURING THE NEEDS ASSESSMENT: DATA REVIEW AND SETTING PRIORITIES, COMMUNITY HEALTH DIALOGUES, AND ACTION PLANNING. IN THE FIRST PHASE, IN FALL 2015, COMMITTEES WERE FORMED AT EACH HOSPITAL TO REVIEW EXISTING HEALTH-RELATED DATA. DIVERSE STAKEHOLDERS REVIEWED EXISTING DATASETS AND THEN DEVELOPED AN INITIAL LIST OF COMMUNITY HEALTH ISSUES. ASSESSMENT STAKEHOLDERS USED THE HANLON METHOD, A SYSTEMATIC PRIORITIZATION PROCESS, TO RANK THE HEALTH-RELATED ISSUES BASED ON THREE CRITERIA: SIZE OF THE PROBLEM, SERIOUSNESS OF THE PROBLEM, AND ESTIMATED EFFECTIVENESS OF THE SOLUTION AND WERE THEN ASKED TO CONSIDER THE NUMERICAL RANKINGS GIVEN TO EACH ISSUE ALONG WITH A SET OF DISCUSSION QUESTIONS TO CHOOSE THE FINAL PRIORITY ISSUES. IN THE SECOND PHASE DURING EARLY 2016, SEVERAL HUNDRED LOCAL RESIDENTS AND STAKEHOLDERS FROM EIGHT ALLINA HEALTH REGIONS PARTICIPATED IN COMMUNITY HEALTH DIALOGUES FACILITATED BY AN EXTERNAL AGENCY. STAKEHOLDERS WERE DIVERSE IN AGE, RACE/ETHNICITY, AND EMPLOYMENT AND REPRESENTED SECTORS SUCH AS SCHOOLS, BUSINESS, FAITH-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND ADVOCACY ORGANIZATIONS. A NUMBER OF STAKEHOLDERS IDENTIFIED THEMSELVES AS HAVING EXPERTISE IN HEALTH-RELATED AREAS. THE DIALOGUES USED A WORLD CAFE MODEL OF DISCUSSION, WHICH ALLOWED PARTICIPANTS TO DISCUSS UP TO THREE TOPICS IDENTIFIED AS IMPORTANT HEALTH CONCERNS IN THEIR REGION. KEY THEMES FROM THE DIALOGUES WERE IDENTIFIED THROUGH ANALYSIS OF INDIVIDUAL DISCUSSION GUIDES AND SMALL GROUP NOTES. EACH REGION RECEIVED A SUMMARY AND ACTION IDEAS IN THE FINAL PHASE DURING SUMMER 2016. EACH FACILITY ENGAGED IN ACTION PLANNING SPECIFIC TO THE ISSUES AND PRIORITIES IDENTIFIED IN THEIR CHNA PROCESS. IN TOTAL, MORE THAN 400 DIVERSE STAKEHOLDERS WERE ENGAGED IN DATA REVIEW, PRIORITIZATION OR COMMUNITY DIALOGUES AS A HEALTH SYSTEM. TWO COMMON THEMES WERE IDENTIFIED ACROSS THE SYSTEM FOR COLLECTIVE ACTION DURING 2017-2019, THE SAME AS IN 2014-2016: HEALTHY EATING/ACTIVE LIVING AND MENTAL HEALTH/ WELLNESS. ALL ALLINA HEALTH ASSESSMENTS AND ACTION PLANS WERE APPROVED BY LOCAL FACILITIES AND THE ALLINA HEALTH BOARD OF DIRECTORS BY DECEMBER 2016. COPIES OF EACH FACILITY'S NEEDS ASSESSMENT REPORT AND ACTION PLAN CAN BE FOUND AT HTTPS://WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSMENTS/2017-2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLANS. ONCE IMPLEMENTATION PLANS ARE CREATED, MORE DETAILED PLANNING CONTINUES WITH STAKEHOLDER TO DEVELOP AND DELIVER SPECIFIC PROGRAMS, SERVICES AND ACTIVITIES EITHER LOCALLY OR SYSTEM-WIDE.</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 3 | <p>A KEY COMPONENT OF ALLINA'S MISSION IS TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ADVOCATE FOR THOSE WITH LIMITED FINANCIAL MEANS. ALLINA STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING MEDICAL CARE. PROVIDING CONVENIENT ACCESS TO NECESSARY MEDICAL CARE REGARDLESS OF ONE'S ABILITY TO PAY FOR THOSE SERVICES IS IMPORTANT TO US. ALLINA HAS ESTABLISHED THE FOLLOWING FINANCIAL ASSISTANCE PROGRAMS - ALLINA PARTNERS CARE PROGRAM (CHARITY CARE)- UNINSURED DISCOUNT PROGRAM- SPECIAL CIRCUMSTANCES- MEDIGIBLERVICES- MEDCREDIT FINANCIAL SERVICES- PAYMENT PLANSOUR CARE GOES BEYOND MEDICAL CARE ASSISTANCE. WE ALSO HELP PEOPLE GET FOOD STAMPS, WIC (WOMEN, INFANTS AND CHILDREN, A FEDERAL PROGRAM THAT SUPPLIES NUTRITIOUS FOODS) OR HEATING ASSISTANCE - ALL OF WHICH ARE VITALLY IMPORTANT TO A PATIENT'S RECOVERY, HEALTH AND WELL-BEING. YOU MAY VISIT WWW.ALLINAHEALTH.ORG AND CLICK ON THE FINANCIAL ASSISTANCE LINK. CHARITY CARE PROGRAM - ALLINA PARTNERS CARE PROGRAM. THE ALLINA PARTNERS CARE PROGRAM PROVIDES FREE MEDICALLY NECESSARY CARE TO ALL PERSONS AT OR BELOW 275 PERCENT OF THE FEDERAL POVERTY GUIDELINES AS PUBLISHED ANNUALLY IN THE FEDERAL REGISTER. THE PROGRAM WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE OR MINNESOTA CARE AND WHOSE ANNUAL INCOMES ARE AT OR BELOW 275 PERCENT OF THE FEDERAL POVERTY LEVEL. THE APPLICATION IS BRIEF AND ASKS FOR INFORMATION ON FAMILY SIZE, EMPLOYMENT, INCOME, BANKING AND INSURANCE. IF PATIENTS MEET THE PROGRAM ELIGIBILITY GUIDELINES, THEIR TOTAL ALLINA BALANCE WILL BE ZERO. THEY WILL RECEIVE FREE MEDICAL CARE. AN ELIGIBLE INDIVIDUAL WILL BE COVERED BY THE PROGRAM FOR UP TO ONE YEAR BARRING ANY SIGNIFICANT CHANGE IN INCOME. PATIENTS MAY BE ASKED TO APPLY FOR MEDICAL ASSISTANCE AND MINNESOTA CARE AND BE FOUND INELIGIBLE FOR THOSE PROGRAMS BEFORE THEY QUALIFY FOR THE ALLINA PARTNERS CARE. UNINSURED DISCOUNT PROGRAM - THE UNINSURED DISCOUNT PROGRAM PROVIDES A DISCOUNT ON BILLED CHARGES TO UNINSURED PATIENTS, AND INSURED PATIENTS WHO RECEIVE UNINSURED TREATMENT, FOR MEDICALLY NECESSARY CARE RECEIVED FROM ANY ALLINA HOSPITAL, HOSPITAL BASED CLINIC AND WHOLLY-OWNED AMBULATORY SURGERY CENTER. UNINSURED PATIENTS AND INSURED PATIENTS WHO RECEIVE UNINSURED TREATMENT ARE ELIGIBLE FOR A DISCOUNT BASED UPON THEIR INCOME LEVEL AND THE LOCATION OF THE SERVICES PROVIDED. ALL PATIENTS WITH AN ANNUAL INCOME AT OR BELOW \$125,000 ARE ELIGIBLE FOR A DISCOUNT. THE DISCOUNT IS ALSO GENERALLY EXTENDED TO PATIENTS WITH AN ANNUAL INCOME ABOVE \$125,000. THERE ARE THREE DISCOUNTS LEVELS ESTABLISHED, ONE FOR METRO HOSPITALS, ONE FOR REGIONAL HOSPITALS, AND ONE FOR HOSPITAL BASED CLINICS WITHIN THE ALLINA SYSTEM. SPECIAL CIRCUMSTANCES ASSISTANCE (ON INDIVIDUAL CASE BY CASE BASIS) - THE ORGANIZATION PROVIDES FOR THE CONSIDERATION OF SPECIAL CIRCUMSTANCES FOR THE "MEDICALLY INDIGENT". THE ORGANIZATION EXTENDS THE CHARITY CARE PROGRAM IN INSTANCES THE ORGANIZATION HAS DETERMINED THE PATIENT IS UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS DUE TO CATASTROPHIC CIRCUMSTANCES EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERALLY APPLICABLE ELIGIBILITY CRITERIA FOR THE FREE CARE PROGRAM OR THE DISCOUNTED CARE PROGRAM UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM GUIDELINES. FINANCIAL ASSISTANCE SERVICES WILL PROVIDE AN EVALUATION OF PATIENTS WITH SPECIAL CIRCUMSTANCES. THERE MAY BE A CIRCUMSTANCE WHERE PATIENTS EXPERIENCE A CATASTROPHIC EVENT THAT PUTS THEM IN A DEVASTATING FINANCIAL POSITION WHEREBY THE PROGRAM REPRESENTATIVES WILL DETERMINE HOW TO BEST SUPPORT THEM. FINANCIALLY MEDIGIBLERVICES - MEDIGIBLERVICES PROVIDES ADVOCACY SUPPORT TO PATIENTS WHO HAVE DIFFICULTY PAYING THEIR MEDICAL BILLS. THEY CAN ASSIST PATIENTS WITH APPLYING FOR FEDERAL, STATE AND COUNTY BENEFIT PROGRAMS. THE MEDIGIBLERVICES PERSONNEL ARE ADVOCATES WHO EDUCATE PATIENTS AND FAMILIES ABOUT THE ADVANTAGE OF PROGRAMS AND ASSIST THEM WITH GETTING HELP. PERSONNEL CAN PROVIDE ASSISTANCE WITH MEDICAID AND MEDICARE, SOCIAL SECURITY, VETERAN'S ADMINISTRATION, FOOD STAMPS, EMERGENCY FOOD, AND SHELTER. MEDCREDIT FINANCIAL SERVICES - MEDCREDIT FINANCIAL SERVICES PROVIDES FINANCIAL LOANS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR MEDICAL BILLS. THE PATIENT CAN CONSOLIDATE ALL MEDICAL EXPENSES FROM PARTICIPATING PROVIDERS SUCH THAT THE PATIENT HAS ONLY ONE MONTHLY PAYMENT. THERE IS NO CREDIT APPLICATION REQUIRED AND NO ANNUAL FEES OR DUES. THE ANNUAL PERCENTAGE INTEREST RATE IS 8 PERCENT. ONCE A PATIENT HAS ESTABLISHED A MEDCREDIT ACCOUNT, AMOUNTS CAN BE ADDED ON ANY ADDITIONAL MEDICAL EXPENSES FOR THEMSELVES AND THEIR FAMILY. PAYMENT PLANS - IF A PATIENT INDICATES THEY ARE UNABLE OR UNWILLING TO PAY THE BALANCE IN FULL, ALLINA OFFERS A PAYMENT PLAN WHICH CANNOT EXCEED TWELVE MONTHS AND CANNOT BE LESS THAN THIRTY DOLLARS PER MONTH. IF THE PATIENT IS UNABLE TO MEET THES</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 3 | <p>E PARAMETERS, MEDCREDIT IS OFFERED TO THEM THE FINANCIAL ASSISTANCE SERVICES INFORMATION AND EDUCATION METHODS - ALLINA HAS ROBUST METHODS TO INFORM AND EDUCATE PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS INCLUDING ITS CHARITY CARE PROGRAM AND ALSO ABOUT GOVERNMENT PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE TO RECEIVE BENEFITS EACH PATIENT BILLING STATEMENT CONTAINS INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDES CONTACT INFORMATION THE ALLINA WEBSITE HOMEPAGE AT WWW.ALLINAHEALTH.ORG PROMINENTLY CONTAINS A LINK TO THE FINANCIAL ASSISTANCE SERVICES PAGE WHICH DESCRIBES THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS AND INCLUDES CONTACT INFORMATION THE ORGANIZATION POSTS SUMMARIES OF ITS FINANCIAL ASSISTANCE PROGRAMS IN BROCHURES IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZATIONS FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE BROCHURES CONTAIN SUMMARIES OF THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDE CONTACT INFORMATION FOR THE PROGRAMS THIS INFORMATION IS ALSO AVAILABLE IN SOMALI AND SPANISH REGISTRATION, ADMISSIONS AND INTAKE PERSONNEL ARE TRAINED TO PROVIDE FINANCIAL ASSISTANCE PROGRAM INFORMATION TO ANYONE EXPRESSING A CONCERN ABOUT THEIR ABILITY TO PAY FOR SERVICES ALL "SELF-PAY" PATIENTS (THE PATIENT IS NOT COVERED BY INSURANCE OR A GOVERNMENT PROGRAM) THAT COMES TO ONE OF THE ORGANIZATION'S EMERGENCY ROOMS RECEIVES A PACKET OF INFORMATION CONTAINING EVERYTHING NECESSARY TO APPLY FOR THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS AND CERTAIN GOVERNMENT PROGRAMS THERE IS CONTACT INFORMATION AND TELEPHONE NUMBERS THEY CAN CALL WITH ANY QUESTIONS OR TO RECEIVE ASSISTANCE IN COMPLETING APPLICATIONS FINANCIAL ASSISTANCE PROGRAM PERSONNEL ALSO MEET DIRECTLY WITH ANY SELF-PAY PATIENT ADMITTED TO THE HOSPITAL PERSONNEL WILL MEET WITH PATIENTS WHEREVER IT IS MOST CONVENIENT FOR THE PATIENT SUCH AS THE HOSPITAL, A CLINIC, THE ORGANIZATION'S OFFICES OR THE PATIENT'S HOME ALLINA HAS A SYSTEM-WIDE INTERPRETER SERVICES TEAM THAT PROVIDES INTERPRETERS TO PATIENTS, COMPANIONS AND FAMILIES WHO HAVE LIMITED ENGLISH PROFICIENCY (LEP) OR ARE DEAF OR HARD OF HEARING (DHH) THIS SERVICE IS PROVIDED AT NO COST TO THE PATIENT LEP AND DHH PERSONNEL ARE TRAINED TO INFORM AND EDUCATE PATIENTS ABOUT THE FINANCIAL ASSISTANCE PROGRAMS ALL PERSONNEL RESPONSIBLE FOR THE ORGANIZATIONS COLLECTION ACTIVITIES ARE EXTENSIVELY TRAINED ON THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS ANY TIME A PATIENT EXPRESSES A CONCERN REGARDING THEIR ABILITY TO PAY FOR SERVICES, THE PERSONNEL EXPLAIN THE FINANCIAL ASSISTANCE PROGRAMS, ASK CERTAIN QUESTIONS TO OBTAIN INFORMATION AND TO DETERMINE WHICH FINANCIAL ASSISTANCE PROGRAMS THE PATIENT MAY QUALIFY AND BEST FITS THE PATIENTS' NEEDS</p> |

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| Form and Line Reference | Explanation |
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| PART VI, LINE 4 | <p>ALLINA HEALTH SYSTEM (ALLINA HEALTH) IS A NOT-FOR-PROFIT SYSTEM OF CLINICS, HOSPITALS AND OTHER HEALTH CARE SERVICES. ALLINA HEALTH OWNS AND OPERATES 11 HOSPITALS, APPROXIMATELY 100 CLINICS AND HEALTH CARE SERVICES, INCLUDING HOME CARE, HOSPICE CARE, PALLIATIVE CARE, OXYGEN AND MEDICAL EQUIPMENT, PHARMACIES AND EMERGENCY MEDICAL TRANSPORTATION IN OPERATION WITHIN MINNESOTA AND WESTERN WISCONSIN. NEARLY ALL ALLINA HOSPITAL PATIENTS COME FROM MINNESOTA AND WISCONSIN, THE MAJORITY OF WHICH COME FROM COUNTIES IN AND SURROUNDING THE METROPOLITAN AREAS OF MINNEAPOLIS AND ST. PAUL. COMMUNITIES SERVED BY ALLINA HEALTH ARE ASSIGNED INTO ONE OF NINE REGIONS AND EACH REGION INCLUDES AT LEAST ONE HOSPITAL WITHIN OUR SYSTEM. COMMUNITY ENGAGEMENT LEADS ARE ASSIGNED TO EACH REGION TO ENGAGE COMMUNITY IN COMMUNITY BENEFIT ACTIVITIES. WEST METRO: THE WEST METRO REGION INCLUDES ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE AND SERVES MOST COMMUNITIES WITHIN HENNEPIN COUNTY, THE LARGEST COUNTY IN MINNESOTA. THE CITY OF MINNEAPOLIS IS ITS LARGEST CITY AND THE COUNTY SEAT. THE WEST METRO REGION SERVES BOTH URBAN AND SUBURBAN COMMUNITIES AND INCLUDES A RANGE OF SOCIOECONOMIC STATUSES AS WELL AS A BROAD REPRESENTATION OF RACES AND ETHNICITIES. EAST METRO: THE EAST METRO REGION INCLUDES UNITED HOSPITAL AND REGINA HOSPITAL AND SERVES RAMSEY, WASHINGTON AND DAKOTA COUNTIES. THIS REGION SPANS THE EASTERN EDGE OF MINNESOTA INTO THE METRO AREA SURROUNDING THE CITY OF ST. PAUL, THE CAPITAL AND SECOND-MOST POPULOUS CITY IN THE STATE. THE EAST METRO REGION IS HIGHLY DIVERSE, GEOGRAPHICALLY, SOCIOECONOMICALLY AND RACIALLY. NORTHWEST METRO: THE NORTHWEST METRO REGION INCLUDES MERCY HOSPITAL AND ITS UNITY CAMPUS AND PRIMARILY SERVES COMMUNITIES WITHIN ANOKA COUNTY, BUT ALSO INCLUDES AREAS WITHIN SHERBURNE AND HENNEPIN COUNTIES. ANOKA COUNTY IS THE FOURTH-MOST POPULOUS COUNTY IN THE STATE OF MINNESOTA AND INCLUDES THE NORTHWEST METROPOLITAN AREA THAT IS PREDOMINANTLY SUBURBAN IN NATURE. SOUTH METRO: THE SOUTH METRO REGION INCLUDES ST. FRANCIS REGIONAL MEDICAL CENTER, A PARTIALLY-OWNED HOSPITAL WITHIN THE ALLINA SYSTEM, AND PRIMARILY SERVES SCOTT AND CARVER COUNTIES, BUT ALSO INCLUDES COMMUNITIES IN SIBLEY, LE SUEUR, DAKOTA AND HENNEPIN COUNTIES. THIS REGION INCLUDES BOTH SUBURBAN AND SMALL COMMUNITIES IN THE SOUTHWEST AREA OF THE MINNEAPOLIS-ST. PAUL METROPOLITAN AREA. NORTHWEST REGIONAL: THE NORTHWEST REGIONAL AREA INCLUDES BUFFALO HOSPITAL AND IS LOCATED WEST OF THE METROPOLITAN AREA OF MINNEAPOLIS AND ST. PAUL. THIS REGION PRIMARILY SERVES WEST OF THE COUNTY, BUT ALSO SERVES COMMUNITIES WITHIN STEARNS, MEEKER AND HENNEPIN COUNTIES. THIS REGION IS MADE UP OF BOTH SMALL AND RURAL COMMUNITIES. NORTH REGIONAL: THE NORTH REGIONAL AREA INCLUDES CAMBRIDGE MEDICAL CENTER AND SERVES SMALL AND RURAL COMMUNITIES WITHIN ISANTI, CHISAGO, KANABEC AND PINE COUNTIES NORTH OF THE METROPOLITAN AREA OF MINNEAPOLIS AND ST. PAUL. SOUTHWEST REGIONAL: THE SOUTHWEST REGIONAL AREA IS LOCATED IN SOUTH CENTRAL MINNESOTA AND INCLUDES NEW ULM MEDICAL CENTER. THE REGION SERVES COMMUNITIES AND RURAL AREAS IN AND AROUND BROWN COUNTY AND COMMUNITIES WITHIN SIBLEY AND NICOLLET COUNTIES. SOUTH REGIONAL: ALLOCATED SOUTH OF THE TWIN CITIES METROPOLITAN AREA, THE SOUTH REGIONAL REGION SERVES SMALL AND RURAL COMMUNITIES IN AND AROUND DAKOTA, RICE, STEELE, WASECA, DODGE, AND GOODHUE COUNTIES. OWATONNA HOSPITAL AND DISTRICT ONE HOSPITALS SERVE THESE AREAS. WESTERN WISCONSIN: LOCATED IN WESTERN WISCONSIN, THIS REGION INCLUDES SMALL AND RURAL COMMUNITIES WITHIN PIERCE AND ST. CROIX COUNTIES. RIVER FALLS AREA HOSPITAL (RFAH) IS LOCATED IN THIS REGION.</p> |

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| Form and Line Reference | Explanation |
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| PART VI, LINE 5 | <p>GOVERNING BODYTHE ALLINA HEALTH BOARD OF DIRECTORS HAS OVERSIGHT FOR COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT FUNCTIONS. ACCORDING TO ITS CHARTER, THE QUALITY AND POPULATION HEALTH COMMITTEE OF THE BOARD PROVIDES GOVERNANCE OVERSIGHT OF ALLINA'S POPULATION HEALTH AND COMMUNITY BENEFIT AND ENGAGEMENT STRATEGIES, THE QUALITY OF CARE AND SERVICE AT ALLINA HOSPITALS AND CLINICS, AND THE SYNERGIES AND LESSONS AT THE INTERFACE. THE COMMITTEE ASSISTS THE ALLINA BOARD OF DIRECTORS ("BOARD") TO DELIVER ON ITS PURPOSES OF IMPROVING THE COORDINATION AND INTEGRATION OF CLINICAL CARE, ENHANCING ACCESS TO QUALITY HEALTH CARE FOR THE PEOPLE IT SERVES, IMPROVING THE COST EFFECTIVENESS OF THE HEALTH CARE SERVICES IT DELIVERS, IMPROVING THE PATIENT EXPERIENCE FOR INDIVIDUALS RECEIVING SUCH HEALTH CARE SERVICES, AND IMPROVING HEALTH STATUS INDICATORS BROADLY FOR THE LARGER POPULATION OF RESIDENTS IN OUR COMMUNITIES TO ENSURE THAT THE BOARD OF DIRECTORS REPRESENTS THE COMMUNITIES SERVED BY ALLINA HEALTH, THE BY-LAWS STATE THAT A MAJORITY OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS SHALL AT ALL TIMES BE INDEPENDENT CIVIC LEADERS. IN FURTHERANCE OF THIS REQUIREMENT, AND SUBJECT TO VACANCIES THAT MAY OCCUR FROM TIME TO TIME, NO MORE THAN ONE-THIRD (1/3) OF THE DIRECTORS (INCLUDING ANY EX-OFFICIO DIRECTORS WITH VOTE) MAY BE INTERESTED DIRECTORS. INTERESTED DIRECTORS SHALL INCLUDE PERSONS WHO ARE NOT ON THE BOARD OF DIRECTORS BUT SERVE ON COMMITTEES OR OTHERWISE PARTICIPATE IN THE AFFAIRS OF THE CORPORATION AND WOULD BE DEEMED INTERESTED DIRECTORS IF THEY WERE ON THE BOARD OF DIRECTORS. "INTERESTED DIRECTORS" ARE (1) ANY MEMBERS OF THE CORPORATION'S MANAGEMENT WHO SERVE AS DIRECTORS, AND (2) ANY PHYSICIAN DIRECTORS WHO PROVIDE SERVICES IN CONJUNCTION WITH THE ORGANIZATION OR ANY OF ITS HOSPITALS OR CLINICS, INCLUDING WITHOUT LIMITATION SERVICES UNDER A CONTRACT WITH ANY OF THE ORGANIZATION'S HOSPITALS OR CLINICS, AS A PHYSICIAN EMPLOYEE OF ONE OF THE ORGANIZATION'S CLINICS OR AS A MEDICAL STAFF MEMBER OF ONE OF THE ORGANIZATION'S HOSPITALS. IN ADDITION TO THESE BY-LAWS PROVISIONS, THE BOARD'S GOVERNANCE AND NOMINATING COMMITTEE ACTIVELY ENSURES DIVERSITY OF DIRECTORS AND KEY SUBSTANTIVE AND STRATEGIC COMPETENCIES IN RECRUITING BOARD MEMBERS. THE COMMITTEE HAS CHOSEN SEVERAL CURRENT MEMBERS WHO REPRESENT THE PATIENT PERSPECTIVE AND COMMUNITY LEADERS. RECRUITMENT EFFORTS IN THE PAST SEVERAL YEARS HAVE FOCUSED ON ENHANCING THE MEMBERSHIP OF THE BOARD TO INCLUDE DIRECTORS AND COMMITTEE MEMBERS WITH STRATEGIC COMPETENCIES TO SUPPORT ALLINA IN THE NEW PAYMENT AND HEALTH REFORM ENVIRONMENT. OPEN MEDICAL STAFF THE MEDICAL STAFFS WITHIN ALLINA HEALTH ARE OPEN, WITH THE EXCEPTION OF CERTAIN DEPARTMENTS (SUCH AS RADIOLOGY, PATHOLOGY, EMERGENCY, AND CARDIOLOGY) AS TO WHICH SOME HOSPITALS HAVE ENTERED INTO EXCLUSIVE CONTRACTS WITH PARTICULAR MEDICAL GROUPS. THE HOSPITALS ENTER INTO THESE CONTRACTS WHEN THEY DETERMINE SUCH ARRANGEMENTS WILL IMPROVE CARE AND OPERATIONS IN THE HOSPITAL BY, FOR EXAMPLE, IMPROVING THE QUALITY OF PATIENT CARE, ASSURING THE AVAILABILITY OF SPECIFIC SERVICES, REDUCING THE COSTS OF PROVIDING HEALTH CARE, ALLOCATING HOSPITAL RESOURCES MORE EFFICIENTLY, SECURING GREATER PATIENT SATISFACTION, OR FACILITATING THE ORDERLY OPERATIONS OF THE HOSPITAL. IT DOES NOT ENTER INTO THESE ARRANGEMENTS SOLELY TO BENEFIT OR EXCLUDE SPECIFIC PROVIDERS OR TO RESTRAIN COMPETITION.</p> |

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| Form and Line Reference | Explanation |
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| PART VI, LINE 6 | <p>ALLINA HEALTH SYSTEM ("ALLINA HEALTH"), DOING BUSINESS AS ALLINA HEALTH, IS A MINNESOTA NONPROFIT CORPORATION THAT DELIVERS HEALTH CARE SERVICES TO PATIENTS IN MINNESOTA AND WESTERN WISCONSIN AS A MISSION-DRIVEN ORGANIZATION, ALLINA HEALTH IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES WITH APPROXIMATELY 27,600 FULL AND PART-TIME EMPLOYEES, ALLINA HEALTH IS ONE OF THE LARGEST EMPLOYERS IN MINNESOTA AS AN INTEGRATED HEALTH SYSTEM THAT INCLUDES HOSPITALS, EMERGENCY, AMBULATORY, HOMECARE AND HOSPICE SERVICES, AN AUTOMATED ELECTRONIC MEDICAL RECORD SYSTEM, AND OVER 1,400 EMPLOYED PHYSICIANS, ALLINA HEALTH IS UNIQUELY POSITIONED AS A LEADER IN HEALTHCARE IN THE MINNEAPOLIS/ST. PAUL AREA AND IS WELL POSITIONED FOR HEALTH CARE REFORM ALLINA HEALTH OWNS AND OPERATES ELEVEN HOSPITALS AND JOINTLY OWNS AND OPERATES ONE OTHER HOSPITAL THESE INCLUDE URBAN TERTIARY CARE, SUBURBAN COMMUNITY AND RURAL HOSPITALS ALLINA HEALTH HOSPITALS PROVIDED OVER 105,500 INPATIENT ADMISSIONS AND NEARLY 1,421,200 OUTPATIENT VISITS DURING THE YEAR ENDED DECEMBER 31, 2018 AS OF YEAR-END, ALLINA HEALTH HOSPITALS HAD LICENSED BED CAPACITY OF 2,451 ACUTE CARE BEDS, 1,775 OF WHICH WERE STAFFED FOR INPATIENT SERVICES ALLINA HEALTH PROVIDES CLINICAL SERVICES THROUGH ITS ALLINA HEALTH GROUP AND HOSPITAL-BASED PHYSICIANS ALLINA HEALTH GROUP CONTROLS AND OPERATES 65 ALLINA HEALTH CLINICS, OPERATES THE CLINICAL SERVICES LINES, THREE HOSPITALIST PROGRAMS ON THE ABBOTT NORTHWESTERN, UNITED AND MERCY HOSPITAL CAMPUSES, AND EMPLOYS APPROXIMATELY 770 PHYSICIANS AND 230 HOSPITALISTS ALLINA SPECIALTY ASSOCIATES, INC ("ASA"), OPERATING UNDER THE NAME MINNEAPOLIS HEART INSTITUTE, EMPLOYS APPROXIMATELY 90 PHYSICIANS, CONSISTING OF CARDIOLOGISTS, CARDIOTHORACIC AND VASCULAR SURGEONS IN ADDITION, ALLINA HEALTH HOSPITALS DIRECTLY EMPLOY APPROXIMATELY 310 SPECIALTY PHYSICIANS INCLUDING INTENSIVISTS, PERINATOLOGISTS, AND PSYCHIATRISTS ALLINA HEALTH PHYSICIANS AND ALLIED PROFESSIONALS GENERATED NEARLY 8,154,400 WORK RVU'S DURING THE YEAR ENDED DECEMBER 31, 2018 THE ALLINA INTEGRATED MEDICAL ("AIM") NETWORK ALIGNS ALLINA HEALTH PHYSICIANS, 2,000 INDEPENDENT MEDICAL PHYSICIANS, AND OVER 20 HOSPITALS TO DELIVER MARKET-LEADING QUALITY AND EFFICIENCY IN PATIENT CARE ALLINA HEALTH IS A COMPREHENSIVE HEALTH CARE SYSTEM AND HAS ONE OF THE LARGEST PHYSICIAN NETWORKS IN MINNESOTA ALLINA'S HEALTH HOME CARE SERVICES DIVISION PROVIDES HOME HEALTH, HOME OXYGEN AND MEDICAL EQUIPMENT, HOSPICE, PALLIATIVE CARE AND SENIORCARE TRANSITIONS A LEADER AND INNOVATOR IN PRE-HOSPITAL EMERGENCY MEDICAL DEVICES, ALLINA HEALTH EMERGENCY MEDICAL SERVICES IS DEVOTED TO PROVIDING SKILLED AND COMPASSIONATE ADVANCED LIFE SUPPORT, BASIC LIFE SUPPORT AND SCHEDULED TRANSPORT IN MORE THAN 100 MINNESOTA COMMUNITIES MORE THAN 570 PARAMEDICS, EMERGENCY MEDICAL TECHNICIANS, DISPATCHERS, SPECIAL TRANSPORTATION DRIVERS, MAINTENANCE AND ADMINISTRATIVE AND SUPPORT PERSONNEL WORK TOGETHER TO PROVIDE SERVICE TO AN AREA OF APPROXIMATELY 1,200 SQUARE MILES, REACHING OVER ONE MILLION PEOPLE IN ADDITION TO THE AMOUNTS DISCLOSED ON THIS SCHEDULE H, ALLINA AND AFFILIATED ORGANIZATIONS INCURRED COSTS FOR PARTICIPATION IN GOVERNMENT MEDICAL CARE PROGRAMS IN EXCESS OF GOVERNMENT REIMBURSEMENTS IN THE AMOUNT OF \$218,841,736 IN 2018 ALLINA PARTNERS WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL TO PROVIDE PHYSICIAN RESIDENCY PROGRAMS FOR FAMILY PRACTICE AND INTERNAL MEDICINE RESIDENT PHYSICIANS ALLINA CONTROLS AND OPERATES SEVEN (7) AFFILIATED FOUNDATIONS THAT PROVIDE PHILANTHROPIC FUNDING SUPPORT FOR ALLINA PROGRAMS AND NUMEROUS COMMUNITY PROGRAMS AND INITIATIVES INCLUDING A FEDERALLY QUALIFIED HEALTH CENTER SEE SCHEDULE R AND SCHEDULE H, PART IV FOR A LIST OF RELATED ORGANIZATIONS AND JOINT VENTURES INCLUDING THE PRIMARY ACTIVITY OF THE AFFILIATED ORGANIZATION ALLINA AND ITS AFFILIATES ALSO ROUTINELY COOPERATE AND INNOVATE WITH OTHER ORGANIZATIONS INCLUDING HEALTH CARE AND SOCIAL WELFARE ORGANIZATIONS, COMMUNITY GROUPS, GOVERNMENT AGENCIES AND HEALTH CARE PROVIDERS TO PREVENT ILLNESS, PROMOTE AND RESTORE HEALTH TO THE COMMUNITIES WE SERVE AND BEYOND</p> |

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| Form and Line Reference | Explanation |
|---|-------------|
| PART VI, LINE 7, REPORTS FILED WITH STATES | MN,WI |

Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

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

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|---|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>11</u> | | | | | | | | | | | |
| 1 | ABBOTT NORTHWESTERN HOSPITAL 800 E 28TH STREET MINNEAPOLIS, MN 55407 HTTP //WWW.ALLINAHEALTH.ORG/ABBOTT-NO 385390 | X | X | | X | | X | X | | | A |
| 2 | MERCY HOSPITAL 4050 COON RAPIDS BLVD COON RAPIDS, MN 55433 HTTP //WWW.ALLINAHEALTH.ORG/MERCY-HOS 385123 | X | X | | X | | X | X | | INCLUDING MERCY HOSPITAL - UNITY CAMPUS | A |
| 3 | UNITED HOSPITAL 333 NORTH SMITH AVENUE ST PAUL, MN 55102 HTTP //WWW.ALLINAHEALTH.ORG/UNITED-HO 384993 | X | X | | X | | X | X | | | A |
| 4 | CAMBRIDGE MEDICAL CENTER 701 S DELLWOOD STREET CAMBRIDGE, MN 55008 HTTP //WWW.ALLINAHEALTH.ORG/CAMBRIDGE 384707 | X | X | | | | | X | | | A |
| 5 | BUFFALO HOSPITAL 303 CATLIN STREET BUFFALO, MN 55313 HTTP //WWW.ALLINAHEALTH.ORG/BUFFALO-H 385336 | X | X | | | | | X | | | A |

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11 | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 6 | NEW ULM MEDICAL CENTER 1324 FIFTH NORTH STREET NEW ULM, MN 56073 HTTP://WWW.ALLINAHEALTH.ORG/NEW-ULM-M-384708 | X | X | | | X | | X | | | A |
| 7 | OWATONNA HOSPITAL 903 S OAK AVE OWATONNA, MN 55060 HTTP://WWW.ALLINAHEALTH.ORG/OWATONNA-384920 | X | X | | | | | X | | | A |
| 8 | REGINA HOSPITAL 1175 NININGER ROAD HASTINGS, MN 55033 HTTP://WWW.ALLINAHEALTH.ORG/REGINA-HO-384506 | X | X | | | | | X | | | A |
| 9 | DISTRICT ONE HOSPITAL 200 STATE AVENUE FARIBAULT, MN 54022 HTTP://WWW.ALLINAHEALTH.ORG/DISTRICT-384658 | X | X | | | | | X | | | A |
| 10 | RIVER FALLS AREA HOSPITAL 1629 EAST DIVISION STREET RIVER FALLS, WI 55404 HTTP://WWW.ALLINAHEALTH.ORG/RIVER-FAL-1054 | X | X | | | X | | X | | | A |

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 11 | PHILLIPS EYE INSTITUTE 2215 PARK AVENUE MINNEAPOLIS, MN 55021 HTTP //WWW.ALLINAHEALTH.ORG/PHILLIPS-384214 | X | | | | | X | | | | A |

| | |
|--|----------------------------|
| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| PART V, SECTION B | FACILITY REPORTING GROUP A |

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

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

| Form and Line Reference | Explanation |
|--|--|
| FACILITY REPORTING GROUP A CONSISTS OF | - FACILITY 1 ABBOTT NORTHWESTERN HOSPITAL, - FACILITY 2 MERCY HOSPITAL, - FACILITY 3 UNITED HOSPITAL, - FACILITY 4 CAMBRIDGE MEDICAL CENTER, - FACILITY 5 BUFFALO HOSPITAL, - FACILITY 6 NEW ULM MEDICAL CENTER, - FACILITY 7 OWATONNA HOSPITAL, - FACILITY 8 REGINA HOSPITAL, - FACILITY 9 DISTRICT ONE HOSPITAL, - FACILITY 10 RIVER FALLS AREA HOSPITAL, - FACILITY 11 PHILLIPS EYE INSTITUTE |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY-APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS ABBOTT NORTHWESTERN HOSPITAL GOAL 1 REDUCE OVERWEIGHT AND OBESITY BY IMPROVIN G NUTRITION AND PHYSICAL ACTIVITY LEVELS ABBOTT NORTHWESTERN HOSPITAL (ANW) ACTIVELY WORKE D TO IMPROVE THE NUTRITION AND PHYSICAL ACTIVITY OPPORTUNITIES FOR THE RESIDENTS LIVING IN HENNEPIN COUNTY BY FOCUSING EFFORTS ON POPULATIONS THAT ARE FACING DISPARITIES THE HOSPI TAL UTILIZED CHARITABLE CONTRIBUTION AND OTHER GRANT FUNDING TO SUPPORT ORGANIZATIONS THAT INCREASED HEALTHY FOOD ACCESS TO PEOPLE LIVING IN FOOD DESERTS, TAUGHT COMMUNITY MEMBERS HOW TO GROW AND PREPARE FRESH FRUITS AND VEGETABLES, AND SUPPORTED ORGANIZATIONS THAT PROV IDED MEALS TO HOME-BOUND RESIDENTS TO IMPROVE PHYSICAL ACTIVITY LEVELS, ABBOTT NORTHWESTE RN DISTRIBUTED MORE THAN 500 BICYCLES AND HELMETS TO CHILDREN LIVING IN MINNEAPOLIS AS PAR T OF OUR FREE BIKES 4 KIDZ PROGRAM, PARTNERED WITH LOCAL NON-PROFITS TO GET MORE KIDS ENGA GED IN WINTER SPORTS SUCH AS CROSS COUNTRY SKIING AND SNOWSHOEING, AND SPONSORED THE THREE RIVERS PARK DISTRICT'S TRAIL MIX RACE WHICH PROVIDED A PHYSICAL ACTIVITY OPPORTUNITY WHIL E ALSO RAISING FUNDS FOR THE PARK DISTRICT TO ACQUIRE ADDITIONAL ADAPTIVE ATHLETIC EQUIPME NT FOR USE IN PARK FACILITIES GOAL 2 PROMOTE MENTAL HEALTH BY INCREASING ACCESS TO MENTAL HEALTH SERVICES AND PROVIDE OPPORTUNITIES FOR INCREASED SOCIAL CONNECTIONS ANW CONTINUES TO PROMOTE AND IMPROVE ACCESS TO MENTAL HEALTH SERVICES WITH OUR CHANGE TO CHILL PROGRAM B EING IMPLEMENTED IN AT LEAST 5 HIGH SCHOOLS IN HENNEPIN COUNTY ANW'S SCHOOL DISTRICT PART NERS ARE USING THE ONLINE CURRICULUM WITH STUDENTS, TEACHERS, COACHES, CLUBS, SCHOOL-BASED MENTAL HEALTH CARE PROVIDERS AND OTHER COMMUNITY GROUPS ANW STAFF ALSO CONTINUE TO CO-CHA IR THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) CHIP IS A COLLECTI VE OF COMMUNITY PARTNERS, NON-PROFITS, HEALTHCARE PROVIDERS AND PUBLIC HEALTH WORKING TOGE THER TO ADDRESS WAYS TO IMPROVE THE MENTAL WELLBEING OF THE COMMUNITY, AND DETERMINE HOW T O RESPOND TO THE GROWING HOUSING CRISIS TAKING PART IN OUR COUNTRY UNDER HENNEPIN COUNTY AND ANW'S LEADERSHIP, THE CHIP PARTNERS ARE LOOKING INTO HOW TO BECOME TRAUMA-INFORMED ORG ANIZATIONS, PARTNERING WITH LOCAL FAITH AND SPIRITUAL COMMUNITIES TO ADDRESS MENTAL HEALTH CHALLENGES, WORKING TO IMPLEMENT A 'ONE APPLICATION' SYSTEM FOR ENTRANCE INTO PUBLIC HOUS ING AND IDENTIFYING WAYS TO INCREASE SOCIAL CONNECTIONS AND REDUCE ISOLATION FOR FORMERLY HOMELESS/RECENTLY HOUSED COMMUNITY MEMBERS GOAL 3 IMPROVE GENERAL POPULATION HEALTH BY IN CREASING ACCESS TO HEALTH CARE PROVIDERS AND HEALTH-RELATED RESOURCES ANW STAFF HAVE BEEN WORKING WITH COMMUNITY-BASED HEALTHCARE PARTNERS AND NEARBY FEDERALLY-QUALIFIED HEALTHCARE CENTERS TO IDENTIFY OPPORTUNITIES FOR COLLABORATION TO PROVIDE HEALTH SERVICES IN COMMUNI TY DENTAL CARE, ESPECIALLY PR |

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 11 | IOR TO SURGERY, HAS BEEN IDENTIFIED AS A NEED FOR MANY OF OUR COMMUNITY MEMBERS, SO ANW ST AFF HAVE PARTNERED WITH CLINICS SUCH AS SOUTHSIDE COMMUNITY HEALTH SERVICES TO INCREASE AC CESS TO DENTAL SERVICES ANW STAFF HAVE ALSO CONTINUED TO PARTNER WITH LOCAL GOVERNMENTS I N HENNEPIN COUNTY TO REDUCE BARRIERS TO TRANSPORTATION BY ACTIVELY ADVOCATING FOR THE METR O BLUE LINE EXTENSION LIGHT RAIL PROJECT IN THE NORTHWEST METRO |

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|--|---|
| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS MERCY HOSPITAL (INCLUDES UNITY CAMPUS) GOAL 1 PROMOTE MENTAL HEALTH AND WELLN ESS SERVICES FOR INDIVIDUALS, YOUTH AND FAMILIES IN OUR COMMUNITIES TO ADVOCATE AND PARTNE R WITH COMMUNITIES TO DEVELOP A COMPREHENSIVE AND RELIABLE CONTINUUM OF MENTAL HEALTH AND ADDICTION CARE, MERCY HOSPITAL PRIORITIZED CHARITABLE GIVING TO ORGANIZATIONS THAT PROMOTE MENTAL HEALTH SERVICES OR AWARENESS 2018 CONTRIBUTIONS WERE MADE TO THE ANOKA MENTAL HEA LTH WELLNESS CAMPAIGN, LEE CARLSON CENTER, TOUCHSTONE MENTAL HEALTH, AND MINNESOTA MILITAR Y FAMILIES ALLINA HEALTH'S MENTAL HEALTH CLINICAL SERVICE LINE STAFF PARTNERED WITH ANOKA COUNTY PUBLIC HEALTH AND COMMUNITY MENTAL HEALTH PROVIDERS TO IDENTIFY GAPS IN THE COMMUN ITY'S INFRASTRUCTURE AND TO ESTABLISH A COMMON PROVIDER NETWORK TO INCREASE TIMELY ACCESS TO NEEDED CARE APPOINTMENTS ADDITIONALLY, THE NW MENTAL HEALTH ROUNDTABLE WAS ESTABLISHED AND CO-CHAIED BY SARA CRIGER (MERCY PRESIDENT), RHONDA SIVARAJAH (ANOKA CO BOARD CHAIR) AND DONNA ZIMMERMAN (HEALTH PARTNERS) WORK GROUPS HAVE BEEN FORMED TO ADDRESS 1) EFFECTI VE COMMUNICATION AND CONNECTIONS ACROSS SERVICES/STAKEHOLDERS, 2) BETTER PUBLIC INFORMATIO N AND COMMUNICATION ABOUT RESOURCES, 3) IMPROVED RESOURCING AND FUNDING, AND 4) ASSURING A CONTINUUM OF SERVICES - INCLUDING CRISIS SERVICES - FOR THOSE IN NEED FINALLY, THE TOUCH STONE IRTS PARTNERSHIP WAS FINALIZED AND A FACILITY WAS CONSTRUCTED ON THE UNITY CAMPUS WH ICH BEGAN SERVICING RESIDENTS IN 2018 THE HOSPITAL ALSO PARTNERED WITH ANOKA HENNEPIN SCH OOL DISTRICT TO DEVELOP, PROMOTE AND IMPROVE ACCESS TO COMMUNITY AND SCHOOL-BASED ACTIVITI ES THAT ADDRESS ADOLESCENT MENTAL HEALTH AND RESILIENCY KEY 2018 INTITIATIVES INCLUDE BRI NGING THE CHANGE TO CHILL SCHOOL PARTNERSHIP TO COON RAPIDS HIGH SCHOOL AND STRATEGIZING W ITH SCHOOL DISTRICT LEADERS TO IMPLEMENT JOINT MERCY-ANOKA HENNEPIN SCHOOL DISTRICT OFFERI NGS, WHICH WILL BEGIN IN 2019 GOAL 2 PROMOTE EVIDENCE-BASED STRATEGIES FOR PREVENTION, D ETECTION, TREATMENT AND MANAGEMENT OF CHRONIC DISEASE A TOTAL OF 55 COMMUNITY HEALTH SCREE NINGS (31 FOR ADULTS, 24 FOR ADOLESCENTS) AND 21 FREE FLU VACCINATION CLINICS WERE HELD IN THE COMMUNITY THESE PROVIDED OPPORTUNITIES TO PRESENT HEALTH EDUCATION TO COMMUNITY MEMB ERS THAT ARE MORE DIFFICULT TO REACH, IN ADDITION TO PROVIDING SCREENINGS AND VACCINATIONS IN TOTAL, 3,236 PEOPLE WERE SERVED AT THE HEALTH SCREENINGS, AND 609 AT THE VACCINATION CLINICS MERCY'S FAITH COMMUNITY NURSE (FCN) PROGRAM PARTNERED WITH 35 FAITH COMMUNITIES T O OFFER ASSISTANCE IN HEALTHY PROGRAMMING THAT INCLUDES DISEASE PREVENTION AND EMPOWERING INDIVIDUALS AND CONGREGATIONS TO TAKE CHARGE OF THEIR OWN HEALTH FCNS FOLLOW PEOPLE AFTER A HOSPITALIZATION AND ASSIST IN MONITORING THEIR CARE PLAN IN ORDER TO PREVENT READMISSIO NS TO PROVIDE EDUCATION OPPORT |

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 11 | UNITIES ON THE HEALTH IMPACTS OF VIOLENCE, MERCY CONTINUED ITS ONGOING PARTNERSHIP WITH AL EXANDRA HOUSE TO ASSIST SURVIVORS OF DOMESTIC VIOLENCE ADDITIONALLY, OVER 1000 COMMUNITY MEMBERS AND ALLINA HEALTH EMPLOYEES WERE REACHED BY EDUCATIONAL PROGRAMS ON THE IMPACT OF VIOLENCE ON HEALTH AND ITS PREVENTION, INCLUDING PROVIDING DOMESTIC VIOLENCE ADVOCATE TRAI NING TO TWO HOSPITALS, AND PARTNERING WITH ANOKA ELDER ABUSE INITIATIVE TO PROVIDE ELDER A BUSE EDUCATION TO THE PUBLIC AND STAFF AN ADDITIONAL 300 COMMUNITY MEMBERS AND ALLINA HEA LTH EMPLOYEES RECEIVED ADVERSE CHILDHOOD EVENT EDUCATION OFFERED THROUGH THE FAITH COMMUNI TY NURSES PROGRAM ADDITIONALLY, CHARITABLE GIVING RELATED TO THIS GOAL INCLUDED CHARITABLE CONTRIBUTIONS TO STEPPING STONE HOMELESS SHELTER, NORTH METRO PEDIATRICS, THE YMCA AND CO MMUNITY EMERGENCY ASSISTANCE PROGRAM, ALEXANDRA HOUSE, NUCLEUS CLINIC AND ORGANIZATION OF LIBERIANS GOAL 3 IMPROVE AND/OR MAINTAIN THE HEALTH OF SENIORS IN OUR COMMUNITIES (IN TER MS OF FUNCTIONAL, PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL HEALTH) THROUGH WORK WITH OUR 3 5 FAITH COMMUNITY PARTNER NURSES, MAAA, THE YMCA AND MERCY TRAUMA DEPARTMENT OFFERED FALLS -PREVENTION EDUCATION AND TRAINING CLASSES OFFERED INCLUDED "STEPPING ON", "MATTER OF BAL ANCE AND "TAI JI QUAN MOVING FOR BETTER BALANCE AND WERE ATTENDED BY 160 MEMBERS IN THE C OMMUNITY ADDITIONAL WORK IN THIS AREA INCLUDED THE PROVISION OF THE "GATHERING", A FAITH- BASED VOLUNTEER RESPITE PROGRAM PROVIDED IN COLLABORATION WITH ANOKA COUNTY FAMILY CONNECT ION, TO 200 PARTICIPANTS THERE ARE SIX GATHERING SITES WHICH PROVIDE EDUCATION, SUPPORT A ND REFERRAL TO 24/7 CAREGIVERS CARE RECIPIENTS RECEIVE COMPANION CARE AND SOCIALIZATION P ROVIDED BY TRAINED VOLUNTEERS FROM FAITH COMMUNITIES ADDITIONALLY, MERCY HOSPITAL PROMOTE D FOOD SECURITY PROGRAMS THROUGH THE "FAMILY TABLE" WHICH PROVIDES MEALS THROUGHOUT ANOKA COUNTY OUR FCNP RN PROVIDES PERSONAL HEALTH COUNSELING & EDUCATION TO 250 MEMBERS OF THE COMMUNITY THAT ARE THE WORKING POOR, OR UNEMPLOYED, MANY HAVE MENTAL HEALTH ISSUES AND DO NOT HAVE MUCH SOCIAL SUPPORT FREE SCREENINGS ARE PROVIDED THROUGHOUT THE YEAR, APPROPRIAT E REFERRALS ARE MADE TO OTHER AGENCIES, ACCESS TO HEALTH CARE IS PROVIDED FINALLY, TO INC REASE AWARENESS OF, AND ACCESS TO, MENTAL HEALTH AND ADDICTION SERVICES FOR SENIORS THE NW MENTAL HEALTH ROUNDTABLE WAS ESTABLISHED IN 2018, OBJECTIVES INCLUDE DEVELOPMENT OF STRAT EGIES TO ADDRESS SENIOR MENTAL HEALTH |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS UNITED HOSPITAL GOAL 1 IMPROVE MENTAL HEALTH AND WELL-BEING OF TEENS, ADULTS AND SENIORS IN RAMSEY COUNTY UNITED CONTINUED SUPPORTING EAST METRO MENTAL HEALTH CRISIS ALLIANCE WITH REGULAR PARTICIPATION AND CHARITABLE CONTRIBUTIONS IN SUPPORT OF THE EAST METRO MENTAL HEALTH CRISES ALLIANCE AND THE EAST METRO MENTAL HEALTH ROUNDTABLE ADDITIONAL CHARITABLE CONTRIBUTIONS WERE MADE TO MENTAL HEALTH DRUG ASSISTANCE PROGRAM, THE GUILD, CLUBS, KIDSKINSHIP AND OTHER SIMILAR MENTAL HEALTH PROVIDERS UNITED COLLABORATED WITH THE ST PAUL PUBLIC HOUSING AGENCY ON MENTAL WELLNESS IN SEVERAL WAYS, INCLUDING PROVIDING STRESS-RELIEVING MATERIALS (STRESS BALLS, ADULT COLORING BOOKS, ETC) TO ST PAUL PUBLIC HOUSING AGENCY'S WELLNESS DAY, PROMOTING RESILIENCY AT OCTOBER'S WALK WITH A DOC, AND DEVELOPING OPPORTUNITIES TO OFFER CHANGE TO CHILL MATERIALS AND FACILITATED SESSIONS TO RESIDENTS OF SPPH THE HOSPITAL ALSO PROVIDED ALLINA HEALTH CHANGE TO CHILL TRAININGS AND TOOLS TO NUMEROUS COMMUNITY PARTNERS, INCLUDING PUBLIC SCHOOL SYSTEMS AND COUNTY PUBLIC HEALTH DEPARTMENTS IN WASHINGTON, RAMSEY, AND DAKOTA COUNTIES AND PROVIDED CHANGE TO CHILL TRAININGS, MATERIALS AND TOOLS TO NUMEROUS COMMUNITY-BASED HEALTH INITIATIVES, INCLUDING WOODBURY TRAILS, FOREST LAKE HEALTH UP!, AND OTHER SIMILAR COMMUNITY-BASED, MENTAL HEALTH WELL-BEING INITIATIVES TO INCREASE AWARENESS OF MENTAL HEALTH CONDITIONS AND ELIMINATE STIGMA AROUND MENTAL HEALTH CONDITIONS, UNITED CONTINUED TO PARTICIPATE IN THE CENTER FOR COMMUNITY HEALTH COLLECTIVE ACTION WORK GROUP AND RELATED METRO-WIDE MENTAL HEALTH STIGMA ELIMINATION INITIATIVES INCLUDING 1) PROMOTION OF MAKE IT OKAY PROGRAM (REDUCTING STIGMA RELATED TO MENTAL HEALTH ISSUES), 2) PROMOTION OF, SUPPORT OF TRAININGS, AND DIRECT PROGRAM OFFERINGS OF MENTAL HEALTH FIRST AID KIT, 3) PROMOTION OF COMMUNITY TRAININGS FOR PSYCHOLOGICAL FIRST AID AND QPR (QUESTION, PERSUADE, REFER) PROGRAMS ADDITIONALLY, IN DECEMBER THE HOSPITAL PROVIDED DEPRESSION SCREENING FOR ALL FOREST LAKE AREA SCHOOL'S NINTH AND TENTH GRADERS FINALLY , UNITED CONTINUED TO SUPPORT THE BE THE CHANGE CHAMPIONS TO PROMOTE MENTAL HEALTH AWARENESS AND REDUCE STIGMA AMONG UNITED EMPLOYEES GOAL 2 DECREASE THE PERCENTAGE OF THE POPULATION WHO IS OVERWEIGHT AND OBESE UNITED PROMOTED EMPLOYEE-LED VOLUNTEER OPPORTUNITIES RELATED TO PROMOTING HEALTHY EATING, INCLUDING OPPORTUNITIES TO DELIVER HEALTH POWERED KIDS (HPK) MATERIALS IN THE COMMUNITY ADDITIONALLY, THE HOSPITAL PROVIDED HPK MATERIALS FOR WASHINGTON COUNTY'S FAMILY MEAL TIME AND ST PAUL PUBLIC SCHOOL SPRING FAMILY FUN EVENTS, ST PAUL PUBLIC HOUSING AGENCY'S JULY WALK WITH A DOC TOPIC WAS HYGIENE, WHICH INCLUDED HPK GIVEAWAYS, AND GAVE AWAY HPK BOOKMARKS AND STICKERS AS PART OF HIGHLAND PARK ELEMENTARY WALK TO SCHOOL EVENT FIVE HUNDRED |

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 11 | FAMILIES WERE TOUCHED BY THIS WORK FINALLY, UNITED PARTNERED WITH HIGHLAND PARK CLINIC, S T PAUL POLICE DEPARTMENT, AND HIGHLAND CATHOLIC'S TO HOST A WALK TO SCHOOL EVENT ON OCT 10 HEALTH POWERED KIDS MATERIALS WERE DISTRIBUTED AT THE EVENT GOAL 3 INCREASE PERCENTAGE OF POPULATION WITH ACCESS TO HEALTHY FOOD UNITED PARTNERED WITH COMMUNITY ORGANIZATIONS TO IMPROVE ACCESS TO HEALTHY FOOD MORE THAN 800 POUNDS OF FOOD WAS COLLECTED BY HOSTING A HEALTHY FOOD DRIVE IN SUPPORT OF THE FOOD GROUP HOSPITAL STAFF CONTINUE TO PARTICIPATE IN THE DEVELOPMENT OF CITY COMPREHENSIVE PLANS, INCLUDING COMPONENTS RELATED TO SOCIAL DETERMINANTS OF HEALTH SUCH AS LAND AS IT RELATES TO COMMUNITY GARDENS, IMPROVED ACCESS TO HEALTHY FOOD, AND THE DEVELOPMENT OF PHYSICAL INFRASTRUCTURE IN SUPPORT OF PHYSICAL ACTIVITIES ADDITIONALLY, NUMEROUS CHARITABLE CONTRIBUTIONS WERE MADE TOWARDS MOBILE MARKETS, FOOD SHELVES, AND SIMILAR OPPORTUNITIES TO IMPROVE FOOD ACCESS INCLUDING THOSE MADE TO GROWING WEST SIDE, URBAN ROOTS, INTERFAITH ACTION OF GREATER ST PAUL, AND OUR COMMUNITY KITCHEN ADDITIONALLY, THE HOSPITAL CONTINUED TO SUPPORT TWIN CITIES MOBILE MARKET WITH A \$5,000 CHARITABLE CONTRIBUTION AND KEYSTONE SERVICE FOOD BANKS WITH VOLUNTEER SUPPORT AND A \$10,000 CHARITABLE CONTRIBUTION |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 5 | <p>IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES. WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY--APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS. NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016. THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES. MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH. THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS. WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL. IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES. DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM. SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL-ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES. INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE. SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS. THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED.</p> |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS CAMBRIDGE MEDICAL CENTER GOAL 1 IMPROVE MENTAL HEALTH AND WELLNESS FOR COMMUN ITY THROUGH INCREASED ACCESS TO CARE, PROGRAMS AND SERVICESIN ADDITION TO IMPLEMENTING THE CHANGE TO CHILL SCHOOL PARTNERSHIP IN CAMBRIDGE-ISANTI HIGH SCHOOL, MORE THAN 500 LOCAL M IDDL E AND HIGH SCHOOL STUDENTS IN CAMBRIDGE MEDICAL CENTER'S COMMUNITY WERE REACHED THROUGH H THE IN-PERSON CHANGE TO CHILL LEAD A SERIES CURRICULUM ADDITIONALLY, THE MEDICAL CENTER PROMOTED HEALTHY COPING SKILL-BUILDING AMONG ADULTS AND YOUTH BY HOSTING THE PROMOTING HE ALTH AND HAPPINESS SERIES THROUGHOUT THE COMMUNITY APPROXIMATELY 400 ADULTS AND YOUTH WER E REACHED THROUGH THIS SERIES ADDITIONAL WELLNESS CLASSES AND EVENTS OFFERED TO THE COMMU NITY INCLUDE LET'S TALK WELLNESS CLASSES IN MARCH, MAY, OCTOBER AND NOVEMBER (REACHING MOR E THAN 150 COMMUNITY MEMBERS) AND ANTI-STIGMA EVENTS OFFERED THROUGHOUT THE YEAR GOAL 2 I NCREASE AWARENESS AMONG COMMUNITY MEMBERS OF ALL AGES ABOUT THE NEGATIVE HEALTH IMPACTS OF USE OF TOBACCO/E-CIGARETTES, ALCOHOL AND OTHER DRUGS THROUGH A PARTNERSHIP BETWEEN CAMBRI DGE INTERMEDIATE SCHOOL AND CAMBRIDGE MEDICAL CENTER, 87 FIFTH GRADE STUDENTS TOOK PART IN AN INTERACTIVE CURRICULUM, TAR WARS, FOCUSED ON THE DANGERS OF SMOKING THROUGH THE TAR W ARS CURRICULUM, STUDENTS ARE TAUGHT ABOUT THE POWER OF ADVERTISING AND THE NEED FOR TOBACC O COMPANIES TO DESIGN ADS THAT ATTRACT A WIDE VARIETY OF PEOPLE A SIMILAR CURRICULUM, TOB ACCO 101, WAS PROVIDED TO LOCAL MIDDLE AND HIGH SCHOOL STUDENTS THROUGHOUT THE YEAR OTHER AWARENESS ACTIVITIES INCLUDED HANGERS "LET'S SMOKE OUT THE TRUTH ABOUT E-CIGS" FORUMS DES IGNED TO EDUCATE ABOUT THE DANGERS OF E-CIGARETTES, ATTENDED BY MORE THAN 100 PARENTS AND C OMMUNITY MEMBERS, AND SUPPORTING DRUG TAKE BACK DAY IN APRIL THAT COLLECTED OVER 100 POUND S OF DRUGS ADDITIONALLY, TO DECREASE YOUTH ACCESS TO TOBACCO, CMC SUCCESSFULLY PARTNERED WITH THE ISANTI COUNTY SUBSTANCE ABUSE PREVENTION AND RECOVER COALITION TO PROMOTE, SUPPOR T AND RAISE AWARENESS ABOUT INCREASING THE AGE TO 21 FOR PURCHASE OF TOBACCO GOAL 3 IMPR OVE HEALTHY EATING AND ACTIVE LIVING IN COMMUNITIES SERVED BY CAMBRIDGE MEDICAL CENTER CAM BRIDGE MEDICAL CENTER CONTINUED TO OFFER ITS 16-WEEK PREVENT TYPE 2 (T2) DIABETES PROGRAM FROM FEBRUARY THROUGH JUNE, 15 COMMUNITY MEMBERS PARTICIPATED IN THIS PROGRAM AND LOST A TOTAL OF 137 POUNDS AN ADDITIONAL 12 COMMUNITY MEMBERS PARTICIPATED FROM JANUARY-JUNE IN THE PREVENT TYPE 2 DIABETES CORE POST-CORE PROGRAM TWO OF THESE ATTENDEES REPORTED GOING OFF/LOWERING OF BLOOD PRESSURE MEDICATION AND LOWER A1C'S EXAMPLES OF ADDITIONAL HEALTHY EATING AND ACTIVE LIVING CLASSES OFFERED TO CAMBRIDGE MEDICAL CENTER COMMUNITY MEMBERS IN 2018 INCLUDE 1) A HEALTHY EATING CLASS FOR ECFE PARENTS, ATTENDED BY 15 PEOPLE, IN APRIL 2 018 FOCUSING ON USING COACHING |

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 11 | TECHNIQUES TO EDUCATE PARENTS ON THE IMPORTANCE OF THEIR CHILDREN HAVING A HEALTHY RELATI ONSHIP WITH FOOD 2) LET'S TALK WELLNESS CLASSES OFFERED TO EAST CENTRAL ELECTRIC IN APRIL, SEPTEMBER, NOVEMBER AND DECEMBER 2018, REACHING 45 INDIVIDUALS |

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

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

| Form and Line Reference | Explanation |
|--|---|
| GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

| Form and Line Reference | Explanation |
|--|---|
| GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 5 | <p>IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES. WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS. NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016. THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES. MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH. THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS. WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL. IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES. DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM. SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES. INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE. SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS. THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED.</p> |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS BUFFALO HOSPITAL GOAL 1 SUPPORT MENTAL WELLNESS IN WRIGHT COUNTY BY IDENTIFYING AND EXPANDING THE OFFERING OF COMMUNITY MENTAL AND BEHAVIORAL HEALTH AND WELLNESS RESOURCES AND STRENGTHENING SOCIAL CONNECTIONS AND RELATIONSHIPS TO ACTIVELY ENGAGE PROVIDERS IN PUBLIC DISCUSSIONS AROUND MENTAL HEALTH TOPICS TO DECREASE STIGMA, BUFFALO HOSPITAL CONTINUED TO HOST MONTHLY MDH MENTAL WELL-BEING AND RESILIENCE LEARNING COMMUNITY WEBINAR SERIES - FACILITATED ON-SITE AND VIA WEBINAR COMMUNITY MEMBERS AND LEADERS WERE INVITED TO PARTICIPATE AND DISCUSS MENTAL HEALTH AND WELLNESS RESOURCES AND ISSUES IN OUR COMMUNITY ADDITIONALLY, BUFFALO HOSPITAL CONTINUED TO BE ACTIVE IN THE BE THE CHANGE CAMPAIGN AND TO HOST LOCAL BE THE CHANGE CONVERSATIONS WITH ALLINA HEALTH PROVIDERS TO STRENGTHEN COLLABORATION AND LINK THE POPULATION TO THE AVAILABLE RESOURCE IN THE COMMUNITY, BUFFALO PROVIDED CHARITABLE CONTRIBUTION SUPPORT TO LOCAL INITIATIVES ADDRESSING MENTAL HEALTH ISSUES AND PARTNERED WITH LOCAL AND NATIONAL SUICIDE PREVENTION AND MENTAL HEALTH ORGANIZATIONS THESE INCLUDED ATOZ AND SAVE BUFFALO ALSO HOSTED "LET'S TALK ABOUT IT", A COMMUNITY EVENT AIMED AT RAISING AWARENESS ABOUT SUICIDE PREVENTION AND LOCAL RESOURCES ADDITIONALLY, BUFFALO HOSPITAL CONTINUED TO WORK CLOSELY WITH COMMUNITY PARTNERS TO EXPAND ITS BOUNCE BACK INITIATIVE THROUGHOUT THE COMMUNITY BOUNCE BACK IS A COMMUNITY-WIDE PROGRAM IN THE WRIGHT COUNTY AREA THAT PROMOTES HEALTH THROUGH HAPPINESS WITH A VARIETY OF TOOLS AND EVENTS INCLUDING RANDOM ACTS OF KINDNESS, SOCIAL CONNECTIONS, AND GRATITUDE LETTERS IN 2018, MORE THAN 17,000 COMMUNITY MEMBERS WERE REACHED THROUGH THE BOUNCE BACK INITIATIVE CHANGE TO CHILL WAS ALSO ROLLED OUT IN MAPLE LAKE HIGH SCHOOL WITH FINANCIAL AND OTHER RESOURCES TO HELP STUDENTS DEAL WITH STRESS AND ANXIETY ISSUES FINALLY, BUFFALO CONTINUED TO PARTNER WITH AND SUPPORTED THE PENNY GEORGE INSTITUTE FOR HEALTH AND HEALING IN PROVIDING ALTERNATIVE INTEGRATIVE CARE AT BUFFALO HOSPITAL TO PROMOTE A VARIETY OF MENTAL WELLNESS OPTIONS SUCH AS MINDFULNESS CLASSES PGHH PROGRAMS HAVE BEEN INCLUDED IN THE COMMUNITY WELLNESS OFFERINGS BROCHURE THAT IS SENT OUT TO HOUSEHOLDS, VARIOUS COMMUNITY GROUPS AND ORGANIZATIONS AS WELL AS PCPS THEIR OFFERINGS ARE INCLUDED IN THE BUFFALO HANOVER MONTROSE COMMUNITY EDUCATION PUBLICATION GOAL 2 REDUCE OR MAINTAIN THE LEVEL OF OBESITY AND INCREASE PHYSICAL ACTIVITY AMONG THE POPULATION OF WRIGHT COUNTY THROUGH EDUCATIONAL PROGRAMMING, ACTIVITIES AND POLICIES THAT PROMOTE AND SUPPORT HEALTHY LIFESTYLE BUFFALO CONTINUED IMPLEMENTATION OF EVIDENCE-BASED AND ALLINA-DEVELOPED WELLNESS PROGRAMMING, AND WELLNESS COACHING ON-SITE, AT THE HOSPITAL AND VIA TELEPHONE EVIDENCE-BASED CLASSED OFFERED IN 2018 INCLUDE HEALTH EATING FOR BETTER HEALTH CLASSES F |

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 11 | OR COMMUNITY (THREE 4 WEEK CLASSES IN 2018), DIABETES PREVENTION PROGRAM (TWO GROUPS OFFER ED IN 2018 - ONE YEAR LONG COURSE), AND LET'S TALK WELLNESS CLASSES AT THE HOSPITAL AND IN THE COMMUNITY COOKING DEMOS WERE PART OF THE HEALTHY EATING FOR BETTER HEALTH AND LET'S TALK WELLNESS CURRICULUM THE HOSPITAL WORKED WITH SCHOOLS AND COMMUNITY ORGANIZATIONS (E G ECFE AND TIMBER BAY) TO PROVIDE SUPPORT AND EDUCATION TO MINORS AND PARENT GROUPS AROUN D HEALTHY CHOICES AND PHYSICAL ACTIVITY IN COLLABORATION WITH TEACHERS AND LOCAL CHEFS, H ANDS-ON COOKING CLASSES WERE TAUGHT VIA FAMILY DINNER NIGHTS HELD AT THE PHOENIX LEARNING CENTER BUFFALO PARTNERED WITH FARE FOR ALL, LOCAL FARMERS MARKETS, GROCERY STORES, LOCAL F OOD SHELVES AND WRIGHT COUNTY CROW RIVER FOOD COUNCIL AROUND ACCESSIBILITY OF HEALTHY FOOD AT AFFORDABLE COST AND ADDRESSING FOOD INSECURITIES IN 2018, THE ALLINA HEALTH BUCKS PRO GRAM SERVED 294 FAMILIES WITH \$2,940 WORTH OF PRODUCE PURCHASED THE 'BUCKS' ARE USED LIKE CASH, AND ARE GIVEN BY ALLINA HEALTH PHYSICIANS, MANAGERS AND PUBLIC HEALTH NURSES TO FOO D INSECURE PATIENTS, \$4950 IN CHARITABLE CONTRIBUTIONS WERE PROVIDED TO ALL AREA FOOD SHEL VES AND FARMERS MARKET POP PROGRAMS GOAL 3 SUPPORT COMMUNITY ACCESS TO CLINICAL AND NON-C LINICAL SERVICES IN WRIGHT COUNTY BY ENGAGING PROVIDERS AND COMMUNITY PARTNERS IN COLLABORATIVE NETWORK AND RESOURCE SHARING TO CREATE OPTIONS FOR PATIENTS UNABLE TO ACCESS SERVICE S DUE TO TRANSPORTATION CONCERNS, BUFFALO HAS WORKED CLOSELY WITH COMMUNITY PARTNERS, LOVE INC AND WRIGHT COUNTY COMMUNITY ACTION, WHO PROVIDE VOLUNTEER DRIVERS FOR MEMBERS OF THE C OMMUNITY WHO ARE UNABLE TO ACCESS CARE DUE TO TRANSPORTATION CONCERNS THE ALLINA HEALTH C LINIC ON WHEELS BEGAN THIS YEAR TO PROVIDE CLINIC VISITS IN AREAS OF THE COUNTRY WHERE COM MUNITY MEMBERS HAVE LIMITED ACCESS TO A CLINIC IN THEIR COMMUNITY ADDITIONALLY, TO SUPPORT ORGANIZATIONS WHOSE PRIMARY FOCUS IS IMPROVING ACCESS TO HEALTHCARE, BUFFALO MADE CHARITA BLE CONTRIBUTIONS TO WCCA FOR EMERGENCY FOOD BOXES AND BEGAN STOCKING THOSE FOOD BOXES IN ALLINA HEALTH CLINICS IN THE WRIGHT COUNTY AREA FINALLY, BUFFALO IS WORKING WITH COMMUNITY PARTNERS TO INCREASE THE AVAILABILITY OF RESOURCES THAT PROMOTE WELLNESS OUTSIDE OF THE H OSPITAL CLINICAL SETTING EXAMPLE PROJECTS INCLUDE GIRL'S SUPPORT GROUP TO SUPPORT MENTAL WELLNESS AMONG AT RISK TEENS AT PHOENIX LEARNING CENTER AND BUFFALO HIGH SCHOOL PARTNERING WITH VARIED LOCAL EXPERTS TO LEAD A TOPIC AND LOCAL CHEFS TO HELP GIRLS PREP A MEAL THE BOUNCE BACK PROJECT AND CHANGE TO CHILL PROGRAMS HAVE BEEN PROVIDED IN NUMEROUS LOCAL SCHO OLS AND THROUGHOUT THE BUFFALO HOSPITAL SERVICE AREA |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

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

| Form and Line Reference | Explanation |
|--|---|
| GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS NEW ULM MEDICAL CENTER GOAL 1 SUPPORT EDUCATIONAL PROGRAMS, ACTIVITIES AND POLICIES THAT HELP INDIVIDUALS INCREASE ACCESS TO PHYSICAL ACTIVITY AND HEALTHFUL FOODS, AS WELL AS SUPPORT EATING WELL AND ACTIVE LIVING NEW ULM MEDICAL CENTER PROVIDED QUARTERLY WORKPLACE TRAININGS, REACHING 130 PEOPLE, AS FOLLOWS 1) JANUARY HOW EMPLOYEE WELLNESS CAN IMPACT YOUR BOTTOM LINE2) APRIL HEALTH INSURANCE 1013) JULY HEALTHY FOOD AT THE WORKSITE4) OCTOBER COMMUNITY RESOURCES WELLNESS GOLD ADDITIONALLY, THE HEART OF NEW ULM (HONU) LEADERSHIP TEAM SUPPORTED HEALTHY EATING POLICIES AND PRACTICES THROUGHOUT THE COMMUNITY SUCH AS WORKING WITH PARK AND REC COMMISSION TO PASS A 100% HEALTHY VENDING POLICY AND PROMOTING THE COMMUNITY GARDEN AND SCHOOL GARDEN THROUGH HONU PUBLICATIONS AND COMMUNICATIONS IN PARTNERSHIP WITH THE COMMUNITY CENTER, NEW ULM OFFERED TWO STEPPING ON FALLS PREVENTION CLASSES TO 30 PARTICIPANTS AND NEW ULM MEDICAL CENTER CONTINUED ITS PARTICIPATION IN THE REGIONAL TRANSIT COORDINATION COUNCIL TO ADDRESS THE TRANSPORTATION AND ISOLATION NEEDS OF INDIVIDUALS AND SENIORS IN THE COMMUNITY GOAL 2 REDUCE THE BURDEN OF MENTAL HEALTH BY REDUCING STIGMA, IMPROVING EARLY IDENTIFICATION AND OFFERING RESILIENCY PROGRAMMING FOCUSED ON MENTAL HEALTH CONDITIONS 1) MAKE IT OK INFO WAS PUT INTO THE MAY OCCUPATIONAL HEALTH NEWSLETTER SENT TO INDUSTRIES HONU CONDUCTED A SOCIAL MEDIA CAMPAIGN AIMED AT RAISING AWARENESS ABOUT MENTAL HEALTH 2) BROWN COUNTY LOCAL ADVISORY COUNCIL ON MENTAL HEALTH OFFERED MONTHLY BROWN BAG LUNCHEONS ON MENTAL HEALTH TOPICS 3) NUMC OFFERED MONTHLY MENTAL HEALTH SUPPORT GROUPS 4) STARTING IN 2018, NUMC AND HONU ROLLED OUT A HEALTH THROUGH HAPPINESS PROGRAM COUNTY-WIDE WITH A FOCUS ON THREE GOOD THINGS, GRATITUDE AND RANDOM ACTS OF KINDNESS ACTIVITIES AT WORKSITES, CIVIC GROUPS AND SCHOOLS GOAL 3 SUPPORT EDUCATIONAL PROGRAMS, ACTIVITIES AND POLICIES THAT INCREASES AWARENESS REGARDING ADDICTION AND USE OF LEGAL AND ILLEGAL SUBSTANCE USE 1) THE FOLLOWING INDUSTRIES REQUESTED AND RECEIVED THE AMERICAN LUNG TOBACCO FREE WORKSITE TOOLKIT BOOKS FROM SHIP NU TELECOM, FIRMENICH, WINDINGS, MLC, CHRISTENSEN FARMS, CITY OF NEW ULM, HARVEST LAND, UNITED FARMERS CO-OP, AND KEMSKE 2) NEW ULM MEDICAL CENTER CURRENTLY SUPPORTS THE UNDERAGE SUBSTANCE ABUSE COALITION (USAC) TO INCREASE AWARENESS OF ALCOHOL AND TOBACCO USE AMONG YOUTH 3) HONU LEADERSHIP TEAM AND THE SHIP PROGRAM ARE FOLLOWING THE TOBACCO 21 DISCUSSIONS IN NORTH MANKATO AND MANKATO TO HELP DETERMINE NEXT STEPS USAC AND SHIP MET WITH BROWN CO FAIR BOARD TO DISCUSS EXPANDING THEIR SMOKE FREE ZONES DURING THE FAIR, WHICH WILL OCCUR DURING THE 2018 COUNTY FAIR |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
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| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 5 | <p>IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES. WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS. NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016. THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES. MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH. THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS. WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL. IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES. DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM. SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL-ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES. INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE. SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS. THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED.</p> |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS OWATONNA HOSPITAL GOAL 1 INCREASE KNOWLEDGE OF THE SYMPTOMS, TREATMENTS, AND RESOURCES FOR MENTAL HEALTH AND ADDICTION ISSUES THE HOSPITAL SUPPORTED EVIDENCE-BASED MENTAL WELLNESS PROGRAMMING THROUGH PARTICIPATING IN AND SUPPORTING THE SAFE AND DRUG FREE COMMUNITIES COALITION THROUGH THE ADVISORY COUNCIL AND PROVIDING LIVING WILL WITH CHRONIC CONDITIONS PROGRAMMING THROUGH COURAGE KENNY ADDITIONALLY, TO SUPPORT RESILIENCE, THE HOSPITAL BEGAN WORK TO INITIATE A REGIONAL BOUNCE BACK-LIKE COLLABORATIVE RESILIENCY INITIATIVE ADDITIONAL WORK ON THIS COLLABORATION WILL CONTINUE IN 2019 THE HOSPITAL AGAIN HOSTED A TRAINING FOR STAFF AND COMMUNITY PARTNERS ON ADDRESSING THE UNIQUE MENTAL HEALTH NEEDS OF LGBTQ COMMUNITY MEMBERS CHANGE TO CHILL PROGRAMMING WAS PROVIDED AT THE LOCAL MIDDLE SCHOOL AND BE THE CHANGE CHAMPIONS PROVIDED OUTREACH TO HOSPITAL STAFF THROUGH PRESENTATIONS AT STAFF MEETINGS AND SPECIAL EVENTS ON CAMPUS TO HELP ADDRESS GAPS IN SERVICE AND MINIMIZE MENTAL HEALTH HOLDS, THE HOSPITAL WORKED TO RAISE AWARENESS OF A REGIONAL CRISIS RESPONSE TEAM BY BRINGING INFORMATION ON THESE RESOURCES TO COMMUNITY RESOURCE FAIRS AND GROUPS SUCH AS THE HOMELESS PREVENTION TEAM THE HOSPITAL CONTINUED ITS WORK IN THE ALLINA HEALTH "MENTAL HEALTH HUB" IN NORTHFIELD BY CONNECTING OWATONNA HOSPITAL SOCIAL WORKERS WITH MENTAL HEALTH HUB PROVIDERS AT NORTHFIELD CLINIC TO DISCUSS USE OF E-VISITS FOR NEW CLINIC PATIENTS TO REDUCE WAIT TIMES FOR VISITS FINALLY, OWATONNA HOSPITAL CONTINUES TO BE AN ACTIVE MEMBER IN MANY MENTAL HEALTH AND ADDICTION COALITIONS AND COMMUNITIES GOAL 2 IMPROVE HEALTH, FUNCTION AND QUALITY OF LIFE FOR ADULTS AGES 50 AND OLDER DISTRICT ONE AND OWATONNA HOSPITALS COLLABORATED ON THIS GOAL TO SUPPORT A PROGRAM AIMED AT SUPPORTING CAREGIVERS OF ADULTS WITH DEMENTIA, DISTRICT ONE AND OWATONNA PROVIDED FINANCIAL SUPPORT TO THE MEMORIAL CAFE AT THE NORTHFIELD SENIOR CENTER AND PARTICIPATED IN THE ELDER CARE COLLEGIUM AND IN EFFORTS TO MAKE NORTHFIELD A DEMENTIA FRIENDLY COMMUNITY THE HOSPITALS ALSO PROVIDED FINANCIAL SUPPORT TO HEALTHFINDERS AND GROWING UP HEALTHY WHO REGULARLY HOST COMMUNITY CONNECTIONS/LEARNING GROUPS WITH DIVERSE GROUPS, INCLUDING ELDERLY COMMUNITIES OF COLOR ADDITIONALLY, THE HOSPITALS CONTINUED THEIR COMPREHENSIVE ADVANCED CARE PLANNING INITIATIVE, HONORING CHOICES OF FAIRBAULT AND OWATONNA, WHICH IS FOCUSED ON ENGAGING OLDER ADULTS IN COMPLETING THEIR HEALTH CARE DIRECTIVES BY OFFERING OVER 75 EVENTS, INCLUDING GROUP AND INDIVIDUAL ADVANCED CARE PLANNING FACILITATIONS, BOOK GROUPS, FILM VIEWINGS, DEATH CAFES, AND HEALTH FAIR BOOTHS, AMONG OTHERS FINALLY, THE HOSPITALS ARE ACTIVE PARTICIPANTS AND/OR LEADERS IN THE RECENTLY DEVELOPED COMMUNITY CARE COORDINATION ADVISORY COUNCIL (OWATONNA/STEELE COUNTY) AND THE HEALTH CARE |

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 11 | SUMMIT (FARIBAULT/RICE COUNTY), BOTH OF WHICH WORK ON ADDRESSING HEALTHY AGING AND CHRONI C DISEASE MANAGEMENT, INCLUDING SUPPORTING THE GROWING AGING POPULATION AND ASSESSING/SUPP ORTING CARE COORDINATION NEEDS TO ADDRESS ACCESS ISSUES, TRANSPORTATION AND LIMITED FINANC IAL RESOURCES GOAL 3 INCREASE KNOWLEDGE OF AND ADHERENCE TO EVIDENCE-BASED COMMUNITY RESO URCES RELATED TO PREVENTION AND SELF-MANAGEMENT OF CHRONIC DISEASES, SUPPORT POLICY, SYSTE M AND ENVIRONMENTAL CHANGES AIMED AT THE PREVENTION OF CHRONIC DISEASES OWATONNA HOSPITAL STAFF PARTICIPATED IN OVER 35 INTERNAL AND EXTERNAL GROUPS TO SERVE AS A RESOURCE AND EDUC ATE THE COMMUNITY ABOUT MAINTAINING GOOD HEALTH AND HAVING REGULAR CHECK-UPS OWATONNA ENG AGED IN THE STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP COMMUNITY LEADERSHIP TEAM AND WORKSIT E WELLNESS COALITIONS TO ADDRESS POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE INITITIIVES IN C OMMUNITIES, SCHOOLS AND WORKSITES SIMILARLY, OWATONNA PARTICIPATED IN STATEWIDE HEALTH IM PROVEMENT PARTNERSHIP WORKSITE WELLNESS COALITIONS WHICH HAD REPRESENTATIVES FROM OVER 15 LOCAL EMPLOYERS OF VARIOUS SIZES AND INDUSTRIES HOSPITAL STAFF WERE ALSO INVOLVED WITH AR EA CHAMBERS OF COMMERCE AT VARIOUS LEVELS FROM ATTENDING PUBLIC EVENTS TO BOARD OF DIRECTO RS MEMBERSHIP THROUGH COURAGE KENNY REHAB INSTITUTE OF OWATONNA HOSPITAL, THE HOSPITAL CON TINUED TO OFFER WELL ATTENDED CLASSES FOR THE COMMUNITY, INCLUDING LIVING WELL WITH CHRONI C CONDITIONS AND MATTER OF BALANCE HEALING TOUCH, MASSAGE AND AROMATHERAPY CONTINUED TO B E OFFERED AT OWATONNA HOSPITAL FOR INPATIENTS AT NO CHARGE IN ORDER TO SUPPORT EXTERNAL A GENCIES PERFORMING GRASSROOTS ACTIVITY AIMED AT IMPROVING HEALTH AND HEALTHCARE ACCESS, ST AFF WERE ACTIVELY ENGAGED IN OVER 20 COMMUNITY-BASED COALITIONS AND COMMITTEESS AND SUPPOR TED/PARTNERED IN THAT WORK IN A VARIETY OF WAYS, FROM FINANCIAL INVESTMENT TO COLLABORATIV E DECISION-MAKING AND POLICY DEVELOPMENT |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS REGINA HOSPITAL GOAL 1 IMPROVE MENTAL WELL-BEING OF TEENS, ADULTS AND SENIORS IN DAKOTA COUNTY REGINA CONTINUED SUPPORTING HASTINGS HIGH SCHOOL WITH ANNUAL CHARITABLE CONTRIBUTIONS TO ITS HASTINGS HIGH SCHOOL PEER HELPERS PROGRAM (REACHING 1,400 STUDENTS), CHANGE TO CHILL MATERIALS AND OTHER SIMILAR OPPORTUNITIES CHANGE TO CHILL TRAININGS AND T OOLS WERE ALSO OFFERED TO NUMEROUS COMMUNITY PARTNERS, INCLUDING PUBLIC SCHOOL SYSTEMS AND COUNTY PUBLIC HEALTH DEPARTMENTS IN WASHINGTON, RAMSEY AND DAKOTA COUNTIES REGINA ALSO CO NTINUED TO PARTICIPATE IN AND MAKE CHARITABLE CONTRIBUTIONS TO THE EAST METRO MENTAL HEALT H CRISES AND THE EAST METRO MENTAL HEALTH ROUNDTABLE, COMPRISED OF LEADERS REPRESENTING CA THOLIC CHARITIES, GUILD INC, PEOPLE INC, NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI), MN CH APTER, MN DEPARTMENT OF HEALTH, MN DEPARTMENT OF HUMAN SERVICES, LOCAL HEALTH SYSTEMS (ALL INA, HEALTHPARTNERS, FAIRVIEW/HEALTHEAST), CITY AND COUNTY GOVERNMENT ELECTED OFFICIALS, C OUNTY PUBLIC HEALTH REPRESENTATIVES, AND COUNTY CASE MANAGERS REPRESENTING WASHINGTON, RAM SEY AND DAKOTA COUNTIES, CANVAS HEALTH, WILDER FOUNDATION, METRO FQHC CLINICS, AND OTHER S IMILAR NGOS RELATED TO MENTAL HEALTH, HUMAN SERVICES, AFFORDABLE HOUSING AND PUBLIC POLICY FINALLY, REGINA CONTINUED TO DEVELOP ITS PARTNERSHIP WITH DAKOTA COUNTY PUBLIC HEALTH REL ATED TO THEIR WORK ON MENTAL HEALTH AND ELIMINATING STIGMA ALLINA HEALTH STAFF SERVE ON T HE COUNTY MENTAL HEALTH ACTION TEAM AND OFFERED EDUCATIONAL OPPORTUNITIES SUCH AS CHANGE T O CHILL TRAIN THE TRAINER SESSIONS AND PROMOTION OF MAKE IT OKAY, MENTAL HEALTH FIRST AID AND OTHER SIMILAR MENTAL HEALTH PROGRAMS GOAL 2 DECREASE THE PERCENTAGE OF THE POPULATION WHO IS OVERWEIGHT OR OBESE ONE PRIMARY OBJECTIVE UNDER THIS GOAL IS TO IMPROVE ACCESS TO HEALTHY FOOD THROUGH CHARITABLE CONTRIBUTIONS, EMPLOYEE VOLUNTEER OPPORTUNITIES AND INNOVA TIVE COMMUNITY PARTNERSHIPS IN 2018, THIS WORK WAS ADVANCED BY 1) MONTHLY MEETINGS (MAY T HROUGH OCTOBER) WITH 29 COMMUNITY GARDNERS TO RESOLVE ISSUES AND DISCUSS REDESIGN FOR THE 2019 GROWING SEASON 2) PARTICIPATING IN HASTINGS YMCA CHILI PROCESS TO IDENTIFY GAPS IN SE RVICES THAT ADDRESS HEALTHY EATING AND ACTIVE LIVING AND ATTENDING YMCA BOARD MEETINGS AND OTHER STRATEGIC PLANNING MEETINGS WITH YMCA STAFF 3) PROMOTING VOLUNTEER OPPORTUNITIES IN SUPPORT OF LOCAL FOOD SHELVES AND COMMUNITY NUTRITION INITIATIVES INCLUDING THREE FOOD DR IVES FOR HASTINGS FAMILY SERVICES AND PRESCOTT FOOD PANTRY (MARCH, JUNE AND NOVEMBER), A N OVEMBER FOOD4KIDS DONATION AND PACKING EVENT, AND ONGOING VOLUNTEER OPPORTUNITIES WITH MAR KETCART, WHO DISTRIBUTES FOOD TO AREA SENIOR LIVING APARTMENTS GOAL 3 BROADEN THE ARRAY O F PROGRAMS AND SERVICES AVAILABLE TO SUPPORT THE AGING CONTINUUM THE OBJECTIVE FOR THIS GO AL IS TO IMPROVE AVAILABILITY |

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

| Form and Line Reference | Explanation |
|--|---|
| GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 11 | AND COMMUNITY AWARENESS OF PROGRAMS AVAILABLE TO AGING POPULATION AND CARE PROVIDERS ACTI VITIES IN 2018 INCLUDED 1) PROVIDED CHARITABLE CONTRIBUTIONS IN SUPPORT OF HONORING CHOICE S PARTNERSHIP WITH SENIOR CENTER AND WISE FAMILY FUNERAL HOME, INCLUDING SUPPORT OF A "BEI NG MORTAL" VIEWING AND CONVERSATION EVENT ATTENDED BY 80 HASTINGS COMMUNITY MEMBERS 2) CON TINUED PARTICIPATION IN THE HASTINGS TRANSPORTATION OPTION ADVISORY BOARD3) PARTNERED HAST INGS COMMUNITY CENTER IN SUPPORT OF FURTHER DEVELOPING PROGRAMS FOR AGING INDIVIDUALS, NAM ELY HONORING CHOICES 4) OFFERED MATTER OF BALANCE CLASS IN THE SPRING OF 2018, WHICH WAS ATTENDED BY 12 HASTINGS COMMUNITY MEMBERS |

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

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

| Form and Line Reference | Explanation |
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| GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS DISTRICT ONE HOSPITAL GOAL 1 IMPROVE ACCESS TO QUALITY, COMPREHENSIVE MENTAL HEALTH AND ADDICTION CARE SERVICES, REDUCE SOCIAL STIGMA OF MENTAL HEALTH AND ADDICTION DISTRICT ONE HOSPITAL CONTINUED TO BE AND ACTIVE MEMBER OF THE FARIBAULT YOUTH INVESTMENT (FYI) ADVISORY COUNCIL, WHOSE MISSION IS TO BUILD COMMUNITY CONNECTIONS FOR HEALTHY YOUTH DEVELOPMENT THIS INCLUDED EXPANDING THE FYI ADVISORY TO BE YOUTH-LED WITH THE ADDITION OF SEVERAL AREA HIGH SCHOOL STUDENTS AND PARTICIPATING IN THE FYI ACTIVITIES FAIR ADDITIONALLY, THE HOSPITAL PARTICIPATED IN THE FARIBAULT COMMUNITY SCHOOL AND COMMUNITY EDUCATION ADVISORY COUNCILS, DEVELOPING PROGRAMING FOR THESE OUTLETS, INCLUDING CHANGE TO CHILL THE HOSPITAL ALSO CONTINUED TO ACTIVELY PARTICIPATE IN THE RICE COUNTY CHEMICAL AND MENTAL HEALTH COALITION ADVISORY COUNCIL, INCLUDING THE PROVIDER TEAM AND PREVENTION/PROMOTION AND ACCESS/DIVERSITY TEAMS THIS GROUP SPONSORED YOUTH MENTAL HEALTH FIRST AID PROGRAMMING FINALLY, TO INCREASE COMMUNITY KNOWLEDGE OF THE SYMPTOMS, TREATMENTS AND RESOURCES FOR MENTAL HEALTH CONDITIONS AND ADDICTION, DISTRICT ONE HELD A MENTAL HEALTH AND ADDICTION RESOURCE FAIR ON THE CAMPUS OF DISTRICT ONE HOSPITAL OVER 15 RESOURCE PROVIDERS ATTENDED AS VENDORS AND OVER 100 PARTICIPANTS CAME THROUGH THE FAIR INCLUDING COMMUNITY MEMBERS, PROVIDERS, AND CARE STAFF CHANGE TO CHILL ACTIVITIES WERE ALSO OFFERED TO LOCAL SCHOOLS TO SUPPORT EXTERNAL ORGANIZATIONS IN INCREASING ACCESS TO HEALTHCARE, THE HOSPITAL CONTINUED TO PROVIDE SIGNIFICANT CHARITABLE CONTRIBUTIONS, GRANTS AND IN-KIND SUPPORT TO SAFETY NET PROVIDERS (HEALTHFINDERS AND FREE CLINIC OF STEELE COUNTY) AND ASSISTED HEALTHFINDERS IN CREATING AN ON-SITE PHLEBOTOMY DRAW STATION FOR LAB SERVICES |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
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| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

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

| Form and Line Reference | Explanation |
|--|---|
| GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS RIVER FALLS AREA HOSPITAL (HEALTHIER TOGETHER) GOAL 1 REDUCE ALCOHOL ABUSE OF RESIDENTS OF PIERCE AND ST CROIX COUNTIESWORK IN 2018 FOCUSED ON THE CREATING, ADMINISTER ING AND SCORING A COMMUNITY READINESS INVENTORY IN HUDSON TEN SURVEYS WERE ADMINISTERED T O LOCAL BUSINESS OWNERS, GOVERNMENT OFFICIALS, PHYSICIANS, A HIGH SCHOOL STUDENT, NURSE AN D ST CROIX COUNTY LAW ENFORCEMENT THE ASSESSMENT RESULTS ARE BEING REVIEWED AND NEXT STE PS WILL BE DISCUSSED FOR 2019 TO DECREASE ADULT ALCOHOL ABUSE THROUGH CHANGES TO POLICY, S YSTEMS, ENVIRONMENT AND COMMUNITY SUPPORT, 2018 WORK FOCUSED ON THE COMMUNITY OF RIVER FAL LS THE POLICE CHIEF IS VERY SUPPORTIVE OF POLICY AND ENVIRONMENTAL STRATEGIES TO HELP RED UCE ALCOHOL USE AND ABUSE MEETINGS WERE HELD WITH RIVER FALLS CITY ADMINISTRATORS REGARDI NG POLICY PRIORITIES THE CHAMBER OF COMMERCE IS ALSO ASSISSTING WITH RESEARCH REGARDING T HE BEST APPROACH TO A PUBLIC INTOXICATION ORDINANCE THE CITY COUNCIL IS OPEN FOR A REPORT ON PROPOSED CHANGES IN THE POLICY AND ENFORCEMENT IN THE COMMUNITY GOAL 2 IMPROVE MENTAL HEALTH STATUS OF RESIDENTS OF PIERCE AND ST CROIX COUNTIES TO REDUCE STIGMA ASSOCIATED W ITH MENTAL HEALTH CONDITIONS, APPROXIMATELY 5,256 PEOPLE HAVE BEEN TOUCHED THROUGH MAKE IT OKAY TRAININGS, PRESENTATIONS AND DISPLAYS THERE ARE CURRENTLY 365 TRAINED MAKE IT OKAY AMBASSADORS TO INCREASE ACCESS TO MENTAL HEALTH SERVICES, 30 INDIVIDUALS COMPLETED THE ME NTAL HEALTH FIRST AID TRAIN THE TRAINER CERTIFICATION THE INSTRUCTORS HAVE HAD HUGE SUCCE SS IN ADMINISTERING 37 MENTAL HEALTH FIRST AID TRAININGS THROUGHOUT PIERCE AND ST CROIX C COUNTIES, TRAINING A TOTAL OF 261 ADULTS ADDITIONALLY, THE RIVER FALLS AREA HIGH SCHOOL WA S CHOSEN AS A CHANGE TO CHILL PARTNER FOR THE 2018-2019 SCHOOL YEAR SCHOOL ADMINISTRATORS , COUNTY LEADERS AND HEALTHIER TOGETHER LEADERSHIP CONDUCTED A MENTAL HEALTH COLLABORATION SESSION TO BETTER UNDERSTAND THE NEEDS OF SCHOOL AND CHALLENGES NEXT STEPS ARE BEING REV IEWED FINALLY, THE HUDSON HOSPITAL & CLINICS PROGRAMS FOR CHANGE UPDATED THE MENTAL HEALT H SERVICES RESOURCE GUIDE FOR PIERCE AND ST CROIX COUNTIES, WHICH INCLUDES PROVIDERS PHYS ICALLY LOCATED IN THE TWO-COUNTY REGION GOAL 3 DECREASE THE PERCENTAGE OF THE POPULATION THAT IS OVERWEIGHT OR OBESE IN PIERCE AND ST CROIX COUNTIES MUCH OF THIS WORK FOCUSED ON INCREASING ACCESS TO HEALTHY FOODS IN THE COMMUNITY TO THIS END, CSA SHARES DISTRIBUTED 2 5 TONS OF FOOD EVERY OTHER WEEK TO LOCAL FOOD PANTRIES UTILIZING THE CSA PRODUCE AND FOO D READILY AVAILABLE AT THE PANTRY, IN CONJUNCTION WITH THE UNIVERSITY OF WISCONSIN EXTENSI ON OFFICE, MEAL KITS WITH RECIPES WERE CREATED UW EXTENSION AND HEALTHIER TOGETHER ARE WO RKING ON EDUCATIONAL TRAINING AND TOOLS FOR STAFF AND VOLUNTEERS AT FOOD PANTRIES THROUGH AN ALLINA HEALTH GRANT TO ALI |

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 11 | GN WITH THE SAFE AND HEALTHY FOOD PANTRIES PROJECT, THE SPRING VALLEY FOOD PANTRY WAS AWARDED A GRANT TO REDESIGN THEIR PANTRY FARE FOR ALL LAUNCHED IN RIVER FALLS IN NOVEMBER, PROVIDING OVER 120 FAMILIES WITH FRESH FRUITS, VEGETABLES AND MEAT TO INCREASE PHYSICAL ACTIVITY, THE ACTIVE SCHOOL CORE 4+ POWERPOINT WAS CREATED AND DISTRIBUTED TO SCHOOLS AND ON THE HEALTHIER TOGETHER WEBPAGE, ALONG WITH OTHER SERVICES AVAILABLE, SUCH AS WELLNESS POLICY ASSISTANCE WALK TO SCHOOL DAY WAS A HUGE SUCCESS, WITH OVER 1,700 STUDENTS PARTICIPATING FINALLY, THE PIERCE AND ST CROIX COUNTIES FOOD RESOURCE DIRECTORIES HAVE BEEN UPDATED WE CONTINUE TO USE THE HEALTHIER TOGETHER FACEBOOK PAGE TO SHARE INFORMATION ABOUT THE THREE HEALTH PRIORITIES, INCLUDING LOCAL EVENTS AND RESOURCES |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

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

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

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

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

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

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 5 | IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 6A | THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 6B | ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN |

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

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

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 11 | BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS PHILIPS EYE INSTITUTE GOAL 1 INCREASE CHILDHOOD READINESS FOR SCHOOL PEI PROVIDES THE EARLY YOUTH EYE CARE (E Y E) VISION SCREENING PROGRAM FOR ALL CHILDREN IN THE MINNEAPOLIS AND ST PAUL PUBLIC SCHOOLS THE GOAL IS TO ENSURE THAT ALL CHILDREN IN GRADES K, 2, 4, 6 AND 8TH RECEIVE A SCHOOL-BASED VISION SCREENING LAST YEAR, 26,200 ELEMENTARY-AGED CHILDREN RECEIVED A VISION SCREENING THROUGH THIS PROGRAM, AND 505 CHILDREN WERE REFERRED FOR FURTHER VISION ASSESSMENT AND TREATMENT THESE CHILDREN ARE TREATED THROUGH THE KIRBY PUCKETT EYE MOBILE, WHERE THEY RECEIVED EYE EXAMS, GLASSES, FOLLOW-UP CARE AND SURGERY (IF NEEDED) AT NO COST TO THE CHILD OR THEIR FAMILY GOAL 2 INCREASE ACCESS TO HEALTHCARE SERVICES PEI PROVIDES FREE TRANSPORTATION FOR PHILLIPS EYE INSTITUTE PATIENTS TO ACCESS THEIR VISION CARE SERVICES ABOUT 3,270 PATIENTS RECEIVE FREE TRANSPORTATION EVERY YEAR PROVIDING TRANSPORTATION AS A WAY TO INCREASE ACCESS TO HEALTHCARE SERVICES HAS BECOME A CORE COMPONENT OF PEI'S WORK AS 25% OF THEIR PATIENTS REQUIRE THIS SERVICE, MOST OF WHOM ARE ELDERLY AND LOW-INCOME |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 13B | SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
|--|--|
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 24 | NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
|--|---|
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| PART V, SECTION B, LINE 7 A | HOSPITAL FACILITY WEBSITE URL -HTTPS //WWW ALLINAHEALTH ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSMENTS/2017-2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLANS/ |

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

| Form and Line Reference | Explanation |
|----------------------------|---|
| PART V, SECTION B, LINE 11 | <p>THE FOLLOWING ARE SYSTEM WIDE INITIATIVES THAT APPLY TO ELEVEN ALLINA HEALTH HOSPITALS PL EASE REFER TO PART V SECTION B LINE 11 EXPLANATION FOR EACH HOSPITAL FACILITY FOR ADDITION AL NEEDS ADDRESSED AT THE HOSPITAL LEVEL ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THR OUGH THIS FORMAL PROCESS IN 2016 ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE N OW BEING ADDRESSED 2017-2019 HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE CHANGE TO CHI LL (CTC) IS A FREE, ONLINE RESOURCE THAT PROVIDES STRESS REDUCTION TIPS, LIFE BALANCE TECH NIQUE S AND HEALTH EDUCATION SERVICES FOR TEENS IN 2018, MORE THAN 50,000 USERS VISITED TH E CTC WEBSITE SOME OF THE USERS ARE TEACHERS WHO USE IT IN THEIR CLASSROOMS, TEENS WHO US E IT IN SOCIAL GROUPS AND PARENTS LOOKING FOR WAYS TO HELP THEIR CHILD STRESS LESS ALLINA HEALTH CONTINUED TO OFFER THE TRAIN-THE-TRAINER SESSIONS PILOTED IN 2017 TO EDUCATE SCHOO L AND COMMUNITY STAFF ON THE RESOURCES AND CURRICULUM OFFERED BY CTC IN 2018, APPROXIMATE LY 111 TEACHERS, SOCIAL WORKERS AND OTHER PROFESSIONALS ATTENDED THE TRAIN-THE-TRAINER SES SIONS OVERALL, THE TRAINING WAS WELL-RECEIVED BY PARTICIPANTS AND MANY PARTICIPANTS REPOR TED THEY INTENDED TO USE WHAT THEY LEARNED IN THE CLASSROOM OR IN THE CAPACITY THAT THEY W ORK WITH TEENS ALSO IN 2018, CTC LAUNCHED THE CHANGE TO CHILL SCHOOL PARTNERSHIP (CTCSP) WITH THE GOAL OF PROMOTING AND SUPPORTING A CULTURE OF MENTAL WELL-BEING IN LOCAL HIGH SCH OOLS DURING THE 2018-2019 SCHOOL YEAR ALLINA HEALTH PARTNERED WITH NINE HIGH SCHOOLS THRO UGH CTCSP, REACHING MORE THAN 10,000 STUDENTS COMPONENTS OF CTCSP INCLUDE STAFF TRAINING ON CTC, FOCUS GROUPS WITH STUDENTS, PEER MENTORING, CTC MESSAGING FOR PARENTS, A PAID STUD ENT INTERNSHIP AND FUNDING FOR A "CHILL ZONE" - A DESIGNATED SPACE FOR STUDENTS AND STAFF TO PRACTICE SELF-CARE FINALLY, THE CTC LEAD A SERIES CONTINUED TO BE OFFERED BY ALLINA HE ALTH STAFF IN MIDDLE- AND HIGH-SCHOOLS IN SELECT ALLINA HEALTH COMMUNITIES THE LEAD A SER IES CURRICULUM IS AN IN-PERSON SERIES OF WORKSHOPS DESIGNED TO INCREASE PARTICIPATING STUD ENTS' (1) AWARENESS OR KNOWLEDGE OF MENTAL WELLNESS AND STRESS REDUCTION CONCEPTS, (2) SE LF-CONFIDENCE IN THEIR ABILITY TO COPE WITH STRESS, AND (3) INTENT TO USE HEALTHY COPING S KILLS LEARNED IN THE CHANGE TO CHILL CURRICULUM EVALUATIONS OF THIS CURRICULUM HAVE SHOWN THAT, OVERALL, STUDENTS RESPOND WELL TO THE SERIES AND MOST PARTICIPANTS BELIEVE IT IS AT LEAST POSSIBLE THEY WILL USE THE SKILLS LEARNED IN THE PROGRAM ADDITIONALLY, PRE/POST TE STS HAVE SHOWN SIGNIFICANT INCREASES IN STUDENTS' OVERALL CONFIDENCE IN THEIR ABILITY TO D EPLOY SOME HEALTHY COPING TECHNIQUES BE THE CHANGE-AS THE LARGEST PROVIDER OF MENTAL HEAL TH AND ADDICTION CARE IN THE STATE, ALLINA HEALTH BELIEVES IT SHOULD LEAD THE WAY IN ELIMI NATING STIGMA WITHIN THE INDUSTRY TO THIS END, BE THE CHANGE, IS AN EFFORT TO ELIMINATE S TIGMA AROUND MENTAL HEALTH CON</p> |

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

| Form and Line Reference | Explanation |
|----------------------------|---|
| PART V, SECTION B, LINE 11 | <p>DITIONS AND ADDICTION AT ALLINA HEALTH AND ENSURE THAT ALL PATIENTS RECEIVE THE SAME CONSI STENT, EXCEPTIONAL CARE MORE THAN 500 ALLINA HEALTH EMPLOYEES VOLUNTEERED TO LEAD THIS EF FORT AS TRAINED BE THE CHANGE CHAMPIONS AND HELP EDUCATE AND GENERATE AWARENESS AMONG THEI R COLLEAGUES ABOUT MENTAL HEALTH CONDITIONS AND ADDICTIONS. IN 2018, BE THE CHANGE SUPPORT ED ANTI-STIGMA WORK IN THE COMMUNITY BY SPONSORING AND PROMOTING THE NAMI WALK AND WALK FO R RECOVERY CHAMPIONS RECEIVED ADDITIONAL ANTI-STIGMA EDUCATION THROUGH BI-MONTHLY COMMUNI CATIONS, TWO WEBINARS, AND THE OPPORTUNITY TO VISIT THE MINNESOTA SCIENCE MUSEUM'S "MIND M ATTERS"-EXHIBIT THROUGH PRESENTATIONS AND EDUCATION EVENTS, BE THE CHANGE CHAMPIONS HAVE REACHED MORE 18,140 EMPLOYEES SINCE THE INITIATIVE'S LAUNCH, OR APPROXIMATELY TWO-THIRDS O F EMPLOYEES THE EFFORT IS ONGOING AND THE CAMPAIGN'S GOAL IS TO REACH ALL ALLINA HEALTH E MPLOYEES AN INITIAL AND FOLLOW-UP EMPLOYEE SURVEY REVEALED THAT THE CAMPAIGN IMPROVED EMP LOYEE'S PERCEPTION OF ALLINA HEALTH'S SUPPORT OF PEOPLE WITH MENTAL HEALTH OR ADDICTION CO NDITIONS, COMFORT WORKING WITH OR INTERACTING WITH PEOPLE WITH MENTAL HEALTH OR ADDICTION CONDITIONS, AND KNOWLEDGE OF MENTAL HEALTH RESOURCES NEIGHBORHOOD HEALTH CONNECTION (NHC) IS A COMMUNITY GRANTS PROGRAM THAT AIMS TO IMPROVE THE HEALTH OF COMMUNITIES BY BUILDING S OCIAL CONNECTIONS THROUGH HEALTHY EATING AND PHYSICAL ACTIVITY EACH YEAR, ALLINA HEALTH A WARDS OVER 50 NEIGHBORHOOD HEALTH CONNECTION GRANTS, RANGING IN SIZE FROM \$500-\$10,000, TO LOCAL NONPROFITS AND GOVERNMENT AGENCIES IN MINNESOTA AND WESTERN WISCONSIN THE 71 ACTIV ITIES OFFERED IN 2018 REACHED MORE THAN 3,600 PARTICIPANTS EVALUATIONS OF THE NHC PROGRAM FIND THAT THE MAJORITY OF PEOPLE WHO PARTICIPATE IN NHC-FUNDED PROGRAMS INCREASE THEIR SO CIAL CONNECTIONS AND MAKE POSITIVE CHANGES IN THEIR PHYSICAL ACTIVITY AND HEALTHY EATING B EHAVIOR FURTHER, FOLLOW-UP DATA HAS REVEALED THAT THESE POSITIVE CHANGES ARE MAINTAINED S IX MONTHS LATER AND THE MAJORITY OF PARTICIPANTS CONTINUE TO PARTICIPATE IN THE NHC ACTIVI TY AFTER THE GRANT PERIOD ENDS HEALTH POWERED KIDS (HPK), LAUNCHED IN 2012, IS A FREE COMM UNITY EDUCATION PROGRAM DESIGNED TO EMPOWER CHILDREN AGES 3 TO 14 YEARS TO MAKE HEALTHIER CHOICES ABOUT EATING, EXERCISE, KEEPING CLEAN AND MANAGING STRESS IN 2018, MORE THAN 70,0 00 USERS VISITED THE HPK WEBSITE ADDITIONALLY, PROGRAM STAFF ADDED 7 LESSONS TO THE PROGR AM, ALL WITH A FOCUS ON MENTAL WELL-BEING, INCLUDING THE POWER OF MEDITATION, LEARNING MIN DFULNESS THROUGH MOVEMENT AND GRATITUDE OVERLOOKED BLESSINGS CHARITABLE CONTRIBUTIONS-IN 2018 ALLINA HEALTH SYSTEM MADE THE FOLLOWING CONTRIBUTIONS BY FOCUS AREA, \$26,000 (12%) FO R ACTIVE LIVING, \$42,500 (20%) FOR HEALTHY EATING, \$76,900 (37%) FOR IMPROVING ACCESS TO H EALTH CARE SERVICES, \$26,000 (12%) TO MENTAL WELLNESS, \$37,500 (18%) FOR OTHER HEALTH-RELA TED PURPOSES AND \$1,000 FOR NON-HEALTH RELATED PURPOSES TO SUPPORT ACTIVE LIVING, ALLINA HEALTH SPONSORED THE SANNEH FO</p> |

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

| Form and Line Reference | Explanation |
|----------------------------|---|
| PART V, SECTION B, LINE 11 | UNDATION'S FREE COMMUNITY CAMPS AT THE \$5,000 LEVEL THIS FUNDING SUPPORTED A CULTURALLY-R ELEVANT SPORT-BASED YOUTH DEVELOPMENT AND HEALTH INITIATIVE CREATED TO PROVIDE OUT-OF-SCHO OL TIME PHYSICAL ACTIVITY OPPORTUNITIES FREE OF ANY CHARGES TO UNDERSERVED TWIN CITIES MET RO AND GREATER MINNESOTA AREA YOUTH FOR THE FOCUS AREA, HEALTHY EATING, ALLINA HEALTH GAV E THE FOOD GROUP A CONTRIBUTION OF \$10,000 TO SUPPORT ITS CULTURAL EQUITY PROGRAM WHICH SE EKS TO INCREASE ACCESS TO NUTRITIOUS AND SPECIFIC FOODS FOR DIVERSE MEMBERS OF OUR COMMUNI TY THAT ARE EXPERIENCING HUNGER TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ALLINA HEALTH SPONSORED THE CARONDELET GALA AT THE \$30,000 LEVEL, WHICH RAISED FUNDS FOR ST MARY'S HEAL TH CLINICS (SMHC) SMHC SERVES LOW-INCOME, UNINSURED INDIVIDUALS, FAMILIES AND CHILDREN, B Y PROVIDING FREE CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE SERVICES FOR OTHER HEALTH-RELATED PURPOSES ALLINA HEALTH SUPPORTED MINNESOTA PUBLIC HEALTH ASSOCIATION WITH A \$5,000 CONTRIBUTION TO INCREASE ITS CAPACITY TO ACT AS AN INDEPENDENT VOICE OF PUBLIC HE ALTH IN MINNESOTA OUT OF THE 2017 BUDGET ALLINA HEALTH SPONSORED THE 2018 MARTIN LUTHER K ING JR BREAKFAST AT THE \$1,000 LEVEL, BENEFITING UNCF FOR A NON-HEALTH RELATED PURPOSE AC COUNTABLE HEALTH COMMUNITIES CENTERS FOR MEDICARE AND MEDICAID SERVICESCOOPERATIVE AGREEME NTIN MAY 2017, ALLINA HEALTH WAS AWARDED AN ACCOUNTABLE HEALTH COMMUNITIES (AHC) COOPERATI VE AGREEMENT WITH THE CENTERS FOR MEDICARE & MEDICAID SERVICES THROUGH THE AHC MODEL, CARE TEAMS IN 78 ALLINA HEALTH SITES SCREEN PATIENTS WITH MEDICARE AND/OR MEDICAID INSURANCE F OR FIVE HEALTH-RELATED SOCIAL NEEDS HOUSING INSTABILITY (E G HOMELESSNESS, LOW HOUSING Q UALITY), FOOD INSECURITY (E G LACK OF ACCESS TO FOOD), ACCESS TO TRANSPORTATION (E G LAC K OF RELIABLE TRANSPORT OPTIONS), DIFFICULTY PAYING FOR HEAT, ELECTRICITY OR OTHER UTILITI ES, AND CONCERNS ABOUT INTERPERSONAL SAFETY (E G INTIMATE PARTNER VIOLENCE, CHILD ABUSE, ELDER ABUSE) IF A PATIENT IDENTIFIES A NEED, THE CARE TEAM PROVIDES A LIST OF COMMUNITY R ESOURCES TAILORED TO THE PATIENT'S UNIQUE NEEDS IN ADDITION, SOME HIGH-RISK PATIENTS RECE IVE CARE TEAM ASSISTANCE NAVIGATING TO COMMUNITY RESOURCES IN 2018, MORE THAN 76,000 ALLIN A HEALTH PATIENTS COMPLETED AN AHC SCREENING TWENTY-FIVE PERCENT OF PATIENTS SCREENED IDE NTIFIED AT LEAST ONE NEED, WITH THE MOST FREQUENTLY IDENTIFIED NEED BEING FOOD ACCESS (57 PERCENT) FOLLOWED BY HOUSING INSTABILITY (44 PERCENT) |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
36-3261413

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 107

3 Enter total number of other organizations listed in the line 1 table 2

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

Part III can be duplicated if additional space is needed

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

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 EXPLANATION | ALLINA HEALTH SYSTEM STRICTLY MONITORS GRANT FUNDS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER AND INTENDED PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE THE ORGANIZATION HAS A PROCESS WHICH INCLUDES A WRITTEN APPLICATION WHICH REQUIRES SUPPORTING DOCUMENTATION AND SUBSTANTIATION PRIOR TO A GRANT BEING APPROVED AND DISBURSED IN ADDITION AND DEPENDING ON THE FACTS AND CIRCUMSTANCE OF THE GRANT, THE ORGANIZATION EMPLOYS VARIOUS METHODS TO ENSURE PROPER AND INTENDED USE SUCH AS, PERIODIC REPORTING TO THE ORGANIZATION, FIELD INVESTIGATIONS, CONTRACTS WITH REPAYMENT CLAUSES, REQUIRING ADDITIONAL SUBSTANTIATION AND DOCUMENTATION NOT AVAILABLE AT THE TIME OF THE GRANT, PAYING THIRD PARTIES DIRECTLY ON BEHALF OF THE GRANTEE ORGANIZATION, AND OTHER METHODS AS APPROPRIATE AND WARRANTED |

Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 28TH STREET SUITE 100 MINNEAPOLIS, MN 55407 | 41-1426406 | 501C3 | 2,000,000 | | | | SUPPORT FOR CARDIOVASCULAR RESEARCH AND EDUCATION |
| TWIN CITIES MEDICAL SOCIETY FOUNDATION 1300 GODWARD ST NE MINNEAPOLIS, MN 55413 | 51-0178010 | 501C3 | 251,500 | | | | ADVANCED CARE PLANNING PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| PHILLIPS EYE INSTITUTE FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55440 | 41-1613017 | 501C3 | | 161,574 | FMV | EYE GLASS FRAMES AND LENS | EYE COMMUNITY INITIATIVE |
| COURAGE KENNY FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55440 | 41-1952989 | 501C3 | | 91,625 | FMV | MEDICAL AND SPORTS EQUIPMENT | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| FREE BIKES 4 KIDS PO BOX 007 LONG LAKE, MN 55356 | 27-1199089 | 501C3 | 75,800 | | | | SPONSORSHIP FOR BIKE DISTRIBUTION |
| VITREORETINAL SURGERY FOUNDATION 7760 FRANCE AVE S STE 310 MINNEAPOLIS, MN 55435 | 41-2122813 | 501C3 | 45,910 | | | | SUPPORT FOR RETINA RESEARCH STUDY |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HEALTHFINDERS COLLABORATIVE INC 706 DIVISION STREET NORTHFIELD, MN 55057 | 20-1805262 | 501C3 | 42,000 | | | | GENERAL SUPPORT |
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS 1200 2ND AVENUE SOUTH MINNEAPOLIS, MN 55403 | 41-1302487 | 501C3 | 37,924 | | | | SUPPORT FOR RESPITE PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
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| ST PAUL PUBLIC SCHOOLS 360 COLBORNE STREET ST PAUL, MN 55102 | 41-0901311 | ISD 625 | 30,000 | | | | SUPPORT FOR WELLNESS INITIATIVES |
| SISTERS OF ST JOSEPH OF CARONDELET MINISTRIES FOUNDATION 1884 RANDOLPH AVENUE ST PAUL, MN 55105 | 41-1765361 | 501C3 | 30,000 | | | | SPONSORSHIP OF 2019 CARONDELET GALA |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVENUE ST PAUL, MN 55105 | 41-1760632 | 501C3 | 29,250 | | | | GENERAL SUPPORT |
| MG CHARITIES 434 HALE AVE N SUITE 160 OAKDALE, MN 55128 | 46-4057749 | 501C3 | 25,000 | | | | SPONSORSHIP OF MIND OVER MATTER FUNDRAISER |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231 | 13-5613797 | 501C3 | 21,400 | | | | GENERAL SUPPORT |
| NATIVE AMERICAN COMMUNITY CLINIC 1213 E FRANKLIN AVE MINNEAPOLIS, MN 55404 | 03-0445789 | 501C3 | 21,000 | | | | CARE COORDINATOR AND GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVENUE MINNEAPOLIS, MN 55413 | 45-2563299 | 501C3 | 20,800 | | | | GENERAL SUPPORT |
| COMMON HOPE INC 1400 ENERGY PARK DRIVE SUITE 23 ST PAUL, MN 55108 | 41-1560297 | 501C3 | 20,700 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| THE ST PAUL FOUNDATION 101 FIFTH STREET EAST SUITE 2400 ST PAUL, MN 55101 | 41-6031510 | 501C3 | 18,000 | | | | SUPPORT FOR THE ITASCA PROJECT |
| THREE RIVERS PARK DISTRICT FOUNDATION INC 3000 XENIUM LANE N PLYMOUTH, MN 55441 | 41-1579104 | 501C3 | 18,000 | | | | SUPPORT FOR RECREATIONAL ACTIVITIES |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SCOTT CARVER DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD S SHAKOPEE, MN 55379 | 41-0903890 | 501C3 | 16,850 | | | | GENERAL SUPPORT |
| MILL CITY FARMER'S MARKET CHARITABLE FUND 704 SOUTH 2ND STREET MINNEAPOLIS, MN 55401 | 81-4420781 | 501C3 | 15,100 | | | | SUPPORT FOR MEET YOUR VEGETABLES PROGRAM AND SPONSORSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE 2365 MCKNIGHT ROAD NORTH ST PAUL, MN 55102 | 41-1414694 | 501C3 | 15,000 | | | | SPONSORSHIP OF IRA BYOCK PUBLIC EVENT |
| COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 797 EAST 7TH STREET ST PAUL, MN 55106 | 41-1386986 | 501C3 | 15,000 | | | | SUPPORT FOR HEALTH WELLNESS DIVISION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| VITAL AGING NETWORK 2365 N MCKNIGHT ROAD NORTH ST PAUL, MN 55109 | 27-2884329 | 501C3 | 14,250 | | | | SUPPORT FOR WELLNESS 50+ AND GENERAL SUPPORT |
| THE FOOD GROUP MINNESOTA INC 8501 54TH AVENUE NORTH NEW HOPE, MN 55428 | 41-1246504 | 501C3 | 13,883 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| ANGEL FOUNDATION 1155 CENTRE POINT DRIVE SUITE 7 MENDOTA HEIGHTS, MN 55120 | 41-1990883 | 501C3 | 18,750 | | | | GENERAL SUPPORT |
| SOUTH WASHINGTON COUNTY SCHOOLS 8400 EAST POINT DOUGLAS ROAD SOUTH COTTAGE GROVE, MN 55016 | 41-6007788 | ISD 833 | 13,133 | | | | SUPPORT FOR THE FAMILY MEALTIME CHALLENGE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NURSES PEER SUPPORT NETWORK 3540 IRVING AVENUE SOUTH MINNEAPOLIS, MN 55408 | 47-1278347 | 501C3 | 13,100 | | | | GENERAL SUPPORT |
| HASTINGS FAMILY SERVICE 301 2ND STREET EAST HASTINGS, MN 55033 | 23-7083534 | 501C3 | 12,750 | | | | SUPPORT FOR MARKET CART PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| COMMUNITY EMERGENCY ASSISTANCE PROGRAM INC 7051 BROOKLYN BLVD BROOKLYN CENTER, MN 55429 | 41-0990340 | 501C3 | 12,700 | | | | GENERAL SUPPORT |
| CITY OF NEW ULM 122 S GARDEN STREET NEW ULM, MN 56073 | 41-6005412 | CITY OF NEW ULM | 12,000 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE MINNEAPOLIS, MN 55404 | 23-7366680 | 501C3 | 12,000 | | | | SUPPORT FOR MEAL PREP AND DELIVERY PROGRAM |
| YOUTH INVESTMENT FOUNDATION 1364 HAMEL ROAD MEDINA, MN 55340 | 23-7058853 | 501C3 | 10,250 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| KEYSTONE COMMUNITY SERVICES 2000 SAINT ANTHONY AVENUE ST PAUL, MN 55104 | 41-0693924 | 501C3 | 11,600 | | | | GENERAL SUPPORT |
| HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 400 ST PAUL, MN 55103 | 36-3567366 | 501C3 | 11,000 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| MATTER 7005 OXFORD ST ST LOUIS PARK, MN 55426 | 37-1441658 | 501C3 | 10,475 | | | | SPONSORSHIP OF NIGHT TO MATTER GALA |
| MINNEAPOLIS PATHWAYS 3115 HENNEPIN AVE MINNEAPOLIS, MN 55408 | 41-1628884 | 501C3 | 10,400 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| PEOPLE SERVING PEOPLE INC CHARITIES 614 3RD STREET SOUTH MINNEAPOLIS, MN 55415 | 41-1965067 | 501C3 | 10,400 | | | | SUPPORT FOR 2019 GATSBY GALA |
| HASTINGS PUBLIC SCHOOLS 200 GENERAL SIEBEN DRIVE HASTINGS, MN 55033 | 41-6000810 | ISD 200 | 10,400 | | | | SUPPORT FOR PEER HELPERS PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| COMMUNITY DENTAL CARE 1670 BEAM AVENUE SUITE 204 MAPLEWOOD, MN 55109 | 04-3692982 | 501C3 | 10,300 | | | | GENERAL SUPPORT |
| APPLE TREE DENTAL 2442 MOUNDS VIEW BLVD MOUNDS VIEW, MN 55112 | 36-3411437 | 501C3 | 10,300 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CHILDREN'S DENTAL SERVICES INC 636 BROADWAY STREET NE MINNEAPOLIS, MN 55413 | 41-0857929 | 501C3 | 10,300 | | | | GENERAL SUPPORT |
| STEPPING STONE EMERGENCY HOUSING 3300 4TH AVE N CRONIN BLDG 14 ANOKA, MN 55303 | 20-3226868 | 501C3 | 10,300 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| UNITED WAY OF STEELE COUNTY 110 NORTH CEDAR AVE OWATONNA, MN 55060 | 23-7366680 | 501C3 | 10,250 | | | | GENERAL SUPPORT |
| DARTS 1645 MARTHALER AVENUE WEST ST PAUL, MN 55118 | 41-1326631 | 501C3 | 10,200 | | | | SUPPORT FOR HASTINGS LOOP PROJECT AND GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE OPEN DOOR 3910 RAHN ROAD EAGAN, MN 55122 | 27-0415900 | 501C3 | 10,200 | | | | GENERAL SUPPORT |
| METRO MEALS ON WHEELS INC 1200 WASHINGTON AVE SOUTH SUITE 380 380 MINNEAPOLIS, MN 55415 | 31-1501057 | 501C3 | 10,100 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| RIDGEVIEW FOUNDATION 490 S MAPLE ST SUITE 110 WACONIA, MN 55387 | 41-1328097 | 501C3 | 10,000 | | | | SPONSORSHIP OF GOLF AND TASTE CELEBRATION |
| AMERICAN CANCER SOCIETY CANCER ACTION NETWORK INC 950 BLUE GENTIAN RD SUITE 100 EAGAN, MN 55417 | 52-2340031 | | 15,000 | | | | SUPPORT OF ACS CAN 2018 RESEARCH AND INNOVATION BREAKFAST |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS 3137 CHICAGO AVENUE MINNEAPOLIS, MN 55407 | 41-1658654 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116 | 41-1260469 | 501C3 | 10,000 | | | | GRANDE GALA SPONSORSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| MINNESOTA PUBLIC HEALTH ASSOCIATION PO BOX 14415 MINNEAPOLIS, MN 55414 | 41-1270698 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| ROBERT & WILMA BURBACH BIKE FOUNDATION OF MN INC 1207 CONSTANCE BLVD NE HAM LAKE, MN 55304 | 46-0547813 | 501C3 | 10,000 | | | | SUPPORT OF ACTIVE LIVING INITIATIVES |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY N ST PAUL, MN 55104 | 41-0693889 | 501C3 | 10,000 | | | | SUPPORT FOR TWIN CITIES MOBILE MARKET |
| CENTURY COLLEGE FOUNDATION 3300 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110 | 23-7401534 | 501C3 | 10,000 | | | | SUPPORT FOR DIVERSE STUDENT SUPPORT FUND |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| NEIGHBORHOOD DEVELOPMENT CENTER INC 663 UNIVERSITY AVENUE SUITE 200 ST PAUL, MN 55104 | 41-1738791 | 501C3 | 10,000 | | | | SUPPRT FOR MIDTOWN GLOBAL MARKET EVENTS |
| MILE IN MY SHOES PO BOX 583177 MINNEAPOLIS, MN 55458 | 47-2702026 | 501C3 | 9,600 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC 400 ROBERT STREET SOUTH ST PAUL, MN 55107 | 41-0693910 | 501C3 | 8,300 | | | | SUPPORT OF HEALTHY LIVING PROGRAM |
| ST ANDREW'S EVANGELICAL LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115 | 41-0880458 | 501C3 | 9,250 | | | | SUPPORT FOR MISSION JAMAICA PROGRAM PARTICIPANTS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
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| ANOKA RAMSEY COMMUNITY COLLEGE FOUNDATION 11200 MISSISSIPPI BLVD NW COON RAPIDS, MN 55433 | 41-1574797 | 501C3 | 9,000 | | | | CONTRIBUTION TO GENERAL SCHOLARSHIP FUND AND FUNDRAISER SUPPORT |
| VEAP INC 9600 ALDRICH AVENUE SOUTH BLOOMINGTON, MN 55420 | 41-6175999 | 501C3 | 8,300 | | | | SUPPORT FOR FOOD ACCESS FUND |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NEW CREATION LUTHERAN CHURCH 1053 JEFFERSON ST S SHAKOPEE, MN 55379 | 41-0954977 | 501C3 | 8,132 | | | | SUPPORT FOR ESPERANZA IS HOPE |
| DIVISION OF INDIAN WORK 1001 EAST LAKE STREET MINNEAPOLIS, MN 55407 | 81-5265328 | 501C3 | 8,100 | | | | SUPPORT FOR KWESTRONG AND GENERAL PROGRAMS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ANOKA-HENNEPIN TECHNICAL COLLEGE FOUNDATION 1355 WEST HIGHWAY 10 ANOKA, MN 55303 | 36-3494697 | 501C3 | 8,000 | | | | SPONSORSHIP FOR CONNECT THE DOTS AND GENERAL SCHOLARSHIP FUND |
| NORTHFIELD HEALTHY COMMUNITY INITIATIVE 1651 JEFFERSON PARKWAY NORTHFIELD, MN 55057 | 26-2852506 | 501C3 | 8,000 | | | | SPONSORSHIP FOR NORTHFIELD READS, RECOVERYFEST, AND GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TURNINGPOINT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE INC 117 NORTH MAIN STREET RIVER FALLS, WI 54022 | 39-1322995 | 501C3 | 8,000 | | | | FUNDING FOR CRISIS CENTER IMPROVEMENTS AND GENERAL SUPPORT |
| ANOKA COUNTY BROTHERHOOD COUNCIL INC 2615 9TH AVE ANOKA, MN 55303 | 51-0155191 | 501C3 | 7,600 | | | | SUPPORT FOR ACBC OUTREACH PROGRAM AND FOOD ACCESS FUND |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALEXANDRA HOUSE 10065 3RD ST NE BLAINE, MN 55434 | 41-1309977 | 501C3 | 7,500 | | | | WALK A MILE SPONSORSHIP, HOPE FEST, AND SUPPORT FOR INTERVENTION/PREVENTION SERVICES |
| WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405 | 41-0711618 | 501C3 | 7,500 | | | | WASHBURN GAMES SPONSORSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MERRICK COMMUNITY SERVICES 1669 ARCADE ST N SUITE 4 ST PAUL, MN 55106 | 41-0693851 | 501C3 | 7,500 | | | | GENERAL SUPPORT |
| HOPE COMMUNITY INC 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404 | 41-1292817 | 501C3 | 7,500 | | | | SUPPORT FOR HEALTHY FOODS, STRONG COMMUNITY PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| INTERCONGREGATION COMMUNITIES ASSOCIATION INC 12990 SAINT DAVIDS ROAD MINNETONKA, MN 55305 | 41-0979010 | 501C3 | 7,500 | | | | SUPPORT FOR THE BLAKE ROAD CORRIDOR COLLABORATIVE |
| SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST PAUL, MN 55109 | 23-7417654 | 501C3 | 7,100 | | | | CUISINE FOR CHANGE SPONSORSHIP AND GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YOUNG WOMEN'S CHRISTIAN ASSOCIATION 375 SELBY AVENUE ST PAUL, MN 55102 | 41-0693892 | 501C3 | 7,000 | | | | SUPPORT FOR DRIVEN TO SUCCEED PROJECT AND GENERAL PROGRAMS |
| THE LOPPET FOUNDATION 1301 THEODORE WIRTH PKWY MINNEAPOLIS, MN 55422 | 41-1753882 | 501C3 | 7,000 | | | | SUPPORT FOR THE MINNE-LOPPET PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SOLE CARE FOR SOULS 4190 VINEWOOD LANE NORTH PLYMOUTH, MN 55442 | 26-3300002 | 501C3 | 7,000 | | | | GENERAL SUPPORT |
| FAMILY PATHWAYS 6413 OAK ST NORTH BRANCH, MN 55056 | 41-1332828 | 501C3 | 6,800 | | | | SUPPORT FOR AGING SERVICES, FOOD ACCESS FUND, FOREST LAKE FRESH PRODUCE, AND GENERAL PROGRAMS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433 | 41-1601449 | 501C3 | 6,550 | | | | GENERAL SUPPORT |
| MINNEAPOLIS POLICE ACTIVITIES LEAGUE 4119 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55412 | 41-1719527 | 501C3 | 6,500 | | | | SUPPORT FOR GIRLS & BOYS MENTORSHIP PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ARTHRITIS FOUNDATION 1876 MINNEHAHA AVE W ST PAUL, MN 55104 | 58-1341679 | 501C3 | 6,500 | | | | SPONSORSHIP FOR JINGLE BELL RUN |
| GUILD INCORPORATED 130 S WABASHA STREET SUITE 90 ST PAUL, MN 55107 | 41-1669233 | 501C3 | 6,500 | | | | SUPPORT FOR MENTAL HEALTH PROGRAMS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NAMI MINNESOTA 1919 UNIVERSITY AVE W STE 400 ST PAUL, MN 55104 | 41-1317030 | 501C3 | 6,500 | | | | NAMI WALK SPONSORSHIP |
| COMMUNITY ACTION CENTER OF NORTHFIELD INC 1651 JEFFERSON PARKWAY NORTHFIELD, MN 55057 | 41-0970984 | 501C3 | 6,000 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PHILLIPS WEST NEIGHBORHOOD ORGANIZATION 2400 PARK AVENUE SOUTH SUITE 337 MINNEAPOLIS, MN 55404 | 90-0122796 | 501C3 | 6,000 | | | | SUPPORT FOR MIDTOWN SAFETY CENTER |
| MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVENUE MINNEAPOLIS, MN 55411 | 41-0851980 | SSD 1 | 6,200 | | | | SUPPORT FOR ANDERSON UNITED AUDOBON ENVIRONMENTAL PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DOORSTEP HEALTHCARE SERVICES 5861 CEDAR LAKE ROAD MS, MN 55416 | 68-0620960 | 501C3 | 6,000 | | | | GENERAL SUPPORT |
| NORTH METRO PEDIATRICS PA 10081 DOGWOOD ST NW SUITE 100 COON RAPIDS, MN 55448 | 20-1773869 | 501C3 | 6,000 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SCOTT COUNTY HUMAN SERVICES ADULT MENTAL HEALTH 752 CANTERBURY RD S SHAKOPEE, MN 55379 | 41-6005892 | SCOTT COUNTY GOV | 6,000 | | | | GENERAL SUPPORT |
| NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE ST PAUL, MN 55102 | 20-3000282 | 501C3 | 5,500 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CAMBRIDGE ISANTI PUBLIC SCHOOLS 430 NW 8TH AVENUE CAMBRIDGE, MN 55008 | 41-6008812 | ISD 911 | 5,958 | | | | CHANGE TO CHILL PARTNERSHIP AND GENERAL SUPPORT |
| HOPE 4 YOUTH 2191 NORTHDAL BLVD NW COON RAPIDS, MN 55433 | 46-1626500 | 501C3 | 5,800 | | | | SUPPORT FOR MENTAL WELLNESS PROGRAMS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE SHERIDAN STORY 2723 PATTON RD ROSEVILLE, MN 55113 | 80-0919680 | 501C3 | 5,700 | | | | GENERAL SUPPORT |
| GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419 | 41-1379021 | 501C3 | 5,600 | | | | FORMULA FOR HOPE EVENT SPONSORSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NUCLEUS CLINIC 1323 COON RAPIDS BLVD COON RAPIDS, MN 55433 | 74-3219541 | 501C3 | 5,600 | | | | SUPPORT FOR REPRODUCTIVE HEALTHCARE SERVICES |
| ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC 7900 W 78TH ST STE 100 MINNEAPOLIS, MN 55439 | 13-3039601 | 501C3 | 5,550 | | | | SUPPORT FOR WALK TO END ALZHEIMER'S |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MINNESOTA RECOVERY CONNECTION 822 S 3RD ST SUITE 101 MINNEAPOLIS, MN 55415 | 41-1948764 | 501C3 | 5,500 | | | | WALK FOR RECOVERY SPONSORSHIP |
| SHAKOPEE DIVERSITY ALLIANCE 776 REGENT DRIVE SHAKOPEE, MN 55379 | 47-2761643 | 501C3 | 5,400 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PINE HABILITATION AND SUPPORTED EMPLOYMENT INC 601 S CLEVELAND STREET CAMBRIDGE, MN 55008 | 41-0963283 | 501C3 | 5,325 | | | | GENERAL SUPPORT |
| AMERICAN DIABETES ASSOCIATION INC 8000 W 78TH STREET SUITE 175 EDINA, MN 55439 | 13-1623888 | 501C3 | 5,300 | | | | 2018 TOUR DE CURE SPONSORSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LET'S GO FISHING 699 240TH ST E JORDAN, MN 55352 | 48-1259413 | 501C3 | 5,300 | | | | GENERAL SUPPORT |
| NEIGHBOR'S INC 222 GRAND AVE W SOUTH ST PAUL, MN 55075 | 41-1360294 | 501C3 | 5,300 | | | | SUPPORT FOR FOOD ACCESS FUND |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MENTAL HEALTH COLLECTIVE 3548 BRYANT AVE S MINNEAPOLIS, MN 55408 | 41-1946275 | 501C3 | 5,300 | | | | SUPPORT FOR SCHOOL BASED MENTAL HEALTH PROGRAM |
| SOMALI COMMUNITY RESETTLEMENT OF OLMSTEAD COUNTY 201 SOUTH LYNDAL AVE FARIBAULT, MN 55021 | 31-1668255 | 501C3 | 5,250 | | | | GENERAL SUPPORT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BRIDGE FOR COMMUNITY LIFE 651 BRAKKE DR HUDSON, WI 54016 | 90-0178808 | 501C3 | 5,231 | | | | GENERAL SUPPORT |
| FRIENDS IN NEED FOOD SHELF PO BOX 6 COTTAGE GROVE, MN 55016 | 41-1794212 | 501C3 | 5,200 | | | | SUPPORT FOR PUCHASE OF FOOD PRESERVATION EQUIPMENT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AVIVO 1900 CHICAGO AVE MINNEAPOLIS, MN 55404 | 41-0828779 | 501C3 | 5,100 | | | | SUPPORT FOR TOBACCO FREE ENVIRONMENT TRANSITION |
| INTERFAITH OUTREACH & COMMUNITY PARTNERS 1605 COUNTY ROAD 101 N PLYMOUTH, MN 55447 | 36-3482724 | 501C3 | 5,100 | | | | CARING FOR KIDS BREAKFAST SPONSORSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LEE CARLSON CENTER FOR MENTAL HEALTH & WELL BEING 7954 UNIVERSITY AVE NE MINNEAPOLIS, MN 55432 | 41-1354967 | 501C3 | 5,100 | | | | SUPPORT FOR LEE CARLSON BRIDGEVIEW |
| TASKS UNLIMITED 2419 NICOLLET AVE MINNEAPOLIS, MN 55404 | 23-7087205 | 501C3 | 5,100 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST FRANCIS REGIONAL MEDICAL CENTER 1455 ST FRANCIS AVENUE SHAKOPEE, MN 55379 | 41-0907986 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| CITY OF PLYMOUTH 3400 PLYMOUTH BLVD PLYMOUTH, MN 55447 | 41-6008936 | CITY OF PLYMOUTH | 6,250 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|---|---------------------------------|---------------------------------|--|--|---|
| SCHOLARSHIPS TO STUDENTS AT VARIOUS COLLEGES AND UNIVERSITIES | 37 | 45,634 | | | |
| HOUSING AND LIVING ASSISTANCE | 212 | 136,084 | | | |
| BIKE HELMETS | 9248 | | 85,544 | FMV | HELMETS DISTRIBUTION AT VARIOUS BIKE EVENTS |
| MEDICAL ASSISTANCE | 2648 | 300,000 | | | |
| T-SHIRTS | 4873 | | 46,142 | FMV | T-SHIRT DISTRIBUTION AT BIKE EVENTS |

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. | | | | | |
|--|-------------------------|-------------------------|----------------------------------|--|---|
| (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 |
| FUNERAL | 4 | 2,230 | | | |
| STRESS BALLS | 2000 | | 2,620 | FMV | STRESS BALL DISTRIBUTED IN TEEN MENTAL HEALTH PROGRAM |
| WATER BOTTLES | 250 | | 1,845 | FMV | WATER BOTTLES DISTRIBUTED IN TEEN MENTAL HEALTH PROGRAM |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" 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

1b Yes

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?

2 Yes

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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

5a No

b Any related organization?

5b No

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

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

a The organization?

6a Yes

b Any related organization?

6b Yes

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

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

7 No

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

8 Yes

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

9 Yes

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

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

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | EXPLANATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ALLINA HEALTH SYSTEM PROVIDES THIS TYPE OF PAYMENT AS IT RELATES TO TAXABLE MOVING EXPENSE REIMBURSEMENTS ON CERTAIN EXECUTIVES ANN MADDEN RICE - \$44,465 |

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 4B | 4(B) PENNY WHEELER - \$120,823, MARY BEAR DUKES - \$30,721, ,SARA CRIGER - \$84,862, MARGARET HASBROUCK - \$125,897, RICHARD MAGNUSON - \$51,841, CHRISTINE MOORE - \$57,698, THOMAS O'CONNOR - \$85,944, JONATHAN SHOEMAKER - \$11,740, TIMOTHY SIELAFF, MD - \$94,183, DAVID SLOWINSKE - \$55,917, KATHERINE TARVESTAD - \$47,849, ELIZABETH TRUESDELL SMITH - \$70,869, DANIEL BUSS, MD - \$87,080, MICHAEL FREEHILL, MD - \$71,460, MARK HELLER MD - \$70,055, TODD HESS, MD - \$61,928, LEROY MCCARTY, MD - \$72,639, RODNEY CHRISTENSEN - \$14,309 |

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 6 | <p>DEFERRED COMPENSATION PLANS TERMS AND CONDITIONS ALLINA INCENTIVE PLAN ALLINA PROVIDES AN ANNUAL INCENTIVE COMPENSATION OPPORTUNITY FOR EXECUTIVES, MANAGEMENT AND KEY INDIVIDUAL CONTRIBUTOR EMPLOYEES UNDER THIS PLAN, THE TARGET AWARD IS EXPRESSED AS A FUNCTION OF THE PARTICIPANT'S SALARY PAID DURING THE CALENDAR YEAR AND REQUIRES AT LEAST FOUR MONTHS OF SERVICE IN AN ELIGIBLE POSITION DURING THE YEAR ACTUAL AWARDS CAN RANGE FROM 0% TO 150% OF THE TARGET AWARD, BASED ON ALLINA'S FINANCIAL AND NON-FINANCIAL PERFORMANCE OVER THE CALENDAR YEAR NON-FINANCIAL PERFORMANCE MEASURES INCLUDE PATIENT & EMPLOYEE SAFETY, QUALITY, PATIENT EXPERIENCE AND FINANCIAL HEALTH NO AWARDS ARE PROVIDED UNLESS THRESHOLD FINANCIAL PERFORMANCE IS ACHIEVED PARTICIPANTS WHO HAVE LEFT EMPLOYMENT PRIOR TO THE END OF THE YEAR AS A RESULT OF VOLUNTARY TERMINATION OR TERMINATION FOR POOR PERFORMANCE ARE NOT ELIGIBLE FOR AN AWARD LONG-TERM INCENTIVE PLAN ALLINA HAS A LONG-TERM INCENTIVE PLAN THAT PROVIDES A CASH AWARD OPPORTUNITY TO A SMALL NUMBER OF TOP EXECUTIVES APPROVED FOR PARTICIPATION BY THE HUMAN RESOURCES & COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF ALLINA HEALTH ("THE COMMITTEE") THE AWARD OPPORTUNITY IS BASED ON ALLINA PERFORMANCE DURING OVERLAPPING THREE-YEAR CYCLES PERFORMANCE MEASURES AND TARGETS ARE DEFINED BY THE COMMITTEE FOR EACH THREE-YEAR PERIOD AND CAN VARY FROM ONE PERIOD TO ANOTHER DEPENDING ON THE COMMITTEE'S JUDGEMENT OF THE MOST IMPORTANT MEASURES OF SUCCESS AWARDS CAN RANGE FROM 0% TO 150% OF TARGET AWARDS</p> |

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 8 | CERTAIN AMOUNTS REPORTED ON FORM 990, PART VII WERE PAID OR ACCRUED PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGULATION SECTION 53.4958-4(A)(3). FROM TIME TO TIME, ALLINA HEALTH SYSTEM ENTERS INTO CONTRACTUAL ARRANGEMENTS THAT MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION BASED ON THE TERMS AND UNDERSTANDINGS OF THE CONTRACTUAL AGREEMENTS. |

| Return Reference | Explanation |
|-----------------------------|--|
| SCHEDULE J, LINE 4(A) & (B) | <p>ADDITIONAL DISCLOSURES DEFERRED COMPENSATION PLANS - TERMS AND CONDITIONS EXECUTIVE MUTUAL FUND ACCOUNT PLAN PHYSICIAN MUTUAL FUND ACCOUNT PLAN THESE ACCOUNTS GIVE THE PARTICIPANT THE OPPORTUNITY FOR CAPITAL ACCUMULATION NOT FULLY AVAILABLE TO THEM THROUGH SOCIAL SECURITY OR THE GENERAL EMPLOYEE RETIREMENT PLANS BECAUSE OF MAXIMUMS PLACED ON COMPENSATION THAT CAN BE RECOGNIZED UNDER FEDERAL LAW FOR PURPOSES OF CONTRIBUTIONS THEY ALSO SERVE AS AN IMPORTANT NON-COMPETE INCENTIVE TO PARTICIPANTS PRIOR TO THE YEAR IN WHICH CONTRIBUTIONS ARE MADE, THE PARTICIPANT MUST DESIGNATE A VESTING/PAYOUT DATE CONSISTENT WITH THE CONSTRAINTS OF THE PLANS AND FEDERAL DEFERRED COMPENSATION REGULATIONS AFTER THE CONTRIBUTIONS ARE MADE, THE PARTICIPANT HAS A ONE-TIME LIMITED OPPORTUNITY TO EXTEND THE ELECTED PAYMENT DATE FOR AT LEAST FIVE YEARS ONCE THE VESTING/PAYOUT DATE HAS BEEN REACHED, ALLINA WILL WITHHOLD THE APPROPRIATE TAXES AND THE BALANCE WILL BE PAID TO THE PARTICIPANT ON THEIR PAYCHECK AS SOON AS ADMINISTRATIVELY FEASIBLE IF THE PARTICIPANT TERMINATES EMPLOYMENT VOLUNTARILY BEFORE AN AMOUNT IS PAID, PAYMENT WILL BE SUBJECT TO THE PARTICIPANT'S COMPLIANCE WITH A NON-COMPETE AGREEMENT WITH ALLINA FOR TWO YEARS AFTER TERMINATION THE PARTICIPANT MAY ELECT FROM AMONG INVESTMENT ALTERNATIVES THAT ARE SIMILAR TO THOSE AVAILABLE IN THE RETIREMENT SAVINGS PLAN UNLIKE THE RETIREMENT SAVINGS PLAN, THE PARTICIPANT HAS THE STATUS OF AN UNSECURED CREDITOR OF ALLINA AND WILL NOT HAVE A PREFERRED CLAIM TO PAYMENT IN THE CASE OF THE COMPANY'S INABILITY TO PAY HOWEVER, THE COMPANY DOES SET ASIDE ASSETS FOR ITS OBLIGATIONS BY ACTUALLY INVESTING THE PROMISED ASSETS CONSISTENT WITH PARTICIPANT ELECTIONS THE MUTUAL FUND PLANS TERMINATED EFFECTIVE DECEMBER 31, 2018 ALL MUTUAL FUND ACCOUNTS SHALL BE DISTRIBUTED IN A LUMP SUM NO LATER THAN JANUARY 2021, OR IF ELECTED BY THE PARTICIPANT IN DECEMBER 2018, IN THREE ANNUAL INSTALLMENTS WITH THE FIRST MADE FEBRUARY 2019 (33 33 PERCENT OF ACCOUNT BALANCE), THE SECOND MADE FEBRUARY 2020 (50 PERCENT OF REMAINING BALANCE), AND THE THIRD MADE JANUARY 2021 (REMAINING BALANCE) ALLINA DEFINED CONTRIBUTION SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ELIGIBLE ALLINA EXECUTIVES PARTICIPATED IN A DEFINED CONTRIBUTION SERP THIS PLAN WAS AMENDED AND FROZEN EFFECTIVE DECEMBER 31, 2008, SUCH THAT NO FUTURE BENEFITS ACCRUE FOR SERVICE AFTER THAT DATE THIS PLAN WAS REPLACED WITH THE EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN EFFECTIVE JANUARY 1, 2009, WHICH WAS ALSO FROZEN EFFECTIVE DECEMBER 31, 2018 EMPLOYER CREDITS WERE MADE EACH YEAR TO THEIR DC SERP BALANCE ACCORDING TO THE FOLLOWING SCHEDULE EXEC YRS OF SERVICE CONTRIBUTION % OF PENSIONABLE EARNINGS 0-5 2 75% 6-10 3 50% 11+ 4 75% EXECUTIVES WERE ALSO CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE PENSION ACCOUNT PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE PENSION ACCOUNT PLAN CREDITING RATE AS DECLARED BY ALLINA THE CURRENT RATE IS 4% THE PARTICIPANT VESTS AFTER THREE YEARS OF EXECUTIVE SERVICE PROVIDED THAT IF THE PARTICIPANT TERMINATES EMPLOYMENT WITH ALLINA PRIOR TO AGE 65 FOR ANY REASON OTHER THAN ELIMINATION OF POSITION, THE PARTICIPANT MUST FULFILL THE TERMS OF A COVENANT NOT TO COMPETE BENEFITS ARE PAID AS A SINGLE LUMP-SUM AMOUNT UPON AGE 65, RETIREMENT OR JOB POSITION ELIMINATION IN THE CASE OF OTHER VOLUNTARY TERMINATIONS, PAYMENT IS DELAYED UNTIL COMPLETION OF THE TWO-YEAR NON-COMPETE PERIOD THE SERP IS PAYABLE FROM ALLINA'S GENERAL ASSETS IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS DC SERP GOES IN ONLY WHEN THERE IS SERP (INTEREST) ON MAIN SPREADSHEET ALLINA EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN ELIGIBLE ALLINA EXECUTIVES PARTICIPATE IN A DEFERRED COMPENSATION RETIREMENT PLAN EXECUTIVES ARE CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE ALLINA RETIREMENT SAVINGS PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS EMPLOYER CREDITS ARE MADE EACH YEAR TO THEIR ACCOUNT BALANCE ACCORDING TO THE FOLLOWING SCHEDULE AS OF THE END OF THE PLAN YEAR PARTICIPANT'S YEARS OF VESTING SERVICE APPLICABLE PERCENTAGE LESS THAN 1 0% 1-5 5 0% 6-10 5 5% 11-15 6 0% 16 OR MORE 6 5% DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE INVESTMENT OPTIONS SELECTED BY THE PARTICIPANT WHICH ARE THE SAME OPTIONS AVAILABLE UNDER THE QUALIFIED PLAN A PARTICIPANT WHO HAS COMPLETED AT LEAST TWO YEARS OF SERVICE BECOMES VESTED IN THE PORTION OF HIS OR HER ACCOUNT ATTRIBUTABLE TO THE ANNUAL CREDIT FOR A PARTICULAR YEAR AS OF JANUARY 15 OF THE YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE ANNUAL CREDIT IS EARNED IN THE EVENT OF TERMINATION (OTHER THAN BECAUSE OF DEATH) PRIOR TO AGE 67, THE DISTRIBUTION DATE SHALL BE AS SOON AS ADMINISTRATIVELY POSSIBLE AFTER TERMINATION IN THE FORM OF A LUMP SUM PAYMENT THE PLAN IS PAYABLE FROM ALLINA'S GENERAL ASSETS IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS THIS PLAN WAS EFFECTIVE JANUARY 1, 2009 AND FROZEN EFFECTIVE DECEMBER 31, 2018 EXECUTIVE SEVERANCE PLAN ALLINA PROVIDES SALARY CONTINUATION FOR EXECUTIVES WHOSE EMPLOYMENT HAS BEEN INVOLUNTARILY TERMINATED FOR REASONS OTHER THAN CAUSE OR POOR PERFORMANCE THE LENGTH OF THE SEVERANCE PAY PERIOD IS DEFINED BY THE PLAN AND DEPENDS ON THE LEVEL OF THE EXECUTIVE POSITION UNDER THE PLAN THE SEVERED EXECUTIVE ALSO COULD CONTINUE CERTAIN BENEFITS FOR A LIMITED PERIOD OF TIME IN 2009 THE PLAN WAS AMENDED TO FURTHER RESTRICT SEVERANCE BENEFITS IN THE CASE THAT THE EXECUTIVE OBTAINS OTHER EMPLOYMENT DURING THE SEVERANCE PERIOD ALLINA HEALTH PHYSICIAN DEFERRED AWARD PLAN ALLINA HEALTH ESTABLISHED THIS EMPLOYEE BENEFIT PLAN TO PROVIDE DESIGNATED PHYSICIANS WITH ADDITIONAL DEFERRED COMPENSATION TO PROVIDE LONG TERM INCENTIVES TO REMAIN WITH THE COMPANY AND CONTRIBUTE TO ITS' SUCCESSFUL PERFORMANCE SELECT PHYSICIANS ARE ELIGIBLE TO PARTICIPATE AFTER ONE FULL CALENDAR YEAR OF EMPLOYMENT AND BE WORKING A 5 FTE OR GREATER AS OF THE DECEMBER 31ST OF THE PLAN YEAR FOR WHICH THE CONTRIBUTION IS PROVIDED THE PLAN ANNUAL FUNDING AWARD POOL IS DISCRETIONARY AND WILL BE DETERMINED AT THE END OF THE PLAN YEAR AND MUST BE APPROVED BY THE ALLINA HEALTH BOARD COMPENSATION COMMITTEE ONCE THE AWARD POOL IS DETERMINED, THE AMOUNTS WILL BE ALLOCATED EQUALLY WITH ADJUSTMENTS MADE BASED ON THE PARTICIPANT'S FTE STATUS A PARTICIPANT'S ACCOUNT SHALL BECOME VESTED AND NON-FORFEITABLE UPON THE EARLIEST OF THE FOLLOWING THE DATE THE PARTICIPANT HAS ATTAINED AGE 65 THE DATE A TERMINATED PARTICIPANT HAS REACHED AGE 55, COMPLETED TEN YEARS OF VESTING SERVICE AND SATISFIED A TWO-YEAR NON-COMPETE RESTRICTION THE DATE OF THE PARTICIPANT'S DEATH LUMP SUM DISTRIBUTIONS WILL OCCUR UPON VESTING AND ALL APPLICABLE TAXES WILL BE TAKEN FOR ACTIVE PARTICIPANTS AGE 65 OR OLDER, NO FURTHER CONTRIBUTIONS WILL BE APPLIED TO THEIR ACCOUNT INSTEAD, PARTICIPANTS OVER AGE 65 WILL RECEIVE A LUMP SUM PAYMENT OF THE PARTICIPANT'S PORTION OF THE AWARD POOL EACH PLAN YEAR THIS WILL BE PAID DIRECTLY TO THE PARTICIPANT AS OF THE DATE THE AMOUNT WOULD OTHERWISE BE CREDITED TO THEIR ACCOUNT AND ALL APPLICABLE TAXES WILL BE TAKEN</p> |



Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| PENNY WHEELER MD DIRECTOR/PRESIDENT/CEO | (i) | 1,153,647 | 871,919 | 237,292 | 783,784 | 23,001 | 3,069,643 | 548,686 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BEN BACHE-WIIG MD EVP CHIEF POPULATION HEALTH OFF | (i) | 581,997 | 266,647 | 57,006 | 138,804 | 19,808 | 1,064,262 | 144,029 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARY BEAR-DUKES VP-REVENUE CYCLE MGMT | (i) | 249,734 | 53,345 | 35,128 | 48,611 | 25,596 | 412,414 | 27,242 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHRISTINE BENT EVP-ALLINA HEALTH GROUP | (i) | 532,027 | 283,468 | 50,909 | 259,009 | 34,440 | 1,159,853 | 166,889 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SARA CRIGER SVP, PRES MERCY HOSP | (i) | 555,793 | 247,741 | 141,276 | 255,043 | 20,031 | 1,219,884 | 200,660 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARGARET HASBROUCK VP, PAYOR RELATIONS/CONTRACTING | (i) | 133,099 | 66,002 | 153,559 | 32,834 | 12,543 | 398,037 | 88,972 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CORRINE KROEHLER VP FINANCE/SUPPLY CHAIN | (i) | 291,066 | 63,721 | 29,263 | 60,509 | 25,825 | 470,384 | 4,915 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICHARD MAGNUSON EVP/CFO/TREASURER | (i) | 586,834 | 146,950 | 100,690 | 217,050 | 17,948 | 1,069,472 | 69,337 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHRISTINE MOORE SVP, CHIEF HR OFFICER | (i) | 392,462 | 102,185 | 90,466 | 160,402 | 32,006 | 777,521 | 57,996 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP | (i) | 626,923 | 273,678 | 149,893 | 133,261 | 29,340 | 1,213,095 | 214,755 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANN MADDEN RICE SVP/PRESIDENT ANW | (i) | 148,540 | 150,000 | 46,312 | 50,208 | 1,711 | 396,771 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LISA SHANNON EVP, CHIEF OPERATING OFF | (i) | 821,272 | 184,545 | 28,805 | 218,344 | 31,894 | 1,284,860 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JONATHAN SHOEMAKER SVP CHIEF INFO & IMPRV OFFICER | (i) | 406,130 | 78,506 | 24,004 | 132,723 | 12,994 | 654,357 | 13,569 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JEFFREY SHOEMATE SVP CHIEF MARKETING OFFICER | (i) | 220,593 | 0 | 9,971 | 49,703 | 23,656 | 303,923 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TIMOTHY SIELAFF SVP-AHG-SPEC CARE/CMO | (i) | 590,882 | 275,184 | 155,073 | 244,633 | 31,911 | 1,297,683 | 219,867 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID SLOWINSKE SVP, AHG OPERATIONS | (i) | 332,325 | 88,182 | 72,059 | 166,508 | 27,718 | 686,792 | 49,639 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF | (i) | 294,364 | 83,128 | 79,951 | 62,411 | 28,575 | 548,429 | 46,184 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN COUN | (i) | 496,163 | 222,995 | 103,847 | 201,817 | 26,840 | 1,051,662 | 181,391 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT WIELAND MD SVP CHIEF STRATEGY OFFICER | (i) | 183,728 | 272,786 | 108,083 | 47,784 | 15,092 | 627,473 | 167,015 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DANIEL BUSS MD PHYSICIAN | (i) | 1,264,847 | 0 | 116,564 | 82,687 | 33,197 | 1,497,295 | 72,330 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MICHAEL FREEHILL MD PHYSICIAN | (i) | 1,104,461 | 0 | 96,042 | 74,603 | 31,906 | 1,307,012 | 64,412 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARK HELLER MD PHYSICIAN | (i) | 1,360,144 | 0 | 94,337 | 83,103 | 26,840 | 1,564,424 | 58,742 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TODD HESS MD PHYSICIAN | (i) | 1,437,674 | 0 | 76,017 | 89,277 | 30,337 | 1,633,305 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LEROY MCCARTY III MD PHYSICIAN | (i) | 1,239,638 | 0 | 96,309 | 79,997 | 32,106 | 1,448,050 | 62,781 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELIZABETH SMITH MD FORMER INTERIM SVP AHG- PRI | (i) | 161,770 | 88,499 | 13,251 | 31,094 | 12,455 | 307,069 | 10,718 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RODNEY CHRISTENSEN MD FORMER SVP/PRESIDENT AHC | (i) | 386,429 | 139,660 | 66,080 | 83,160 | 31,066 | 706,395 | 62,322 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

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 CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL | 41-6005375 | 792909DV2 | 04-13-2017 | 77,845,000 | REFUND ISSUE DATED 10/09/2007 | | X | | X | | X |
| B CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL | 41-6005375 | 603695JC2 | 04-13-2017 | 92,779,168 | REFUND ISSUE DATED 11/15/2009 | | X | | X | | X |
| C CITY OF MINNEAPOLIS | 41-6005375 | NONEAVAIL | 12-04-2014 | 20,165,000 | REFUND ISSUE DATED 12/22/2010 | | X | | X | | X |
| D CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL | 41-6005375 | 792909BJ1 | 11-10-2009 | 348,409,221 | REFUNDING OF 2007B & A PORTION OF 1998A, CONSTRUCTION, REMODELING, RENOVATION | | X | | X | | X |

Part II

Proceeds

| | | A | | B | | C | | D | |
|----|--|------------|----|------------|----|------------|----|-------------|----|
| 1 | Amount of bonds retired | 20,255,000 | | | | 2,865,000 | | 100,770,000 | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 77,845,000 | | 92,779,168 | | 20,165,000 | | 348,795,795 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | 84,755,388 | | | | | |
| 7 | Issuance costs from proceeds | 135,000 | | 830,328 | | 200,000 | | 3,332,390 | |
| 8 | Credit enhancement from proceeds | | | | | | | 222,216 | |
| 9 | Working capital expenditures from proceeds | | | 6,508 | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | 49,893,780 | |
| 11 | Other spent proceeds | 77,710,000 | | 7,186,934 | | 19,965,000 | | 295,092,023 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | 2010 | | 2014 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | X | | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | | X | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | 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 | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | | | X | | X | | | X | X | |

Part III

Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---------|----|---------|----|-----|----|---------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| 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? | X | | X | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d 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? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 1 600 % | | 0 800 % | | 0 % | | 0 600 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | 0 % | | | |
| 6 Total of lines 4 and 5 | 1 600 % | | 0 800 % | | 0 % | | 0 600 % | |
| 7 Does the bond issue meet the private security or payment test? . . . | | X | | X | | X | | X |
| 8a 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 | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 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 | | X | |

Part IV

Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-------------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | X | | | X | | X |
| b Exception to rebate? | | X | | X | X | | | X |
| c No rebate due? | | X | | X | | X | X | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | X | | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | X | |
| b Name of provider | | | | | | | JP MORGANWELLS FARGO | |
| c Term of hedge | | | | | | | 2580 0000000000 % | |
| d Was the hedge superintegrated? | | | | | | | X | |
| e Was the hedge terminated? | | | | | | | | X |

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 | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | 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 | | X | |

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

| Return Reference | Explanation |
|-----------------------------------|---|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL DATE THE REBATE COMPUTATION WAS PERFORMED 11/15/2012 ISSUER NAME CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL DATE THE REBATE COMPUTATION WAS PERFORMED 11/15/2012 |

| Return Reference | Explanation |
|---------------------------------|---|
| PART I, COLUMN B EXPLANATION | ENTITY 1, BONDS A, B, & D ISSUER EIN CITY OF MINNEAPOLIS - 41-6005375 HRA CITY OF ST PAUL - 52-1440935 ENTITY 2, BOND A ISSUER EIN CITY OF MINNEAPOLIS - 41-6005375 HRA CITY OF ST PAUL - 41-6005521 |

| Return Reference | Explanation |
|-----------------------------|---|
| PART II, LINE 3 EXPLANATION | ENTITY 1 BOND D - THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS ON THE PROJECT FUND ENTITY 2 BOND A - THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND AND REFUNDING ACCOUNTS |

| Return Reference | Explanation |
|---------------------------------|--|
| PART II, LINE 11 EXPLANATION | ENTITY 1 BONDS A, B, C & D - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS NO LONGER IN ESCROW |

Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

| Return Reference | Explanation |
|-----------------------------------|---|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL DATE THE REBATE COMPUTATION WAS PERFORMED 11/15/2012 ISSUER NAME CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL DATE THE REBATE COMPUTATION WAS PERFORMED 11/15/2012 |
| PART I, COLUMN B EXPLANATION | ENTITY 1, BONDS A, B, & D ISSUER EIN CITY OF MINNEAPOLIS - 41-6005375 HRA CITY OF ST PAUL - 52-1440935 ENTITY 2, BOND A ISSUER EIN CITY OF MINNEAPOLIS - 41-6005375 HRA CITY OF ST PAUL - 41-6005521 |
| PART II, LINE 3 EXPLANATION | ENTITY 1 BOND D - THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS ON THE PROJECT FUND ENTITY 2 BOND A - THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND AND REFUNDING ACCOUNTS |
| PART II, LINE 11 EXPLANATION | ENTITY 1 BONDS A, B, C & D - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS NO LONGER IN ESCROW |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
36-3261413

| 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 CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL | 41-6005375 | 792909BH5 | 10-17-2007 | 482,877,203 | REFUNDING OF 1993A AND ADVANCED REFUNDING OF 2002A BONDS,REMODELING&RENOVATE | | X | | X | | X |

| Part II | | Proceeds | | | | | | | |
|---------|--|-------------|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 355,370,000 | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 488,622,085 | | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 2,717,494 | | | | | | | |
| 8 | Credit enhancement from proceeds | 6,787,000 | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 126,922,772 | | | | | | | |
| 11 | Other spent proceeds | 352,194,819 | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2010 | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

| Part III Private Business Use | | | | | | | | | |
|-------------------------------|--|-----|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| | | 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 | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| 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? | X | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d 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? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 2 100 % | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 Total of lines 4 and 5 | 2 100 % | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a 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 | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 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 | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-------------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | | X | | | | | | |
| c No rebate due? | X | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | | | | | | |
| b Name of provider | US BANK | | | | | | | |
| c Term of hedge | 2480 0000000000 % | | | | | | | |
| d Was the hedge superintegrated? | X | | | | | | | |
| e Was the hedge terminated? | | X | | | | | | |

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 | | | | | | | |
| b Name of provider | MBIA | | | | | | | |
| c Term of GIC | 80 0000000000 % | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | X | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? . . . | 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 | | | | | | | |

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|--|-------------|
| SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | |

Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| CAROLYN ALLEN | FAMILY MEMBER OF JOHN ALLEN, BOARD MEMBER | 32,477 | EMPLOYMENT | | No |
| CAROL ROSENBERG | FAMILY MEMBER OF BRIAN ROSENBERG, BOARD MEMBER | 156,492 | EMPLOYMENT | | No |

| Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons | | | | | |
|--|--|---------------------------|--------------------------------|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| ADA SMITH | FAMILY MEMBER OF ELIZABETH TRUESDELL SMITH, SECRETARY/SVP GEN COUN | 25,177 | EMPLOYMENT | | No |
| SARAH CORNICK | FAMILY MEMBER OF BEN BACHE-WIIG, EVP CHIEF POPULATION HEALTH OFFICER | 113,730 | EMPLOYMENT | | No |

| Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons | | | | | |
|--|---|---------------------------|--------------------------------|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| NAJMA OMAR | FAMILY MEMBER OF SAHRA NOOR, BOARD MEMBER | 23,902 | EMPLOYMENT | | No |
| GREG HEINEMANN | BOARD MEMBER AND GREATER THAN 35% MEMBER OWNER OF ADRENALINE HEALTH LLC | 110,000 | BUSINESS RELATIONSHIP | | No |

| Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons | | | | | |
|--|---|---------------------------|--------------------------------|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| ERIN CHURCH | FAMILY MEMBER OF JOHN CHURCH, BOARD MEMBER | 24,796 | EMPLOYMENT | | No |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures . . | | | | |
| 3 Art—Fractional interests . . | | | | |
| 4 Books and publications . . | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . . . | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded . | | | | |
| 10 Securities—Closely held stock . | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous . . | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential . . | | | | |
| 16 Real estate—Commercial . . | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies . | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts . . . | | | | |
| 25 Other ► (1500 FRAMES) | X | 1 | 129,750 | FAIR MARKET VALUE |
| 26 Other ► (EQUIPMENT) | X | 70 | 91,625 | FAIR MARKET VALUE |
| 27 Other ► (624 LENSES) | X | 1 | 31,824 | FAIR MARKET VALUE |
| 28 Other ► () | | | | |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
ALLINA HEALTH SYSTEM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

36-3261413

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | <p>BUSINESS RELATIONSHIP - DIRECTORS SALLY SMITH AND GARY BHOJWANI IN ADDITION TO SERVING TOGETHER ON THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS, SALLY SMITH AND GARY BHOJWANI ALSO SERVE ON THE HORMEL FOODS CORPORATION [NYSE HRL] BOARD OF DIRECTORS BUSINESS RELATIONSHIP - DIRECTORS DEBBRA SCHONEMAN AND THOMAS SCHREIER IN ADDITION TO SERVING ON THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS, DEBBRA SCHONEMAN AND THOMAS SCHREIER ALSO SERVE ON THE PIPER JAFFRAY COMPANIES BOARD OF DIRECTORS DEBBRA SCHONEMAN IS ALSO AN OFFICER OF PIPER JAFFRAY COMPANIES BUSINESS RELATIONSHIP - RICHARD MAGNUSON, ROBERT WIELAND, M D , PENNY WHEELER, M D , ABIR SEN AND BEN BACHE-WIIG, M D ARE DIRECTORS OF THE BOARD OF (1) ALLINA HEALTH AND AETNA INSURANCE COMPANY, A MINNESOTA CORPORATION, AND (2) ALLINA HEALTH AND AETNA INSURANCE HOLDING COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY BUSINESS RELATIONSHIP - CORRINE KROEHLER AND ELIZABETH TRUESDELL SMITH ARE BOARD MEMBERS AND RICHARD MAGNUSON IS A BOARD MEMBER AND BOARD OFFICER OF FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY, SPC</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B | <p>THE ALLINA HEALTH SYSTEM FORM 990 WAS PREPARED BY THE TAX SERVICES FUNCTION OF ALLINA HEALTH SYSTEM. THE FORM 990 FILING WAS SUBJECTED TO A RIGOROUS REVIEW PROCESS BY ALLINA'S TAX MANAGER AND TAX DIRECTOR, ALLINA'S VICE PRESIDENT OF FINANCE, AND ALLINA'S CHIEF FINANCIAL OFFICER. ALSO PERFORMED AN EXECUTIVE REVIEW OF THE FORM 990. AFTER THE MANAGEMENT REVIEW PROCESS DESCRIBED ABOVE WAS COMPLETED, THE FINAL FORM 990, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE [IRS], WAS PROVIDED TO EACH VOTING MEMBER OF THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS. AN ALLINA HEALTH SYSTEM BOARD OF DIRECTORS MEETING WAS HELD ON NOVEMBER 4, 2019 TO REVIEW AND DISCUSS THE FORM 990 FILING. THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS VOTED ON AND APPROVED A RESOLUTION APPROVING THE FORM 990, THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS. THE BOARD OF DIRECTORS RESOLUTION ALSO DIRECTED OFFICERS TO FILE THE FORM 990 WITH THE IRS, THE CHARITABLE ANNUAL REPORT WITH THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS. THE ABOVE STATED REVIEW AND APPROVAL PROCESS OCCURRED PRIOR TO FILING THE ALLINA HEALTH SYSTEM FORM 990 WITH THE IRS, THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>THE ORGANIZATION HAS SEVERAL METHODS OF MONITORING AND ENFORCING COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY FIRST, THE ORGANIZATION REGULARLY DISTRIBUTES CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRES TO ITS OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES THESE INDIVIDUALS ARE REQUIRED TO DISCLOSE ANNUALLY ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS, INCLUDING ANY FAMILY OR BUSINESS RELATIONSHIP SECOND, THE GENERAL COUNSEL'S OFFICE ANNUALLY DELIVERS A REPORT TO ALLINA'S BOARD OF DIRECTORS WHICH INCLUDES, AMONG OTHER THINGS, THE RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE, AN ANALYSIS OF POTENTIAL CONFLICTS, AND GUIDANCE FOR SATISFACTORILY RESOLVING CONFLICTS THIRD, THE ORGANIZATION UNDERTAKES MANDATORY COMPLIANCE TRAINING OF ALL ITS EMPLOYEES WHICH INCLUDES TRAINING ON CONFLICTS OF INTEREST FOURTH, ALL EMPLOYEES RECEIVE, AND ARE EXPECTED TO CONDUCT THEMSELVES IN ACCORDANCE WITH ALLINA'S CODE OF CONDUCT THE CODE OF CONDUCT CONTAINS EDUCATIONAL MATERIALS AND GUIDANCE TO RESOLVE POTENTIAL CONFLICTS OF INTEREST FIFTH, ALLINA MAINTAINS A CORPORATE INTEGRITY HOTLINE, A CONFIDENTIAL 24 HOUR EXTERNAL RESOURCE TO HELP ANSWER QUESTIONS RELATED TO ETHICAL BUSINESS CONDUCT ALL CALLS TO THE INTEGRITY LINE ARE KEPT CONFIDENTIAL</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>THE COMPENSATION COMMITTEE OF THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS IS RESPONSIBLE FOR ALL COMPENSATION AND BENEFITS PROGRAM ELEMENTS FOR NON-COLLECTIVELY BARGAINED ALLINA HEALTH SYSTEM EXECUTIVE EMPLOYEES. ALLINA HEALTH SYSTEM USES A PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND CERTAIN OTHER OFFICERS AND KEY EXECUTIVE EMPLOYEES THAT INCLUDED ALL OF THE FOLLOWING ELEMENTS: REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, THE MEMBERS OF WHICH ARE INDEPENDENT AND WITHOUT A CONFLICT OF INTEREST AS DEFINED IN REGULATION SECTION 53.4958-6(C)(1)(III); ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT SPECIALIZING IN EXECUTIVE COMPENSATION; USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS; CONTEMPORANEOUS DOCUMENTATION, SUBSTANTIATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. THE ABOVE DESCRIBED PROCESS AND AN ASSESSMENT IS PERFORMED AT LEAST ANNUALLY FOR THE FOLLOWING POSITIONS: CHIEF EXECUTIVE OFFICER/PRESIDENT, CHIEF FINANCIAL OFFICER, CHIEF MEDICAL OFFICER, PRESIDENT - ABBOTT NORTHWESTERN HOSPITAL, PRESIDENT - UNITED HOSPITAL, PRESIDENT - MERCY HOSPITAL, EXECUTIVE VICE PRESIDENT - NETWORK INTEGRATION, SENIOR VICE PRESIDENT - GENERAL COUNSEL, EXECUTIVE VICE PRESIDENT ALLINA HEALTH GROUP, SENIOR VICE PRESIDENT - CHIEF COMPLIANCE OFFICER, SENIOR VICE PRESIDENT - ALLINA HEALTH GROUP OPERATIONS, SENIOR VICE PRESIDENT - CHIEF HUMAN RESOURCE OFFICER, SENIOR VICE PRESIDENT - CHIEF INFORMATION OFFICER. IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS CHANGES TO THE BOARD OF DIRECTORS FOR THE CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES ALL COMPENSATION CHANGES OF THE OTHER FOREMENTIONED POSITIONS LISTED IN ADVANCE OF THE CHANGE.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | <p>ALLINA HEALTH SYSTEM MAKES ITS FORM 990, FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST TO ARRANGE AN INSPECTION OR RECEIVE A COPY, PLEASE CONTACT THE FOLLOWING ALLINA HEALTH SYSTEM TAX SERVICES MAIL ROUTE 10890 P O BOX 43 MINNEAPOLIS, MN 55407-0043 TELEPHONE 612-262-0660 PHYSICAL ADDRESS 2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407-1321 THE FORM 990 AND FORM 1023 ARE ALSO AVAILABLE DIRECTLY FROM THE INTERNAL REVENUE SERVICE THE FORM 990 AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE FROM THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE FROM DIGITAL ASSURANCE CERTIFICATION (DAC) AND ON THEIR WEBSITE AT DACBOND.COM, AND FROM ELECTRONIC MUNICIPAL MARKET ACCESS AND ON THEIR WEBSITE AT HTTP://EMMA.MSRB.ORG DAC CLIENTS MEET THE IRS SECTION 6104(D) REQUIREMENTS ON ALLOWING "PUBLIC INSPECTION OF CERTAIN ANNUAL RETURNS, REPORTS, AND APPLICATIONS FOR EXEMPTION AND NOTICES OF STATUS" VIA THE DAC WEBSITE DAC ENSURES THE RELIABILITY AND ACCURACY OF THE POSTED DOCUMENTS AND TAKES REASONABLE PRECAUTIONS TO PREVENT ALTERATION, DESTRUCTION OR ACCIDENTAL LOSS OF THE POSTED DOCUMENTS WHERE REQUESTED, A USER MAY DOWNLOAD A DOCUMENT, PRINT A DOCUMENT, EMAIL A DOCUMENT OR, GIVEN REASONABLE WRITTEN NOTICE, DAC WILL MAIL A NOTIFICATION INDICATING WHERE SUCH DOCUMENTS ARE AVAILABLE WITHIN 7 DAYS OF THE WRITTEN REQUEST, PER IRS TREA REG SECTION 301.6104(D)-2(D)</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VII, SECTION A EXPLANATION | FORM 990, PART VII, SECTION A ALLINA HEALTH SYSTEM PROVIDES COMPENSATION TO THE BOARD OF DIRECTORS FOR SERVING ON THE BOARD AND FOR SERVING ON CERTAIN COMMITTEES THE FOLLOWING COMPENSATION WAS PAID BY ALLINA HEALTH SYSTEM FOR SERVICES PROVIDED TO US AND NOT DISCLOSED ON PART VII OR SCHEDULE J \$14,000 PAID TO HOSPITAL PATHOLOGY ASSOCIATES FOR THE SERVICES OF JOSEPH GOSWITZ \$10,000 PAID TO BSWING FOR THE SERVICES OF JENNIFER ALSTAD \$20,000 DONATED TO COURAGE KENNY FOUNDATION FOR THE SERVICES OF THOMAS SCHREIER \$20,000 DONATED TO ABBOTT NORTHWESTERN HOSPITAL FOUNDATION FOR THE SERVICES OF TIM WELSH |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | WESTHEALTH SURGERY CENTER LLC JOINT VENTURE CONSOLIDATION -989,093 PENSION LIABILITY ADJUSTMENTS 1,947,726 DISTRICT ONE HOSPITAL EMPLOYEE DONATIONS TO EMPLOYEE HARDSHIP FUND 20,324 DISTRIBUTION TO MEMBERS-MICC -2,014,661 TWIN CITIES MEDICAL IMAGING LLC JOINT VENTURE CONSOLIDATION -1,231,278 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|--|
| PART XII, LINE 2C | THIS PROCESS REMAINS UNCHANGED FROM PRIOR YEAR |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ACCOUNTS RECEIVABLE SERVICES LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 55-0811834 | DEBT COLLECTION | MN | 11,522,944 | 21,304,337 | ALLINA HEALTH SYSTEM |
| (2) AXIS HEALTHCARE LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1855603 | HEALTHCARE SERVICES | MN | 322,134 | 1,213,654 | ALLINA HEALTH SYSTEM |
| (3) ALLINA HEALTH PIONEER ACO LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 61-1726509 | HEALTHCARE SERVICES | MN | 0 | 0 | ALLINA HEALTH SYSTEM |
| (4) SOUTHWEST SURGICAL CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-2013700 | SURGICAL SERVICES | MN | 5,397,108 | 21,258,734 | ALLINA HEALTH SYSTEM |
| (5) AH FRANCHISING LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 | FRANCHISING | DE | 0 | 0 | ALLINA HEALTH SYSTEM |
| | | | | | |

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

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) HEALTHSPAN SERVICES COMPANY PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1249999 | DEBT COLLECTION | MN | ALLINA HEALTH SYSTEM | C | | | 100 000 % | | No |
| (2) ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | C | -13,608,833 | 79,768,859 | 100 000 % | | No |
| (3) ALLINA HEALTH SYSTEM TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988 | TRUST | PA | ALLINA HEALTH SYSTEM | T | 56,401,516 | | 100 000 % | | No |
| (4) ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST 500 GRANT STREET SUITE 625 PITTSBURGH, PA 15258 37-6520273 | TRUST | PA | ALLINA HEALTH SYSTEM | T | | | 100 000 % | | No |
| (5) LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860 | TRUST | MN | ALLINA HEALTH SYSTEM | T | 46,277 | | 100 000 % | | No |
| (6) ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | C | -3,376,419 | 11,061,048 | 100 000 % | | No |
| (7) FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC PO BOX 1085 GRAND CAYMAN KY1-1102 CJ 98-1366132 | CAPTIVE INSURANCE | CJ | ALLINA HEALTH SYSTEM | C | -1,228,733 | 8,554,433 | 100 000 % | | No |

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

Yes

Yes

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
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Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 36-3261413
Name: ALLINA HEALTH SYSTEM

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 04-3643816 | FUNDRAISING AND GRANTMAKING FOUNDATION | MN | 501(C)(3) | LINE 7 | ALLINA HEALTH SYSTEM | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 30-0086426 | FUNDRAISING AND GRANTMAKING FOUNDATION | MN | 501(C)(3) | LINE 7 | ALLINA HEALTH SYSTEM | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-0907986 | HEALTHCARE SERVICES | MN | 501(C)(3) | LINE 3 | N/A | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1987372 | FUNDRAISING AND GRANTMAKING FOUNDATION | MN | 501(C)(3) | LINE 7 | N/A | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1613017 | FUNDRAISING AND GRANTMAKING FOUNDATION | MN | 501(C)(3) | LINE 7 | ALLINA HEALTH SYSTEM | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1952989 | FUNDRAISING AND GRANTMAKING FOUNDATION | MN | 501(C)(3) | LINE 7 | ALLINA HEALTH SYSTEM | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 23-7420998 | FUNDRAISING AND GRANTMAKING FOUNDATION | MN | 501(C)(3) | LINE 7 | ALLINA HEALTH SYSTEM | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-4116873 | FUNDRAISING AND GRANTMAKING FOUNDATION | MN | 501(C)(3) | LINE 7 | ALLINA HEALTH SYSTEM | | No |
| PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 45-4078371 | SUPPORTING ORGANIZATION | MN | 501(C)(3) | LINE 12A, I | N/A | | No |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproprrtionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|---|---------------------------------|--|---|----|--|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) GERIATRIC SERVICES OF MINNESOTA LLC 3433 BROADWAY STREET NE SUITE 300 MINNEAPOLIS, MN 55413 45-3357936 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | RELATED | 1,545,577 | 719,898 | | No | | Yes | | 50 000 % |
| (1) WESTHEALTH SURGERY CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 37-1763155 | SURGICAL SERVICES | MN | ALLINA HEALTH SYSTEM | RELATED | 1,009,939 | 3,573,850 | | No | | Yes | | 51 000 % |
| (2) NORTHSTAR SLEEP CENTER LLC 920 EAST 28TH STREET SUITE 700 MINNEAPOLIS, MN 55407 45-2532456 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | RELATED | 632,975 | 278,692 | | No | | Yes | | 49 000 % |
| (3) ASPEN SLEEP CENTER LLC 1010 BANDANA BOULEVARD WEST ST PAUL, MN 55108 26-1850227 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | RELATED | 402,102 | 359,613 | | No | | | No | 65 000 % |
| (4) HEALTHCARE CAMPUS IMAGING ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 52-2401657 | RADIOLOGY | MN | ALLINA HEALTH SYSTEM | RELATED | 241,488 | 112,294 | | No | | Yes | | 50 000 % |
| (5) CROSBY CARDIOVASCULAR SERVICES LLC 920 E 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 41-2010368 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | RELATED | 105,714 | 955,591 | | No | | Yes | | 50 000 % |
| (6) MOBILE IMAGING SERVICES LLC 7505 METRO BOULEVARD SUITE 400 EDINA, MN 55439 41-1883212 | RADIOLOGY | MN | ALLINA HEALTH SYSTEM | RELATED | 74,135 | 324,837 | | No | | Yes | | 50 000 % |
| (7) CT ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 26-1187480 | RADIOLOGY | MN | ALLINA HEALTH SYSTEM | RELATED | 58,882 | 314,908 | | No | | Yes | | 75 190 % |
| (8) MAGNETO LEASING LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 20-1582501 | RENTAL EQUIPMENT | MN | ALLINA HEALTH SYSTEM | RELATED | 29,351 | 12,713 | | No | | Yes | | 50 000 % |
| (9) GLOBAL MARKET RESERVE FUND LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 83-2659070 | FINANCE | MN | ALLINA HEALTH SYSTEM | UNRELATED | 22,495 | 1,346,946 | | No | | Yes | | 50 000 % |
| (10) METROPOLITAN INTEGRATED CANCER CENTER LLC PO BOX 819067 DALLAS, TX 75381 20-5068485 | RADIOLOGY | DE | ALLINA HEALTH SYSTEM | UNRELATED | 1,802,709 | 3,183,057 | | No | | Yes | | 80 000 % |
| (11) TWIN CITIES MEDICAL IMAGING LLC 7505 METRO BOULEVARD SUITE 400 EDINA, MN 55439 46-3959737 | RADIOLOGY | MN | ALLINA HEALTH SYSTEM | RELATED | | | | No | | Yes | | 58 000 % |
| (12) BPA HEALTH LLC 2845 HAMLINE AVENUE NORTH ROSEVILLE, MN 55113 35-2490984 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | RELATED | | 3,145 | | No | | Yes | | 33 330 % |
| (13) APPLE VALLEY BUILDING ASSOCIATES LLC 14655 GALAXIE AVENUE APPLE VALLEY, MN 55124 41-1677072 | RENTAL REAL ESTATE | MN | ALLINA HEALTH SYSTEM | RELATED | -130,354 | 102,441 | | No | | Yes | | 50 000 % |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) HEALTHSPAN SERVICES COMPANY PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1249999 | DEBT COLLECTION | MN | ALLINA HEALTH SYSTEM | C | | | 100 000 % | | No |
| (1) ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | C | -13,608,833 | 79,768,859 | 100 000 % | | No |
| (2) ALLINA HEALTH SYSTEM TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988 | TRUST | PA | ALLINA HEALTH SYSTEM | T | 56,401,516 | | 100 000 % | | No |
| (3) ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST 500 GRANT STREET SUITE 625 PITTSBURGH, PA 15258 37-6520273 | TRUST | PA | ALLINA HEALTH SYSTEM | T | | | 100 000 % | | No |
| (4) LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860 | TRUST | MN | ALLINA HEALTH SYSTEM | T | 46,277 | | 100 000 % | | No |
| (5) ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095 | HEALTHCARE SERVICES | MN | ALLINA HEALTH SYSTEM | C | -3,376,419 | 11,061,048 | 100 000 % | | No |
| (6) FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC PO BOX 1085 GRAND CAYMAN KY1-1102 CJ 98-1366132 | CAPTIVE INSURANCE | CJ | ALLINA HEALTH SYSTEM | C | -1,228,733 | 8,554,433 | 100 000 % | | No |

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|------|---|---------------------------------|------------------------|--|
| (1) | ABBOTT NORTHWESTERN HOSPITAL FOUNDATION | C | 7,606,857 | CASH |
| (1) | ABBOTT NORTHWESTERN HOSPITAL FOUNDATION | B | 2,181,746 | COST |
| (2) | COURAGE KENNY FOUNDATION | C | 8,049,084 | CASH AND FMV |
| (3) | MERCY & UNITY HOSPITALS FOUNDATION | C | 3,446,230 | CASH |
| (4) | MERCY & UNITY HOSPITALS FOUNDATION | B | 1,129,236 | COST |
| (5) | PHILLIPS EYE INSTITUTE FOUNDATION | C | 824,731 | CASH AND FMV |
| (6) | PHILLIPS EYE INSTITUTE FOUNDATION | B | 136,514 | COST |
| (7) | UNITED HOSPITAL FOUNDATION | C | 10,069,456 | CASH |
| (8) | UNITED HOSPITAL FOUNDATION | B | 1,391,101 | COST |
| (9) | ALLINA ASSOCIATED FOUNDATION | C | 1,626,591 | CASH |
| (10) | ALLINA ASSOCIATED FOUNDATION | B | 1,420,676 | COST |
| (11) | ALLINA SPECIALTY ASSOCIATES INC | B | 20,819,540 | COST |
| (12) | ASPEN SLEEP CENTER LLC | C | 460,850 | CASH |
| (13) | NORTHSTAR SLEEP CENTER LLC | C | 171,500 | CASH |
| (14) | METROPOLITAN INTEGRATED CANCER CARE LLC | C | 2,694,426 | CASH |
| (15) | GERIATRIC SERVICES OF MINNESOTA LLC | C | 1,369,314 | CASH |
| (16) | CT ONE LLC | C | 131,579 | CASH |
| (17) | HEALTHCARE CAMPUS IMAGING ONE LLC | C | 250,000 | CASH |
| (18) | ST FRANCIS REGIONAL MEDICAL CENTER | Q | 23,276,252 | CASH |
| (19) | ST FRANCIS REGIONAL MEDICAL CENTER | S | 372,500 | CASH |
| (20) | REGINA FOUNDATION | B | 129,704 | COST |
| (21) | WESTHEALTH SURGERY CENTER LLC | C | 566,100 | CASH |
| (22) | FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC | R | 1,192,723 | CASH |
| (23) | FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC | B | 4,324,770 | CASH |
| (24) | ALLINA INTEGRATED MEDICAL NETWORK | B | 3,771,330 | CASH |

| Form 990, Schedule R, Part V - Transactions With Related Organizations | | | |
|--|---------------------------------|------------------------|--|
| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
| (26) ALLINA INTEGRATED MEDICAL NETWORK | L | 2,780,059 | CASH |
| (1) ALLINA INTEGRATED MEDICAL NETWORK | M | 450,413 | CASH |
| (2) ALLINA INTEGRATED MEDICAL NETWORK | R | 5,000,000 | CASH |
| (3) TWIN CITIES MEDICAL IMAGING | S | 989,225 | CASH AND ASSET BOOK VALUE |
| (4) GLOBAL MARKET RESERVE FUND LLC | B | 1,532,064 | CASH |