

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
ALTRU HEALTH SYSTEM

Doing business as  
ALTRU HOSPITAL

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1200 S COLUMBIA RD

City or town, state or province, country, and ZIP or foreign postal code  
GRAND FORKS, ND 582014036

**D** Employer identification number  
45-0310462

**E** Telephone number  
(701) 780-5200

**G** Gross receipts \$ 599,973,053

**F** Name and address of principal officer:  
DR STEVEN WEISER  
1200 S COLUMBIA RD  
GRAND FORKS, ND 582014036

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ ALTRU.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1970

**M** State of legal domicile:  
ND

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
HEALTHCARE DELIVERY

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	3
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	4,638
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	310
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	6,059,521
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	1,425,980

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,878,464	6,701,741
<b>9</b> Program service revenue (Part VIII, line 2g)	555,999,359	570,773,013
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,914,964	7,968,361
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155,431	153,570
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	563,948,218	585,596,685

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,062,049	1,159,546
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	338,818,207	338,123,032
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	225,285,087	246,874,130
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	565,165,343	586,156,708
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,217,125	-560,023

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	548,207,089	543,017,154
<b>21</b> Total liabilities (Part X, line 26)	282,364,561	290,423,688
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	265,842,528	252,593,466

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-10-23  
DR STEVEN WEISER PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-10-16  
Check  if self-employed PTIN: P01220683  
Firm's name: ▶ BRADY MARTZ AND ASSOCIATES PC Firm's EIN: ▶ 45-0310328  
Firm's address: ▶ PO BOX 14296 Phone no. (701) 775-4685  
GRAND FORKS, ND 582084296

**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:

IMPROVING HEALTH, ENRICHING LIFE.WHY WE SERVE: TO ACHIEVE OPTIMUM HEALTH FOR ALL RESIDENTS IN OUR REGION.HOW WE SERVE: BY PROVIDING HEALTH EDUCATION, PREVENTIVE SERVICES, EARLY INTERVENTION, AND APPROPRIATE CARE.WHOM WE SERVE: THE MORE THAN 200,000 RESIDENTS OF NORTHEAST NORTH DAKOTA AND NORTHWEST MINNESOTA.WHO WE ARE: A COMMUNITY OF OVER 4,000 HEALTH PROFESSIONALS AND SUPPORT STAFF COMMITTED TO SERVING THE REGION FOR MORE THAN 100 YEARS.

**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 \$ 25,338,039 including grants of \$ ) (Revenue \$ 29,295,315 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 9,424,358 including grants of \$ ) (Revenue \$ 28,980,335 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 27,945,610 including grants of \$ ) (Revenue \$ 58,099,432 )  
See Additional Data

(Code: ) (Expenses \$ 450,540,426 including grants of \$ 1,159,546 ) (Revenue \$ 447,777,343 )  
OTHER PROGRAM SERVICES INCLUDE OTHER PATIENT CARE PROGRAMS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 450,540,426 including grants of \$ 1,159,546 ) (Revenue \$ 447,777,343 )

**4e Total program service expenses** ▶ 513,248,433

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.



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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed	
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	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.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 1200 SOUTH COLUMBIA ROAD GRAND FORKS, ND 58201 (701) 780-5203	

**Part VII**

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

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

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

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

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

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

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

(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			
See Additional Data Table										

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

(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			
See Additional Data Table										

<b>1b Sub-Total</b>		
<b>1c Total from continuation sheets to Part VII, Section A</b>		
<b>1d Total (add lines 1b and 1c)</b>	16,907,310	0 1,194,759

**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 ► 440

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDEFIS CONSOLIDATED 2121 N 117TH AVE STE 200 OMAHA, NE 68164	SERVICES	11,043,118
COMPHEALTH MEDICAL STAFFING PO BOX 713100 SALT LAKE CITY, UT 841713100	SERVICES	6,984,179
WEATHERBY LOCUMS INC PO BOX 75397 DALLAS, TX 753972633	SERVICES	3,053,276
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	SERVICES	2,802,281
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 532880314	SERVICES	2,494,568

**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 ► 86



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a NET SERVICE TO PATIENTS, 2b PROGRAM SERVICE REVENUE, 2c BIOMED SERVICES/SITE SERVICES FEE, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a Gross rents, 6b Less: rental expenses, 6c Rental income or (loss), 6d Net rental income, 7a Gross amount from sales of assets, 7b Less: cost or other basis and sales expenses, 7c Gain or (loss), 7d Net gain or (loss), 8a Gross income from fundraising events, 8b Less: direct expenses, 8c Net income or (loss) from fundraising events, 9a Gross income from gaming activities, 9b Less: direct expenses, 9c Net income or (loss) from gaming activities, 10a Gross sales of inventory, 10b Less: cost of goods sold, 10c Net income or (loss) from sales of inventory, 11a RENTAL OFFICE SPACE/PARKING LOT, 11b TELECOMMUNICATIONS, 11c SNOW REMOVAL, 11d All other revenue, 11e Total, and 12 Total revenue.

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,142,948	1,142,948		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	16,598	16,598		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	12,113,267	5,103,583	7,009,684	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	262,744,973	238,578,573	24,166,400	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	17,120,617	15,567,291	1,553,326	
<b>9</b> Other employee benefits . . . . .	29,429,163	26,759,103	2,670,060	
<b>10</b> Payroll taxes . . . . .	16,715,012	14,845,300	1,869,712	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	578,347	578,347		
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,187,437	3,187,437		
<b>17</b> Travel . . . . .	5,701,751	1,766,475	3,935,276	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	7,665,782	7,665,782		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	26,517,196	26,517,196		
<b>23</b> Insurance . . . . .	2,333,026	2,333,026		
<b>24</b> 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.)				
<b>a</b> SUPPLIES	102,242,191	99,008,504	3,233,687	
<b>b</b> UNRELATED BUSINESS TAX	447,703	447,703		
<b>c</b> PURCHASED SERVICES	42,537,055	25,623,527	16,913,528	
<b>d</b> FEES	31,034,965	27,690,277	3,344,688	
<b>e</b> All other expenses	24,628,677	16,416,763	8,211,914	
<b>25</b> Total functional expenses. Add lines 1 through 24e	586,156,708	513,248,433	72,908,275	0
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	13,120	<b>1</b>	1,182,824
	<b>2</b> Savings and temporary cash investments . . . . .	32,548,213	<b>2</b>	33,347,813
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	74,258,859	<b>4</b>	71,372,757
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	438,170	<b>7</b>	469,416
	<b>8</b> Inventories for sale or use . . . . .	7,485,482	<b>8</b>	8,385,316
	<b>9</b> Prepaid expenses and deferred charges . . . . .	356,779	<b>9</b>	583,558
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	573,416,984		
	<b>b</b> Less: accumulated depreciation	351,871,959		
	<b>11</b> Investments—publicly traded securities . . . . .	198,545,852	<b>10c</b>	221,545,025
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	160,151,970	<b>11</b>	152,003,774
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	20,765,106	<b>12</b>	24,243,096
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	53,643,538	<b>14</b>	29,883,575
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	548,207,089	<b>15</b>	543,017,154	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	44,914,358	<b>17</b>	55,351,066
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	591,481	<b>19</b>	1,349,246
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	215,620,975	<b>23</b>	209,011,862
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	21,237,747	<b>25</b>	24,711,514
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	282,364,561	<b>26</b>	290,423,688
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	265,842,528	<b>27</b>	252,593,466
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	265,842,528	<b>33</b>	252,593,466
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	548,207,089	<b>34</b>	543,017,154

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	585,596,685
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	586,156,708
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-560,023
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	265,842,528
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,786,637
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-350,997
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-551,405
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	252,593,466

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-0310462

**Name:** ALTRU HEALTH SYSTEM

Form 990 (2018)

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### **Form 990, Part III, Line 4a:**

ONCOLOGY - ALTRU'S TEAM OF ONCOLOGISTS PROVIDE INPATIENT AND OUTPATIENT CANCER TREATMENT SERVICES TO PATIENTS WITHIN OUR SERVICE REGION AND ALSO PROVIDE OUTREACH CLINIC SERVICES TO COMMUNITIES THROUGHOUT OUR SERVICE AREA. IN 2018, THERE WERE 661 HOSPITAL DISCHARGES.

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**Form 990, Part III, Line 4b:**

CARDIOLOGY - ALTRU OFFERS COMPREHENSIVE SERVICES INCLUDING INTERVENTIONAL AND MEDICAL CARDIOLOGY. ADDITIONAL SERVICES INCLUDE ECHOCARDIOGRAPHY, CARDIAC STRESS TESTS, AND CARDIAC REHAB. ALTRU HAS BEEN RECOGNIZED THREE TIMES AS A "100 TOP HOSPITALS" FOR CARDIOVASCULAR CARE. OUR CARDIOLOGY TEAM ALSO PROVIDES OUTREACH CLINIC SERVICES TO COMMUNITIES THROUGHOUT OUR SERVICE AREA. IN 2018, THERE WERE 1,055 HOSPITAL DISCHARGES.

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**Form 990, Part III, Line 4c:**

GENERAL SURGERY - ALTRU'S TEAM OF GENERAL SURGEONS PERFORM INPATIENT AND OUTPATIENT SURGERY AND SEE PATIENTS AT ALTRU HOSPITAL, ALTRU MAIN CLINIC, AND SOME OF ALTRU'S REGIONAL CLINICS. IN 2018, THERE WERE 704 GENERAL SURGERY HOSPITAL DISCHARGES.

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**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			
KRIS COMPTON ..... BOARD CHAIR	1.00 .....	X		X				0	0	0
LONNIE LAFFEN ..... VICE CHAIR	1.00 .....	X		X				0	0	0
PHILIP GISI ..... SECRETARY	1.00 .....	X		X				0	0	0
ALICE BREKKE ..... BOARD MEMBER	1.00 .....	X						0	0	0
KRISTI HALL-JIRAN ..... BOARD MEMBER	1.00 .....	X						0	0	0
KEITH OKESON ..... BOARD MEMBER	1.00 .....	X						0	0	0
MATTHEW ROLLER MD ..... BOARD MEMBER/PHYSICIAN	40.00 .....	X						576,056	0	45,008
BRADLEY BELLUK MD ..... BOARD MEMBER/PHYSICIAN	40.00 .....	X						603,925	0	44,358
ERIC LUNN MD ..... BOARD MEMBER/PRESIDENT/PHY	40.00 .....	X		X				580,193	0	28,054
DAVID MOLMEN ..... BOARD MEMBER/CEO	40.00 .....	X		X				732,811	0	51,657



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			
BRADLEY WEHE ..... BOARD MEMBER/COO	40.00 .....	X		X				516,271	0	45,565
DWIGHT THOMPSON ..... CFO/TREASURER	40.00 .....			X				820,051	0	33,990
JOSHUA DEERE ..... MEDICAL DIRECTOR	40.00 .....				X			451,297	0	42,559
KELLEE FISK ..... CHIEF PEOPLE OFFICER	40.00 .....				X			404,915	0	41,059
YVONNE GOMEZ ..... MEDICAL DIRECTOR	40.00 .....				X			449,194	0	58,126
WILLIAM MCKINNON MD ..... MEDICAL DIRECTOR	40.00 .....				X			366,581	0	74,636
DENNIS REISNOUR ..... CHIEF STRATEGY OFFICER	40.00 .....				X			296,662	0	33,899
HEATHER STRANDELL ..... ADMINISTRATIVE DIRECTOR	40.00 .....				X			269,546	0	17,698
COLLEEN SWANK MD ..... CHIEF MEDICAL OFFICER	40.00 .....				X			571,880	0	5,433
MARK WAIND ..... CHIEF INFORMATION OFFICER	40.00 .....				X			375,329	0	37,809

**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			
JILL WILSON ..... ADMIN DIRECTOR	40.00 .....				X			247,443	0	43,792
RABEEA ABOUFAKHER ..... MEDICAL DIRECTOR	40.00 .....				X			1,156,693	0	42,620
JEREMY GARDNER ..... MEDICAL DIRECTOR	40.00 .....				X			770,635	0	79,328
STEVEN WEISER ..... MEDICAL DIRECTOR	40.00 .....				X			534,849	0	72,983
JANICE HAMSCHER ..... CHIEF NURSE OFFICER	40.00 .....				X			363,443	0	33,288
MEGHAN COMPTON ..... CHIEF LEGAL COUNSEL	40.00 .....				X			295,337	0	54,016
JENNIFER NUELLE-DIMOULAS ..... ADMIN DIRECTOR	40.00 .....				X			186,651	0	21,719
JONATHAN HAUG ..... MEDICAL DIRECTOR	40.00 .....				X			587,135	0	48,772
BARRY BJORGAARD ..... PHYSICIAN	40.00 .....					X		1,121,832	0	43,358
IKECHUKWU ONYEKA ..... PHYSICIAN	40.00 .....					X		1,328,471	0	45,241

**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			
ADAM NICHOLSON ..... PHYSICIAN	40.00 .....					X		1,001,695	0	46,197
GRANT SEEGER ..... PHYSICIAN	40.00 .....					X		983,195	0	51,447
SUNIL KARTHAM ..... PHYSICIAN	40.00 .....					X		957,220	0	49,447
KENNETH VEIN ..... FORMER KEY EMPLOYEE	40.00 .....						X	358,000	0	2,700

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

**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](http://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**  
ALTRU HEALTH SYSTEM

**Employer identification number**  
45-0310462

**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		
<b>Total</b>						

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> 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
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**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** . . . . .

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	

- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	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>		
	<b>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	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>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	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>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	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>		
	<b>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-0310462

**Name:** ALTRU 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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**  
ALTRU HEALTH SYSTEM

**Employer identification number**  
45-0310462

**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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
<b>1a</b> Land . . . . .		9,118,416		9,118,416
<b>b</b> Buildings . . . . .		268,489,195	144,642,471	123,846,724
<b>c</b> Leasehold improvements		11,967,049	7,599,219	4,367,830
<b>d</b> Equipment . . . . .		243,711,930	199,630,269	44,081,661
<b>e</b> Other . . . . .		40,130,394		40,130,394
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				221,545,025

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**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)		
<b>Total.</b> (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) ASSETS HELD BY TRUSTEE	945,822
(2) UNAMORTIZED BOND ISSUE AND OTHER COSTS	7,375,171
(3) ASSETS HELD UNDER TRUST AGREEMENTS	15,973,839
(4) DUE FROM AFFILIATES	279,028
(5) OTHER ASSETS	5,309,715
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	29,883,575

**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	
DUE TO AFFILIATES	77,541
POST RETIREMENT HEALTH BENEFIT	7,020,952
OTHER	15,006,305
ESTIMATED THIRD PARTY LIABILITY	2,000,000
SPECIAL ASSESSMENTS PAYABLE	606,716
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	24,711,514

**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.

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

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

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

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

**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:** 45-0310462

**Name:** ALTRU HEALTH SYSTEM

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE ORGANIZATION'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS AND OTHER EVIDENCE. IT IS THE OPINION OF MANAGEMENT THAT THE ORGANIZATION HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION. THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. ALL FILINGS ARE CURRENT.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 ALTRU HEALTH SYSTEM

**Hospitals**

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 45-0310462

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b> Yes	
<b>2</b> 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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b> Yes	
<b>c</b> 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? . . . . .	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b> 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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			4,540,575		4,540,575	0.770 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			20,956,838		20,956,838	3.580 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			614,477		614,477	0.100 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			26,111,890		26,111,890	4.450 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			1,064,272		1,064,272	0.180 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			638,284		638,284	0.110 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .			36,626		36,626	0.010 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			203,150		203,150	0.030 %
<b>j Total.</b> Other Benefits . . . . .			1,942,332		1,942,332	0.330 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			28,054,222		28,054,222	4.780 %

**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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>						

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

**Section A. Bad Debt Expense**

		Yes	No
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	7,754,284
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	0
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	135,714,491
6	Enter Medicare allowable costs of care relating to payments on line 5	6	400,151,042
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-264,436,551
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:  <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**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?

3

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)

See Additional Data Table	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

**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)  
ALTRU HOSPITAL

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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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. . . . .		No
<b>3</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
<b>5</b>	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 of 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.ALTRU.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>WWW.ALTRU.ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

ALTRU HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250.000000000000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ALTRU.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.ALTRU.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.ALTRU.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input 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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

ALTRU HOSPITAL

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b>	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
<b>18</b>	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:		
<b>a</b>	<input checked="" type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	19	Yes
<b>a</b>	<input checked="" type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input 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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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:		
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<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)**

ALTRU HOSPITAL

**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
<b>23</b>		No
<b>24</b>	Yes	



**Part V** Facility Information *(continued)*

**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.

Form and Line Reference	Explanation
See Add'l Data	

**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? 55

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A:	PREPARATION OF ANNUAL COMMUNITY BENEFIT REPORT: ALTRU HEALTH SYSTEM PREPARES ANNUALLY A COMMUNITY BENEFIT REPORT BASED ON FORMS DESIGNED BY THE CATHOLIC HEALTH ORGANIZATION. ONCE ALL REPORTING FORMS HAVE BEEN COMPILED FOR THE YEAR, THE CATHOLIC HEALTH ORGANIZATION'S REFERENCE GUIDE FROM "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT" IS USED TO DETERMINE WHAT ITEMS SHOULD BE REPORTED INTO WHAT CATEGORY. THE COMMUNITY BENEFIT REPORT IS PUBLISHED AS A PART OF THE CORPORATION'S ANNUAL REPORT, WHICH IS PLACED ON OUR WEB SITE FOR PUBLIC ACCESS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7:	COLUMN (F) - PERCENT OF TOTAL EXPENSES: IN DETERMINING THE DENOMINATOR FOR THE PERCENT OF TOTAL EXPENSE CALCULATION, THE AMOUNT REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A) WAS REDUCED BY BAD DEBTS EXPENSE OF \$7,754,284 CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST: THE METHODOLOGY USED TO DETERMINE THE REPORTED AMOUNTS FOR THE CHARITY CARE IS A COST-TO-CHARGE RATIO BASED ON GROSS CHARGES WRITTEN OFF PURSUANT TO OUR CHARITY CARE AND MEANS-TESTED PROGRAMS ELIGIBILITY CRITERIA. OTHER COMMUNITY BENEFIT IS DETERMINED FROM INFORMATION THAT WAS COMPILED ON FORMS DESIGNED BY THE CATHOLIC HEALTH ORGANIZATION AND USING THEIR REFERENCE GUIDE, "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," TO DETERMINE WHICH CATEGORY THE AMOUNTS ARE PROPERLY REPORTED UNDER.

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	NONE DOCUMENTED ON FORM 990.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	FOOTNOTE DISCLOSURE REGARDING BAD DEBTS EXPENSE: NOTE 1 ON PAGE 9, 14 ON PAGE 32 AND 16 ON PAGE 33 TO THE AUDITED FINANCIAL STATEMENTS REPORT ON BAD DEBT EXPENSE.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8:	NONE OF THE SHORTFALL SHOWN ON PART III, LINE 7 OF \$264,436,551 HAS BEEN TREATED AS COMMUNITY BENEFIT AS REPORTED ON SCHEDULE H. THE SOURCE OF THE AMOUNT SHOWN ON PART III, LINE 6 COMES FROM THE MEDICARE ALLOWABLE COSTS REPORTED IN ALTRU'S MEDICARE COST REPORT SUBMITTED FOR THE FISCAL YEAR ENDING DECEMBER 31, 2018, UTILIZING THE FOLLOWING WORKSHEETS: WORKSHEETS B PART I, H-7 PARTS 1&2, I-4, AND K-6.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	PROVISION FOR COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE FOUND IN ALTRU'S POLICIES 2611 "DEDUCTIONS FROM REVENUES AND 2614 "CHARITY CARE." ALTRU'S COMMUNITY CARE PROGRAM IS DESIGNED TO PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO HAVE NO INSURANCE AND/OR LIMITED MEANS TO PAY FOR THEIR MEDICAL SERVICES AND DO NOT QUALIFY FOR OTHER PROGRAMS. IN ADDITION TO QUALITY HEALTHCARE, PATIENTS OF ALTRU HEALTH SYSTEM ARE PROVIDED FINANCIAL COUNSELING REGARDING THEIR MEDICAL BILLS, BY SOMEONE WHO CAN UNDERSTAND AND OFFER POSSIBLE SOLUTIONS FOR THOSE WHO CANNOT PAY IN FULL. PROGRAMS ARE ALSO AVAILABLE FOR UNINSURED PATIENTS, AND FOR THOSE FOUND TO BE IN MEDICAL HARDSHIP.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2:	NEEDS ASSESSMENT: ALTRU HEALTH SYSTEM'S MISSION - IMPROVING HEALTH, ENRICHING LIFE - CONFIRMS THAT OUR RESPONSIBILITY TO THE REGION GOES BEYOND PROVIDING QUALITY HEALTHCARE SERVICES. ALL OF OUR RESOURCES ARE DEVOTED TO IMPROVING HEALTH IN THE COMMUNITIES WE SERVE. AT ALTRU, GOOD HEALTH MEANS THAT EVERY INDIVIDUAL SHOULD ENJOY THE BEST ACHIEVABLE AND SO SHOULD OUR COMMUNITIES. ALTRU'S COMMUNITY HEALTH NEEDS ASSESSMENT WAS APPROVED BY THE BOARD OF DIRECTORS ON SEPTEMBER 26, 2016. AS A RESULT OF THE ASSESSMENT, ALTRU PRIORITIZED AND IS FOCUSING ON THE FOLLOWING FIVE ISSUES: 1) ACCESS TO BEHAVIORAL HEALTH SERVICES, INCLUDING ADDICTION TREATMENT AND COUNSELING; 2) PRESCRIPTION AND ILLEGAL DRUG ABUSE; 3) RATE OF OBESITY; 4) BINGE DRINKING/EXCESSIVE DRINKING; AND 5) CARE COORDINATION AND ACCESS TO HEALTH CARE.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:ALTRU HAS SEVERAL AVENUES IN WHICH INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS COMMUNICATED TO PATIENTS. UNINSURED AND SELF-PAY PATIENTS IN THE HOSPITAL RECEIVE A VISIT FROM PATIENT REPRESENTATIVES AFTER INTAKE. DURING THIS MEETING, THEY ARE INFORMED OF VARIOUS FEDERAL, STATE AND COMMUNITY-BASED PROGRAMS THAT MAY PROVIDE ASSISTANCE. UNINSURED OR SELF-PAY PATIENTS FROM OUTPATIENTS RECEIVE CONTACT FROM PATIENT REPRESENTATIVES BY PHONE OR EMAIL INFORMING THEM OF POTENTIAL SOURCES OF FINANCIAL ASSISTANCE. BOTH SETS OF PATIENTS ARE ALSO PROVIDED INFORMATION ON HOW TO MOVE FORWARD IN APPLYING FOR THE PROGRAMS. IF PATIENTS ARE FOUND TO BE STRUGGLING WITH MEDICAL EXPENSES, OUR CREDIT AND COLLECTIONS REPRESENTATIVES UTILIZE LETTERS AND PHONE CALLS TO INFORM THEM OF VARIOUS RESOURCES THAT MAY PROVIDE ASSISTANCE.FINANCIAL ASSISTANCE INFORMATION IS ALSO AVAILABLE TO THE PUBLIC AS A WHOLE. ALTRU'S WEBSITE, ALTRU.ORG, INCLUDES FINANCIAL ASSISTANCE CONTACT INFORMATION AND ELIGIBILITY GUIDELINES. PATIENTS MAY REVIEW THIS ON THEIR OWN AND CONTACT AGENCIES THAT MAY PROVIDE ASSISTANCE BASED ON THEIR CIRCUMSTANCES. ALSO, ALTRU DISTRIBUTES BROCHURES FEATURING OUR COMMUNITY CARE PROGRAM AND OTHER FEDERAL AND STATE PROGRAMS. THESE BROCHURES ARE AVAILABLE TO BOTH PATIENTS AND VISITORS IN WAITING ROOMS OF OUR INPATIENT AND OUTPATIENT FACILITIES AS WELL AS IN ALL BUSINESS OFFICE LOCATIONS.</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>COMMUNITY INFORMATION:ALTRU HEALTH SYSTEM SERVES A 17-COUNTY AREA THAT IS DIVIDED INTO THREE DISTINCT SERVICE AREAS (PRIMARY, SECONDARY, AND REFERRAL) AND HAS A POPULATION OF APPROXIMATELY 224,000 PERSONS (2018 ESTIMATE) WHO RESIDE IN A DIVERSE AREA OF AGRICULTURE AND INDUSTRY. THE SERVICE AREA STRETCHES 265 MILES EAST AND WEST AND 120 MILES NORTH AND SOUTH. GRAND FORKS SITS IN THE MIDDLE OF THE RED RIVER VALLEY, ONE OF THE WORLD'S RICHEST AGRICULTURAL AREAS. PRINCIPAL CROPS INCLUDE SUGAR BEETS, POTATOES, EDIBLE BEANS, AND SMALL GRAINS SUCH AS WHEAT AND BARLEY. MUCH OF THE INDUSTRY IN THE AREA IS RELATED TO AGRICULTURE AND FOOD PROCESSING.THE PRIMARY SERVICE AREA, COMPRISED OF GRAND FORKS COUNTY (NORTH DAKOTA) AND POLK COUNTY (MINNESOTA), IS HOME TO 110,223 PEOPLE (2018 ESTIMATE). LOCATED IN THIS MARKET ARE ALTRU HOSPITAL, ALTRU REHABILITATION CENTER, ALTRU CANCER CENTER, AND 13 OTHER LOCATIONS THAT ARE HOME TO OUR PROVIDERS' CLINIC PRACTICES AND OTHER SERVICES OFFERED BY ALTRU. ALTRU HOSPITAL SERVES AS THE MAJOR REFERRAL CENTER FOR THE PEOPLE OF THE REGION. AS SUCH, IT PROVIDES A BROAD SPECTRUM OF PROGRAMS AND SERVICES. A FULL RANGE OF SERVICES ARE AVAILABLE FOR PATIENTS SUFFERING FROM CANCER, HEART DISEASE, END-STAGE RENAL DISEASE, NEUROLOGICAL DISORDERS, ALCOHOL OR CHEMICAL DEPENDENCY, HIGH RISK OBSTETRICAL COMPLICATIONS, AND PSYCHIATRIC DISORDERS. ALTRU HOSPITAL'S INPATIENT MARKET SHARE IN 2018 FOR OUR PRIMARY MARKET WAS 63 PERCENT BASED ON CLAIMS DATA FROM THE MINNESOTA HOSPITAL ASSOCIATION (MHA). ABOUT 80 PERCENT OF THE PHYSICIANS IN THE PRIMARY AREA ARE EMPLOYED BY ALTRU HEALTH SYSTEM. ALSO LOCATED IN GRAND FORKS COUNTY IS NORTHWOOD COMMUNITY HEALTH CENTER (IN NORTHWOOD, ND) . A COUPLE NOTABLE POPULATIONS ALTRU SERVES THAT ARE LOCATED IN OUR PRIMARY SERVICE AREA INCLUDE THE UNIVERSITY OF NORTH DAKOTA AND GRAND FORKS AIR FORCE BASE. THE UNIVERSITY OF NORTH DAKOTA IS THE STATE'S OLDEST INSTITUTION OF HIGHER LEARNING WITH AN ENROLLMENT OF ABOUT 14,406 STUDENTS (FALL 2018). THE NUMBER OF RESIDENTS AT GRAND FORKS AIR FORCE BASE WAS COUNTED AT 2,367 IN THE 2010 CENSUS.WITH A POPULATION OF 35,930 (2018 ESTIMATE), THE SECONDARY SERVICE AREA IS COMPRISED OF FIVE COUNTIES TO THE WEST, NORTH, AND EAST OF GRAND FORKS COUNTY: NELSON, WALSH, AND PEMBINA COUNTIES IN NORTH DAKOTA, AND MARSHALL AND KITTSON COUNTIES IN MINNESOTA; THIS AREA IS LARGELY RURAL AND AGRICULTURAL. WITHIN THIS AREA, ALTRU HAS FIVE REGIONAL CLINIC LOCATIONS; IT IS ALSO HOME TO SEVERAL SMALL HOSPITALS AS LISTED BELOW.SECONDARY SERVICE AREA HOSPITALS: LOCATIONUNITY MEDICAL CENTER: GRAFTON, NDFIRST CARE HEALTH CENTER: PARK RIVER, NDPEMBINA COUNTY MEMORIAL HOSPITAL: CAVALIER, NDNELSON COUNTY HEALTH SYSTEM: MCVILLE, NDKITTSON MEMORIAL HOSPITAL: HALLOCK, MNNORTH VALLEY HEALTH CENTER: WARREN, MNIN 2018, ALTRU'S HOSPITAL INPATIENT MARKET SHARE IN THIS SERVICE AREA WAS AROUND 43 PERCENT ACCORDING TO CLAIMS PROVIDED BY MHA. THE SYSTEM EMPLOYS MANY OF THE PHYSICIANS IN THE SECONDARY SERVICE AREA. ALL OF THESE PHYSICIANS ARE ON MEDICAL STAFFS OF COMMUNITY HOSPITALS THROUGHOUT THE REGION, AND REFER PATIENTS TO GRAND FORKS AND ELSEWHERE FOR SPECIALTY CARE.THE SYSTEM'S REFERRAL AREA IS COMPRISED OF TEN COUNTIES ENCIRCLING THE PRIMARY AND SECONDARY SERVICE AREAS (ROLETTE, TOWNER, BENSON, RAMSEY, CAVALIER, AND TRAILL COUNTIES IN NORTH DAKOTA AND ROSEAU, LAKE OF THE WOODS, PENNINGTON, AND RED LAKE COUNTIES IN MINNESOTA.) THIS REGION IS ALSO MOSTLY RURAL AND AGRICULTURAL AND INCLUDES SEVERAL SMALLER HOSPITALS AS LISTED SERVING THE PRIMARY CARE NEEDS OF THEIR COMMUNITIES. ALTRU HAS SIX REGIONAL CLINICS IN THIS SERVICE AREA AND ALTRU HOSPITAL'S INPATIENT MARKET SHARE IN THIS REGION IS ABOUT 32 PERCENT ACCORDING TO 2018 CLAIMS DATA PROVIDED BY MHA. ALTRU, ONCE AGAIN, EMPLOYS MANY OF THE PHYSICIANS IN THIS AREA, AND THESE PHYSICIANS HAVE PRACTICE PATTERNS SIMILAR TO THOSE OF THE PHYSICIANS IN OUR SECONDARY SERVICE AREA.REFERRAL SERVICE AREA HOSPITALS: LOCATIONCAVALIER COUNTY MEMORIAL HOSPITAL: LANGDON, NDHILLSBORO MEDICAL CENTER: HILLSBORO, NDLAKEWOOD HEALTH CENTER: BAUDETTE, MNMERCY HOSPITAL: DEVILS LAKE, NDSANFORD-THIEF RIVER FALLS MEDICAL CENTER: THIEF RIVER FALLS, MNPRESANTATION MEDICAL CENTER: ROLLA, NDTOWNER COUNTY MEDICAL CENTER: CANDO, NDSANFORD MAYVILLE MEDICAL CENTER: MAYVILLE, NDLIFECARE MEDICAL CENTER: ROSEAU, MNQUENTIN N. BURDICK MEMORIAL HOSPITAL: BELCOURT, NDAS PREVIOUSLY MENTIONED, ALTRU'S 17-COUNTY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 224,000 (2018 ESTIMATE). USING DATA FROM OPTUM(A VENDOR SPECIALIZING IN HEALTH CARE PLANNING INFORMATION) , THE INSURANCE COVERAGE FOR COMMUNITIES IN OUR SERVICE AREA IS ESTIMATED TO BE AS FOLLOWS : 2018 PROJECTIONS COVERED LIVES AS A PERCENTMEDICARE 33,700 26.3%COMMERCIAL 94,300 73.7% TOTAL LIVES 128,000 100%ALSO FROM OPTUM, OUR TOTAL SERVICE AREA'S INCOME BY HOUSEHOLD IS AS FOLLOWS:INCOME RANGE 2018 PERCENTAGES\$ &lt; \$ 9,999 3.7% \$ 10,000 - \$ 14,999 5.0%\$ 15,000 - \$ 19,999 5.0%\$ 20,000 - \$ 24,999 5.2%\$ 25,000 - \$</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>29,999 4.6%\$ 30,000 - \$ 39,999 4.5%\$ 35,000 - \$ 39,999 4.5%\$ 40,000 - \$ 44,999 5.5%\$ 45,000 - \$ 49,999 5.2%\$ 50,000 - \$ 59,999 9.5%\$ 60,000 - \$ 74,999 11.0%\$ 75,000 - \$ 99,999 14.0 %\$100,000 - \$124,999 9.2%\$125,000 - \$149,999 4.8%\$150,000 - \$199,999 4.3%\$ &gt; \$200,000 4.0% ACCORDING TO THE WEBSITE FOR HEALTH RESOURCES AND SERVICES ADMINISTRATION, THE FOLLOWING AREAS IN OUR SERVICE AREA ARE MUA'S: NORTH DAKOTA: BENSON COUNTY: BENSON SERVICE AREA CAVALIER COUNTY: CAVALIER SERVICE AREA GRAND FORKS COUNTY: NORTHWOOD SERVICE AREA, GRAND FORKS SERVICE AREA NELSON COUNTY: NELSON SERVICE AREA PEMBINA COUNTY: WALHALLA SERVICE AREA ROLETTE COUNTY: ROLETTE SERVICE AREA TOWNER COUNTY: CANDO CITY SERVICE AREA TRAILL COUNTY: TRAILL SERVICE AREA WALSH COUNTY: PARK RIVER CITY SERVICE AREA MINNESOTA: KITTSON COUNTY: KITTSON SERVICE AREA MARSHALL COUNTY: MARSHALL SERVICE AREA POLK COUNTY: POLK SERVICE AREA RED LAKE COUNTY: RED LAKE SERVICE AREA ROSEAU COUNTY: ROSEAU SERVICE AREA</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5:	ALL OF ALTRU'S RESOURCES ARE DEVOTED TO IMPROVING HEALTH IN THE COMMUNITIES WE SERVE. TO DO SO, WE KNOW THAT NOT ALL MEDICAL SERVICES WILL COME FROM STAFF EMPLOYED BY ALTRU HEALTH SYSTEM. ALTRU EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY FOR NEARLY ALL DEPARTMENTS. ALSO, OUR BOARD OF DIRECTORS IS MADE UP OF INDIVIDUALS FROM OUTSIDE ALTRU HEALTH SYSTEM. THESE PEOPLE ARE VOLUNTEERS WHO HAVE THE SAME DEDICATION AND FOCUS ON ALTRU'S MISSION AS OUR OWN STAFF.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>ALTRU HEALTH SYSTEM IS PART OF AN AFFILIATED HEALTH CARE SYSTEM. IN SEPTEMBER 2011, ALTRU HEALTH SYSTEM BECAME THE FIRST MEMBER OF THE MAYO CLINIC CARE NETWORK. THIS IS A NON-OWNERSHIP RELATIONSHIP THAT BENEFITS THE ORGANIZATION'S PHYSICIANS AND PATIENTS FROM ENHANCED ACCESS TO MAYO PHYSICIANS AND CLINICAL RESOURCES. MORE SPECIFICALLY, PHYSICIANS HAVE ACCESS TO MAYO CLINIC'S EVIDENCE-BASED DISEASE MANAGEMENT PROTOCOLS, CLINIC CARE GUIDELINES, AND TREATMENT RECOMMENDATIONS AND REFERENCE MATERIALS FOR COMPLEX MEDICAL CONDITIONS.</p> <p>PART VI, LINE 7: ALTRU HEALTH SYSTEM IS NOT REQUIRED TO FILE OUR COMMUNITY BENEFIT REPORT WITH ANY OUTSIDE ORGANIZATIONS BUT HAS MADE OUR REPORT AVAILABLE TO ANYONE ON OUR WEB SITE.</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
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: ALTRU HOSPITAL, - FACILITY 2: ALTRU REHABILITATION CENTER, - FACILITY 3: ALTRU SPECIALTY CENTER



**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
ALTRU HOSPITAL PART V, SECTION B, LINE 5:	ALTRU HEALTH SYSTEM AND THE GRAND FORKS PUBLIC HEALTH DEPARTMENT ENGAGED MULTIPLE PARTNERS TO CONDUCT SURVEYS AND FOCUS GROUPS WITH COMMUNITY LEADERS TO GET THEIR INSIGHT ABOUT THE HEALTH OF THE COMMUNITY AND HOW IT CAN BE IMPROVED. IT WAS AGREED TO USE THE PROCESS FROM THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT (SIX STEP COMMUNITY HEALTH ASSESSMENT PROCESS).A COMMUNITY-BASED ADVISORY COMMITTEE WAS FORMED TO WORK WITH ALTRU AND GRAND FORKS PUBLIC HEALTH ON THE ASSESSMENT. LEADERSHIP FROM ALTRU AND GRAND FORKS PUBLIC HEALTH SERVED ON THE ADVISORY COMMITTEE, ALONG WITH INDIVIDUALS REPRESENTING THE FOLLOWING AGENCIES/ORGANIZATIONS:COMMUNITY VIOLENCE INTERVENTION CENTERUNITED WAYGRAND FORKS PUBLIC SCHOOLSUNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINEUNIVERSITY OF NORTH DAKOTANORTHEAST HUMAN SERVICE CENTERGRAND FORKS POLICE DEPARTMENTGRAND FORKS FIRE DEPARTMENTALTRU FAMILY YMCAGRAND FORKS PARK DISTRICTGRAND FORKS AIR FORCE BASELIPP, CARLSON, WITUCKI & ASSOCIATESGRAND FORKS SENIOR CENTERTHIRD STREET CLINICGRAND FORKS CITY COUNCILFAITH COMMUNITYGLOBAL FRIENDS COALITIONVALLEY COMMUNITY HEALTH CENTERPOLK COUNTY PUBLIC HEALTHGRAND FORKS COUNTY COMMISSIONTHE ADVISORY COMMITTEE ENGAGED STUDENTS FROM THE UNIVERSITY OF NORTH DAKOTA'S MASTER OF PUBLIC HEALTH PROGRAM WITH THE ASSISTANCE OF DR. RAYMOND GOLDSTEEN, PROFESSOR AND DIRECTOR OF THE DEPARTMENT OF POPULATION HEALTH. THE STUDENT TEAM CONDUCTED A COMMUNITY SURVEY ALONG WITH FOCUS GROUPS WITH COMMUNITY LEADERS TO GET THEIR INSIGHT ABOUT THE HEALTH OF GRAND FORKS AND POLK COUNTY COMMUNITIES AND HOW IT CAN BE IMPROVED.
ALTRU HOSPITAL PART V, SECTION B, LINE 6A:	ALTRU REHABILITATION CENTER

**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
ALTRU HOSPITAL PART V, SECTION B, LINE 6B:	GRAND FORKS PUBLIC HEALTH
ALTRU HOSPITAL PART V, SECTION B, LINE 11:	ALTRU HEALTH SYSTEM DEVELOPED A LIST OF APPROXIMATELY SIXTY SIGNIFICANT ISSUES/NEEDS WITH THE INPUT OF THE ADVISORY COMMITTEE. FROM THIS LIST, THE HEALTH ISSUES WERE RANKED BY PRIORITY, AND THE TOP 5 AREAS WERE IDENTIFIED FOR AREAS OF IMPROVEMENT. THE ADVISORY COMMITTEE AND A SMALLER COMMITTEE COMPRISED OF INDIVIDUALS FROM ALTRU HEALTH SYSTEM, GRAND FORKS PUBLIC HEALTH DEPARTMENT, GRAND FORKS SUBSTANCE ABUSE PREVENTION COALITION, POLK COUNTY PUBLIC HEALTH, AND QUALITY HEALTH ASSOCIATES OF NORTH DAKOTA ARE WORKING ON THE ONGOING IMPROVEMENT PLANNING / IMPLEMENTATION STRATEGY DEVELOPMENT. THE COMMITTEE WILL BE CONDUCTING IMPLEMENTATION ACTIVITIES AND PROVIDING UPDATES ANNUALLY TO KEY STAKEHOLDERS TO DOCUMENT PROGRESS. LIMITED FINANCIAL, COMMUNITY, AND PERSONNEL RESOURCES DID NOT ALLOW ALTRU HEALTH SYSTEM TO ADDRESS ALL OF THE IDENTIFIED NEEDS FOR THE 2016 CHNA.

**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
ALTRU HOSPITAL PART V, SECTION B, LINE 24:	ALL PATIENTS ARE CHARGED THE GROSS CHARGE REGARDLESS OF INSURANCE STATUS. ADJUSTMENTS MAY BE APPLIED PROVIDING THE PATIENTS APPLY FOR AND QUALIFY FOR CHARITY CARE.

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> 1 - ALTRU CANCER CENTER 960 S COLUMBIA RD GRAND FORKS, ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>1</b> 2 - TRUYU AESTHETIC CENTER 3165 DEMERS AVE GRAND FORKS, ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>2</b> 3 - ALTRU FAMILY MEDICINE CENTER 1380 S COLUMBIA RD GRAND FORKS, ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>3</b> 4 - ALTRU FAMILY MEDICINE RESIDENCY 725 HAMLIN STREET GRAND FORKS, ND 58203	OUTPATIENT CLINIC
<b>4</b> 5 - ALTRU FAMILY MEDICINE RESIDENCY PHARMACY 725 HAMLIN STREET GRAND FORKS, ND 58203	OUTPATIENT PHARMACY
<b>5</b> 6 - ALTRU CLINIC - DRAYTON 1003 N MAIN DRAYTON, ND 582254650	OUTPATIENT CLINIC/THERAPY
<b>6</b> 7 - ALTRU PSYCHIATRY CENTER 860 S COLUMBIA RD GRAND FORKS, ND 582066002	OUTPATIENT DEPARTMENT - PSYCH SERVICES
<b>7</b> 8 - ALTRU OUTPATIENT CENTER 411 2ND ST NW EAST GRAND FORKS, MN 56721	OUTPATIENT THERAPY
<b>8</b> 9 - ALTRU CLINIC - CAVALIER 201 E 3RD AVE S CAVALIER, ND 582200040	OUTPATIENT CLINIC
<b>9</b> 10 - ALTRU CLINIC - DEVILS LAKE 1001 7TH STREET NE DEVILS LAKE, ND 583012719	OUTPATIENT CLINIC
<b>10</b> 11 - ALTRU CLINIC - CROOKSTON 400 SOUTH MINNESOTA CROOKSTON, MN 567160606	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>11</b> 12 - ALTRU CLINIC - RED LAKE FALLS 312 INTERNATIONAL DRIVE RED LAKE FALLS, MN 567504662	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>12</b> 13 - ALTRU CLINIC - ERSKINE 23076 347TH ST SE ERSKINE, MN 565354201	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>13</b> 14 - ALTRU CLINIC - FERTILE MILL STREET MAIN FERTILE, MN 565404215	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>14</b> 15 - ALTRU CLINIC - ROSEAU 711 DELMORE DRIVE ROSEAU, MN 567511534	OUTPATIENT CLINIC

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - ALTRU CLINIC - WARROAD 412 MAIN AVE NE WARROAD, MN 567632342	OUTPATIENT CLINIC
<b>1</b> 17 - ALTRU CLINIC - GREENBUSH 19120 200TH ST GREENBUSH, MN 567269280	OUTPATIENT CLINIC
<b>2</b> 18 - UNITY MEDICAL CENTER 164 WEST 13TH STREET GRAFTON, ND 58237	HOME HEALTH/HOSPICE
<b>3</b> 19 - FIRST CARE HEALTH CENTER PO BOX I PARK RIVER, ND 58270	HOME HEALTH/HOSPICE/THERAPY
<b>4</b> 20 - NELSON COUNTY HEALTH SYSTEM BOX 367 MCVILLE, ND 58254	HOME HEALTH/HOSPICE
<b>5</b> 21 - CO CAVALIER CLINIC 201 E 3RD AVE S CAVALIER, ND 58220	HOME HEALTH/HOSPICE
<b>6</b> 22 - ALTRU HOME SVCS-NORTH VALLEY HOME HEALTH 109 S MINNESOTA ST WARREN, MN 56762	HOME HEALTH/HOSPICE
<b>7</b> 23 - ANETA PARKVIEW HEALTH CENTER BOX 287 ANETA, ND 58212	OUTREACH CLINIC
<b>8</b> 24 - CAVALIER COUNTY MEMORIAL 909 2ND ST LANGDON, ND 58249	OUTREACH CLINIC
<b>9</b> 25 - CENTRAL BOILER 20502 160TH ST GREENBUSH, MN 56726	OUTREACH CLINIC
<b>10</b> 26 - COOPERSTOWN MEDICAL CENTER 1200 ROBERTS ST COOPERSTOWN, ND 58425	OUTREACH CLINIC
<b>11</b> 27 - DEVILS LAKE GOOD SAMARITAN 302 7TH AVE DEVILS LAKE, ND 58301	OUTREACH CLINIC
<b>12</b> 28 - FIRST CARE HEALTH CENTER 115 VIVIAN ST PARK RIVER, ND 58270	OUTREACH CLINIC
<b>13</b> 29 - FRIENDSHIP 554 W 12TH ST GRAFTON, ND 58327	OUTREACH CLINIC
<b>14</b> 30 - 4TH CORP 120 11TH ST NEW ROCKFORD, ND 58356	OUTREACH CLINIC

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>31</b> 31 - GRIGGS COUNTY HOSPITAL 1200 ROBERTS AVE NE COOPERSTOWN, ND 58425	OUTREACH CLINIC
<b>1</b> 32 - HATTON PRAIRIE VILLAGE 930 DAKOTA AVE HATTON, ND 58240	OUTREACH CLINIC
<b>2</b> 33 - HEARTLAND CARE CENTER 620 14TH AVE NE DEVILS LAKE, ND 58301	OUTREACH CLINIC
<b>3</b> 34 - KARLSTAD HEALTH CARE 304 WASHINGTON AVE W KARLSTAD, MN 56732	OUTREACH CLINIC
<b>4</b> 35 - KITTSOON MEMORIAL HEALTH CARE CENTER 1010 S BIRCH HALLOCK, MN 56728	OUTREACH CLINIC
<b>5</b> 36 - KITTSOON MEMORIAL CLINIC OF KARLSTAD 1ST AND ROOSEVELT KARLSTAD, MN 56732	OUTREACH CLINIC
<b>6</b> 37 - LAKE REGION CORP 224 3TH ST NW DEVILS LAKE, ND 583012908	OUTREACH CLINIC
<b>7</b> 38 - LAKOTA GOOD SAMARITAN 608 4TH AVE SW HWY 2 LAKOTA, ND 583447500	OUTREACH CLINIC
<b>8</b> 39 - MAPLE MANOR CARE CENTER 1116 9TH AVE LANGDON, ND 58249	OUTREACH CLINIC
<b>9</b> 40 - MCINTOSH MANOR NURSING HOME 600 RIVERSIDE AVE NE MCINTOSH, MN 56556	OUTREACH CLINIC
<b>10</b> 41 - NELSON COUNTY CARE CENTER 108 E NYHUS AVE MCVILLE, ND 58254	OUTREACH CLINIC
<b>11</b> 42 - NELSON COUNTY HEALTH SYSTEM 200 NORTH MAIN MCVILLE, ND 58254	OUTREACH CLINIC
<b>12</b> 43 - NORTHWOOD DEACONESS 4 N PART ST NORTHWOOD, ND 58267	OUTREACH CLINIC
<b>13</b> 44 - OAKLAND PARK COMMUNITIES INC 123 BAKEN STREET THIEF RIVER FALLS, MN 56701	OUTREACH CLINIC
<b>14</b> 45 - PEMBILIER NURSING CENTER 500 DELANO AVE WALHALLA, ND 58282	OUTREACH CLINIC

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>46</b> 46 - PEMBINA COUNTY MEMORIAL HOSPITAL 301 MOUNTAIN STREET E CAVALIER, ND 58220	OUTREACH CLINIC
<b>1</b> 47 - PIONEER MEMORIAL CARE CENTER 23028 347TH ST SE ERSKINE, MN 565359466	OUTREACH CLINIC
<b>2</b> 48 - REM-GRAFTON 817 HILL AVE GRAFTON, ND 58327	OUTREACH CLINIC
<b>3</b> 49 - VALLEY 4000 4004 24TH AVE SOUTH GRAND FORKS, ND 58201	OUTREACH CLINIC
<b>4</b> 50 - VALLEY MEMORIAL HOMES 2900 14TH AVE SOUTH GRAND FORKS, ND 58201	OUTREACH CLINIC
<b>5</b> 51 - WEDGEWOOD MANOR 804 MAIN STREET WEST CAVALIER, ND 58220	OUTREACH CLINIC
<b>6</b> 52 - CENTER FOR PREVENTION & GENETICS 4401 S 11TH ST GRAND FORKS, ND 58201	OUTREACH CLINIC
<b>7</b> 53 - ALTRU CLINIC - EAST GRAND FORKS 607 DEMERS AVE EAST GRAND FORKS, MN 56721	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
<b>8</b> 54 - ALTRU PROFESSIONAL CENTER 4440 S WASHINGTON ST GRAND FORKS, ND 58201	OUTPATIENT CLINIC
<b>9</b> 55 - ALTRU CLINIC - THIEF RIVER FALLS 1845 HWY 59 S STE 800 THIEF RIVER FALLS, MN 56701	OUTPATIENT CLINIC

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ALTRU HEALTH SYSTEM

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.

Employer identification number 45-0310462

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
3 Enter total number of other organizations listed in the line 1 table 3



**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
(1) SCHOLARSHIPS	20	14,700			
(2) SPONSORSHIPS	4	1,898			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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
PART I, LINE 2:	<p>UNIVERSITY OF MINNESOTA FOUNDATION - SCHOLARSHIPS ARE DIRECTED BY THE UNIVERSITY OF MINNESOTA FOUNDATION AS PART OF THE SCHOLARSHIP PROGRAM AND ALTRU DOES NOT DIRECTLY DESIGNATE SCHOLARSHIP RECIPIENTS. COMMUNITY VIOLENCE INTERVENTION CENTER - FUNDS WERE GRANTED WITH THE DIRECTION THAT CVIC WAS ABLE TO USE FUNDS AS NEEDED. CVIC DETERMINES THE RECIPIENTS OF THE ASSISTANCE PROVIDED THROUGH THOSE FUNDS. RE ARENA, INC. - ALTRU REVIEWS THE SPONSORSHIPS WITH RE ARENA/UNIVERSITY OF NORTH DAKOTA OFFICIALS PRIOR TO THE EVENTS AND HAS REPRESENTATIVES ATTEND THE EVENTS TO ACKNOWLEDGE THE PROPRIETY OF THE ANNOUNCEMENTS MADE REGARDING THE SPONSORSHIP OF THE DAY'S EVENT. UND FOUNDATION - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS THE UND ATHLECTICS HIGH PERFORMANCE CENTER AND THE ALTRU TURF FUND. GREATER GRAND FORKS YOUNG PROFESSIONALS - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. GRAND FORKS PARK DISTRICT FOUNDATION - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS THE WELLNESS CENTER FACILITY PROJECT. ALTRU FAMILY YMCA - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS THE YMCA PROJECT. CITY OF EAST GRAND FORKS - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. CITY OF GRAND FORKS - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS A SOCIAL DETOX FACILITY. GRAND FORKS DOWNTOWN DEVELOPMENT ASSOCIATION - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. GRAND FORKS REGIONAL ECONOMIC DEVELOPMENT CORPORATION - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. CHAMBER OF GRAND FORKS EAST GRAND FORKS - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. MAYVILLE STATE UNIVERSITY FOUNDATION - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS ARTIFICIAL TURF. NORTHLAND COMMUNITY AND TECHNICAL COLLEGE-EGF - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. UND GRANTS AND CONTRACT ADMIN - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. GRAND FORKS MARATHON - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED FOR A PRESENTING SPONSOR.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 45-0310462  
**Name:** ALTRU HEALTH SYSTEM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY VIOLENCE INTERVENTION CENTER 211 S 4TH ST STE 207 GRAND FORKS, ND 58201	45-0359167	501(C)(3)	40,000				2018 SUPPORT
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST SE STE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	20,000				STUDENT SCHOLARSHIP FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RE ARENA INC ONE RALPH ENGLESTAD DR GRAND FORKS, ND 58203	11-3666663	501(C)(3)	108,750				GAME DAY SPONSORSHIPS
UND FOUNDATION 3100 UNIVERSITY AVE STOP 8157 GRAND FORKS, ND 58202	45-0348296	501(C)(3)	458,480				UND ATHLETICS HIGH PERFORMANCE CENTER; ALTRU TURF FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER GRAND FORKS YOUNG PROFESSIONALS 202 NORTH 3RD ST GRAND FORKS, ND 58203	32-0134204	501(C)(6)	12,000				GGFYP VISIONARY SPONSORSHIP
GRAND FORKS PARK DISTRICT FOUNDATION 1060 47TH AVE S GRAND FORKS, ND 58201	26-0625504	501(C)(3)	175,500				WELLNESS CENTER PROJECT; LEGENDS & HEROES PLEDGE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALTRU FAMILY YMCA 215 N 7TH ST GRAND FORKS, ND 58203	45-0226434	501(C)(3)	52,000				YMCA PROJECT; FIRECRACKER ROAD RACE; CATALOG SPONSOR
CITY OF EAST GRAND FORKS 600 DEMERS AVE NW EAST GRAND FORKS, MN 56721	41-6005112	EAST GRAND FORKS, MN	45,000				WELLNESS PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF GRAND FORKS 255 N 4TH ST GRAND FORKS, ND 58203	45-6002085	GRAND FORKS, ND	50,600				SOCIAL DETOX FACILITY
GRAND FORKS DOWNTOWN DEVELOPMENT ASSOCIATION 23 N 3RD ST STE 2 GRAND FORKS, ND 58203	46-4711617	501(C)(6)	32,500				GREENWAY TAKEOVER FESTIVAL, VISIONARY PARTNERSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRAND FORKS MARATHON INC PO BOX 14867 GRAND FORKS, ND 58203	27-3739718	501(C)(3)	20,000				PRESENTING SPONSOR
UND GRANTS AND CONTRACT ADMIN TWAMLEY HALL 100 264 CENTENNIAL DR STOP 7306 GRAND FORKS, ND 58202	45-6002491	501(C)(3)	25,000				SIM-ND PROJECT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHLAND COMMUNITY AND TECHNICAL COLLEGE-EGF 1312 HARMON PLACE MINNEAPOLIS, MN 55403	41-1687554	501(C)(3)	10,000				STUDENT SCHOLARSHIP FUND
MAYVILLE STATE UNIVERSITY FOUNDATION 330 3RD ST NE MAYVILLE, ND 58257	45-6013477	501(C)(3)	8,333				ARTIFICIAL TURF



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHAMBER OF GRAND FORKS EAST GRAND FORKS 202 N 3RD ST GRAND FORKS, ND 58203	20-2924979	501(C)(6)	10,000				2018 SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALTRU HEALTH SYSTEM

Employer identification number  
45-0310462

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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"/>	Travel for companions		
<input type="checkbox"/>	Tax idemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b>	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?	<b>2</b>	
<b>3</b>	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"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b>	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:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b>	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.	<b>7</b>	No
<b>8</b>	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.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

For each individual whose compensation must be reported 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.

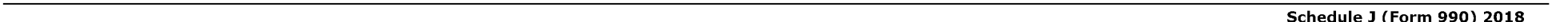
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				
See Additional Data Table							

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	COLLEEN SWANK, \$565,213 KENNETH VEIN, \$358,000 DWIGHT THOMPSON, \$312,000



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 45-0310462  
**Name:** ALTRU 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				
MATTHEW ROLLER MD BOARD MEMBER/PHYSICIAN	(i)	538,516	0	37,540	20,500	26,068	622,624	0
	(ii)	0	0	0	0	0	0	0
BRADLEY BELLUK MD BOARD MEMBER/PHYSICIAN	(i)	559,888	0	44,037	20,500	25,338	649,763	0
	(ii)	0	0	0	0	0	0	0
ERIC LUNN MD BOARD MEMBER/PRESIDENT/PHY	(i)	534,129	0	46,064	21,137	10,554	611,884	0
	(ii)	0	0	0	0	0	0	0
DAVID MOLMEN BOARD MEMBER/CEO	(i)	597,420	0	135,391	21,210	34,084	788,105	0
	(ii)	0	0	0	0	0	0	0
BRADLEY WEHE BOARD MEMBER/COO	(i)	421,686	0	94,585	20,824	28,350	565,445	0
	(ii)	0	0	0	0	0	0	0
DWIGHT THOMPSON CFO/TREASURER	(i)	290,382	113,594	416,075	20,500	16,192	856,743	113,594
	(ii)	0	0	0	0	0	0	0
JOSHUA DEERE MEDICAL DIRECTOR	(i)	405,139	17,151	29,007	20,551	23,489	495,337	17,151
	(ii)	0	0	0	0	0	0	0
KELLEE FISK CHIEF PEOPLE OFFICER	(i)	327,571	25,000	52,344	16,789	27,771	449,475	0
	(ii)	0	0	0	0	0	0	0
YVONNE GOMEZ MEDICAL DIRECTOR	(i)	415,121	7,898	26,175	51,209	8,342	508,745	7,898
	(ii)	0	0	0	0	0	0	0
WILLIAM MCKINNON MD MEDICAL DIRECTOR	(i)	300,662	19,864	46,055	57,086	18,757	442,424	19,864
	(ii)	0	0	0	0	0	0	0
DENNIS REISNOUR CHIEF STRATEGY OFFICER	(i)	235,229	16,849	44,584	16,500	20,551	333,713	16,849
	(ii)	0	0	0	0	0	0	0
HEATHER STRANDELL ADMINISTRATIVE DIRECTOR	(i)	235,268	23,698	10,580	15,048	5,507	290,101	132
	(ii)	0	0	0	0	0	0	0
COLLEEN SWANK MD CHIEF MEDICAL OFFICER	(i)	5,667	0	566,213	4,421	1,012	577,313	0
	(ii)	0	0	0	0	0	0	0
MARK WAIND CHIEF INFORMATION OFFICER	(i)	293,629	0	81,700	20,909	20,353	416,591	0
	(ii)	0	0	0	0	0	0	0
JILL WILSON ADMIN DIRECTOR	(i)	208,891	22,098	16,454	27,529	18,925	293,897	65
	(ii)	0	0	0	0	0	0	0
RABEEA ABOUFAKHER MEDICAL DIRECTOR	(i)	1,137,653	0	19,040	20,529	23,651	1,200,873	0
	(ii)	0	0	0	0	0	0	0
JEREMY GARDNER MEDICAL DIRECTOR	(i)	749,129	2,466	19,040	55,237	25,651	851,523	2,466
	(ii)	0	0	0	0	0	0	0
STEVEN WEISER MEDICAL DIRECTOR	(i)	504,509	4,598	25,742	44,936	29,607	609,392	4,463
	(ii)	0	0	0	0	0	0	0
JANICE HAMSCHER CHIEF NURSE OFFICER	(i)	319,612	0	43,831	16,888	19,860	400,191	0
	(ii)	0	0	0	0	0	0	0
MEGHAN COMPTON CHIEF LEGAL COUNSEL	(i)	255,659	15,021	24,657	19,702	37,477	352,516	15,021
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
JENNIFER NUELLE-DIMOULAS ADMIN DIRECTOR	(i)	186,270	0	381	8,088	15,817	210,556	0
	(ii)	0	0	0	0	0	0	0
JONATHAN HAUG MEDICAL DIRECTOR	(i)	568,095	0	19,040	22,825	27,507	637,467	0
	(ii)	0	0	0	0	0	0	0
BARRY BJORGAARD PHYSICIAN	(i)	1,067,226	11,389	43,217	20,500	24,418	1,166,750	0
	(ii)	0	0	0	0	0	0	0
IKECHUKWU ONYEKA PHYSICIAN	(i)	1,284,931	0	43,540	20,500	26,301	1,375,272	0
	(ii)	0	0	0	0	0	0	0
ADAM NICHOLSON PHYSICIAN	(i)	939,155	25,000	37,540	20,500	27,257	1,049,452	0
	(ii)	0	0	0	0	0	0	0
GRANT SEEGER PHYSICIAN	(i)	964,155	0	19,040	20,500	32,507	1,036,202	0
	(ii)	0	0	0	0	0	0	0
SUNIL KARTHAM PHYSICIAN	(i)	919,680	0	37,540	20,500	30,507	1,008,227	0
	(ii)	0	0	0	0	0	0	0
KENNETH VEIN FORMER KEY EMPLOYEE	(i)	0	0	358,000	2,700	0	360,700	0
	(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](http://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  
ALTRU HEALTH SYSTEM

Employer identification number

45-0310462

**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 GRAND FORKS	45-6002085	000000000	08-02-2011	23,620,000	REFUND BONDS ISSUED IN MAY 19, 1994 AND JUNE 17, 1997		X		X		X
B CITY OF GRAND FORKS	45-6002085	38546WCC2	05-01-2012	117,025,978	REFUND BONDS ISSUED IN 1997, AND 2010A/2010B; INFRASTRUCTURE, EQUIPMENT		X		X		X
C CITY OF GRAND FORKS	45-6002085	38546WCR9	07-12-2017	65,233,846	REFUND BONDS ISSUED IN 2005; FINANCE FACILITIES, INFRASTRUCTURE, EQUIPMENT		X		X		X
D CITY OF GRAND FORKS	45-6002085	000000000	09-06-2017	21,720,835	REFUND BONDS ISSUED IN 2007		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	16,700,000		1,495,000		1,695,000		3,507,914	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	23,620,001		117,026,065		65,335,308		21,720,835	
<b>4</b>	Gross proceeds in reserve funds . . . . .			447,684		381,082			
<b>5</b>	Capitalized interest from proceeds . . . . .			83,269		19,519			
<b>6</b>	Proceeds in refunding escrows . . . . .					24,569,957		21,638,388	
<b>7</b>	Issuance costs from proceeds . . . . .	132,001		1,295,167		708,177		82,447	
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			66,185,853		16,073,000			
<b>11</b>	Other spent proceeds . . . . .			49,461,776					
<b>12</b>	Other unspent proceeds . . . . .					23,964,656			
<b>13</b>	Year of substantial completion . . . . .			2012					
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X	X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X	X			X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X			X		X
<b>17</b>	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
<b>1</b>	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		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		



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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> 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 GRAND FORKS DATE THE REBATE COMPUTATION WAS PERFORMED: 01/23/2017

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART II, PROCEEDS, LINE 3:	(A) TOTAL PROCEEDS OF ISSUE CONSIST OF SALES PROCEEDS OF \$23,620,000 PLUS \$1 OF INVESTMENT EARNINGS. (B) TOTAL PROCEEDS OF ISSUE CONSIST OF SALES PROCEEDS OF \$117,025,978 PLUS \$87 OF INVESTMENT EARNINGS. (C) TOTAL PROCEEDS OF ISSUE CONSIST OF SALES PROCEEDS OF \$65,233,846 PLUS \$101,462 OF INVESTMENT EARNINGS.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALTRU HEALTH SYSTEM

Employer identification number 45-0310462

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.

Table with 4 main columns: (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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

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

Table with 5 main columns: (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
(1) ALERUS FINANCIAL	KRIS COMPTON, OFFICER, WAS EMPLOYED AS THE CHIEF STRATEGY OFFICER	1,468,948	ADVISOR FEES FOR INVESTMENTS AND EMPLOYEE BENEFIT PLAN MANAGEMENT		No
(2) MEGHAN COMPTON	FAMILY MEMBER OF KRIS COMPTON, OFFICER	349,353	COMPENSATION		No
(3) JLG ARCHITECTS	LONNIE LAFFEN, DIRECTOR, IS PRESIDENT OF JLG	10,445,092	ARCHITECTURAL FEES FOR THE NEW HOSPITAL DESIGN		No
(4) EDGEWOOD OPCO LLC	PHILIP GISI, DIRECTOR, IS PARTNER AND CEO	20,000,000	INVESTMENT IN EDGEWOOD OPCO, LLC BY WHOLLY OWNED SUBSIDIARY OF ALTRU		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALTRU HEALTH SYSTEM

Employer identification number  
45-0310462

**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 . . . . .	X	1	3,269,467	FMV
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
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**

	Yes	No
<b>30a</b> 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? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> 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)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization  
ALTRU HEALTH SYSTEM

Employer identification number

45-0310462

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER, KRIS COMPTON, IS THE MOTHER OF KEY EMPLOYEE, MEGHAN COMPTON. BOARD MEMBERS, DWIGHT THOMPSON AND PHILIP GISI, HAVE A BUSINESS RELATIONSHIP IN THAT DWIGHT IS A BOARD MEMBER OF EDGEWOOD OPCO, AN ENTITY IN WHICH PHIL IS PARTNER AND CEO.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PROVIDED ELECTRONICALLY FOR REVIEW BY THE BOARD OF DIRECTORS PRIOR TO FILING.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED OFF ANNUALLY BY ALL MEMBERS OF THE BOARD OF DIRECTORS. THESE FORMS ARE COLLECTED AND REVIEWED BY THE SECRETARY.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF THE COMPENSATION FOR THE PRESIDENT AND CEO ARE DETERMINED BY THE BOARD. SUBSTANTIATION OF THESE DISCUSSIONS APPEAR IN THE BOARD MINUTES. COMPENSATION OF KEY EMPLOYEES ARE DETERMINED BY A COMPENSATION COMMITTEE FORMED OF PHYSICIANS THAT REPORT TO THE BOARD OF DIRECTORS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATIONS 990 AND 990-T PUBLIC INSPECTION COPIES ARE AVAILABLE UPON REQUEST. FORM 1023 IS AVAILABLE UPON REQUEST.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH PUBLISHED ANNUAL REPORTS AND VIA ITS WEB SITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	APPLICATION OF FASB ASC TOPIC 715 -551,405.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PAGE 1, HEADING ITEM C	ALTRU REHAB CENTER, ALTRU CANCER CENTER, ALTRU FAMILY MEDICINE CENTER, ALTRU FAMILY MEDICINE RESIDENCY, TRUYU AESTHETIC CENTER, ALTRU CLINIC-LAKE REGION, ALTRU CLINIC-CAVALIER, ALTRU CLINIC-DRAYTON, ALTRU CLINIC-CROOKSTON, ALTRU CLINIC-RED LAKE FALLS, ALTRU CLINIC-FERTILE, ALTRU CLINIC-ERSKINE, ALTRU CLINIC-ROSEAU, ALTRU CLINIC-WARROAD, ALTRU CLINIC-GREENBUSH, ALTRU CLINIC-KARLSTAD

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
AMENDED FORM 990	<p>THE FORM 990 WAS AMENDED FOR THE FOLLOWING: - ON PART IV, LINES 28A, 28B, AND 28C WERE MARKED AS "YES". LINES 35A AND 35B WERE ALSO MARKED AS "YES". THE CORRESPONDING SCHEDULE L, PART IV, AND SCHEDULE R, PARTS II AND IV, WERE UPDATED. - ON PART VI, SECTION A, LINE 1B, THE NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY WAS UPDATED TO CORRECTLY SHOW ONLY THREE MEMBERS AS INDEPENDENT. - PART VI, SECTION A, LINE 2, WAS MARKED AS "YES" WITH A CORRESPONDING EXPLANATION ADDED TO SCHEDULE O. - THE STATEMENT OF REVENUE WAS UPDATED TO REALLOCATE INCOME TO UNRELATED BUSINESS REVENUE, COLUMN C, DUE TO CHANGES MADE TO THE FORM 990-T AND SCHEDULES M. A SIMILAR CHANGE WAS MADE TO THE PROGRAM SERVICE ACCOMPLISHMENTS ON PART III, LINE 4D TO REDUCE PROGRAM SERVICE REVENUE. - SCHEDULE H WAS UPDATED TO INCLUDE THE APPROPRIATE EXPLANATIONS IN PART V FOR FACILITY REPORTING GROUP A. - SCHEDULE L, PART IV, WAS UPDATED TO INCLUDE BUSINESS TRANSACTIONS AMONG INTERESTED PERSONS AND THE ORGANIZATION. - SCHEDULE R, PART II, WAS UPDATED TO INCLUDE THE DIRECT CONTROLLING ENTITY INFORMATION FOR RELATED PARTY, ALTRU HEALTH FOUNDATION. - SCHEDULE R, PART IV, WAS UPDATED TO INCLUDE THE DIRECT CONTROLLING ENTITY INFORMATION FOR RELATED PARTY, ALTRU SPECIALTY SERVICES INC.</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VIII, LINE 2B & 2D	EXCLUSION AMOUNT BIOMED SERVICES \$13,848 SITE SERVICE FEES \$7,260 SUBTOTAL \$21,108 PHARMACY SALES TO EMPLOYEES \$3,409 HOUSING/SPACE RENTALS \$594,103 VENDING MACHINE INCOME \$93,823 SALE OF SCRAP/OTHER \$2,194 SUBTOTAL \$693,529 TOTAL EXCLUSION AMOUNT \$714,637 RELATED OR EXEMPT FUNCTION INCOME CEPT REVENUE \$67,055 HEARING CENTER \$1,120,953 OCCUPATIONAL HEALTH \$541,816 VHA SUPPLY CO - DISTRIBUTION \$1,306,113 PURCHASE DISCOUNTS \$94,912 REBATES \$283,323 CONTRACT SERVICES, OUTREACH, EDUCATION \$5,910,598 MEDICAL RECORDS TRANSCRIPT FEES \$179,185 AFFILIATED OTHER REVENUE \$393,353 340B PHARMACY REVENUE \$18,234,769 DL HOSPITALIST CONTRACT REVENUE \$705,000 SPORTS ADVANTAGE \$212,241 EPIC RELATED FEES- CRITICAL ACCESS \$1,135,728 MISCELLANEOUS REVENUE \$4,994,060 TOTAL RELATED/EXEMPT INCOME \$35,179,109

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 2B & 2D	<p>1. BIOMED SERVICES: REVENUE EARNED THROUGH THE PROVISION OF SERVICES TO AREA HEALTH CARE FACILITIES NEEDING TO KEEP THEIR EQUIPMENT IN OPERATION IN ORDER TO PROVIDE THEIR PATIENTS WITH THEIR SERVICE. THE BIOMED PROGRAM PROVIDES SMALL REGIONAL HOSPITALS WITH A SERVICE OTHERWISE UNOBTAINABLE FROM ANYONE IN THE LOCAL AREA; IT IS OFTEN ON A PRIORITY BASIS. 2. SITE SERVICE FEES: FEES CHARGED FOR PROVIDING GROUNDS AND MAINTENANCE FOR THE AREA SURROUNDING THE HOSPITAL, INCLUDING FEES FOR SUCH SERVICES AS MAINTENANCE OF HOSPITAL PARKING LOT, SNOW SHOVELING, AND SNOW REMOVAL. 3. PHARMACY SALES TO EMPLOYEES: REVENUE INCURRED IN SALES STRICTLY FOR THE CONVENIENCE OF EMPLOYEES. 4. HOUSING/SPACE RENTALS: INCOME INCURRED THROUGH THE RENTAL OF SPACE TO THE AREA HEALTH EDUCATION CENTER WHICH IS REQUIRED TO BE ON-SITE TO WORK WITH OUR PHYSICIANS PROVIDING HEALTH CARE TO PATIENTS. 5. VENDING MACHINE INCOME: INCOME EARNED THROUGH THE OPERATION OF VENDING MACHINES IN THE BUILDINGS. 6. SALE OF SCRAP: INCOME EARNED THROUGH THE SALE OF ITEMS THAT ARE NOT FIXED ASSETS AND ARE OF DIMINISHED USE TO THE ORGANIZATION. 7. CEPT REVENUE: REVENUE EARNED FROM THE EVALUATION AND TREATMENT OF ADOLESCENTS THROUGH A MULTI-DISCIPLINARY APPROACH INCLUDING PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, AND PSYCHOLOGY. 8. HEARING CENTER: REVENUE FROM THE PROVISION OF AUDIOLOGICAL SERVICES AND HEARING AIDS TO PATIENTS. 9. OCCUPATIONAL HEALTH: FEES FOR PROVIDING DRUG SCREENINGS FOR REGIONAL EMPLOYERS. 10. VHA SUPPLY DISTRIBUTION: REBATE RECEIVED BASED ON VOLUME OF SUPPLY PURCHASES. 11. PURCHASE DISCOUNTS: THIS FIGURE REPRESENTS COST SAVINGS ON PURCHASES FROM SUPPLIERS FOR GOODS USED IN THE PROVISION OF HEALTH CARE SERVICES. 12. REBATES: REBATES RECEIVED BASED ON VOLUME OF PHARMACY PURCHASES. 13. CONTRACT SERVICES, OUTREACH, EDUCATION: REVENUES EARNED IN THE PROVISION OF COMMUNITY EDUCATION/ WELLNESS PROGRAMS, PASTORAL COUNSELING SERVICES, AND CONTRACTED SERVICES WITH REGIONAL HEALTHCARE SYSTEMS TO BRING OUTREACH SERVICES INTO THEIR COMMUNITIES. 14. MEDICAL RECORD TRANSCRIPTION FEES: INCOME EARNED THROUGH THE CHARGING OF VARIOUS THIRD PARTY PAYERS FOR THE PHOTOCOPYING OF PATIENT RECORDS. INSURANCE COMPANIES AND PAYERS ARE CHARGED TO OFFSET THE COST OF COPYING. 15. OTHER REVENUE CHARGED TO AFFILIATED CORPORATIONS: REVENUE FROM THE PROVISION OF PATIENT SERVICES, SUCH AS PSYCH OR LABORATORY, TO THE PATIENTS OF OTHER CORPORATIONS, WHICH ARE AFFILIATED TO ALTRU HEALTH SYSTEM. 16. 340B PHARMACY REVENUE: INCOME EARNED FROM AREA PHARMACIES USING THE 340(B) BUYING CONTRACT TO PURCHASE PHARMACEUTICALS AT DISCOUNTED RATES. 17. DL HOSPITALIST CONTRACT REVENUE: INCOME FROM ALTRU PHYSICIANS PROVIDING HOSPITALIST SERVICES AT MERCY HOSPITAL, DEVILS LAKE. 18. SPORTS ADVANTAGE: EXOS PROGRAM FEES; PERFORMANCE TRAINING PROVIDED TO AREA ATHLETES AND COACHES. 19. EPIC RELATED FEES FROM CRITICAL ACCESS HOSPITALS: ANNUAL FEES, INCLUDING ONE-TIME IMPLEMENTATION, OF AREA CRITICAL ACCESS HOSPITALS USING OUR</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VIII, LINE 2B & 2D	EPIC VENDOR SOFTWARE FOR PATIENT BILLING 20. MISCELLANEOUS INCOME: INCLUDES A RETURN OF EXPENSES FROM AN INSURANCE POOL. ALSO INCLUDES INCOME EARNED THROUGH THE PROVISION OF SERVICES THAT ARE OPERATING IN THE HOSPITAL IN NATURE, BUT HAVE NO SPECIFIC COST CENTER IDENTIFICATIONS. AN EXAMPLE OF THIS WOULD BE IF THE DIRECTOR OF THE COMMUNICATIONS DEPARTMENT RECEIVED A SMALL TOKEN AMOUNT FOR FILLING OUT A SURVEY FROM SOME HEALTH CARE ORGANIZATION.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALTRU HEALTH SYSTEM

Employer identification number

45-0310462

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

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

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

(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
<b>(1)</b> ALTRU HEALTH FOUNDATION 2501 DEMERS AVE  GRAND FORKS, ND 58201 45-0368330	FUNDRAISING	ND	501(C)(3)	LINE 12B, II	ALTRU HEALTH SYSTEM	Yes	
<b>(2)</b> DAK-MINN BLOOD BANK 1200 S COLUMBIA RD  GRAND FORKS, ND 58201 36-3453164	BLOOD BANK	ND	501(C)(3)	LINE 12D, III-O  N/A			No
<b>(3)</b> ALTRU ALLIANCE 1200 S COLUMBIA RD  GRAND FORKS, ND 58201 23-7389089	SUPPORT HOSPITAL AND AFFILIATES	ND	501(C)(3)	LINE 12C, III-FI  N/A			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	

**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
<b>(1)</b> ALTRU SPECIALTY SERVICES INC 1200 S COLUMBIA RD GRAND FORKS, ND 58201 45-0395652	DME SALES, RETAIL PHARMACY	ND	ALTRU HEALTH SYSTEM	C	15,694,548	3,593,235	100.000 %	Yes	

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<b>No</b>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<b>No</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<b>No</b>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>Yes</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ALTRU HEALTH FOUNDATION	C	1,614,599	CASH DONATED
(2)ALTRU HEALTH FOUNDATION	O	2,467,231	COMPENSATION TO RELATED ORG
(3)ALTRU SPECIALTY SERVICES	A	146,279	RENT PAYMENT RECEIVED
(4)DAK-MINN BLOOD BANK	O	424,034	COMPENSATION TO RELATED ORG
(5)ALTRU ALLIANCE	Q	87,583	AMOUNT REIMBURSED

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>