

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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 \$ 691,769,468

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.

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	2
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	4,539
6 Total number of volunteers (estimate if necessary)	275
7a Total unrelated business revenue from Part VIII, column (C), line 12	6,065,641
7b Net unrelated business taxable income from Form 990-T, line 39	881,401

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,701,741	6,523,415
9 Program service revenue (Part VIII, line 2g)	570,773,013	586,994,537
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,968,361	21,652,292
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,570	160,745
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	585,596,685	615,330,989
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,159,546	1,231,281
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	338,123,032	357,173,657
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	246,874,130	264,877,829
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	586,156,708	623,282,767
19 Revenue less expenses. Subtract line 18 from line 12	-560,023	-7,951,778
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	543,017,154	610,029,430
21 Total liabilities (Part X, line 26)	290,423,688	346,941,347
22 Net assets or fund balances. Subtract line 21 from line 20	252,593,466	263,088,083

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
DR STEVEN WEISER PRESIDENT
Type or print name and title

2020-11-16
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-11-16 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 \$ 29,061,368 including grants of \$) (Revenue \$ 31,176,370)
See Additional Data

4b (Code:) (Expenses \$ 13,610,270 including grants of \$) (Revenue \$ 31,189,742)
See Additional Data

4c (Code:) (Expenses \$ 28,175,109 including grants of \$) (Revenue \$ 52,747,631)
See Additional Data

(Code:) (Expenses \$ 463,557,107 including grants of \$ 1,231,281) (Revenue \$ 465,137,706)
OTHER PROGRAM SERVICES INCLUDE OTHER PATIENT CARE PROGRAMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 463,557,107 including grants of \$ 1,231,281) (Revenue \$ 465,137,706)

4e Total program service expenses ▶ 534,403,854

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, numerical input (e.g., 4,539), and Yes/No checkboxes. Includes sections for employees, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes in governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committee), 9 (Officer/director/trustee/employee).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Copy of Form 990), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO/Executive Director), 15b (Other officers), 16a (Joint venture investment), 16b (Joint venture policy).

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 (States for Form 990), 18 (Public inspection of Form 990), 19 (Availability of governing documents), 20 (Name and address of person with books and records).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	2,783,776					
	e Government grants (contributions)	1e	3,631,099					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,540					
	g Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f			6,523,415				
Program Service Revenue	2a NET SERVICE TO PATIENTS	Business Code						
		621110	544,150,186	538,245,290	5,904,896			
	b PROGRAM SERVICE REVENUE	621110	42,781,039	42,006,159		774,880		
	c BIOMED SERVICES/SITE SERVICES FEE	900099	63,312			63,312		
	d							
	e							
	f All other program service revenue.							
g Total. Add lines 2a-2f.		586,994,537						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,029,667			6,029,667		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	92,061,104				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	76,402,669	35,810		
			c Gain or (loss)	7c	15,658,435	-35,810		
	d Net gain or (loss)		15,622,625			15,622,625		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code							
11a RENTAL OFFICE SPACE/PARKING LOT	531120	146,279		146,279				
b SNOW REMOVAL	812900	8,989		8,989				
c TELECOMMUNICATIONS	517000	5,477		5,477				
d All other revenue								
e Total. Add lines 11a-11d		160,745						
12 Total revenue. See instructions		615,330,989	580,251,449	6,065,641	22,490,484			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,198,117	1,198,117		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,164	33,164		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,873,398	4,144,371	6,729,027	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	283,121,609	246,478,539	36,643,070	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,723,761	15,429,860	2,293,901	
9 Other employee benefits	28,222,830	24,570,085	3,652,745	
10 Payroll taxes	17,232,059	14,711,825	2,520,234	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	809,606		809,606	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	555,779	555,779		
14 Information technology				
15 Royalties				
16 Occupancy	3,466,071	3,466,071		
17 Travel	2,514,958	1,605,465	909,493	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,787,852	6,787,852		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,190,809	38,190,809		
23 Insurance	2,559,754	2,559,754		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	112,438,051	111,937,067	500,984	
b UNRELATED BUSINESS TAX	492,921	492,921		
c PURCHASED SERVICES	46,957,088	25,043,420	21,913,668	
d FEES	34,260,976	23,239,517	11,021,459	
e All other expenses	15,843,964	13,959,238	1,884,726	
25 Total functional expenses. Add lines 1 through 24e	623,282,767	534,403,854	88,878,913	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance 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
Assets	1 Cash—non-interest-bearing	1,182,824	1	381,604
	2 Savings and temporary cash investments	33,347,813	2	60,406,731
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	71,372,757	4	72,283,695
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	469,416	7	581,035
	8 Inventories for sale or use	8,385,316	8	8,177,489
	9 Prepaid expenses and deferred charges	583,558	9	5,745,124
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	623,495,550		
	b Less: accumulated depreciation	385,787,105		
	11 Investments—publicly traded securities	152,003,774	11	149,056,628
	12 Investments—other securities. See Part IV, line 11	24,243,096	12	26,987,118
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	29,883,575	15	48,701,561
16 Total assets. Add lines 1 through 15 (must equal line 34)	543,017,154	16	610,029,430	
Liabilities	17 Accounts payable and accrued expenses	55,351,066	17	53,466,010
	18 Grants payable		18	
	19 Deferred revenue	1,349,246	19	733,391
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	209,011,862	23	252,194,430
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	24,711,514	25	40,547,516
	26 Total liabilities. Add lines 17 through 25	290,423,688	26	346,941,347
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	252,593,466	27	263,088,083
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	252,593,466	32	263,088,083	
33 Total liabilities and net assets/fund balances	543,017,154	33	610,029,430	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	615,330,989
2	Total expenses (must equal Part IX, column (A), line 25)	2	623,282,767
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,951,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,593,466
5	Net unrealized gains (losses) on investments	5	3,224,669
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	15,221,726
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	263,088,083

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 45-0310462

Name: ALTRU HEALTH SYSTEM

Form 990 (2019)

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 2019, THERE WERE 312 HOSPITAL DISCHARGES.

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 2019, THERE WERE 1,161 HOSPITAL DISCHARGES.

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 2019, THERE WERE 741 GENERAL SURGERY HOSPITAL DISCHARGES.

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			
JODY TREUER BOARD MEMBER/PHYSICIAN	40.00	X						1,399,494	0	46,393
BERNIE DALLUM PHYSICIAN	40.00					X		1,307,876	0	52,393
GRANT SEEGER PHYSICIAN	40.00					X		1,291,185	0	54,392
IKECHUKWU ONYEKA PHYSICIAN	40.00					X		1,218,972	0	52,393
BARRY BJORGAARD PHYSICIAN	40.00					X		1,195,672	0	46,739
BRANDON SPEIDEL PHYSICIAN	40.00					X		1,160,296	0	53,643
JEREMY GARDNER MEDICAL DIRECTOR	40.00				X			803,013	0	53,093
RABEEA ABOUFAKHER MEDICAL DIRECTOR	40.00				X			758,129	0	45,939
SARA LUSIGNAN CFO/TREASURER	40.00			X				363,212	0	440,493
STEVEN WEISER MEDICAL DIRECTOR	40.00				X			683,794	0	52,393

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			
JONATHAN HAUG MEDICAL DIRECTOR	40.00				X			640,253	0	52,160
ERIC LUNN MD BOARD MEMBER/PRESIDENT/PHY	40.00	X		X				636,848	0	14,140
BRADLEY BELLUK MD BOARD MEMBER/PHYSICIAN	40.00	X						548,447	0	46,239
BRADLEY WEHE BOARD MEMBER/CEO	40.00	X		X				526,930	0	47,707
YVONNE GOMEZ MEDICAL DIRECTOR	40.00				X			491,230	0	29,174
JOSHUA DEERE MEDICAL DIRECTOR	40.00				X			445,782	0	45,239
KELLEE FISK CHIEF PEOPLE OFFICER	40.00				X			441,046	0	42,825
JANICE HAMSCHER CHIEF NURSE OFFICER	40.00				X			427,550	0	34,740
WILLIAM MCKINNON MD BOARD MEMBER/PHYSICIAN	40.00	X						390,071	0	39,862
MARK WAIND CHIEF INFORMATION OFFICER	40.00				X			344,597	0	40,978

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			
MEGHAN COMPTON CHIEF LEGAL COUNSEL	40.00				X			317,114	0	52,523
HEATHER STRANDELL ADMINISTRATIVE DIRECTOR	40.00				X			249,154	0	16,778
DAVID MOLMEN FORMER BOARD MEMBER/CEO	40.00						X	215,270	0	44,609
ROBERTA YOUNG ADMIN DIRECTOR	40.00				X			219,323	0	40,078
KRISTI HALL-JIRAN CHIEF PHILANTHROPY OFFICER	40.00				X			227,936	0	13,722
DENNIS REISNOUR CHIEF STRATEGY OFFICER	40.00						X	224,392	0	0
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
DANIEL ROLINE BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALICE BREKKE BOARD MEMBER	1.00	X						0	0	0
KEITH OKESON BOARD MEMBER	1.00	X						0	0	0

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 for instructions and the latest information.

OMB No. 1545-0047
2019
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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

- 1** 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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
2019
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 for instructions and 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,118,416		9,118,416
b Buildings		290,471,378	168,177,185	122,294,193
c Leasehold improvements		22,443,376	8,481,526	13,961,850
d Equipment		252,667,782	209,128,394	43,539,388
e Other		48,794,598		48,794,598
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				237,708,445

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD BY TRUSTEE	946,489
(2) UNAMORTIZED BOND ISSUE AND OTHER COSTS	7,715,032
(3) ASSETS HELD UNDER TRUST AGREEMENTS	18,626,673
(4) DUE FROM AFFILIATES	144,288
(5) OTHER ASSETS	21,269,079
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	48,701,561

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. (1) Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	40,547,516

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 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 for instructions and the latest information.**

Employer identification number
 45-0310462

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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 _____ %	3a Yes	
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 _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,943,997		4,943,997	0.790 %
b Medicaid (from Worksheet 3, column a)			21,735,200		21,735,200	3.490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,169,639		1,169,639	0.190 %
d Total Financial Assistance and Means-Tested Government Programs			27,848,836		27,848,836	4.470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,186,205		1,186,205	0.190 %
f Health professions education (from Worksheet 5)			1,335,578		1,335,578	0.210 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			36,626		36,626	0.010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			151,523		151,523	0.020 %
j Total. Other Benefits			2,709,932		2,709,932	0.430 %
k Total. Add lines 7d and 7j			30,558,768		30,558,768	4.900 %

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						
10 Total						

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	4,325,147
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	133,196,860
6	Enter Medicare allowable costs of care relating to payments on line 5	6	441,105,227
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-307,908,367
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

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.ALTRU.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.ALTRU.ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<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	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ALTRU.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.ALTRU.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.ALTRU.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input checked="" type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19	Yes
a	<input checked="" type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a	<input 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 (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

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
23		No
24	Yes	

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 \$4,325,147 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, 16 ON PAGES 31-32 AND 18 ON PAGES 32-34 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 \$307,908,367 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, 2019, 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 THIRD CYCLE OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN 2019; THE ASSESSMENT WAS APPROVED BY OUR BOARD OF DIRECTORS ON DECEMBER 16, 2019. AS A RESULT OF THE ASSESSMENT, ALTRU PRIORITIZED AND IS FOCUSING ON THE FOLLOWING SIX ISSUES: 1) SUBSTANCE USE - REDUCE THE PREVALENCE OF SUBSTANCE USE INCLUDING ALCOHOL, TOBACCO, AND OTHER DRUGS; 2) MENTAL HEALTH - PROMOTE MENTAL HEALTH AND BUILDING RESILIENCE; 3) OBESITY - REDUCE THE PREVALENCE OF OBESITY IN OUR POPULATION; 4) TRANSPORTATION - IMPROVE THE QUALITY OF AND ACCESS TO TRANSPORTATION; 5) COST OF HEALTH CARE - REDUCE THE BURDEN OF THE COST OF HEALTH CARE; 6) HOUSING - INCREASE THE AVAILABILITY OF AFFORDABLE HOUSING, INCLUDING PERMANENT SUPPORTIVE OPTIONS.

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 24-COUNTY AREA THAT IS DIVIDED INTO SEVEN DISTINCT SUB-SERVICE AREAS AND HAS A POPULATION OF APPROXIMATELY 232,000 PERSONS (2019 ESTIMATE) WHO RESIDE IN A DIVERSE AREA OF AGRICULTURE AND INDUSTRY. THE SERVICE AREA STRETCHES 275 MILES EAST AND WEST AND 125 MILES NORTH AND SOUTH. GRAND FORKS SITS IN THE CENTRAL SERVICE AREA 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 CENTRAL SERVICE AREA, COMPRISED OF GRAND FORKS AND SURROUNDING COMMUNITIES WITHIN GRAND FORKS COUNTY, IS HOME TO APPROXIMATELY 71,295 PEOPLE (2019 ESTIMATE). LOCATED IN THIS SUB-SERVICE AREA ARE ALTRU HOSPITAL, ALTRU SPECIALTY CENTER, 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 2019 FOR OUR ENTIRE SERVICE AREA WAS 52.33 PERCENT BASED ON CLAIMS DATA. 75 PERCENT OF ALTRU HOSPITAL'S MEDICAL STAFF IS COMPRISED OF PHYSICIANS WHO 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 WITHIN OUR CENTRAL 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 13,581 (FALL 2019). THE NUMBER OF RESIDENTS AT GRAND FORKS AIR FORCE BASE WAS COUNTED AT 2,685 (2018).THE EAST, NORTH, NORTHEAST, NORTHWEST, AND WEST SERVICE AREAS INCLUDE 23 COUNTIES THAT HAVE A POPULATION OF 160,705 PEOPLE (2019 ESTIMATE); THIS AREA IS LARGELY RURAL AND AGRICULTURAL. WITHIN THIS AREA, ALTRU HAS ELEVEN REGIONAL CLINIC LOCATIONS. BEYOND THE CENTRAL SERVICE AREA, THERE ARE SEVERAL SMALL HOSPITALS LISTED BELOW. CAVALIER COUNTY MEMORIAL HOSPITAL: LANGDON, ND PEMBINA COUNTY HOSPITAL: CAVALIER, ND UNITE MEDICAL CENTER: GRAFTON, ND FIRST CARE HEALTH CENTER: PARK RIVER, ND NELSON COUNTY HEALTH SYSTEM: MCVILLE, ND KITTSON MEMORIAL HOSPITAL: HALLOCK, MN NORTH VALLEY HEALTH CENTER: WARREN, MN LAKEWOOD HEALTH CENTER: BAUDETTE, MN MERCY HOSPITAL: DEVILS LAKE, ND SANFORD-THIEF RIVER FALLS MEDICAL CENTER: THIEF RIVER FALLS, MN PRESENTATION MEDICAL CENTER: ROLLA, ND TOWNER COUNTY MEDICAL CENTER: CANDO, ND SANFORD MAYVILLE MEDICAL CENTER: MAYVILLE, ND LIFECARE MEDICAL CENTER: ROSEAU, MN QUENTIN N. BURDICK MEMORIAL HOSPITAL: BELCOURT, NDALTRU HEALTH SYSTEM EMPLOYS MANY PROVIDERS WITHIN THE SUB-SERVICE AREAS. ALL OF THESE PROVIDERS ARE ON MEDICAL STAFFS OF COMMUNITY HOSPITALS THROUGHOUT THE REGION AND REFER PATIENTS TO ALTRU HOSPITAL AND ELSEWHERE FOR SPECIALITY CARE.AS PREVIOUSLY MENTIONED, ALTRU'S 24-COUNTY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 232,000. 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: COVERAGE AS A PERCENT COMMERCIAL 55.3% MEDICARE - TYPE OF POLICY 21.5%MEDICAID - TYPE OF POLICY 10.3%STATE OR NATIONAL HEALTHCARE EXCHANGE 5.1%OTHER 7.8%TOTAL 100.0%ALSO, FROM OPTUM, OUR TOTAL SERVICE AREA'S INCOME BY HOUSEHOLD IS AS FOLLOWS:INCOME RANGE 2019 PERCENTAGES\$ < \$ 5,000 3.2% \$ 5,000 - \$ 9,999 4.6%\$ 10,000 - \$ 14,999 4.9%\$ 15,000 - \$ 19,999 5.3%\$ 20,000 - \$ 24,999 4.4%\$ 25,000 - \$ 29,999 4.3%\$ 30,000 - \$ 39,999 4.4%\$ 35,000 - \$ 39,999 4.5%\$ 40,000 - \$ 44,999 4.1%\$ 45,000 - \$ 49,999 4.0%\$ 50,000 - \$ 54,999 3.9%\$ 55,000 - \$ 59,999 3.7%\$ 60,000 - \$ 64,999 3.7%\$ 65,000 - \$ 69,999 3.4%\$ 70,000 - \$ 74,999 3.4%\$ 75,000 - \$ 79,999 3.5%\$ 80,000 - \$ 84,999 3.4%\$ 85,000 - \$ 89,999 2.5%\$ 90,000 - \$ 94,999 2.4%\$ 95,000 - \$ 99,999 8.3%\$100,000 - \$124,999 5.9%\$125,000 - \$149,999 4.9%\$150,000 - \$199,999 1.4%\$ > \$200,000 2.0%ACCORDING TO THE WEBSITE FOR HEALTH RESOURCES AND SERVICES ADMINISTRATION, THE FOLLOWING AREAS IN OUR SERVICE AREA ARE MUA'S:NORTH DAKOTA:BENSON COUNTY: WEST/NORTHWEST SERVICE AREACAVALIER COUNTY: NORTH SERVICE AREAGRAND FORKS COUNTY: CENTRAL SERVICE AREANELSON COUNTY: WEST SERVICE AREA PEMBINA COUNTY: NORTH SERVICE AREAROLETTE COUNTY: NORTHWEST SERVICE AREATOWNER COUNTY: WEST/NORTHWEST SERVICE AREATRAILL COUNTY: SOUTH SERVICE AREAWALSH COUNTY: NORTH SERVICE AREAM INNESOTA:KITTSON COUNTY: NORTHEAST SERVICE AREAMARSHALL COUNTY: NORTHEAST SERVICE AREAPOLK COUNTY: EAST SERVICE AREAROSEAU COUNTY: NORTHEAST</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	SERVICE AREA

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:	<p>ALTRU HEALTH SYSTEM AND THE GRAND FORKS PUBLIC HEALTH DEPARTMENT ENGAGED MULTIPLE PARTNERS TO CONDUCT SURVEYS AND FOCUS GROUPS WITH COMMUNITY LEADERS AND SPECIAL POPULATIONS 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:ALTRU FAMILY YMCAGRAND FORKS CITY COUNCILCOMMUNITY VIOLENCE INTERVENTION CENTERGRAND FORKS PARK DISTRICTGRAND FORKS PUBLIC SCHOOLSGRAND FORKS AIR FORCE BASEGRAND FORKS FIRE DEPARTMENTGRAND FORKS POLICE DEPARTMENTGRAND FORKS SENIOR CENTERGLOBAL FRIENDS COALITIONNORTHEAST HUMAN SERVICE CENTERNORTHLANDS RESCUE MISSIONNORTHWESTERN MENTAL HEALTH CENTERPOLK COUNTY PUBLIC HEALTHQUALITY HEALTH ASSOCIATESSIMPLOTSPECTRA HEALTHTHE CHAMBERTURTLE RIVER STATE PARKUNIVERSITY OF NORTH DAKOTAUNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINEUNITED WAYCITIES AREA TRANSITGRAND FORKS HERALDGRAND FORKS HOUSING AUTHORITYGRAND FORKS ECONOMIC DEVELOPMENT CORPINSPIRE PHARMACYTHE ADVISORY COMMITTEE ENGAGED STACY SCHWIMMER, A STUDENT FROM THE UNIVERSITY OF NORTH DAKOTA'S MASTER OF PUBLIC HEALTH PROGRAM WITH THE ASSISTANCE OF DR. DONALD WARNE, MD, MPH, PROFESSOR AND DIRECTOR OF THE DEPARTMENT OF POPULATION HEALTH. THE STUDENT AND FACULTY TEAM, MELANIE NADEAU, MPH, PHD, PROFESSOR AND ASSISTANT DIRECTOR OF THE DEPARTMENT OF POPULATION HEALTH, AND ASHLEE NELSON AND ZACHARY HOGGARATH, GRADUATE RESEARCH ASSISTANTS, CONDUCTED A COMMUNITY SURVEY ALONG WITH FOCUS GROUPS WITH COMMUNITY LEADERS AND SPECIAL POPULATIONS TO GET THEIR INSIGHT ABOUT THE HEALTH OF GRAND FORKS AND POLK COUNTY COMMUNITIES AND HOW IT CAN BE IMPROVED.</p>
ALTRU HOSPITAL PART V, SECTION B, LINE 6A:	ALTRU 1300 COLUMBIA

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 7D:	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS PERFORMED AND APPROVED BY THE ALTRU HEALTH SYSTEM BOARD IN DECEMBER 2019, BUT WAS NOT MADE WIDELY AVAILABLE TO THE PUBLIC UNTIL JANUARY 9, 2020. TO BE CONSIDERED "CONDUCTED" THE ASSESSMENT SHOULD HAVE BEEN MADE WIDELY AVAILABLE TO THE PUBLIC BY DECEMBER 31, 2019. THE ERROR WAS CORRECTED ON JANUARY 9, 2020 BY MAKING THE ASSESSMENT WIDELY AVAILABLE TO THE PUBLIC. ALTRU HAS REVISED THEIR PROCEDURES FOR MONITORING THE COMPLETION OF THE ASSESSMENT TO MEET THE DEFINITION OF BEING CONDUCTED AS DEFINED BY SECTION 1.501(R)-3 TO MINIMIZE THE LIKELIHOOD OF THE FAILURE RECURRING IN THE FUTURE. THE IMPLEMENTATION STRATEGY WAS ADOPTED AND POSTED TO THE WEBSITE PRIOR TO MAY 15, 2020.

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 11:	ALTRU HEALTH SYSTEM DEVELOPED A LIST OF APPROXIMATELY SEVENTEEN SIGNIFICANT ISSUES/NEEDS WITH THE INPUT OF THE ADVISORY COMMITTEE. FROM THIS LIST, THE HEALTH ISSUES WERE RANKED BY PRIORITY, AND THE TOP 6 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 2019 CHNA. THE IMPLEMENTATION STRATEGY ADDRESSING THE NEEDS IDENTIFIED IN THE 2019 CHNA WILL BE ADOPTED IN 2020.
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)
1 1 - ALTRU CANCER CENTER 960 S COLUMBIA RD GRAND FORKS, ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
1 2 - TRUYU AESTHETIC CENTER 3165 DEMERS AVE GRAND FORKS, ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
2 3 - ALTRU FAMILY MEDICINE CENTER 1380 S COLUMBIA RD GRAND FORKS, ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
3 4 - ALTRU FAMILY MEDICINE RESIDENCY 725 HAMLIN STREET GRAND FORKS, ND 58203	OUTPATIENT CLINIC
4 5 - ALTRU FAMILY MEDICINE RESIDENCY PHARMACY 725 HAMLIN STREET GRAND FORKS, ND 58203	OUTPATIENT PHARMACY
5 6 - ALTRU CLINIC - DRAYTON 1003 N MAIN DRAYTON, ND 582254650	OUTPATIENT CLINIC/THERAPY
6 7 - ALTRU 860 COLUMBIA 860 S COLUMBIA RD GRAND FORKS, ND 582066002	OUTPATIENT DEPARTMENT - PSYCH SERVICES
7 8 - ALTRU OUTPATIENT CENTER 411 2ND ST NW EAST GRAND FORKS, MN 56721	OUTPATIENT THERAPY
8 9 - ALTRU CLINIC - CAVALIER 201 E 3RD AVE S CAVALIER, ND 582200040	OUTPATIENT CLINIC
9 10 - ALTRU CLINIC - DEVILS LAKE 1001 7TH STREET NE DEVILS LAKE, ND 583012719	OUTPATIENT CLINIC
10 11 - ALTRU CLINIC - CROOKSTON 400 SOUTH MINNESOTA CROOKSTON, MN 567160606	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
11 12 - ALTRU CLINIC - RED LAKE FALLS 312 INTERNATIONAL DRIVE RED LAKE FALLS, MN 567504662	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
12 13 - ALTRU CLINIC - ERSKINE 23076 347TH ST SE ERSKINE, MN 565354201	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
13 14 - ALTRU CLINIC - FERTILE MILL STREET MAIN FERTILE, MN 565404215	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
14 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)
16 16 - ALTRU CLINIC - WARROAD 412 MAIN AVE NE WARROAD, MN 567632342	OUTPATIENT CLINIC
1 17 - ALTRU CLINIC - GREENBUSH 19120 200TH ST GREENBUSH, MN 567269280	OUTPATIENT CLINIC
2 18 - UNITY MEDICAL CENTER 164 WEST 13TH STREET GRAFTON, ND 58237	HOME HEALTH/HOSPICE
3 19 - FIRST CARE HEALTH CENTER PO BOX I PARK RIVER, ND 58270	HOME HEALTH/HOSPICE/THERAPY
4 20 - NELSON COUNTY HEALTH SYSTEM BOX 367 MCVILLE, ND 58254	HOME HEALTH/HOSPICE
5 21 - CO ALTRU CLINIC - CAVALIER 201 E 3RD AVE S CAVALIER, ND 58220	HOME HEALTH/HOSPICE
6 22 - ALTRU HOME SVCS-NORTH VALLEY HOME HEALTH 109 S MINNESOTA ST WARREN, MN 56762	HOME HEALTH/HOSPICE
7 23 - ANETA PARKVIEW HEALTH CENTER BOX 287 ANETA, ND 58212	OUTREACH CLINIC
8 24 - CAVALIER COUNTY MEMORIAL 909 2ND ST LANGDON, ND 58249	OUTREACH CLINIC
9 25 - CENTRAL BOILER 20502 160TH ST GREENBUSH, MN 56726	OUTREACH CLINIC
10 26 - COOPERSTOWN MEDICAL CENTER 1200 ROBERTS ST COOPERSTOWN, ND 58425	OUTREACH CLINIC
11 27 - DEVILS LAKE GOOD SAMARITAN 302 7TH AVE DEVILS LAKE, ND 58301	OUTREACH CLINIC
12 28 - FIRST CARE HEALTH CENTER 115 VIVIAN ST PARK RIVER, ND 58270	OUTREACH CLINIC
13 29 - FRIENDSHIP 554 W 12TH ST GRAFTON, ND 58327	OUTREACH CLINIC
14 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)
31 31 - GRIGGS COUNTY HOSPITAL 1200 ROBERTS AVE NE COOPERSTOWN, ND 58425	OUTREACH CLINIC
1 32 - HATTON PRAIRIE VILLAGE 930 DAKOTA AVE HATTON, ND 58240	OUTREACH CLINIC
2 33 - HEARTLAND CARE CENTER 620 14TH AVE NE DEVILS LAKE, ND 58301	OUTREACH CLINIC
3 34 - KARLSTAD HEALTH CARE 304 WASHINGTON AVE W KARLSTAD, MN 56732	OUTREACH CLINIC
4 35 - KITTSOON MEMORIAL HEALTH CARE CENTER 1010 S BIRCH HALLOCK, MN 56728	OUTREACH CLINIC
5 36 - KITTSOON MEMORIAL CLINIC OF KARLSTAD 1ST AND ROOSEVELT KARLSTAD, MN 56732	OUTREACH CLINIC
6 37 - LAKE REGION CORP 224 3TH ST NW DEVILS LAKE, ND 583012908	OUTREACH CLINIC
7 38 - LAKOTA GOOD SAMARITAN 608 4TH AVE SW HWY 2 LAKOTA, ND 583447500	OUTREACH CLINIC
8 39 - MAPLE MANOR CARE CENTER 1116 9TH AVE LANGDON, ND 58249	OUTREACH CLINIC
9 40 - MCINTOSH MANOR NURSING HOME 600 RIVERSIDE AVE NE MCINTOSH, MN 56556	OUTREACH CLINIC
10 41 - NELSON COUNTY CARE CENTER 108 E NYHUS AVE MCVILLE, ND 58254	OUTREACH CLINIC
11 42 - NELSON COUNTY HEALTH SYSTEM 200 NORTH MAIN MCVILLE, ND 58254	OUTREACH CLINIC
12 43 - NORTHWOOD DEACONESS 4 N PARK ST NORTHWOOD, ND 58267	OUTREACH CLINIC
13 44 - OAKLAND PARK COMMUNITIES INC 123 BAKEN STREET THIEF RIVER FALLS, MN 56701	OUTREACH CLINIC
14 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)
46 46 - PEMBINA COUNTY MEMORIAL HOSPITAL 301 MOUNTAIN STREET E CAVALIER, ND 58220	OUTREACH CLINIC
1 47 - PIONEER MEMORIAL CARE CENTER 23028 347TH ST SE ERSKINE, MN 565359466	OUTREACH CLINIC
2 48 - REM-GRAFTON 817 HILL AVE GRAFTON, ND 58327	OUTREACH CLINIC
3 49 - VALLEY 4000 4004 24TH AVE SOUTH GRAND FORKS, ND 58201	OUTREACH CLINIC
4 50 - VALLEY MEMORIAL HOMES 2900 14TH AVE SOUTH GRAND FORKS, ND 58201	OUTREACH CLINIC
5 51 - WEDGEWOOD MANOR 804 MAIN STREET WEST CAVALIER, ND 58220	OUTREACH CLINIC
6 52 - CENTER FOR PREVENTION & GENETICS 4401 S 11TH ST GRAND FORKS, ND 58201	OUTREACH CLINIC
7 53 - ALTRU CLINIC - EAST GRAND FORKS 607 DEMERS AVE EAST GRAND FORKS, MN 56721	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
8 54 - ALTRU PROFESSIONAL CENTER 4440 S WASHINGTON ST GRAND FORKS, ND 58201	OUTPATIENT CLINIC
9 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

2019

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. Part II can be duplicated if additional space is needed.

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 (book, FMV, appraisal, other), (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 14
3 Enter total number of other organizations listed in the line 1 table 4

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	14	15,500			
(2) SPONSORSHIPS	19	17,664			
(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:	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 ATHLETICS HIGH PERFORMANCE CENTER AND THE ALTRU TURF FUND. ALTRU RECEIVED NAMING RIGHTS AND SIGNAGE. 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. ALTRU RECEIVED NAMING RIGHTS AND SIGNAGE. 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. UNITED WAY - GF EGF - 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. PARK RIVER BIBLE CAMP - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS CAMP GOOD MOURNING. THOMPSON ATHLETIC BOOSTERS - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS THE SCOREBOARD PROJECT. DAKOTA MEDICAL FOUNDATION - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED TOWARDS REINVENTED. EAST GRAND FORKS BLUE LINE CLUB - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED. NORTHLAND COMMUNITY AND TECHNICAL COLLEGE-EGF - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED AND FOR SCHOLARSHIP FUNDS. UND GRANTS AND CONTRACT ADMIN - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED.

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTRU FAMILY YMCA 215 N 7TH ST GRAND FORKS, ND 58203	45-0226434	501(C)(3)	52,000				YMCA PROJECT; FIRECRACKER ROAD RACE
CHAMBER OF GRAND FORKS EAST GRAND FORKS 202 N 3RD ST GRAND FORKS, ND 58203	20-2924979	501(C)(6)	16,688				2019 SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GRAND FORKS 255 N 4TH ST GRAND FORKS, ND 58203	45-6002085	GRAND FORKS, ND	68,500				SOCIAL DETOX FACILITY
COMMUNITY VIOLENCE INTERVENTION CENTER 211 S 4TH ST STE 207 GRAND FORKS, ND 58201	45-0359167	501(C)(3)	60,000				2018 & 2019 SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA MEDICAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104	45-6012318	501(C)(3)	10,000				RECOVERY REINVENTED
EAST GRAND FORKS BLUE LINE CLUB PO BOX 125 EAST GRAND FORKS, MN 56721	41-1404267	501(C)(3)	5,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND FORKS DOWNTOWN DEVELOPMENT ASSOCIATION 23 N 3RD ST STE 2 GRAND FORKS, ND 58203	46-4711617	501(C)(6)	31,250				GREENWAY TAKEOVER FESTIVAL, VISIONARY PARTNERSHIP
GRAND FORKS PARK DISTRICT FOUNDATION 1060 47TH AVE S GRAND FORKS, ND 58201	26-0625504	501(C)(3)	185,500				WELLNESS CENTER PROJECT; LEGENDS & HEROES PLEDGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GRAND FORKS YOUNG PROFESSIONALS 202 NORTH 3RD ST GRAND FORKS, ND 58203	32-0134204	501(C)(6)	10,000				GGFYP VISIONARY SPONSORSHIP
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHLAND COMMUNITY AND TECHNICAL COLLEGE-EGF 1312 HARMON PLACE MINNEAPOLIS, MN 55403	41-1687554	501(C)(3)	20,000				STUDENT SCHOLARSHIP FUND
RE ARENA INC ONE RALPH ENGLESTAD DR GRAND FORKS, ND 58203	11-3666663	501(C)(3)	108,750				GAME DAY SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UND FOUNDATION 3100 UNIVERSITY AVE STOP 8157 GRAND FORKS, ND 58202	45-0348296	501(C)(3)	485,175				UND ATHLETICS HIGH PERFORMANCE CENTER; ALTRU TURF FUND
UND GRANTS AND CONTRACT ADMIN TWAMLEY HALL 100 264 CENTENNIAL DR STOP 7306 GRAND FORKS, ND 58202	45-6002491	501(C)(3)	10,000				SIM-ND PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST SE STE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	22,500				STUDENT SCHOLARSHIP FUND
UNITED WAY - GF EGF 1407 24TH AVE S STE 400 GRAND FORKS, ND 58201	45-0255772	501(C)(3)	10,000				CORPORATE GIFT 2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK RIVER BIBLE CAMP 106 SOLID ROCK CIRCLE PARK RIVER, ND 58270	45-0323670	501(C)(3)	24,085				CAMP GOOD MOURNING
THOMPSON ATHLETIC BOOSTERS THOMPSON ATHLETIC BOOSTERS INC THOMPSON, ND 58278	47-4614034	501(C)(6)	5,000				SCOREBOARD PROJECT

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 for instructions and the latest information.

2019

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								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on 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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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	ERIC LUNN, \$500,000, SEVERANCE DENNIS REISNOUR, \$218,000, SEVERANCE SARA LUSIGNAN, \$417,160, FUTURE SEVERANCE

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				
21 MEGHAN COMPTON CHIEF LEGAL COUNSEL	(i)	308,594	3,202	5,318	15,663	40,385	373,162	3,202
	(ii)	0	0	0	0	0	0	0
1 HEATHER STRANDELL ADMINISTRATIVE DIRECTOR	(i)	237,892	434	10,828	14,128	5,570	268,852	434
	(ii)	0	0	0	0	0	0	0
2 DAVID MOLMEN FORMER BOARD MEMBER/CEO	(i)	170,309	710	44,251	17,469	28,921	261,660	0
	(ii)	0	0	0	0	0	0	0
3 ROBERTA YOUNG ADMIN DIRECTOR	(i)	206,513	0	12,810	12,486	30,233	262,042	0
	(ii)	0	0	0	0	0	0	0
4 KRISTI HALL-JIRAN CHIEF PHILANTHROPY OFFICER	(i)	186,264	0	41,672	12,084	4,177	244,197	0
	(ii)	0	0	0	0	0	0	0
5 DENNIS REISNOUR CHIEF STRATEGY OFFICER	(i)	6,392	0	218,000	0	0	224,392	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

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for 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 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	38546WCC2	05-01-2012	117,025,978	REFUND BONDS ISSUED IN 1997, AND 2010A/2010B; INFRASTRUCTURE, EQUIPMENT		X		X		X
B 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
C CITY OF GRAND FORKS	45-6002085	000000000	09-06-2017	21,720,835	REFUND BONDS ISSUED IN 2007		X		X		X
D CITY OF GRAND FORKS	45-6002085	000000000	08-01-2019	13,520,000	REFUND BONDS ISSUED IN 2011 AND 1996		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		2,030,000		2,725,000		6,383,022		1,855,000
2 Amount of bonds legally defeased								
3 Total proceeds of issue		117,026,065		65,335,308		21,720,835		13,520,000
4 Gross proceeds in reserve funds		48,815		372,160				
5 Capitalized interest from proceeds		83,269		19,519				
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		1,295,167		708,177		82,447		56,736
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		66,185,853		40,209,001				
11 Other spent proceeds		49,461,776		24,569,957				
12 Other unspent proceeds								
13 Year of substantial completion	2012		2018					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
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 \$272,808 OF INVESTMENT EARNINGS.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 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 the 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 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 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	16,105,745	ADVISOR FEES FOR INVESTMENTS AND EMPLOYEE BENEFIT PLAN MANAGEMENT		No
(2) MEGHAN COMPTON	FAMILY MEMBER OF KRIS COMPTON, OFFICER	369,637	COMPENSATION		No
(3) JLG ARCHITECTS	LONNIE LAFFEN, DIRECTOR, IS PRESIDENT OF JLG	6,370,768	ARCHITECTURAL FEES FOR THE NEW HOSPITAL DESIGN		No
(4) EDGEWOOD OPCO LLC	PHILIP GISI, DIRECTOR, IS PARTNER AND CEO	18,638,489	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
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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 for the latest information.

OMB No. 1545-0047

2019**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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THERE WAS AN AMENDMENT TO THE BYLAWS IN 2019 CHANGING THE NUMBER OF COMMUNITY BOARD MEMBERS FROM 6 TO A RANGE OF 5 - 7.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	HISTORICALLY, THE RETURN IS REVIEWED BY THE BOARD BEFORE FILING, BUT WE WERE UNABLE TO ACCOMPLISH IT THIS YEAR DUE TO TIMING. THE RETURN WAS SENT TO THE BOARD ON THE SAME DAY OF THE 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 OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES. THESE FORMS ARE COLLECTED AND REVIEWED BY THE SECRETARY AND INTERNAL LEGAL COUNSEL. OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE ALSO ADVISED TO REPORT SHOULD ANY CHANGES HAPPEN DURING THE YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>LINE 15A: ALTRU DETERMINES THE TOP MANAGEMENT OFFICIALS' COMPENSATION BY REVIEW AND APPROVAL BY A GOVERNING BODY WITHOUT CONFLICTS OF INTEREST, USING COMPARABLE COMPENSATION DATA FOR FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS (WITH RELEVANT COMPARABLES DOCUMENTED IN AN ANNUAL STATEMENT OF REASONABLENESS LETTER FROM ALTRU'S COMPENSATION CONSULTANT), AND MADE CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. ALTRU HAS A COMPENSATION COMMITTEE MADE UP OF COMMUNITY BOARD MEMBERS ALONG WITH THE PRESIDENT AND CEO. WE ALSO WORK WITH AN OUTSIDE CONSULTANT WHICH PROVIDES US WITH DATA ON FAIR MARKET COMPENSATION FOR THE ENTIRE EXECUTIVE STAFF. FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO, THE COMMUNITY BOARD MEMBERS OBTAIN THE DATA FROM THE CONSULTANT, HAVE AN OPPORTUNITY TO DISCUSS WITH THE CONSULTANT AND HAVE ANY QUESTIONS ANSWERED AND THEN THEIR DECISION IS SHARED WITH THE NON-CONFLICTED BOARD MEMBERS FOR FINAL APPROVAL. THIS PROCESS WAS USED TO DETERMINE THE COMPENSATION FOR BOTH POSITIONS OF PRESIDENT AND CEO IN 2019. LINE 15B: FOR SCHEDULE O: ALTRU USES SIMILAR CRITERIA TO THE PROCESS DESCRIBED IN 15(A) ABOVE. THE PRESIDENT AND CEO DETERMINE THE SALARIES FOR EACH OF THE EXECUTIVES THAT REPORT TO THEM. ALTRU USES AN OUTSIDE COMPENSATION CONSULTANT WHICH PROVIDES DATA ON FAIR MARKET COMPENSATION FOR FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE PRESIDENT AND CEO PRESENT THEIR DECISIONS ON THE EXECUTIVE COMPENSATION TO THE BOARD, WHICH IS A GOVERNING BODY WITHOUT CONFLICTS OF INTEREST AS TO THE SUBJECT MATTER. THE BOARD DOES NOT RATIFY THE BASE COMPENSATION FOR THE EXECUTIVES THAT REPORT TO THE PRESIDENT AND CEO (THE PRESIDENT AND CEO HAVE FINAL SAY IN SETTING BASE COMPENSATION FOR THEIR EXECUTIVE TEAM BASED ON THE COMPENSATION DATA REFERENCED ABOVE), BUT THE BOARD DOES DETERMINE THE ANNUAL GOALS FOR THE ALTRU SYSTEM THAT ARE USED TO DETERMINE (BY FORMULA) POTENTIAL BONUS PAYOUTS FOR THE EXECUTIVE TEAM. AS SHOWN IN SCHEDULE L, BOARD MEMBER KRIS COMPTON IS THE MOTHER OF MEGHAN COMPTON, A MEMBER OF THE EXECUTIVE TEAM (BUT NOT THE PRESIDENT OR CEO). AS SUCH, KRIS COMPTON PARTICIPATES AS A BOARD MEMBER TO APPROVE ANNUAL GOALS AT BEGINNING OF YEAR AND THEREAFTER RECUSES HERSELF FROM THE DECISION TO APPROVE THE BONUS BASED ON THE SYSTEM GOAL OUTCOMES AT END OF YEAR, DUE TO HER IDENTIFIED CONFLICT. WHILE NO BONUSES WERE ACTUALLY AWARDED FOR THE 2019 TAX YEAR, THE PROCESS DESCRIBED ABOVE WAS FOLLOWED FOR ALL EXECUTIVES IN 2019.</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	APPLICATION OF FASB ASC TOPIC 715 15,221,726.

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PAGE 1, HEADING ITEM C	ALTRU 1300 COLUMBIA, 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
FORM 990, PART VIII, LINE 2B & 2D	EXCLUSION AMOUNT BIOMED SERVICES \$56,052 SITE SERVICE FEES \$7,260 SUBTOTAL \$63,312 PHARMACY SALES TO EMPLOYEES \$36,522 HOUSING/SPACE RENTALS \$640,241 VENDING MACHINE INCOME \$94,647 SALE OF SCRAP/OTHER \$3,470 SUBTOTAL \$774,880 TOTAL EXCLUSION AMOUNT \$838,192 RELATED OR EXEMPT FUNCTION INCOME CEPT REVENUE \$134,109 HEARING CENTER \$1,294,125 OCCUPATIONAL HEALTH \$716,171 VHA SUPPLY CO - DISTRIBUTION \$1,521,928 PURCHASE DISCOUNTS \$132,909 REBATES \$360,306 CONTRACT SERVICES, OUTREACH, EDUCATION \$3,633,368 MEDICAL RECORDS TRANSCRIPT FEES \$136,000 AFFILIATED OTHER REVENUE \$1,446,710 340B PHARMACY REVENUE \$25,033,564 DL HOSPITALIST CONTRACT REVENUE \$658,800 SPORTS ADVANTAGE \$294,791 EPIC RELATED FEES- CRITICAL ACCESS \$3,242,293 MISCELLANEOUS REVENUE \$3,401,085 TOTAL RELATED/EXEMPT INCOME \$42,006,159

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

Return Reference	Explanation
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

2019

**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 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
(1) ALTRU HEALTH FOUNDATION 2501 DEMERS AVE GRAND FORKS, ND 58201 45-0368330	FUNDRAISING	ND	501(C)(3)	LINE 12B, II	ALTRU HEALTH SYSTEM	Yes	
(2) 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
(3) 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
(1) ALTRU SPECIALTY SERVICES INC 1200 S COLUMBIA RD GRAND FORKS, ND 58201 45-0395652	DME SALES, RETAIL PHARMACY	ND	ALTRU HEALTH SYSTEM	C	12,024,665	39,609,947	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ALTRU HEALTH FOUNDATION	C	2,783,776	CASH DONATED
(2)ALTRU HEALTH FOUNDATION	O	101,700	COMPENSATION TO RELATED ORG
(3)ALTRU SPECIALTY SERVICES	A	146,279	RENT PAYMENT RECEIVED

Part VII **Supplemental Information**

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

Return Reference	Explanation