Cand proxy tax under section 6033(e) 9/2 2019	Form 990-T	· Ĕ	Exempt Organization					x Returr	ı	OMB No 1545-0047
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Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to defered compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Junrelated business taxable income Subtract line 30 from line 29 Jean 116,550. 22 23 24 25 26 27 5,056,989. 28 8,871,937. 29 3,643,042. 30 0. Unrelated business taxable income Subtract line 30 from line 29 Jean 116,550.				GDE	Ŋ,	UT [116 550	19	321,321.
Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 January 1, 2018 SEE STATEMENT 1 27 5, 056, 989. 28 8, 871, 937. 29 3, 643, 042. 30 0. 0. 11 Unrelated business taxable income Subtract line 30 from line 29 January 1, 2018 SEE STATEMENT 1 And	·		<i>,</i> ·					110,550.		116 550
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29 Junelated business taxable income Subtract line 30 from line 29		laimed c	on Schedule A and elsewhere on return			21a			_	110,550.
Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29	,	formed of	omnaneation plane						<u> </u>	
Excess exempt expenses (Schedule I) Context deductions (attach schedule) Total deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29 June lated business taxable income Subtract line 30 from line 29		/								
26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions Add lines 14 through 27 29 Uprelated business taxable income before net operating loss deduction Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 31 3,643,042. 39 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions 52 5,056,989. 28 8,871,937. 29 3,643,042. 30 0. 31 3,643,042.										
Other deductions (attach schedule) 28 Total deductions Add lines 14 through 27 29 Uprelated business taxable income before net operating loss deduction Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 31 3,643,042. 39 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions SEE STATEMENT 1 27 5,056,989. 28 8,871,937. 29 3,643,042.	7		•							
Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Unrelated business taxable income Subtract line 30 from line 29 Unrelated business taxable income Subtract line 30 from line 29 10 Unrelated business taxable income Subtract line 30 from line 29 11 Unrelated business taxable income Subtract line 30 from line 29 12 8 8 , 871 , 937 . 29 3 , 643 , 042 . 30 0 . 31 Unrelated business taxable income Subtract line 30 from line 29 11 3 , 643 , 042 . 12 9 7 , 643 , 042 . 13 1 3 , 643 , 042 . 14 For Paperwork Reduction Act Notice, see instructions	,	-	The state of the s			SEE ST	CATE	MENT 1		5,056,989.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 31 3,643,042. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions Form 990-T (2019)	/								28	
(see instructions) 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions Form 990-T (2019)	/								29	3,643,042.
Unrelated business taxable income Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions 13 3 , 643 , 042 . Form 990-T (2019)	30 Deduction for net o	perating	loss arising in tax years beginning on or af	fter Janua	ry 1, 2	018				_
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions Form 990-T (2019)	/								_	
	/] 31	
	923701 01-27-20 LHA F	or Pape	awork meducuon Act Notice, see instructio	UIIS	2.	30				C744

_	90-T (2019) ALLINA HEALTH SYSTEM -	16-day	36-3261413 Page
/ 00	Total Unrelated Business Taxable Income	<u> </u>	
32	Total of unrelated business taxable income computed from all unrelated trades of	or businesses (see instructions)	\$2 6,661,775
33	Amounts paid for disallowed fringes	()/JJ T \), 33
34	Charitable contributions (see instructions for limitation rules) STM	T 2 χ° STMT 3	$\frac{4}{34}$ 666,078
35	Total unrelated business taxable income before pre-2018 NOLs and specific dec	duction Subtract line 34 from the sum of	lines 32 and 63 35 5,995,697
36	Deduction for net operating loss arising in tax years beginning before January 1		35
37	Total of unrelated business taxable income before specific deduction. Subtract l		37 5,995,697
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions		38 1,000
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is		0 1
35	enter the smaller of zero or line 37	greater trainine 37,	$1 \frac{1}{39} = 5,994,697$
Diag	Tax Computation		* 1 39 3,334,037
/40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	-	▶ 40 1,258,886
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income ta:	y on the amount on line 39 from:	1 1,230,000
41	Towards cohodula or Cahadula D (Form 1041)	, ,	► - - -
40	Parameter Consistent and Schedule D (Form 1041)	1 11	·
42	Proxy tax See instructions Alternative minimum tax (trusts only)	7 ,,	▶ 42
43	Alternative minimum tax (trusts only)		43
44	Tax on Noncompliant Facility Income. See instructions		7 44 1 250 206
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45 1,258,886
	Tax and Payments	T T	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
	Other credits (see instructions)	46b	
	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	\ \ \ 46d	
е	e Total credits Add lines 46a through 46d	(,	46e
47	Subtract line 46e from line 45		4/ 1,258,886
48	Other taxes. Check if from: Form 4255 Form 8611 Form 86	697 Form 8866 Other ((attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions)		49 1,258,886
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column	(k), line 3	\ 50 O
51 a	a Payments: A 2018 overpayment credited to 2019	DU 5/1a	1,062.
	b 2019 estimated tax payments	9 51b 1,7	00,000.
	c Tax deposited with Form 8868	51c	
	d Foreign organizations; Tax paid or withheld at source (see instructions)	51d	
	e Backup withholding (see instructions)	51e	
	f Credit for small employer health insurance premiums (attach Form 8941)	51f	
	g Other credits, adjustments, and payments: Form 2439		
,	Form 4136 Other	Total ▶ 51g	
52	Total payments. Add lines 51a through 51g		52 1,701,062
			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount ow		
\ ⁵⁵	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter am		55 442,176
<u>\\56</u>	Enter the amount of line 55 you want: Credited to 2020 estimated tax		funded ► 56 O
	t VI Statements Regarding Certain Activities and Otl		, ,
	, , ,		Yes No
Par 57			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes,		jj
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS	er the name of the foreign country	x
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter	er the name of the foreign country	
57	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS	er the name of the foreign country	
57 58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS During the tax year, did the organization receive a distribution from, or was it the If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year	er the name of the foreign country le grantor of, or transferor to, a foreign ** \bigsim \$	gn trust? X
57 58 59	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS During the tax year, did the organization receive a distribution from, or was it the If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year.	er the name of the foreign country the grantor of, or transferor to, a foreign The Second of the foreign country	gn trust? X the best of my knowledge and belief, it is true.
57 58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS During the tax year, did the organization receive a distribution from, or was it the If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year under penalties of perjury I declar) that I have examined this return, including accompanying and complete declaration of preparer (other than taxpayer) is based on all informations.	er the name of the foreign country the grantor of, or transferor to, a foreign The Second of the foreign country	gn trust? X the best of my knowledge and belief, it is true, day
57 58 59	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS During the tax year, did the organization receive a distribution from, or was it the If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury I declars that I have examined this return, including accompany correct, and complete Declaration of preparer (other than taxpayer) is based on all informations.	er the name of the foreign country the grantor of, or transferor to, a foreign The Second of the foreign country	gn trust? X
57 58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS During the tax year, did the organization receive a distribution from, or was it the If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year under penalties of perjury I declar) that I have examined this return, including accompanying and complete declaration of preparer (other than taxpayer) is based on all informations.	er the name of the foreign country the grantor of, or transferor to, a foreign The spring schedules and statements, and to committee of which preparer has any knowled CHIEF FINANCIA	gn trust? X the best of my knowledge and belief, it is true, day May the IRS discuss this return with
57 58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS. During the tax year, did the organization receive a distribution from, or was it the If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury I declar) that I have examined this return, including accompand to organize the complete declaration of preparer (other than taxpayer) is based on all informations.	er the name of the foreign country te grantor of, or transferor to, a foreign T \$ Seanying schedules and statements, and to committee of which preparer has any knowled CHIEF FINANCIA OFFICER Title	the best of my knowledge and belief, it is true, dge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No
58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS. During the tax year, did the organization receive a distribution from, or was it the lif "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury I declars that I have examined this return, including accompanion correct, and complete Declaration of preparer (other than taxpayer) is based on all information of preparer in the preparer's signature. Print/Type preparer's name Preparer's signature	er the name of the foreign country the grantor of, or transferor to, a foreign to \$ panying schedules and statements, and to ormation of which preparer has any knowled CHIEF FINANCIA OFFICER Title Date	the best of my knowledge and belief, it is true, dge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Check If PTIN
57 58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS. During the tax year, did the organization receive a distribution from, or was it the lif "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury I declars that I have examined this return, including accompanion correct, and complete Declaration of preparer (other than taxpayer) is based on all information of preparer in the preparer's signature. Print/Type preparer's name Preparer's signature	er the name of the foreign country the grantor of, or transferor to, a foreign to \$ panying schedules and statements, and to ormation of which preparer has any knowled CHIEF FINANCIA OFFICER Title Date	the best of my knowledge and belief, it is true, dge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No
58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS. During the tax year, did the organization receive a distribution from, or was it the lif "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return, including accompanities of perjury I declars that I have examined this return that I have examined this return that I have exam	er the name of the foreign country the grantor of, or transferor to, a foreign to \$ panying schedules and statements, and to ormation of which preparer has any knowled CHIEF FINANCIA OFFICER Title Date	the best of my knowledge and belief, it is true, doe May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Check If PTIN self- employed
58 59 Sign Here	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter here CAYMAN ISLANDS. During the tax year, did the organization receive a distribution from, or was it the If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year under penalties of perjury I declar) that I have examined this return, including accompanded, and complete Declaration of preparer (other than taxpayer) is based on all information. Signature of officer Date Print/Type preparer's name Preparer's signature	er the name of the foreign country the grantor of, or transferor to, a foreign to \$ panying schedules and statements, and to ormation of which preparer has any knowled CHIEF FINANCIA OFFICER Title Date	the best of my knowledge and belief, it is true, dge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Check If PTIN

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır	·	6
2 Purchases	2		7 Cost of goods sold St	ubtract li	ine 6	
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Lease	ed With Real Prop	perty)
1 Description of property			 			
(1)						
(2)						
(3)						
(4)	_					
	_	ed or accrued	<u></u>		3/a\Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)
(1)			, <u> </u>			
(2)						
(3)						
(4)			_			
Total	0.	Total	· · · · · · · · · · · · · · · · · · ·	0.		
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)		•	
, , <u>, , , , , , , , , , , , , , , , , </u>		·	2 Gross income from		3 Deductions directly conr to debt-finance	
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)	-					
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)		-	%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7 column (B)
Totals			.		0 .	. 0.
Total dividends-received deductions in	icluded in colum	1 8				0.

	iterest, Annuiti	_, , _			Controlled O				,,,,,,,,,,,		,		
1 Name of contr	1 Name of controlled organization		1 Name of controlled organization 2 Emploidentificat number		cation		elated income instructions)		tal of specified ments made	include	t of column 4 t ad in the contr ation's gross i	rolling	6 Deductions directly connected with income in column 5
(1)							<u></u>						
(2)				<u> </u>					•				
(3)				1							·		
(4)			-	İ				<u> </u>					
Nonexempt Control	lled Organizations			<u></u>	-					<u> </u>			
7 Taxable Inco		unrelated incon (see instructions		9. Total	of specified payi made	ments	10 Part of colu in the controll gros	mn 9 tha ling organ s income	t is included lization's		uctions directly connected income in column 10		
(1)													
(2)					-								
(3)	,						,						
(4)													
Totals						•	Add colur Enter here and line 8,		1 Part I,	Enter he	d columns 6 and 11 re and on page 1, Part I, ne 8, column (B)		
Schedule G - I	nvestment Inco	ome of a	Section	1 501(c)(7), (9), or	(17) Oi	rganizatio	1					
-	1 Description of in	come			2 Amount of	income	3 Deduction directly connection (attach scheen)	ected	4 Set-a (attach s		5 Total deductions and set-asides (col 3 plus col 4)		
(1)													
(2)													
(3)							•						
(4)													
Totals	xploited Exemp	at Activity	· Incom	► Othor	Enter here and Part I, line 9, co	olumn (A)			200 VIII VIII VIII VIII VIII VIII VIII V	Sopra gilinara famini Sopra gilinara famini	Enter here and on page 1 Part I, line 9, column (D)		
Schedule I - E.	(see instructions)	ACTIVITY	/ IIICOII	ie, Othe	i illali Ac	ivei (is							
1 Description exploited acti	n of unrelate	Gross ed business me from or business	directly with pi of un	openses connected roduction irelated as income	4 Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inc from activity is not unrela business inc	that ted	6 Exp attributs colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)	· · · · · · · · · · · · · · · · · · ·												
(2) (3) (4)													
(4)										-			
	page	nere and on 1, Part I, 0, col (A)	page	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 25		
Totals	Advertising Inc	0.	not	0.		on robbidge &	MANAGE AND				0.		
	ne From Period				solidated	l Basis	<u> </u>						
1 Name o	f periodical	2 Gross advertising income	adv	3 Direct vertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6 Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)					(2000)	\$%\%\\$	X			13			
(2)							×						
(1) (2) (3)	-		\neg										
(4)													
					3.55		<u> </u>				and the second of the second o		
Totals (carry to Part I	II, line (5))		0.	0			. [0 . Form 990-T (2019		

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

1 Name of periodical	2 Gross advertising income	3 Direct` advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)	·			_		
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	•
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		TŅUOMA	
PROFESSIONAL FEES OTHER SUPPLIES MEDICAL SUPPLIES MISCELLANEOUS OVERHEAD		1,721,78 1,644,08 61 129,99 1,560,51	81. 13. 94.
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	5,056,98	89.
FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TUUOMA	
CHARITABLE CONTRIBUTION FOR 2019	N/A	2,042,50	00.
TOTAL TO FORM 990-T, PAGE 2, L	TNE 34	2,042,50	0.0

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, and ending

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization ALLINA HEALTH SYSTEM	,		Employer ide	entificatio 26141	
	inrelated Business Activity Code (see instructions) 44619 escribe the unrelated trade or business OPTICAL	9				
	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1 a	Gross receipts or sales 400,808.					
b	Less returns and allowances c Balance ▶	1c	400,808.	1.0		
`2	Cost of goods sold (Schedule A, line 7)	2	145,975.			
3	Gross profit Subtract line 2 from line 1c	3	254,833.	2.7.4		254,833.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		2	200	
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5		100		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	_				
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				·· ·
11	Advertising income (Schedule J)	11		V.33908738888-694	600062000	
12	Other income (See instructions, attach schedule)	12	254,833.		\$60000000	254,833.
<u>13</u>	Total. Combine lines 3 through 12	13				
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			eductions.) (De		ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	135,105.
15	Salaries and wages				15	133,103.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	9,316.
19	Taxes and licenses		ا مما		19	7,310.
20	Depreciation (attach Form 4562)	_	20	_	21b	
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a		22	
22	Depletion				23	
23	Contributions to deferred compensation plans				24	33,967.
24	Employee benefit programs				25	3373074
25 26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)				26	<u> </u>
26 27	Other deductions (attach schedule)		SEE STAT	EMENT 4	27	77,358.
27 28	Total deductions. Add lines 14 through 27		Da- D		28	255,746.
20 29	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 28 from hi	ne 13	29	-913.
30	Deduction for net operating loss arising in tax years beginning on				23	
30	instructions)	or arter	January 1, 2010 (366		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	-913.
LHA						M (Form 990-T) 2019
				-		

Form 990-T (2019)							Page 3
ALLINA HE						36-3261	1413
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation ► N/A			
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6
2 Purchases	2	145,975.	7	Cost of goods sold Su	ubtract li	ne 6	
3 Cost of labor	3			from line 5 Enter here	and in P	Part I,	
4a Additional section 263A costs				line 2			7 145,975.
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5	145,975.		the organization?			X
Schedule C - Rent Income ((From Real	Property and	Pe	rsonal Property	Lease	ed With Real Prop	perty)
(see instructions)						-	
1		-					
Description of property							
(1)							
(2)							
(3)							
(4)						,	
		ed or accrued				3(a)Deductions directly	connected with the income in
 From personal property (if the per rent for personal property is more 10% but not more than 50% 	than	of rent for pe	ersonal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)
(1)							
(2)				•			
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income Add totals of columns a here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb		Income (see i	nstru	ctions)			
		,		·		3 Deductions directly conn	
			1 2	Gross income from or allocable to debt-	/21	to debt-finance Straight line depreciation	
1 Description of debt-fir	nanced property			financed property	(*)	(attach schedule)	(D) Other deductions (attach schedule)
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to inced property h schedule)	•	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)	,			%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
				_	1	0	1

Form 990-T (2019)

Total dividends-received deductions included in column 8

3

Unrelated Business Taxable Income from an Unrelated Trade or Business

. .

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

12

For calendar year 2019 or other tax year beginning _____, and ending ______.

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703,954.

Name of	the	organization
---------	-----	--------------

ALLINA HEALTH SYSTEM

Employer identification number 36-3261413

703,954

Unrelated Business Activity Code (see instructions) ► ACCOUNTS RECEIVABLE SERVICES, Describe the unrelated trade or business Part Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 703,954. 1a Gross receipts or sales 703,954 b Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 703,954 703,954. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) R Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11

Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

12

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	168,807.
16	Repairs and maintenance	16	227.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	32,298.
20	Depreciation (attach Form 4562) 20 770		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	770.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	53,491.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	. =
27	Other deductions (attach schedule) SEE STATEMENT 5	27	90,441.
28	Total deductions. Add lines 14 through 27	28	346,034.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	357,920.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	357,920.

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Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2019

5 Average adjusted basis of or allocable to debt-financed property (attach schedule)

Pane	3
ayc	J

Form 990-T (2019)							Page
ALLINA HEA					36-326	1413	
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation 🕨 N/A	V			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold S	ubtract lı	ne 6		
3 Cost of labor	3		from line 5. Enter here	and in P	art I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	ı 263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income (F	rom Real	Property and	Personal Property	Lease	ed With Real Pro	perty)	
(see instructions)							
1 Description of property							
			·				
(1)					.,,		
(2)							
(3)							
(4)	0						
(2) 5		ed or accrued	d		3(a) Deductions directl	y connected with th	ne income in
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	han	of rent for pe	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	lage f	columns 2(a) a	nd 2(b) (attach sche	adule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns 26 here and on page 1, Part I, line 6, column (nter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0
Schedule E - Unrelated Debt	-Finance	Income (see i	nstructions)				
			2 Gross income from		Deductions directly conto debt-finanter		cable
1 Description of debt-fina	nced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		r deductions schedule)
(1)							
(2)							
(3)							
(4)							

Form 990-T (2019)

0.

0.

8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Totals

Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

Total dividends-received deductions included in column 8

Column 4 divided by column 5

%

% %

%

6

7. Gross income reportable (column 2 x column 6)

Enter here and on page 1, Part I, line 7, column (A)

0

ENTITY

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and ending

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Schedule M (Form 990-T) 2019

Name	of the organization ALLINA HEALTH SYSTEM			36-32		
	Inrelated Business Activity Code (see instructions) 62161 Describe the unrelated trade or business HOME MEDI		EQUIPMENT			
	describe the unrelated trade or business	CAL	(A) Income	(B) Expense	s	(C) Net
		T			XXX.55%	```\``\`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	,	4.	5,312,613.	166		
	Less returns and allowances c Balance	1c 2	1,641,990.		*****	2000 000 000 000 000 000 000 000 000 00
2	Cost of goods sold (Schedule A, line 7)	3	3,670,623.	2012006	000 000 000000000000000000000000000000	3,670,623.
3	Gross profit Subtract line 2 from line 1c	4a	3,070,023.	220000000000000000000000000000000000000	**************************************	3,010,023.
	Capital gain net income (attach Schedule D)	4a 4b			6.5,5%82.2 825,882,922	
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	46 4c		\$100 market 200 market 1 market 200 market 2	7.53855 79.888.	
_	Capital loss deduction for trusts	40		228/4703K E-1-1-200-1-1	(%) 3%	
5	Income (loss) from a partnership or an S corporation (attach	5			1	
_	statement)	6		\$34554.53 1900? 4,544	0/. 14	
6	Rent income (Schedule C)	7				
	Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled	⊢—				-
8		8				
^	organization (Schedule F)	⊢°				
9	Investment income of a section 501(c)(7), (9), or (17)	9		<u> </u>		
40	organization (Schedule G) Exploited exempt activity income (Schedule I)	10				
10		11				
11	Advertising income (Schedule J)	12		HARAMA N	2003	
12 13	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	13	3,670,623.	3.53x,45.6.5580.50x	2,1,1,1	3,670,623.
Ŗā	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ncom	e)	eductions) (De	aucu	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	4 546 004
15	Salaries and wages				15	1,716,231.
16	Repairs and maintenance				16	127,411.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	5 040
19	Taxes and licenses		1 1	F33 030	19	5,948.
20	Depreciation (attach Form 4562)		20	533,232.	-	F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a		21b	533,232.
22	Depletion				22	
23	Contributions to deferred compensation plans				23	F22 424
24	Employee benefit programs				24	522,434.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)		ann ans	THE C	26	004 410
27	Other deductions (attach schedule)		SEE STAT	EMENT 6	27	884,410.
28	Total deductions. Add lines 14 through 27				28	3,789,666.
29	Unrelated business taxable income before net operating loss ded			ne 13	29	-119,043.
30	Deduction for net operating loss arising in tax years beginning on	or afte	r January 1, 2018 (see			_
	instructions)				30	110 043
31	Unrelated business taxable income. Subtract line 30 from line 29				31	-119,043.

LHA For Paperwork Reduction Act Notice, see instructions.

210011111 110					 		
Schedule A - Cost of Good	s Sold. Enter	method of invent					
1 Inventory at beginning of year	1 1		6 Inventory at end of yea		<u> </u>	6	
2 Purchases	2 1	,641,990.	7' Cost of goods sold Su		?	\$ [']	
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs			line 2			7 1,641	
(attach schedule)	4a		8 Do the rules of section	263A (with respect t	0	L'	Yes No
b Other costs (attach schedule)	4b		property produced or a	equired for resale) a	pply to	_	
5 Total Add lines 1 through 4b		,641,990.					X
Schedule C - Rent Income	(From Real	Property and	l Personal Property	Leased With I	Real Prope	erty)	
(see instructions)							
1 Description of property							
(1)		-					
(2)	-						
(3)							
(4)							
<u> </u>	2. Rent receiv	red or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	age ~\~, ~		onnected with the inc 2(b) (attach schedule)	
(1)							
(2)		1					
(3)				_	•		
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columi	` ' ' '	nter		(b) Total de Enter here and Part I, line 6, d	d on page 1,	_	0.
Schedule E - Unrelated Del		d Income (see	instructions)	• • • • • • • • • • • • • • • • • • • •			
				3 Deduction	ns directly connec	cted with or allocable	,
			Gross income from or allocable to debt-	(2) 000000000000000000000000000000000000	to debt-financed		-4
1 Description of debt-fi	nanced property		financed property	(a) Straight line de (attach sche		(b) Other ded (attach sche	
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property in schedule)	6 Column 4 divided by column 5	7 Gross inc reportable (cc 2 x column	olumn	8 Allocable d (column 6 x total 3(a) and	of columns
(1)	 		%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and o	n page 1,	Enter here and o	n page 1,
•				Part I, line 7, co		Part I, line 7, co	
Totals			>		0.		0.
Total dividends-received deductions in	ncluded in colum	n 8	ŕ	•	•		0.

5

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and ending ______

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Schedule M (Form 990-T) 2019

	ALLINA HEALTH SYSTEM					Employer identification number 36-3261413				
	Inrelated Business Activity Code (see instructions) 62199 escribe the unrelated trade or business METROPOLI		INTEGRATED	CANCER CI	ENTE	R, LLC				
Pai	र्गा∌ Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net				
1 a	Gross receipts or sales									
b	Less returns and allowances c Balance >	1c			(1868) A					
2	Cost of goods sold (Schedule A, line 7)	2		100 100 100 100 100 100 100 100 100 100	**************************************					
3	Gross profit Subtract line 2 from line 1c	3		100 20 10 10 10 10 10 10 10 10 10 10 10 10 10						
4 a	Capital gain net income (attach Schedule D)	4a			~% <u>*</u>					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b								
С	Capital loss deduction for trusts	4c	_	\$ 200 CONT. 00 CONT.		· · · · ·				
5	Income (loss) from a partnership or an S corporation (attach statement)	5	5,189,818.			5,189,818.				
6	Rent income (Schedule C)	6								
7	Unrelated debt-financed income (Schedule E)	7								
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8								
9	Investment income of a section 501(c)(7), (9), or (17)									
	organization (Schedule G)	9		<u> </u>						
10	Exploited exempt activity income (Schedule I)	10								
11	Advertising income (Schedule J)	11		FEF & SERVE	Vin Shor					
12 13	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	12	5,189,818.		-7. ×2. ×2.	5,189,818				
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			eductions) (De	eauctio	ons must de				
14	Compensation of officers, directors, and trustees (Schedule K)				14					
15	Salaries and wages				15					
16	Repairs and maintenance				16	507,520				
17	Bad debts				17	151 040				
18	Interest (attach schedule) (see instructions)		SEE STAT	TEMENT 7	18	151,240				
19	Taxes and licenses		1)	710 650	19	284,870				
20	Depreciation (attach Form 4562)		20	710,658		710 (50				
21	Less depreciation claimed on Schedule A and elsewhere on return	n	21a		21b	710,658				
22	Depletion				22					
23	Contributions to deferred compensation plans				23					
24	Employee benefit programs	-			24					
25	Excess exempt expenses (Schedule I)				25					
26	Excess readership costs (Schedule J)		CDD CDA	newexim o	26	1 101 710				
27	Other deductions (attach schedule)		SEE STAT	EMENT 0	27	1,191,718 2,846,006				
28	Total deductions. Add lines 14 through 27			40	28					
29	Unrelated business taxable income before net operating loss ded			ne 13	29	2,343,812				
30	Deduction for net operating loss arising in tax years beginning on	or afte	r January 1, 2018 (see		300	0.				
	Instructions)				30	2 343 812				
21	Ulprolated business taxable income. Subtract line 30 from line 29				21	1 2.343.81				

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SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning , and ending

ENTITY

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No 1545-0047

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	ment of the Treasury Go to www.irs.gov/Form990T to Revenue Service						3).	Open to Public Inspection for \$50.1(c)(3) Organizations Only
Name	of the organization ALLINA HEALTH SYSTEM					oloyer ider 36 – 32		on number 13
	Inrelated Business Activity Code (see instructions) 53200			-				
	Describe the unrelated trade or business CYBERKNIF	E						
Pá	rtাঃ Unrelated Trade or Business Income		(A) In	come	(B)	Expense	s	(C) Net
1 a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Schedule A, line 7)	2				56 ,98 0,22	%	
3	Gross profit Subtract line 2 from line 1c	3_			<i>7</i> 28.5	45 <i>797</i>		
4 a	Capital gain net income (attach Schedule D)	4a				<i>***</i>	黎德	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts	4c				2388 <u>8</u>		
5	Income (loss) from a partnership or an S corporation (attach	_ ا						
6	statement) Rent income (Schedule C)	5 6	1.14	3,918.	KM 1/ 1300	· 1200000	× 1988	1,143,918.
7	Unrelated debt-financed income (Schedule E)	7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8	Interest, annuities, royalties, and rents from a controlled	Ė			<u> </u>			
Ū	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule)	12			\$%\\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		37. 38. C	
13	Total. Combine lines 3 through 12	13	1,14	3,918.				1,143,918.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			ions on de	eduction	ns) (Ded		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)						14	
15	Salaries and wages						15	
16	Repairs and maintenance						16	
17	Bad debts						17	
18	Interest (attach schedule) (see instructions)						18 19	27,960.
19	Taxes and licenses			ا مما	798	,957.	19 *****	27,500.
20	Depreciation (attach Form 4562)			20 21a	- 7 5 0	,,,,,,,	21b	798,957.
21	Less depreciation claimed on Schedule A and elsewhere on return	'		214			22	130 133 1 6
22	Depletion Contributions to deferred compensation plans						23	
23							24	
24	Employee benefit programs						25	
25	Excess exempt expenses (Schedule I)						26	*
26 27	Excess readership costs (Schedule J) Other deductions (attach schedule)						27	
28							28	826,917.
29	Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss dedu	iction	Subtract lin	ne 28 from lir	ne 13		29	317,001.
30	Deduction for net operating loss arising in tax years beginning on				10 10		25	22,,0020
30	instructions)	or arre	. January I,	2010 (366			30	0.
31	Unrelated business taxable income Subtract line 30 from line 29						31	317,001.
LHA				<u>-</u>		Sc		le M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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Name of the organization						

ALLINA HEALTH SYSTEM

Employer identification number 36-3261413

	Inrelated Business Activity Code (see instructions) 44611 escribe the unrelated trade or business ALLINA HE	_	H PHARMACY		
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales Less returns and allowances 9 , 875 , 246 ⋅ c Balance ▶	1c	9,875,246.		
2	Cost of goods sold (Schedule A, line 7)	2	7,516,670.		
3	Gross profit Subtract line 2 from line 1c	3	2,358,576.		2,358,576.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			,
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9]	Investment income of a section 501(c)(7), (9), or (17)				
_	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		NAMES COLUMN	
13	Total. Combine lines 3 through 12	13	2,358,576.		2,358,576.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1,291,892.
16	Repairs and maintenance	16	9,509.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	149,905.
20	Depreciation (attach Form 4562) 20 48,76	7.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	48,767.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	-24	313,022.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 9	27	613,479.
28	Total deductions. Add lines 14 through 27	28	2,426,574.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-67,998.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-67,998.

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Schedule M (Form 990-T) 2019

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36-3261413

Page 3

Schedule A - Cost <u>of Goods</u>	SOID. Enter method of inven	itory valuation N/A		
1 Inventory at beginning of year	1	6 Inventory at end of year		6
2 Purchases	2 7,516,670	7 Cost of goods sold Subt	tract line 6	
3 Cost of labor	3	from line 5 Enter here an	ıd ın Part I,	
4a Additional section 263A costs		line 2		7,516,670.
(attach schedule)	4a	8 Do the rules of section 26	63A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or acc	quired for resale) apply to	
5 Total Add lines 1 through 4b	5 7,516,670	the organization?		X
Schedule C - Rent Income (eased With Real Pro	perty)
(see instructions)				
1 Description of property				
(1)				
(2)				
(3)				
(4)				
	2 Rent received or accrued		a ,	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than of rent for p	and personal property (if the percentage personal property exceeds 50% or if nt is based on profit or income)		y connected with the income in nd 2(b) (attach schedule)
(1)				
(2)		- "		
(3)				
(4)				
Total	O . Total		0.	
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column			(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Deb		instructions)		· · · ·
	· ·	2 Gross income from	3. Deductions directly cor to debt-finan	
1. Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		•	0	0.
Total dividends-received deductions in	cluded in column 8		•	0.
				Form 990-T (2019)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Open to Public Inspection for \$501(c)(3) Organizations Only

Name	of the organization ALLINA HEALTH SYSTEM				Employer identificat	
	Inrelated Business Activity Code (see instructions) > 52300					
	Describe the unrelated trade or business INVESTMEN	T K	1S	_		
Pai	Unrelated Trade or Business Income ়		(A) Income		(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2			4 . 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5_	-852,067.			-852,067
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8		L		
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11	-			
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	-852,067.	<u> </u>		-852,067
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			edu ,		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts		•		17	
18	Interest (attach schedule) (see instructions)				19	<u> </u>
19	Taxes and licenses		20		19	:
20	Depreciation (attach Form 4562)		20 21a		21b	
21	Less depreciation claimed on Schedule A and elsewhere on return	1	[Z la]		22	
22	Depletion Contributions to deferred companyation plans				23	
23	Contributions to deferred compensation plans				24	
24	Employee benefit programs				25	
25 26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)				26	
26	·				27	
27	Other deductions (attach schedule) Total deductions. Add lines 14 through 27				28	0
28 29	Unrelated business taxable income before net operating loss deductions.	iction	Subtract line 28 from li	ne 1'		-852,067
30	Deduction for net operating loss arising in tax years beginning on					
JU	instructions)	o, ano			. 30	0
04	Unrelated business taxable income. Subtract line 30 from line 20				31	-852.067

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Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
RENTAL OVERHEAD MEDICAL SUPPLIES MISCELLANEOUS		14,303. 45,016. 17,857. 182.
TOTAL TO SCHEDULE M, PART II, I	LINE 27	77,358.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	5
DESCRIPTION		AMOUNT	
UTILITIES OTHER SUPPLIES RENTAL TRAVEL MISCELLANEOUS SEMINARS COMPUTER EXPENSES/SERVICES/SOF	TWARE	2,34 1,22 7,81 1,30 14,99 5 4,60 58,10	2. 7. 4. 7. 2.
TOTAL TO SCHEDULE M, PART II,	LINE 27	90,44	1.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
UTILITIES PROFESSIONAL FEES MEDICAL SUPPLIES OTHER SUPPLIES RENTAL TRAVEL MISCELLANEOUS SEMINARS INSURANCE COMPUTER EXPENSES/SERVICES/	21,674. 629,705. 7,274. 35,055. 62,074. 4,104. 30,171. 406. 67,015. 26,932.	
TOTAL TO SCHEDULE M, PART I	I, LINE 27	884,410.

FORM 990-T (M)	INTEREST PAID	STATEMENT 7
DESCRIPTION		AMOUNT
BANK CHARGES		151,240.
TOTAL TO SCHEDULE M, PA	151,240.	
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
PROFESSIONAL FEES RENTAL TRAVEL INSURANCE		589,502. 588,125. 13,617. 474.
TOTAL TO SCHEDULE M, PA	RT II, LINE 27	1,191,718.

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 9
DESCRIPTION			AMOUNT
UTILITIES PROFESSIONAL FEES MEDICAL SUPPLIES OTHER SUPPLIES RENTAL TRAVEL MISCELLANEOUS SEMINARS INSURANCE COST RECOVERY/PURCHASE AFFI COMPUTER EXPENSES/SERVICES/		·	2,547. 611,882. 105,412. 68,073. 30,635. 4,028. 5,023. 235. 5,600. -249,442. 29,486.
TOTAL TO SCHEDULE M, PART 1	II, LINE 27		613,479.