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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 black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALLINA HEALTH SYSTEM	D Employer identification number 36-3261413	
		Doing Business As	E Telephone number (612) 262-0660	
		Number and street (or P O box if mail is not delivered to street address) PO BOX 43 MR 10890	Room/suite	G Gross receipts \$ 2,903,285,735
		City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 554400043		
F Name and address of principal officer KENNETH PAULUS PO BOX 43 MR 10890 MINNEAPOLIS, MN 554400043		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ www.allina.com				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1983	M State of legal domicile MN	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities ALLINA HEALTH SYSTEM (ALLINA) IS DEDICATED TO MEETING THE LIFELONG HEALTHCARE NEEDS OF COMMUNITIES THROUGHOUT MINNESOTA AND WESTERN WISCONSIN. THIS COMMITMENT IS EMBODIED IN OUR MISSION TO PROVIDE EXCEPTIONAL CARE, AS WE PREVENT ILLNESS, RESTORE HEALTH AND PROVIDE COMFORT TO ALL WHO ENTRUST US WITH THEIR CARE. ALLINA PROVIDES A FULL RANGE OF PRIMARY AND SPECIALTY HEALTH CARE SERVICES INCLUDING TECHNICALLY ADVANCED INPATIENT AND OUTPATIENT CARE, 24-HOUR EMERGENCY CARE, MEDICAL TRANSPORTATION, PHARMACY, LABORATORY, HOME CARE AND HOSPICE SERVICES. BECAUSE OF ITS CHARITABLE MISSION, ALLINA PROVIDES THESE HEALTH CARE SERVICES AS WELL AS EDUCATIONAL AND WELLNESS PROGRAMS TO COMMUNITY MEMBERS REGARDLESS OF THEIR ABILITY TO PAY FOR THE SERVICES. IN 2009, ALLINA PROVIDED \$351,891,590 IN DIRECT FINANCIAL SUPPORT, IN-KIND DONATIONS, FREE AND REDUCED-COST MEDICAL CARE AND SERVICES, AND FUNDING FOR PUBLIC HEALTH PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.		
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	2	Check this box <input checked="" type="checkbox"/> 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)	3	1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5	Total number of employees (Part V, line 2a)	5	19,82
	6	Total number of volunteers (estimate if necessary)	6	3,08
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	28,301,18
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,401,64







Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	18,996,007	25,572,270
	9	Program service revenue (Part VIII, line 2g)	2,280,415,033	2,413,854,101
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-76,092,324	39,179,487
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,572,187	40,967,334
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,260,890,903	2,519,573,192

Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	616,306	485,995
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,231,531,688	1,258,471,884
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	19,069	66,973
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>4,754,366</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	963,189,800	989,057,155
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,195,356,863	2,248,082,007
	19	Revenue less expenses Subtract line 18 from line 12	65,534,040	271,491,185

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,727,541,033	3,054,603,300
	21 Total liabilities (Part X, line 26)	1,735,890,684	1,756,228,924
	22 Net assets or fund balances Subtract line 21 from line 20	991,650,349	1,298,374,376

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	***** Signature of officer	2010-11-12 Date
	<u>Laurie M Lafontaine</u> VP, Finance and Treasury Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  _____			EIN 
				Phone no 

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

1 Briefly describe the organization's mission

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

services? ☐ Yes ☒ No

4a	(Code)	Expenses \$	1,544,395,761	including grants of \$	485,995)	(Revenue \$ 2,419,571,202)
		<p>Providing Medical ServicesHospital, Medical and Other Health Care ServicesAllina delivers high quality hospital, medical and other health care services to patients in Minnesota and western Wisconsin. As a mission-driven organization, Allina is committed to improving the lifelong healthcare of the communities it serves. Allina provides these services to the community through its family of hospitals which include Abbott Northwestern Hospital - Minneapolis, Minnesota. Located in Minneapolis, Abbott Northwestern is a nationally recognized hospital providing comprehensive health care for more patients and their families than any other not-for-profit hospital in Minnesota. Among the distinguished services provided by Abbott Northwestern are cardiovascular care in conjunction with the Minneapolis Heart Institute, Virginia Piper Cancer Institute and Piper Breast Center, Minneapolis Neuroscience Institute, Orthopedic Institute, Spine Institute, and WomenCare. Abbott Northwestern consistently places in Solucient's top 100 cardiovascular hospitals and U.S. News & World Report Best Hospitals United Hospital - St. Paul, Minnesota. Located in downtown St. Paul, United Hospital is the largest hospital in the Twin Cities east metro area. United has a reputation for excellence in patient care and state-of-the-art facilities, with innovative programs such as cardiovascular services (including Nasseff Heart Center, Women's Heart Center and Vascular Center), Nasseff Neuroscience Center, and psychiatry, women's health, surgical, rehabilitation and emergency services. Mercy Hospital - Coon Rapids, Minnesota. Located in Coon Rapids, Mercy Hospital provides comprehensive and compassionate health care services to the north metro communities. Among the services providing cutting-edge care are Heart & Vascular Center, Women's Heart Center, Cancer Center, Women's & Children's Services, Emergency Services, Mental Health Services, and a wide range of health education and support groups. Mercy also serves the community through Elk Ridge Health, a surgery center and clinic in Elk River. Unity Hospital - Fridley, Minnesota. Located in Fridley, Unity Hospital provides a full range of health care services to the north metro area, including a renowned Bariatric [surgical weight loss] Center. Other services include the Heart & Vascular Center, Women's & Children's Services, Emergency Services and Mental Health Services including geriatric mental health. Unity also offers a complete array of health education and support groups to patients and the community. Buffalo Hospital - Buffalo, Minnesota. Located in the western metropolitan community of Buffalo, Buffalo Hospital is an ever-evolving regional medical center that offers state-of-the-art facilities, personalized care in private rooms and services that are continuously being added and enhanced. It provides specialty services including The Birth Center, Cardiac Center, Emergency and Urgent Care Services, Sleep Center, Phillips Eye Institute and Sister Kenny Rehabilitation Institute with patient-centered care that drives all decisions to support the best interests of its patients. Cambridge Medical Center - Cambridge, Minnesota. Located in the community of Cambridge, Cambridge Medical Center (CMC) is a regional health care facility providing comprehensive health care services to residents of Isanti County. The medical center is comprised of a large multi-specialty clinic and a hospital on one large campus. Dedicated to meeting the needs of its patients, CMC provides an atmosphere that promotes healing and comfort. New Ulm Medical Center - New Ulm, Minnesota. Located in south central Minnesota, New Ulm Medical Center (NUMC) consists of a hospital and clinic that serves the region in and around Brown County. NUMC offers an extensive range of health care options, including family practice, internal medicine, general surgery, pediatrics, orthopedics, obstetrics and gynecology, radiology, emergency medicine, psychiatry, oral and maxillofacial surgery, podiatry, mental health and substance abuse, home care and hospice. As a fully involved member of its community, NUMC continually fosters an atmosphere of well-being outside its four walls through a variety of community-focused initiatives. Owatonna Hospital - Owatonna, Minnesota. Located south of the Twin Cities metropolitan area, Owatonna Hospital provides comprehensive care to patients in and around Steele County. The hospital offers a full range of inpatient, outpatient and emergency care services, as well as home and palliative care and hospice. Owatonna Hospital has helped to make a positive difference in the lives of its patients and the community for more than 100 years. Groundbreaking took place in 2007 for a new hospital to replace the existing facility, it is scheduled for completion in 2009. Phillips Eye Institute - Minneapolis, Minnesota. Located in Minneapolis, Phillips Eye Institute (PEI) is the third largest specialty hospital in the U.S., specializing in the diagnosis, treatment and care of eye disorders and diseases. PEI draws patients from a five-state region with an extensive array of services, ranging from diagnostic tests and vision rehabilitation to laser eye treatments and specialized eye surgery. River Falls Area Hospital - River Falls, Wisconsin. Located in western Wisconsin, River Falls Area Hospital is part of a shared medical campus that provides easy access to hospital services as well as primary care and specialty clinics, a long-term care facility and a wellness and fitness center. River Falls Area Hospital offers cardiovascular care, emergency and surgical services, birth center, home care and hospice services. Allina also operates service lines which include Home Care, Hospice and Palliative Care. Home Oxygen and Medical Equipment. Medical Laboratories. Medical Transportation. Pharmacy. Physical Rehabilitation. In 2009, Allina expended over \$1.8 billion to provide services to patients that included over 113,000 inpatient admissions and over 1,090,000 hospital outpatient visits. There were nearly 280,000 emergency care visits, 150,000 home care and hospice visits, and over 15,000 births at Allina hospitals. Allina is the fifth largest employer in Minnesota. For more information please visit http://www.Allina.com. Subsidized Health Services. Allina subsidizes certain necessary health care services, which include 24-hour emergency services to the community, especially those located in medically underserved or high-need areas, perinatal programs, free care or sliding fee scale clinics, medical education, and services to special-needs populations. Other subsidized services include hospice, home care and palliative services, durable medical equipment services, and mental health services. In 2009, Allina expended \$7,372,790 to make available and provide these services to the communities we serve.</p>				

4b	(Code) (Expenses \$ 215,781,108 including grants of \$) (Revenue \$)
	<p>Cost of Participating in Government Programs Allina is committed to serving all persons in need, regardless of race, creed, sex, nationality, religion, disability, age, or ability to pay. To promote access to care for all individuals, Allina participates in the following public health care programs: Medicare, Medicaid, MinnesotaCare, and General Assistance. Payments from these programs frequently do not cover the costs Allina incurs to serve program beneficiaries. In 2009, Allina provided \$215,781,108 in health care services in excess of the reimbursement received by public programs and surcharges, taxes and fees related to these programs. The following is a breakdown on costs related to these programs, services and additional taxes and fees:</p> <p>Costs in Excess of Medicare and Medicaid Payments Allina provides services to public program enrollees. Such public programs have reimbursed at amounts less than cost. In 2009, Allina expended \$127,519,402 beyond reimbursements to provide care for Medicare patients and an additional \$37,823,440 beyond reimbursements for Medicaid patients. Medicaid Surcharge Allina is a participant in the Medicaid Surcharge program. The current program includes a 1.56% surcharge on a hospital's net patient service revenue (excluding Medicare revenue). Reported amounts are net of any disproportionate share adjustments. In 2009, Allina paid \$18,861,102 for the Medicaid surcharge.</p> <p>Minnesota Care Tax Allina also participates in the funding of medical care for the uninsured through a MinnesotaCare tax of 2% on certain net revenue. Patients who are unable to get insurance through their employer are eligible to participate in MinnesotaCare. Allina paid \$29,325,211 for the MinnesotaCare tax in 2009.</p> <p>Taxes and Fees Allina pays property taxes to local and state government used in funding civil and education services to the community. In total, Allina paid \$2,251,953 in taxes and fees in 2009.</p>

4c	(Code) (Expenses \$ 97,741,577 including grants of \$) (Revenue \$)
	<p>Uncompensated Care Charity CareAllina provides medical care without charge or at reduced cost to residents of the communities that it serves through the provision of charity care Allina's Community Care Program was established to assist patients who do not qualify for medical assistance such as Medicaid and whose annual incomes are at or below 275% of the federal poverty level Notably, Allina's definition of charity care does not include bad debt (charges written off for providing services to persons able, but unwilling, to pay for these services) Through this program, Allina strives to ensure that all members of the community receive quality medical care, regardless of ability to pay In 2009, Allina provided \$22,030,742 in charity care Uninsured Discount ProgramFor uninsured patients who do not qualify for Medicaid or meet the financial threshold for charity care, but require some financial assistance, Allina provides a sliding scale discount All uninsured patients are eligible for a minimum of a 20 percent discount on billed charges and may qualify for discounts up to 57 percent based on eligibility criteria In 2009, Allina provided \$31,461,866 in such discounts to low-income, uninsured individuals Bad DebtAllina provides medical care to all in need There are times when patient account balances go unpaid, known as bad debt These bad debt amounts in 2009 totaled \$44,248,969</p>

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 30,996,115 including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 1,888,914,561
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ 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.		
	◆ 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.		
	◆ 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.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	1,811		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	19,829		
	b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	Yes	
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
	b		If "Yes," enter the name of the foreign country: CJ, NL See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c		If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d		If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e		Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g		For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h		For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a		Did the organization make any taxable distributions under section 4966?		9a	
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter					
a		Initiation fees and capital contributions included on Part VIII, line 12		10a	
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter					
a		Gross income from members or shareholders		11a	
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	17	
b	Enter the number of voting members that are independent . . .	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MN , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Tax Services Mail Route 10890 2925 CHICAGO AVENUE MINNEAPOLIS, MN 554071321 (612) 262-0660

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	17,178,237	0	3,105,149
----	-------	------------	---	-----------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1,198

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Metropolitan Cardiology Consultants 4040 Coon Rapids Blvd Ste 120 Coon Rapids, MN 55443	Medical Services	21,924,841
Physicians Group of New Ulm 1324 5th N ST PO BOX 577 New Ulm, MN 56073	Medical Services	8,118,581
Health Systems Co-op Laundries 725 MINNEHAHA AVENUE EAST St Paul, MN 551064441	LAUNDRY SERVICES	7,011,948
SIEMENS MEDICAL SOLUTIONS 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	REPAIR SERVICES	6,050,414
ST PAUL HEART CLINIC 225 N SMITH AVENUE SUITE 500 ST Paul, MN 55102	MEDICAL SERVICES	4,629,883

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 255

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	144,399				
	d	Related organizations	1d	14,116,850				
	e	Government grants (contributions)	1e	8,048,696				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,262,325				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		25,572,270				
Program Service Revenue			Business Code					
	2a	Prog serv revenue-Rela	621,990	2,413,854,101	2,413,854,101			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		2,413,854,101				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		13,759,275			13,759,275	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			7,854,697					
	b	Less rental expenses						
	c	Rental income or (loss)	7,854,697					
	d	Net rental income or (loss)		7,854,697			7,854,697	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			402,249,435	1,562,069				
			376,421,983	1,969,309				
			25,827,452	-407,240				
	d	Net gain or (loss)		25,420,212			25,420,212	
	8a	Gross income from fundraising events (not including \$ 144,399 of contributions reported on line 1c) See Part IV, line 18						
			a	4,415,606				
			b	5,321,251				
	c	Net income or (loss) from fundraising events . . .		-905,645			-905,645	
	9a	Gross income from gaming activities See Part IV, line 19						
a								
b								
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
		a						
		b						
b	Less cost of goods sold . . .	b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Retail Pharmacy	446,110	14,866,474		14,866,474			
b	Home Health Care Servi	621,610	8,387,948		8,387,948			
c	St Francis Medical Cen	621,990	4,554,341	4,554,341				
d	All other revenue		6,209,519	1,162,760	5,046,759			
e	Total. Add lines 11a-11d		34,018,282					
12	Total revenue. See Instructions		2,519,573,192	2,419,571,202	28,301,181	46,128,539		

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	485,995	485,995		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	11,420,955		11,420,955	
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	977,860,646	844,478,492	131,045,310	2,336,844
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,848,513	49,381,111	8,330,754	136,648
9	Other employee benefits	141,692,589	120,952,764	20,405,124	334,701
10	Payroll taxes	69,649,181	59,454,492	10,030,166	164,523
11	Fees for services (non-employees)				
a	Management	12,110,602	2,218,027	9,892,243	332
b	Legal	11,584,846		11,584,846	
c	Accounting	647,804		647,804	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	66,973			66,973
f	Investment management fees				
g	Other	198,055,270	134,818,267	62,854,990	382,013
12	Advertising and promotion	993,477	31,783	956,133	5,561
13	Office expenses	410,534,537	396,011,622	14,244,398	278,517
14	Information technology	24,246,299	15,835,079	8,411,220	
15	Royalties				
16	Occupancy	63,876,446	39,827,431	24,031,131	17,884
17	Travel	3,778,462	3,055,225	697,122	26,115
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,056,746	601,305	436,706	18,735
20	Interest	3,089,652	3,089,652		
21	Payments to affiliates	239,036	239,036		
22	Depreciation, depletion, and amortization	139,928,101	118,810,583	20,763,527	353,991
23	Insurance	11,899,840		11,899,840	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	43,957,742	43,957,742		
b	MINNESOTA CARE TAX	29,002,259	29,002,259		
c	MEDICAID SURCHARGE	18,861,102	18,861,102		
d	DUES & MEMBERSHIPS	5,323,735	3,132,650	2,159,719	31,366
e	INCOME TAX - UBI	951,424		951,424	
f	All other expenses	8,919,775	4,669,944	3,649,668	600,163
25	Total functional expenses. Add lines 1 through 24f	2,248,082,007	1,888,914,561	354,413,080	4,754,366
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			7,059,117	1	13,492,824
	2	Savings and temporary cash investments			3,207,917	2	3,908,703
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,104,081,349	4	1,173,166,330
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			3,310,316	7	3,008,862
	8	Inventories for sale or use			41,227,592	8	41,998,965
	9	Prepaid expenses and deferred charges			12,941,718	9	8,275,595
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	2,008,950,340			
	b	Less accumulated depreciation	10b	1,306,696,131	759,320,772	10c	702,254,209
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			783,381,515	12	1,086,877,601
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			909,609	14	3,317,621
	15	Other assets. See Part IV, line 11			12,101,128	15	18,302,590
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,727,541,033	16	3,054,603,300
Liabilities	17	Accounts payable and accrued expenses			672,574,955	17	736,256,534
	18	Grants payable			965,300	18	827,400
	19	Deferred revenue			2,750,223	19	11,758,539
	20	Tax-exempt bond liabilities			655,685,211	20	699,168,299
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,047,733	23	966,721
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			402,867,262	25	307,251,431
	26	Total liabilities. Add lines 17 through 25			1,735,890,684	26	1,756,228,924
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			983,607,254	27	1,288,298,007
	28	Temporarily restricted net assets			6,756,325	28	8,450,452
	29	Permanently restricted net assets			1,286,770	29	1,625,917
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			991,650,349	33	1,298,374,376
	34	Total liabilities and net assets/fund balances			2,727,541,033	34	3,054,603,300

Part XI **Financial Statements and Reporting**

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	30,996,115	including grants of \$ (Revenue \$)
<p>Community Services Allina is committed to supporting programs and services that address community needs In 2009, Allina contributed \$30,996,115 to community programs and services to advance the health of the broader community Below are examples of programs and services Allina provides within the communities we serve under categories provided by the Catholic Healthcare Association (CHA) and VHA, Inc Community Health Improvement ServicesAccording to the CHA/VHA Guidelines, community health improvement services include activities to improve community health that are subsidized by the health care organization and do not generate inpatient or outpatient bills Allina Hospitals & Clinics provides many services that fall under this category A few examples include DAAN Program - DAAN is a community-based program focused on fostering sustainable change in the overall wellness of adults and children by promoting healthy living through informed nutritional choices and increased physical activity To help achieve this goal, education and health care experts developed a DAAN at School program that overlays the existing health and physical education curriculum In 2009, there were 14 schools in the Buffalo Hospital service area that were partnering with the hospital to implement this curriculum In addition, DAAN also provided opportunities for the adults in the community through the DAAN at Home and DAAN and work curricula The DAAN at Work program began in 2009 and focuses on health coaching to lower blood pressure among patients within the clinical hypertension program by focusing on physical activity utilizing pedometers In 2009, DAAN at Home served 43 patients The DAAN at Work program serves employees within the community by providing wellness programming in the form of health coaching, class presentation, metabolic testing, campaign management, executive physicals and education In 2009, there were 2,450 participants within 9 worksites Power by the Hour - The Power by the Hour Program is a nutrition education and physical fitness program designed to increase awareness and improve behaviors around healthy eating and exercise in elementary aged children In 2009, the program expanded to include 20 additional schools implementing the curriculum across the Allina service area The YMCA selected Power by the Hour and incorporated the program into 40 YMCA Summer Power youth program sites throughout the Twin Cities Power by the Hour was also fortunate to have a Registered Nurse study, offer, evaluate and report on the program as part of her Masters in nursing training To date, more than 2,500 students have participated in Power by the Hour Heart Safe Communities - Allina's Heart Safe Communities program increases survival from sudden cardiac arrest, a leading cause of death, by placing automated external defibrillators (AEDs) where people live, learn, work and play and training individuals in the community on CPR and AED use In 2009, Heart Safe Communities placed 133 AEDS throughout communities in Minnesota and trained 830 community members on CPR and the use of AEDs As a part of those totals, Heart Safe Communities worked on the AED placement and CPR training component of the Take Heart Anoka County project placing 50 AEDs in churches, businesses and communities as well as placing 477 CPR Anytime kits MedEligible - MedEligible Services supports patients who have difficulty paying their medical bills The staff helps patients apply to federal, state, and county aid programs such as Medicaid, Medicare, Social Security, food stamps, emergency food and shelter MedEligible Services educates patients and their families about the advantages of these programs and works with them to get the help they need In 2009, MedEligible Services assisted over 13,000 individuals Medformation - Medformation is a community service that provides free access to health information and resources A telephone contact center is operated seven days a week, offering physician referral services to the general public as well as low cost health care classes, screenings and events, and nurse advice for those calling metropolitan emergency departments Allina com - Other community programs and health information is available on Allina's website This website offers access to the latest health information regarding numerous diseases and conditions and links to Allina's financial assistance services and Medformation information The website address is http //www Allina com Health Professions Education Allina actively supports numerous medical education activities for providers, health care students and other health professionals In 2009, Allina invested over \$15 million in internship opportunities, mentoring partnerships, and graduate medical education programming Allina's commitment to the education, training and development of future health care professionals ensures the availability of a highly trained workforce to meet the community's health care needs Research Allina participates in clinical and community health research that is focused on improving community health In 2009, Allina supported two community health improvement research projects The Heart of New Ulm and The Backyard Initiative as a means to understand how to impact broader community health through community-level interventions Allina was also involved research involving piloting a new approach to primary care through the use of care guides in order to impact health outcomes for patients with chronic diseases Allina also operates Institutional Review Boards to protect community members who participate in clinical and community health research In total, Allina invested over \$4 million toward this research in 2009 Financial and In-Kind ContributionsAllina provides numerous in-kind and monetary contributions to individuals and other not-for-profit organizations to support community needs In 2009, Allina funded over \$4 million for donations of equipment, supplies, free meals, staff time and sponsorship of various civic awards, community programs and events Community-Building ActivitiesAllina and its employees are active participants in various community activities that target the root causes of health problems, such as poverty, homelessness and environmental issues Examples include taking a leadership role in planning a large-scale National Night Out celebration in a highly diverse and low-income neighborhood in Minneapolis, implementing hospital train-to-work programs, disaster preparedness planning, and participating in various community coalitions Community Benefit OperationsAllina uses dedicated staff for the assessment and management of community benefit programs and needs</p>			

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	(C) Position (check all that apply)						(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			
William Beer Director	2 00	X						0	0	0
Rollin Crawford Director	2 00	X						11,847	0	0
Joanne Disch PhD RN F Director	2 00	X						9,032	0	0
Susan Engel Director	2 00	X						0	0	0
Nate Garvis director	2 00	X						7,500	0	0
Subbarao Inampudi MD Director	2 00	X						16,375	0	0
Mark Jordahl Director	2 00	X						3,500	0	0
Christine Morrison director	2 00	X						0	0	0
Jean Delaney Nelson director	2 00	X						18,769	0	0
Hugh Nierengarten director	2 00	X						9,967	0	0
Gloria Perez director	2 00	X						11,250	0	0
Richard Pettingill Director/CEO /President	40 00	X		X				3,214,801	0	108,970
Dean Phillips Director/Vice Chair/Chair	2 00	X		X				0	0	0
Stephen Remole MD Director	2 00	X						15,472	0	0
Rebecca Roloff Director	2 00	X						17,500	0	0
Terry Saario PHD director	2 00	X						21,573	0	0
Mark Sheffert director	2 00	X						8,750	0	0
Brian Short director	2 00	X						0	0	0
Edson Spencer Jr Director/Chairman	2 00	X		X				14,582	0	0
Joan Thompson director	2 00	X						12,500	0	0
Rodney Young director	2 00	X						14,500	0	0
Duncan Gallagher CFO/Treasurer	40 00			X				236,816	0	34,305
Michael McAnder CFO/Treasurer	40 00			X				203,572	0	30,494
Andrew Pugh Secretary/VP Legal	40 00			X				247,946	0	65,512
Elizabeth T Smith Secretary/General Counsel	40 00			X				290,314	0	86,496

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	(C) Position (check all that apply)						(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			
Margaret Butler SVP, Human Resources	40 00			X				360,190	0	113,035
Margaret Hasbrouck VP Payor Relations & Con	40 00			X				251,584	0	66,003
Laurie Lafontaine VP Finance & Treasury	40 00			X				417,350	0	103,733
Sid Mallory EVP, Office of Philanthr	40 00			X				336,148	0	13,069
Tom O'Connor President Mercy Hospital	40 00			X				449,699	0	179,396
Kenneth Paulus CeO/President	40 00			X				966,554	0	555,013
Jefferey Peterson President- Abbott Northw	40 00			X				666,451	0	258,629
Amy Phenix VP Marketing & Communica	40 00			X				303,908	0	26,598
Rickie Ressler President Unity Hospital	40 00			X				520,679	0	147,182
Tom Ryba President-United Hospita	40 00			X				505,314	0	112,417
Penny Wheeler MD Chief Clinical Officer	40 00			X				532,580	0	281,478
Joann Yohn VP Patient Financial Ser	40 00			X				289,649	0	70,317
Sandra schmitt evp, strategy and operat	40 00				X			318,390	0	110,743
Robert Wieland MD EVP - Allina Medical Cli	40 00				X			472,802	0	155,969
William Block MD Perinatologist	40 00					X		1,069,426	0	84,423
William Wagner MD perinatologist	40 00					X		1,007,934	0	86,447
SuBhashini Ladella MD Perinatologist	40 00					X		968,762	0	85,080
Diana Danilenko MD Perinatologist	40 00					X		966,147	0	77,316
Donald Wothe MD Perinatologist	40 00					X		934,811	0	85,665
Mary Foarde FORMER Secretary/General	0 00						X	451,308	0	61,128
Gary Strong FORMER Chief Administrat	0 00						X	789,924	0	77,454
Richard Sturgeon MD FORMER VP Operations	0 00						X	212,061	0	28,277

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	43,957,742	43,957,742		
MINNESOTA CARE TAX	29,002,259	29,002,259		
MEDICAID SURCHARGE	18,861,102	18,861,102		
DUES & MEMBERSHIPS	5,323,735	3,132,650	2,159,719	31,366
INCOME TAX - UBI	951,424		951,424	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		32,678
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		345,089
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,000
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			378,767
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Allina Health System employs various individuals, as well as contracts with various lobbyists, to monitor legislative acts important to all of Allina on both a national and state level

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV 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?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	695,588	40,922,954		41,618,542
b Buildings		725,964,370	388,698,841	337,265,529
c Leasehold improvements		48,838,595	17,446,102	31,392,493
d Equipment		1,136,313,087	892,268,829	244,044,258
e Other		56,215,746	8,282,359	47,933,387
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				702,254,209

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		ALLINA HEALTH SYSTEM FIN 48 FOOTNOTE (17) TAXES - The System has been determined to qualify as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code. The System has also been determined to be exempt from federal and state income tax on related income under Section 501(a) of the Internal Revenue Code and Minnesota Statute Section 290.05, Subdivision 2. Certain of the System's subsidiaries and affiliates qualify as tax exempt organizations, while others are taxable. The System and its subsidiaries paid taxes of \$1,078 and \$1,517, in 2009 and 2008, respectively. As of December 31, 2009 and 2008, the taxable subsidiaries of the System's continuing operations had a gross deferred tax asset of \$71,486 and \$61,853, respectively, resulting from net operating loss carryforwards, employee compensation and benefits accruals, provision for bad debts, and limitation of charitable contributions, offset by valuation allowances of \$71,189 and \$61,817, respectively, and a gross deferred tax liability of \$298 and \$36, respectively, primarily attributable to depreciation. The valuation allowance increased by \$9,372 and \$7,350 during 2009 and 2008, respectively. As of December 31, 2009, the continuing operations of the System and its subsidiaries had net operating loss carryforwards of \$151,349 for income tax purposes, which expire in various years through 2029. Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement and tax return methods of accounting. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled.

Additional Data

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Cash	43,374,075	F
Cash Surrender Value - SERP	213,223	F
Deferred Financing	7,516,818	C
Bond Fund	3,044,313	C
US Bancorp Enhanced Cash	262,797,669	F
Domestic Equities	87,689,608	F
International Equities	67,246,262	F
Core Plus Fixed Income	102,483,569	F
Alternative Asset Strategies	233,533,820	F
Securities Lending-Investments	5,490,275	F
Wells Fargo Cash	436,032	F
Securities and other investments	31,580,411	C
Invest Held for Insurance Claims	9,935,133	C
Construction Fund	52,913,439	C
Marketable Securities Board Desig	514,598	F
MELLON FINANCIAL MUTUAL FUNDS	178,108,356	F

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
Other Liabilities	91,521,243
Net Pension Liability	111,633,405
Deferred Compensation	26,071,607
Insurance Claims Payable	2,438,187
MN Care Tax Payable	6,355,288
Capitalized Lease Obligations	7,700,316
INCURRED BUT NOT REPORTED CLAIMS FOR EMPLOYEE BENEFIT PLAN	55,994,721
Securities Lending Payable	5,536,664

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☐ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☐ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
IDC LTD	TELEFUNDRAISING		No	90,985	66,973	24,012
Total ▶				90,985	66,973	24,012

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MN,WI

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			3M CHAMPIONSHIP GOLF TOURNAMENT	ANNUAL SPRING GALA	2	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	4,415,606	106,706	37,693	4,560,005	
2	Less Charitable contributions	. . .		106,706	37,693	144,399	
3	Gross income (line 1 minus line 2)	. . .	4,415,606			4,415,606	
Direct Expenses	4	Cash prizes	. . .	1,719,394		1,719,394	
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .	132,000		132,000	
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	3,416,175	40,435	13,247	3,469,857
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					5,321,251
	11	Net income summary Combine lines 3, column d, and line 10. ▶					-905,645

Part III Gaming.

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	Yes	
1b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 27500 0000000000 %	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	Yes	
5b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?		No
5c	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?		
6a	Does the organization prepare an annual community benefit report?	Yes	
6b	If "Yes," does the organization make it available to the public?	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care 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 Charity care at cost (from Worksheets 1 and 2)	0	0	22,030,742	0	22,030,742	1 000 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	0	0	37,823,440	0	37,823,440	1 720 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	0	0	0	0		0 %
d Total Charity Care and Means-Tested Government Programs			59,854,182		59,854,182	2 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	157	9,798,032	7,679,426	883,718	6,795,708	0 310 %
f Health professions education (from Worksheet 5)	56	12,249	15,447,383	131,000	15,316,383	0 690 %
g Subsidized health services (from Worksheet 6)	12	26,064	7,762,348	389,558	7,372,790	0 330 %
h Research (from Worksheet 7)	3	213,865	4,079,311	0	4,079,311	0 190 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	88	15,311,192	4,534,243	381,144	4,153,099	0 190 %
j Total Other Benefits	316	25,361,402	39,502,711	1,785,420	37,717,291	1 710 %
k Total. Add lines 7d and 7j	316	25,361,402	99,356,893	1,785,420	97,571,473	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing	0	0	0			0 %
2Economic development	6	1,815	6,536		6,536	0 %
3Community support	26	208,681	335,883	10	335,873	0 %
4Environmental improvements	1	0	562		562	0 %
5Leadership development and training for community members	2	25	2,204		2,204	0 %
6Coalition building	21	44,716	89,167		89,167	0 %
7Community health improvement advocacy	10	22,635	15,662		15,662	0 %
8Workforce development	20	1,591	204,642		204,642	0 %
9Other	0	0	0			0 %
10Total	86	279,463	654,656	10	654,646	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	231,897,184		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	30		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit			
Section B. Medicare			
5Enter total revenue received from Medicare (including DSH and IME)	5465,793,894		
6Enter Medicare allowable costs of care relating to payments on line 5	6507,226,587		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7-41,432,693		
8Describe 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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices			
9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1ALEXANDRIA IMAGING LLC	CARDIOLOGY DIAGNOSTIC SERVICES	50 000 %		50 000 %
2METROPOLITAN INTEGRATED CANCER CENTER LLC	RADIATION THERAPY	80 000 %		20 000 %
3MOBILE IMAGING SERVICES LLC	DIAGNOSTIC IMAGING	50 000 %		50 000 %
4MAGNETO LEASING LLC	EQUIPMENT LEASING	50 000 %		50 000 %
5NORTH CENTRAL CARDIOVASCULAR DIAGNOSTICS LLC	CARDIOLOGY DIAGNOSTIC SERVICES	50 000 %		50 000 %
6SUBURBAN IMAGING LLC	OUTPATIENT RADIOLOGY SERVICES	50 000 %		50 000 %
7SOUTHWEST SURGICAL CENTER LLC	AMBULATORY SURGERY PROCEDURES	50 000 %		50 000 %
8APPLE VALLEY BUILDING ASSOCIATES LLC	BUILDING	50 000 %		45 000 %
9CROSBY CARDIOVASCULAR SERVICES LLC	CARDIOLOGY DIAGNOSTIC SERVICES	33 330 %		33 000 %
10				
11				
12				
13				
14				

Part V **Facility Information**

Name and address	Other (Describe)
	ER-other
	ER-24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
Licensed hospital	

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c Charity Care Program- The Community (Partners) Care Program A key component of Allina's mission is to deliver compassionate, high quality, affordable health care services and to advocate for those with limited financial means Allina strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving medical care Therefore, Allina's charity care program, including a robust charity care program known as The Community (Partners) Care Program, provides free care to all persons at or below 275 percent of the federal poverty guidelines as published annually in the Federal Registrar The charity care program also provides for the consideration of special circumstances for the "medically indigent" The organization extends the charity care program in instances the organization has determined the patient is unable to pay some or all of their medical bills due to catastrophic circumstances even though they have income or assets that otherwise exceed the generally applicable eligibility criteria for the free care program or the discounted care program (described below) under the organization's financial assistance program guidelines Discounted Care Program - Uninsured Discount Program Allina also has a financial assistance program known as The Uninsured Discount Program that provides a discount on billed charges to uninsured patients, and insured patients who receive uninsured treatment, for medically necessary care received from any Allina hospital, hospital based clinic and wholly-owned ambulatory surgery centers The Uninsured Discount Program does not use Federal Poverty Guidelines to determine eligibility Instead, uninsured patients and insured patients who receive uninsured treatment are eligible for a discount based upon their income level and the location of the services provided All patients with an annual income at or below \$125,000 are eligible for a discount The discount is also generally extended to patients with an annual income above \$125,000 There are two discounts levels established, one for metro hospitals and their hospital based clinics and one for regional hospitals and their hospital based clinics within the Allina system Allina's uninsured discount program provides a discount to billed charges for uninsured patients based on Allina's most favored insurer which provides a substantial discount to billed charges

Part I, Line 6a ALLINA'S ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST SEE CONTACT INFORMATION CONTAINED IN SCHEDULE O TO OBTAIN A COPY

Part I, Line 7g THE AMOUNT REPORTED AS SUBSIDIZED HEALTH SERVICES DOES NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

Part I, Line 7f BAD DEBT EXPENSE INCLUDED IN FORM 990, PART IX, LINE 25 HAS BEEN SUBTRACTED FOR THE PURPOSE OF CALCULATING THE AMOUNTS REPORTED IN Column 7F

Part I, Line 7 Where appropriate, the organization uses a ratio of patient care costs to charges ("Cost to Charge Ratio") to calculate the amounts reported for Part I, Line 7 (the Table)

Part III, Line 4 The organization has adopted Healthcare Financial Management Association (HFMA) Statement No 15, Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers (Statement 15) As disclosed in the footnotes to the organization's audited financial statements (as provided below verbatim), the provisions for bad debt and charity care are based upon management's assessment of historical and expected net collections considering historical and economic conditions, trends in healthcare coverage, and other collection indicators Therefore, the bad debt amount stated for financial reporting purposes is reported "net" of any anticipated patient discounts to which the patient may be eligible including, but not limited to, the uninsured discount program (discussed above) and reflects the estimated amount reported as "net patient service revenue" during the current period or any previous period This does not necessarily equal the "cost" to provide the medical services Also, note that amounts related to patients who have qualified under the charity care program are not included in either net patient revenue or in bad debt expense In other words, the bad debt expense as reported in the expense section of the financial statements and functional expense statement of the Form 990 does not include amounts related to qualified charity care patients and is stated at the "net" expected or anticipated collection amount which may be significantly different than patient charges due to the application of discounts such as those provided under the uninsured discount program This amount also constitutes a different amount than the organization's actual cost to provide the medical services To arrive at the Form 990, Part III, Line 2 bad debt "at cost", the organization has applied a ratio of patient care cost to charges (Cost to Charge Ratio) to the estimated patient charge amount included in bad debt after removing the anticipated discounts The cost to charge ratio is calculated independently for each hospital or operating unit The resulting bad debt (at cost) amount for each hospital and operating unit is then aggregated to arrive at the bad debt (at cost) reported on Line 2 This process provides a very conservative estimate of the organization's bad debt (at cost) The organization has a robust process for administering the organization's financial assistance programs including the charity care and uninsured discount program described in further detail in Part VI, Line 3 Each patient is provided numerous opportunities to apply to the Community Care Program and to participate, if qualified, to receive free or discounted medical care or be enrolled in a government sponsored medical care program under the organizations various financial assistance programs The administrative process includes identifying any patient with a financial concern, as well as informing, counseling, qualifying and assisting patients to apply for the organization's charity care and other financial assistance programs Although each patient is provided numerous opportunities to receive financial assistance and informed multiple times of the charity care program prior to our classifying the amounts as bad debt, it is possible that patients who would qualify for charity care do not complete the application This amount is not reasonably estimatable As a tax-exempt hospital organization we are required to provide necessary medical care regardless of the patient's ability to pay for the services provided Due to circumstances beyond our control, a person who would otherwise qualify under the charity care program may not provide us the necessary information, qualify for the program, and receive free care allowing us to clarify and quantify accordingly and as such Ultimately, those amounts are written-off and reported as bad debt expense Any methodology we could use to quantify and provide an estimate of how much bad debt (at cost and if any) reported on Line 2 reasonably could be attributable to persons who likely would qualify for financial assistance under the organization's charity care policy and for us to provide an estimate of what portion of bad debt, if any, the organization believes should constitute community benefit would be purely speculative, imprecise and subject to inherent methodology flaws While we firmly believe, for the reasons stated above, that some component of our reported bad debt expense (at cost) on Line 2 constitutes amounts related to persons who likely would qualify for financial assistance under the organization's charity care program, we cannot reasonably quantify the amount and respectfully decline the opportunity to provided an amount Therefore, we have reported zero or none for Form 990, Schedule H, Part III Footnotes to Audited Financial Statement that describe bad debt expense are as follows 1 Summary of Significant Accounting Policies/Net Patient Service Revenue Net patient service revenue is reported at the estimated net realizable amounts for patients, third-party payers, and others for services provided, including estimated retroactive adjustments due to audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as such revenue is no longer subject to such audits, reviews, and investigations The provisions for bad debt and charity care are based on management's assessments of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, and other collections indicators After satisfaction of amounts due from insurance, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System

Part III, Line 8 The organization has more than one Medicare provider number and therefore aggregated the amounts reported in the Medicare cost reports as the source for the amounts reported on Part III, Lines 5 & 6 as outlined in the Form 990, Schedule H instructions For Medicare cost reports, Allina uses a ratio of patient care costs to charges (Cost to Charge Ratio) to determine Medicare allowable costs Generally, the ratio is calculated as the total Medicare allowable patient costs over the total patient charges Medicare charges multiplied by this ratio equals the Medicare allowable costs reported in the Medicare cost reports The cost to charge ratio is calculated independently for each Medicare cost report/provider number Allina believes that at least some portion of the costs we incur in excess of payments received from the Federal Government for providing medical services to Medicare enrollees and beneficiaries under the Federal Medicare program (Shortfall or Medicare Shortfall) constitutes a community benefit Allina's providing of these services clearly lessens the burdens of generating and alleviating the federal government from having to directly provide these medical services As demonstrated and calculated on Form 990, Schedule H, Part III, Line 7g, our Medicare "allowable costs" clearly exceed the payments we receive for providing these medical services under the Medicare program The true community benefit for our participation in the current Medicare program is dependent on how efficiently and cost effectively the Federal Government could operate a direct medical care Medicare program or alternatively the cost to the government to contract out such services through a competitive bidding process in the open markets for the same or similar services factoring in items such as quality of care, outcomes and similar important factors as compared to Allina's actual costs of providing the medical care The Medicare shortfall calculation on the Form 990, Schedule H, Line 7 significantly understates Allina's actual Medicare shortfall for two reasons First, Allina incurs significant costs in excess of payments under the Medicare program for providing certain services that are not subject to Medicare cost reporting and therefore not reflected in our cost amounts on Line 6 Second, the Line 6 limits our reported costs to only Medicare "allowable costs" as solely determined by the Federal Government Medicare program For these two reasons, the Medicare shortfall reported on Line 7 significantly understates Allina's actual Medicare shortfall and the actual cost of providing medical care to Medicare program participants We estimate these two items understate Allina's reported Medicare shortfall by over \$86 Million We believe a direct medical service Medicare program operated by the Federal Government and the cost to the government to contract out the services under a competitive bidding process may even prove to be more expensive to the Federal Government than Allina's reported Medicare "allowable costs" on Line 6 given our quality of care, successful outcomes and the significant difference between actual costs we incur and Medicare "allowable costs" in providing care under the Medicare program Therefore, we firmly believe that there is a true community benefit component to our participation in the Federal Medicare program

Part III, Line 9b The organization's written debt collection policy and collection practices apply uniformly to all patients and include provisions related to the organizations charity care program and other financial assistance programs If a patient is known to qualify for a financial assistance program they are automatically afforded the program benefits for up to one year as they would have already provided information necessary for us to make such a determination For example, a patient that qualified for the organization's charity care program before receiving services would not receive a billing statement for the medical services provided In the case of a patient qualifying for the charity care program after receiving services and the commencement of certain collection activities, the amounts are discharged as charity care and all collection activities cease As discussed in the response to Part VI, Line 3, patients are informed and educated on the organization's financial assistance programs including the organization's charity care program as part of the routine registration, admission, intake, billing and collection processes If a patient desires to apply for the charity care program, personnel will send an application to the patient If collection activities have commenced, those activities will be suspended for thirty (30) days to allow time for the application process Collection activity may resume if, after 30 days, a completed application has not been received In the case of an incomplete application, the organization may resume collection activities if requests for additional information are not met with a timely response If an applicant does not meet the eligibility criteria and the application is denied, collection activity may resume upon denial However, the patient may still be eligible for other financial assistance programs which are applied as warranted based upon the information provided Such activities are fully explained to the patient during the collection process

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 ALLINA HEALTH SYSTEM (ALLINA) TOGETHER WITH ITS SUBSIDIARIES AND AFFILIATES AS DESCRIBED IN PART VI, LINE 7 COORDINATE COMMUNITY BENEFIT ACTIVITIES AND IDENTIFIES COMMUNITY NEEDS AS A SYSTEM TO PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY THE ORGANIZATION ALLINA CONDUCTED A SYSTEM-LEVEL NEEDS ASSESSMENT IN 2004 THROUGH THE USE OF SECONDARY DATA SOURCES SUCH AS STATE AND FEDERAL DATASETS AND PEER-REVIEWED JOURNAL ARTICLES TO DETERMINE LEADING HEALTH ISSUES WITHIN ALLINA'S SERVICE AREA THAT PROCEEDED TO THE DEVELOPMENT OF THREE SYSTEM-WIDE INITIATIVES HEART HEALTH LIVING, CHILDHOOD OBESITY AND ACCESS TO HEALTH CARE ALLINA COMMITTED TO WORKING ON THESE ISSUES FOR FIVE YEARS, THROUGH THE YEAR 2009 IN ADDITION TO THE SYSTEM-LEVEL NEEDS ASSESSMENT, ALLINA DEVELOPED NINE COMMUNITY HEALTH ADVISORY COUNCILS THAT ARE AFFILIATED WITH THE HOSPITALS AND THEIR SERVICE AREAS THESE COUNCILS ARE RESPONSIBLE FOR MONITORING AND GATHERING LOCAL LEVEL INFORMATION AND GUIDANCE RELATED TO THE SYSTEM-LEVEL INITIATIVES AS WELL AS DETERMINING ISSUES OF LOCAL CONCERN THAT MAY FALL OUTSIDE OF THE SCOPE OF THE SYSTEM-LEVEL INITIATIVES COUNCIL MEMBERS INCLUDE LOCAL/COUNTY PUBLIC HEALTH, OTHER HEALTH CARE ORGANIZATIONS, CIVIC GROUPS, SCHOOLS, FAITH COMMUNITIES, LOCAL GOVERNMENT, BUSINESS REPRESENTATIVES, AMONG OTHERS THESE COUNCILS PROVIDE ONGOING, INFORMAL ASSESSMENTS THROUGH COLLABORATION AND PLANNING AS A MEANS TO RESPOND TO THE UNIQUE NEEDS OF THE COMMUNITIES WITHIN THE ALLINA SERVICE AREA IN 2008, ALLINA LAUNCHED THE BACKYARD INITIATIVE WITHIN A ONE-MILE GEOGRAPHIC AREA SURROUNDING OUR CORPORATE HEADQUARTERS AND TWO ALLINA HOSPITALS (ABBOTT NORTHWESTERN AND PHILLIPS EYE INSTITUTE) THE NEIGHBORHOODS WITHIN THE BACKYARD ARE HIGHLY MOBILE AND HIGHLY DIVERSE, WITH 35 DIFFERENT LANGUAGES SPOKEN AND ONE-QUARTER OF RESIDENTS BEING FOREIGN-BORN UNEMPLOYMENT RATES ARE DOUBLE THE STATE AVERAGE, AND NEARLY 44% OF THE COMMUNITY IS LOW INCOME THEREFORE, AN INITIAL STEP FOR THE INITIATIVE WAS TO CONDUCT A COMMUNITY HEALTH ASSESSMENT THE PURPOSE OF THE ASSESSMENT WAS THREE-FOLD 1) TO CREATE A PICTURE OF THE CURRENT STATE OF HEALTH AND WELL-BEING OF THE RESIDENTS WITHIN THE BACKYARD, 2) TO ENGAGE A BROAD NETWORK OF RESIDENTS IN THE PROCESS, AND 3) USE THE INFORMATION GATHERED TO INFORM AND PLAN THE INITIATIVE THERE WERE TWO MEANS OF COLLECTING THIS INFORMATION LISTENING CIRCLES AND ONE-TO-ONE "WALK-AROUND" INTERVIEWS WITH A RANDOM SAMPLE OF HOUSEHOLDS WITHIN THE BACKYARD AREA THE ASSESSMENT METHODOLOGY COMBINED QUALITATIVE AND QUANTITATIVE TECHNIQUES AND DATA WAS COLLECTED BY COMMUNITY RESIDENTS WHO WERE TRAINED IN FACILITATION AND INTERVIEWING TECHNIQUES IN ALL, 21 LISTENING CIRCLES WERE CONDUCTED WITH BROAD REPRESENTATION FROM THE VARIOUS CULTURAL GROUPS, AGES, GENDERS, ETC THAT LIVE IN THE BACKYARD AND 677 BACKYARD RESIDENTS COMPLETED THE INTERVIEW, FOR A RESPONSE RATE OF 20.5% OF THE SAMPLED HOUSEHOLDS ASSESSMENT RESULTS WERE PROVIDED TO THE COMMUNITY VIA A FORMAL REPORT THAT WAS POSTED ON WWW.ALLINA.COM/BACKYARD AS WELL AS A FOUR-PAGE INSERT IN A LOCAL NEWSPAPER WHICH COMMUNICATED THE PROCESS, FINDINGS AND RECOMMENDATIONS A BACKYARD INITIATIVE COMMUNITY COMMISSION OF HEALTH WAS FORMED AND WILL BE STUDYING AND INTERPRETING THE ASSESSMENT FINDINGS, PRESENTING THEM TO EFFICACIOUS AND GIVING THEM FEEDBACK TO INFORM OUR MAINTAIN AND IMPROVE THE HEALTH OF PEOPLE LIVING IN THE BACKYARD NEIGHBORHOODS ALLINA IS CURRENTLY IN THE PROCESS OF PLANNING A COMPREHENSIVE, SYSTEM-WIDE NEEDS ASSESSMENT FOR 2010 TO INFORM OUR COMMUNITY BENEFIT ACTIVITIES THROUGHOUT THE SERVICE AREA IN THE COMING YEARS

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 charity care policy

Part VI, Line 3 A key component of Allina's mission is to deliver compassionate, high quality, affordable health care services and to advocate for those with limited financial means Allina strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving medical care Providing convenient access to necessary medical care regardless of one's ability to pay for those services is important to Allina Allina has established the following financial assistance programs - Community (Partners) Care Program (Charity Care)- Uninsured Discount Program- Special Circumstances- MedEligible Services- MedCredit Financial Services Our care goes beyond medical care assistance We also help people get food stamps, WIC (Women, Infants and Children, a federal program that supplies nutritious foods) or heating assistance - all of which are vitally important to a patient's recovery, health and well-being For more information on any of the Allina Financial Assistance Programs call 612-262-9000 or 1-800-859-5077 You may also visit www.allina.com and click on the financial assistance link Charity Care Program - The Community (Partners) Care Program The Community (Partners) Care Program provides free medically necessary care to all persons at or below 275 percent of the federal poverty guidelines as published annually in the Federal Registrar The program was established to assist patients who do not qualify for Medical Assistance or Minnesota Care and whose annual incomes are at or below 275 percent of the federal poverty level The application is brief and asks for information on family size, employment, income, banking and insurance If patients meet the program eligibility guidelines, their total Allina balance will be zero They will receive free medical care An eligible individual will be covered by the program for up to one year barring any significant change in income Patients may be asked to apply for Medical Assistance and Minnesota Care and be found ineligible for those programs before they qualify for the Community (Partners) Care Uninsured Discount Program - The Uninsured Discount Program provides a discount on billed charges to uninsured patients, and insured patients who receive uninsured treatment, for medically necessary care received from any Allina hospital, hospital based clinic and wholly-owned ambulatory surgery centers Uninsured patients and insured patients who receive uninsured treatment are eligible for a discount based upon their income level and the location of the services provided All patients with an annual income at or below \$125,000 are eligible for a discount The discount is also generally extended to patients with an annual income above \$125,000 There are two discounts levels established, one for metro hospitals and their hospital based clinics and one for regional hospitals and their hospital based clinics within the Allina system Special Circumstances Assistance (on individual case by case basis) - The organization provides for the consideration of special circumstances for the "medically indigent" The organization extends the charity care program in instances the organization has determined the patient is unable to pay some or all of their medical bills due to catastrophic circumstances even though they have income or assets that otherwise exceed the generally applicable eligibility criteria for the free care program or the discounted care program (described below) under the organization's financial assistance program guidelines Financial Assistance Services will provide an evaluation of patients with special circumstances There may be a circumstance where patients experience a catastrophic event that puts them in a devastating financial position whereby the program representative will determine how to best support them financially MedEligible Services - MedEligible Services provides advocacy support to patients who have difficulty paying their medical bills They can assist patients with applying for federal, state and county benefit programs The MedEligible Services personnel are advocates who educate patients and families about the advantage of programs and assist them with getting help Personnel can provide assistance with Medicaid and Medicare, Social Security, Veteran's Administration, food stamps, emergency food, and shelter MedCredit Financial Services - MedCredit Financial Services provides financial loans to patients who cannot afford to pay their medical bills The patient can consolidate all medical expenses from participating providers such that the patient has only one monthly payment There is no credit application required and no annual fees or dues The annual percentage interest rate is 8 percent Once a patient has established a MedCredit account, amounts can be added on any additional medical expenses for themselves and their family The Financial Assistance Services Information and Education Methods - Allina has robust methods to inform and educate patients and persons who are billed for patient care about their eligibility for assistance under the organizations financial assistance programs including its charity care program and also about government programs for which they may be eligible to receive benefits Each patient billing statement contains information about the financial assistance programs and includes contact information The Allina website homepage at WWW.ALLINA.COM prominently contains a link to the Financial Assistance Services page which describes the organizations financial assistance programs and includes contact information The organization posts summaries of its Financial Assistance Programs in brochures in admissions areas, emergency rooms, and other areas of the organizations facilities where eligible patients are likely to be present The brochures contain summaries of the financial assistance programs and include contact information for the programs This information is available in various languages such as Hmong, Somali, and Spanish Registration, admissions and intake personnel are trained to provide financial assistance program information to anyone expressing a concern about their ability to pay for services All "self-pay" patients (the patient is not covered by insurance or a government program) that comes to one of the organization's emergency rooms receives a packet of information containing everything necessary to apply for the organizations financial assistance programs and certain government programs There is contact information and telephone numbers they can call with any questions or to receive assistance in completing applications Financial assistance program personnel also meet directly with any self-pay patient admitted to the hospital Personnel will meet with patients wherever it is most convenient for the patient such as the hospital, clinic, or the organization's office or the patient's home Allina has a system wide innovative services team that provides interpreters to patients, companions and families who have limited English proficiency (LEP) or are deaf or hard of hearing (DHH) This service is provided at no cost to the patient LDP and DHH personnel are trained to inform and educate patients about the financial assistance programs All personnel responsible for the organizations collection activities are extensively trained on the organization's financial assistance programs Any time a patient expresses a concern regarding their ability to pay for services, the personnel explain the financial assistance programs, ask certain questions to obtain information and to determine which financial assistance programs the patient may qualify and best fits the patients' needs

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Allina Health System (Allina) together with its subsidiaries and affiliates as described in Part VI, Line 7 coordinate community benefit activities and identifies community needs as a system to promote the health of the communities served by the organization Approximately 91 percent of the over 1,000,000 Allina hospital patients came from within 15 counties in Minnesota and Wisconsin in 2009 Most of these counties surround the metropolitan areas of Minneapolis and St Paul and are the most highly dense counties in the state of Minnesota The remaining patients are made up of residents from the smaller counties in Minnesota and Wisconsin, but include patients from across the U.S. Abbott Northwestern Hospital - Minneapolis, Minnesota Abbott Northwestern Hospital (ANW) is the largest Allina hospital and is located within a diverse, lower-income, urban area near downtown Minneapolis and within Hennepin County, the largest county in the state of Minnesota Abbott Northwestern served nearly 40,000 inpatients and over 360,000 outpatients from around the state of Minnesota, Wisconsin and throughout the United States in 2009 United Hospital - St Paul, Minnesota United Hospital is located in downtown St Paul within a diverse area of the city and within Ramsey County, one of the largest and most diverse in the state United Hospital serves more than 200,000 patients and their families from throughout Minnesota, Wisconsin and beyond each year Mercy Hospital - Coon Rapids, Minnesota Mercy Hospital is located within Anoka County, the fourth most populous county in the state of Minnesota, and serves the northwest metropolitan area along with smaller counties near, but outside of the metro range In 2009, Mercy Hospital handled nearly 150,000 inpatient and outpatient admissions Unity Hospital - Fridley, Minnesota Located in Fridley, Minnesota, Unity Hospital is within Anoka County and serves the northern metro areas with over 100,000 inpatient and outpatient admissions Buffalo Hospital - Buffalo, Minnesota Located in the community of Buffalo, which is west of the metropolitan area of Minneapolis and St Paul, Buffalo Hospital serves more than 70,000 patients from suburban and rural areas of Minnesota each year Cambridge Medical Center - Cambridge, Minnesota Cambridge Medical Center is located in the small community of Cambridge (population 5,520) and serves small and rural communities within numerous counties north of the metropolitan area of Minneapolis and St Paul It had approximately 4,000 inpatient hospital admissions and over 125,000 outpatient visits in 2009 New Ulm Medical Center - New Ulm, Minnesota Located in south central Minnesota, New Ulm Medical Center serves the rural region in and around Brown County with approximately 2,500 inpatient hospital admissions and nearly 100,000 outpatient hospital encounters in 2009 Owatonna Hospital - Owatonna, Minnesota Located south of the Twin Cities metropolitan area, Owatonna Hospital serves small and rural communities in and around Owatonna County, Minnesota Owatonna Hospital opened a new hospital facility in October 2009, serving over 2,800 inpatients and 32,000 outpatients that year Sullys and Innovative Medical Services - Minneapolis, Minnesota Sullys and Innovative Medical Services (PEI) serves patients from across a five-state region In 2009, Phillips Eye Institute, conducted over 10,000 surgical procedures River Falls Area Hospital - River Falls, Wisconsin Located in western Wisconsin, River Falls Area Hospital (RFAH) serves residents from Pierce and St. Croix County, among others In 2009, RFAH served these counties with approximately 1,600 inpatient hospital admissions and nearly 19,000 outpatient hospital visits

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Understanding that good health is dependent on societal, community, and family environments as well as individual choices, and is bigger than the provision of health care, Allina has purposefully set out to engage in community activities that address the root causes of health problems such as poverty, homelessness and environmental issues Research shows that many of these root causes are directly linked to the patient's health and further its tax-exempt purpose Some examples include providing opportunities for on-the-job education, health care professions students, community health education programs focused on healthy eating and active living, and advocacy efforts related to access to health care through MA early enrollment and GAMC and mental health services redesign In addition, Allina's engaged in partnerships with public health, schools, and government through the Statewide Health Improvement Program which aims to help Minnesotans live longer, healthier lives by reducing the burden of chronic disease

7 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

Part VI, Line 7 Allina Health System ("Allina") is a Minnesota nonprofit corporation which, together with its subsidiaries and affiliates, delivers an integrated health care system to patients in Minnesota and western Wisconsin With approximately 27,500 full and part-time physicians, Allina is one of the largest integrated employers in Minnesota As a mission-driven organization, Allina is committed to improving the health of the communities it serves As an integrated health system that includes tertiary and regional referral hospitals, emergency, ambulatory, homecare and hospice services, an automated electronic medical record system, and approximately 1,150 employed physicians, Allina is uniquely positioned as a leader in healthcare in the Minneapolis/St. Paul area Allina is the most comprehensive health care system and has the largest physician network in Minnesota Allina controls and operates ten hospitals and jointly owns and operates one other hospital These include urban tertiary care, suburban community and rural hospitals Allina also manages one rural hospital under a management agreement with the hospital's owner Allina hospital health care services included nearly 113,000 inpatient and nearly 1,090,000 outpatient admissions during the year ended December 31, 2009 As of December 31, 2009, Allina hospitals had licensed bed capacity of 23,379 acute care beds, 1,690 of which were staffed for inpatient services Allina provides outpatient services through several wholly controlled clinic groups that generated more than 5,562,000 patient care RVU's during the year ended December 31, 2009 Allina's wholly-owned subsidiary, the Allina Medical Clinic ("AMC"), controls and operates 46 physician clinics and three hospitalist programs on the Abbott Northwestern, United, and Unity hospital campuses The AMC employs approximately 630 physicians and is one of the largest physician groups in the Minneapolis/Saint Paul metropolitan area Allina Specialty Associates ("ASA"), also known as Minneapolis Cardiology Associates ("MCA"), employs approximately 60 physicians, consisting of cardiologists, cardiothoracic and vascular surgeons Aspen Medical Group ("Aspen"), a multi-specialty group that operates 12 medical clinics, employs approximately 130 physicians and Qello Clinic Ltd ("Qello"), which operates five primary care medical clinics, employs approximately 30 physicians In addition to the AMC, ASA, Aspen, and Qello, Allina hospitals directly employ more than 350 specialty physicians including intensivists/hospitalists, perinatologists, and psychiatrists Allina's Home & Community Services division provides care navigation and management services, home care, hospice, palliative care, home oxygen & medical equipment, advance care planning and SeniorCare Transitions, a geriatric care practice providing care at more than 50 nursing homes Allina Medical Transportation (AMT) division is one of the region's largest ambulance and medical transport services AMT serves more than 80 Minnesota communities, where about 1 million people live AMT employs around 400 paramedics, emergency medical technicians, dispatchers, maintenance and non-emergency support personnel AMT services include priority medical (911) dispatch, 911 pre-arrival instructions, emergency and non-emergency ambulance response, the Greater Minnesota Ride program, wheelchair transport, and FlightCare (a critical care medical kit) and disaster response for the charity care disclosed on this Schedule H, Allina affiliated organizations reported \$7,441,619 of charity care (at cost) which is not disclosed on a Schedule H elsewhere as many of the affiliated organizations are not required and do not file a Form 990, Schedule H In addition to the amounts disclosed on this Schedule H, Allina and affiliated organizations incurred costs for participation in government medical care programs in excess of government reimbursements in the amount of \$119,060,833 Allina partners with the University of Minnesota Medical School to provide physician residency programs for Family Practice and Internal Medicine resident physicians Allina controls and operates six (6) affiliated foundations that provide philanthropic funding support for Allina programs and numerous community programs and initiatives including a federally qualified health center See Schedule R and Schedule H, Part IV for a list of related organizations and joint ventures including the primary activity of the affiliated organization Allina and its affiliates also routinely cooperate and innovate with other organizations including health care and social welfare organizations, community groups, government agencies and health care providers to prevent illness, promote and restore health to the communities we serve and beyond

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
36-3261413

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

15

3

Enter total number of other organizations

0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REGIONS HOSPITAL FOUNDATION640 Jackson Street MS 11202C St Paul,MN 55101	41-1888902	501C3	25,000				Mental Health Drug Assitance program
AMERICAN HEART ASSOCIATION4701 W 77th Street Edina,MN 55435	13-5613797	501C3	10,000				Go Red for Women Cause sponsor Brainerd Luncheon
UNITED WAY OF STEELE COUNTY144 W Main Street Box 32 Owatonna,MN 55060	23-7366680	501C3	10,000				General Support
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 East 28th Street Suite 100 Minneapolis,MN 55407	41-1426406	501C3	99,023				General Support and sponsorship for various special events
OWATONNA CHAMBER OF COMMERCE320 Hoffman Drive Owatonna,MN 55060	36-3319497	501C3	10,000				Owatonna Commnunity Aquatic Center
NAMI-MN800 Transfer Road Suite 31 St Paul,MN 55114	41-1317030	501C3	5,000				Annual Music for the Mind Event for NAMI
AMHERST H WILDER FOUNDATION451 Lexington Parkway N St Paul,MN 55104	41-0693889	501C3	5,000				Building on the Legacy Breakfast
PORTICO HEALTHNET2610 University Avenue West Suite 550 St Paul,MN 55114	41-1814659	501C3	36,667				General Support
THE ITASCA PROJECT FUND55 Fifth Street East Suite 600 St Paul,MN 551011797	41-6031510	501C3	18,000				General Support
THE FEDERATED FOUNDATION121 East Park Square Owatonna,MN 55060	23-7173646	501C3	50,000				Federated Challenge for Kids of Minnesota

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA EARLY LEARNING FOUNDATION 2233 University Avenue 424 Minneapolis, MN 55114	71-0984782	501C3	100,000				General Support
MEDICA HEALTH PLANS 401 Carlson Parkway Minnetonka, MN 553055387	41-1242261	501C3	15,000				2009 Labor Care Health and Benefits Fair sponsorship
MINNEAPOLIS UPTOWN ROTARY CLUB FOUNDATION 3932 12th Ave S Minneapolis, MN 554012733	02-0592548	501C3	5,000				Taste of Lake Street sponsorship
CARVER COUNTY HEALTH PARTNERSHIP PO Box 291 Chaska, MN 55318	32-0182075	501C3	25,000				Support for Carver County Health Partnership's Action Teams
NICE RIDE MINNESOTA 1301 Theodore Wirth Parkway Minneapolis, MN 55422	26-4372592	501C3	15,000				General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax 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)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a Yes	
b Any related organization?	6b Yes	
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8 Yes	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9 Yes	

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Tax indemnification and gross-up payments. Allina Health System provides this type of payment as it relates to taxable moving expense reimbursements on certain executives. Tomi Ryba - \$58,446, Duncan Gallagher - \$14,640. Housing allowance or residence for personal use. Allina Health System provides this type of payment as it relates to temporary housing for certain executives who are relocating due to employment with Allina and do not initially have a permanent residence.
	Part I, Line 4a	On June 9, 2009, The Allina Health System Board of Directors elected Mr. Kenneth Paulus to succeed Mr. Richard Pettingill as Chief Executive Officer [CEO], effective June 10, 2009. Prior to assuming the position of CEO, Mr. Paulus served as President & Chief Operating Officer [COO]. The COO position formerly held by Mr. Paulus was not replaced following the transition. The 2009 compensation disclosed for Mr. Pettingill includes payouts of COMPENSATION AND BENEFITS THROUGH 12/31/2009, deferred compensation and incentive compensation plans including the Management Incentive Plan (MIP), the Long-Term Incentive Plan (LTIP), the Allina Supplemental Executive Retirement Plan [SERP], the Allina Executive Retirement Benefit Restoration Plan and the Allina Hospitals and Clinics Executive Benefit Plan as more fully described in Schedule J, Part III below. PART I, LINE 4A: Amy Phenix - \$160,134, Mary Foarde - \$341,142, Gary Strong - \$591,144, Richard Sturgeon, MD - \$135,693. Part I, Line 4b: Richard Pettingill - \$1,535,306, Andrew Pugh - \$8,002, Elizabeth T. Smith, \$10,788, Margaret Butler - \$17,944, Margaret Hasbrouck - \$19,288, Laurie Lafontaine - \$20,253, Sid Mallory - \$98,698, Thomas O'Connor - \$25,146, Kenneth Paulus - \$88,058, Jeffrey Peterson - \$44,921, Amy Phenix - \$84,276, Rickie Ressler - \$73,238, Joann Yohn - \$10,550, Mary Foarde - \$43,968, Gary Strong - \$88,425, Richard Sturgeon, MD - \$19,092.
	Part I, Line 6	DEFERRED COMPENSATION PLANS, TERMS AND CONDITIONS. MANAGEMENT INCENTIVE PLAN (MIP). Allina provides an annual incentive compensation opportunity to most managers, some high-level individual contributors and executives. Under this Plan, the target award is expressed as a function of the participant's salary paid during the calendar year and requires at least four months of service in an eligible position during the year. Actual awards can range from 0% to 150% of the target award, based on Allina's performance over the calendar year. Performance measures include financial performance, service quality, patient satisfaction, patient safety and community service. No awards are provided unless threshold financial performance is achieved. Participants who have left employment prior to the end of the year as the result of voluntary termination or termination for poor performance are not eligible for an award. LONG-TERM INCENTIVE PLAN (LTIP). Allina has a Long-Term Incentive Plan that provides a cash award opportunity to a small number of top executives approved for participation by the Compensation Committee of the Board. The award opportunity is based on Allina performance during overlapping three-year periods. Performance measures and targets are defined by the Committee for each three-year period and vary from one period to another depending on the Committee's judgment of the most important measures of success. Awards can range from 0% to 150% of target awards. For the 2006-2008 performance cycle, the resulting award for the CEO was subject to mandatory and elective deferrals of payment - with a risk of forfeiture in the case of certain types of employment termination during the deferral periods. The Plan has been amended to eliminate payment deferral possibilities for performance cycles beginning in 2008 or later years.
	Part I, Line 8	CERTAIN AMOUNTS REPORTED ON FORM 990, PART VII WERE PAID OR ACCRUED PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGULATION SECTION 53.4958-4(a)(3). FROM TIME TO TIME, ALLINA HEALTH SYSTEM ENTERS INTO CONTRACTUAL ARRANGEMENTS THAT MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION BASED ON THE TERMS AND UNDERSTANDINGS OF THE CONTRACTUAL AGREEMENTS.
Supplemental Information	Part III	<p>Additional Compensation Disclosures. Richard Pettingill's Compensation included an incentive award earned as the result of company performance under the Long Term Incentive Plan (LTIP). Part of this award was subject to mandatory deferral. Other reportable compensation included payment of Executive Retirement benefits that had accrued over the period of Mr. Pettingill's employment with Allina and became taxable and payable upon his separation from employment. Sid Mallory's Other Reportable Compensation included executive retirement benefits that had accrued over the period of Mr. Mallory's employment with Allina and other deferred compensation including an incentive award earned as the result of company performance under the Long Term Incentive Plan (LTIP), Amy Phenix, Mary Foarde, Gary Strong and Richard Strugeon's Other Reportable Compensation included payment of severance (if applicable), executive retirement, and other deferred compensation following separation from employment. Deferred Compensation Plans - Terms and Conditions. Former LifeSpan Employee. This was a non-qualified supplemental retirement benefit for a physician to address a potential pension shortfall due to the potential loss of future benefits in their LifeSpan pension plan. The amount to be paid under this supplemental plan is the lower of a defined lifetime dollar limit or the value of the loss associated with the change in qualified pension plan benefits. HEALTH ONE CORPORATION SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. This plan was amended effective December 31, 2008, such that no future benefits accrue for service after that date. This is a grandfathered defined benefit SERP. There are only a few remaining executives in this plan. This plan was designed to supplement their qualified defined benefit plan. This is a final average pay plan with benefit offsets for the qualified defined benefit plan and primary Social Security. The benefit is payable in a lump sum equivalent for participants who entered the plan after August 16, 1986. This SERP is payable from Allina's general assets. If Allina becomes insolvent, the participant will be an unsecured creditor and will have no preferred claim to any assets. ALLINA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). This plan was amended effective December 31, 2008, such that no future benefits accrue for service after that date. Eligible Allina executives participated in a defined contribution SERP. Employer credits were made each year to their SERP balance according to the following schedule: Executive Years of Service Contribution as a % of Pensionable Earnings: 0-5: 2.75%, 6-10: 3.50%, 11+ 4.75%. Executives were also credited an amount equal to the excess amount that would have been credited to the Pension Account Plan were it not for the qualified plan compensation limits. Deposits earn the investment rate of return equal to the Pension Account Plan crediting rate as declared by Allina. The current rate is 4%. The participant vests after three years of executive service provided that if the participant terminates employment with Allina prior to age 65 for any reason other than elimination of position, the participant must fulfill the terms of a covenant not to compete. Benefits are paid as a single lump-sum amount upon age 65 retirement or job position elimination. In the case of other voluntary terminations, payment is delayed until completion of the two-year non-compete period. The SERP is payable from Allina's general assets. If Allina becomes insolvent, the participant will be an unsecured creditor and will have no preferred claim to any assets. ALLINA EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN. Eligible Allina executives participate in a deferred compensation retirement plan. Executives are credited an amount equal to the excess amount that would have been credited to the Allina Retirement Savings Plan were it not for the qualified plan compensation limits. Employer credits are made each year to their account balance according to the following schedule as of the end of the plan year: Participant's Years of Vesting Service Applicable Percentage: Less than 1: 0%, 1-5: 5.0%, 6-10: 5.5%, 11-15: 6.0%, 16 or more: 6.5%. Deposits earn the investment rate of return equal to the investment options selected by the participant which are the same options available under the qualified plan. A participant who has completed at least two Years of Service becomes vested in the portion of his or her Account attributable to the Annual Credit for a particular year as of January 15 of the year following the calendar year in which the Annual Credit is earned. In the event of termination (other than because of death) prior to age 67, the distribution date shall be as soon as administratively possible after termination in the form of a lump sum payment. The plan is payable from Allina's general assets. If Allina becomes insolvent, the participant will be an unsecured creditor and will have no preferred claim to any assets. This plan was effective January 1, 2009. Allina Hospitals and Clinics Executive Benefit Plan. Allina Hospitals and Clinics Physician Benefit Plan. Under these two Plans, the employer provides an allowance (percent of salary) that the executive or physician may use to purchase supplemental benefits. Items that can be purchased on an after-tax basis are: -Life Insurance. This is a variable universal policy, benefit maximum is 10 times salary up to a maximum dollar amount of \$5 million. -Accidental Death & Disability. This is a term policy, benefit maximum is 5 times salary up to a maximum dollar amount of \$1 million. -Long Term Disability -Financial Planning. MUTUAL FUND ACCOUNT. Whatever remains from the allowance is deferred into pre-tax deferred compensation investment accounts (referred to as a "mutual fund account"). These accounts give the participant the opportunity for capital accumulation not fully available to them through Social Security or the general employee retirement plans because of maximums placed on compensation that can be recognized under federal law for purposes of contributions. They also serve as an important non-compete incentive to participants. Prior to the year in which contributions are made, the participant must designate a vesting/payout date consistent with the constraints of the Plans and federal deferred compensation regulations. After the contributions are made, the participant has a one-time limited opportunity to extend the elected payment date for at least five years. Once the vesting/payout date has been reached, Allina will withhold the appropriate taxes and the balance will be paid to the participant on their paycheck as soon as administratively feasible. If the participant terminates employment voluntarily before an amount is paid, payment will be subject to the participant's compliance with a non-compete agreement with Allina for two years after termination. The participant may elect from among investment alternatives that are similar to those available in the Retirement Savings Plan. Unlike the Retirement Savings Plan, the participant has the status of an unsecured creditor of Allina and will not have a preferred claim to payment in the case of the company's inability to pay. However, the company does set aside assets for its obligations by actually investing the promised assets consistent with participant elections. PLAN RESTATEMENT. Effective January 1, 2009, these Plans were both restated, eliminating any further company contributions to any previous benefit other than the Mutual Fund Account. EXECUTIVE SEVERANCE PLAN. Allina provides salary continuation for executives whose employment has been involuntarily terminated for reasons other than Cause or poor performance. The length of the severance pay period is defined by the Plan and depends on the level of the executive position. Under the Plan the severed executive also could continue certain benefits for a limited period of time. In 2009 the Plan was amended to further restrict severance benefits in the case that the executive obtains other employment during the severance period.</p>

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard Pettingill	(i) (ii)502,2010	(i) (ii)607,3400	(i) (ii)2,105,2600	(i) (ii)99,6900	(i) (ii)9,2800	(i) (ii)3,323,7710	(i) (ii)1,394,1820
Duncan Gallagher	(i) (ii)194,6980	(i) (ii)25,0000	(i) (ii)17,1180	(i) (ii)27,3460	(i) (ii)6,9590	(i) (ii)271,1210	(i) (ii)00
Michael McAnder	(i) (ii)111,0940	(i) (ii)90,3880	(i) (ii)2,0900	(i) (ii)24,1060	(i) (ii)6,3880	(i) (ii)234,0660	(i) (ii)00
Andrew Pugh	(i) (ii)205,1500	(i) (ii)32,3540	(i) (ii)10,4420	(i) (ii)38,4380	(i) (ii)27,0740	(i) (ii)313,4580	(i) (ii)00
Elizabeth T Smith	(i) (ii)241,1970	(i) (ii)35,0940	(i) (ii)14,0230	(i) (ii)64,2140	(i) (ii)22,2820	(i) (ii)376,8100	(i) (ii)00
Margaret Butler	(i) (ii)277,4290	(i) (ii)59,9670	(i) (ii)22,7940	(i) (ii)86,9930	(i) (ii)26,0420	(i) (ii)473,2250	(i) (ii)00
Margaret Hasbrouck	(i) (ii)194,1880	(i) (ii)34,7110	(i) (ii)22,6850	(i) (ii)43,2810	(i) (ii)22,7220	(i) (ii)317,5870	(i) (ii)00
Laurie Lafontaine	(i) (ii)313,5880	(i) (ii)48,5510	(i) (ii)55,2110	(i) (ii)76,4060	(i) (ii)27,3270	(i) (ii)521,0830	(i) (ii)20,2530
Sid Mallory	(i) (ii)166,2730	(i) (ii)126,5920	(i) (ii)43,2830	(i) (ii)11,3500	(i) (ii)1,7190	(i) (ii)349,2170	(i) (ii)59,6720
Tom O'Connor	(i) (ii)346,7750	(i) (ii)73,9490	(i) (ii)28,9750	(i) (ii)154,9250	(i) (ii)24,4710	(i) (ii)629,0950	(i) (ii)25,1460
Kenneth Paulus	(i) (ii)730,5900	(i) (ii)230,7800	(i) (ii)5,1840	(i) (ii)526,8430	(i) (ii)28,1700	(i) (ii)1,521,5670	(i) (ii)88,0580
Jefferey Peterson	(i) (ii)502,2360	(i) (ii)104,5340	(i) (ii)59,6810	(i) (ii)223,5370	(i) (ii)35,0920	(i) (ii)925,0800	(i) (ii)44,9210
Amy Phenix	(i) (ii)16,0370	(i) (ii)31,0970	(i) (ii)256,7740	(i) (ii)20,6630	(i) (ii)5,9350	(i) (ii)330,5060	(i) (ii)21,4280
Rickie Ressler	(i) (ii)363,1170	(i) (ii)107,7330	(i) (ii)49,8290	(i) (ii)135,0360	(i) (ii)12,1460	(i) (ii)667,8610	(i) (ii)29,4840
Tom Ryba	(i) (ii)392,5830	(i) (ii)50,0000	(i) (ii)62,7310	(i) (ii)88,7590	(i) (ii)23,6580	(i) (ii)617,7310	(i) (ii)00
Penny Wheeler MD	(i) (ii)440,7940	(i) (ii)85,9090	(i) (ii)5,8770	(i) (ii)265,7330	(i) (ii)15,7450	(i) (ii)814,0580	(i) (ii)00
Joann Yohn	(i) (ii)230,1380	(i) (ii)39,2870	(i) (ii)20,2240	(i) (ii)43,0150	(i) (ii)27,3020	(i) (ii)359,9660	(i) (ii)00
Sandra schmitt	(i) (ii)264,3200	(i) (ii)48,9620	(i) (ii)5,1080	(i) (ii)82,4710	(i) (ii)28,2720	(i) (ii)429,1330	(i) (ii)00
Robert Wieland MD	(i) (ii)406,4230	(i) (ii)62,1410	(i) (ii)4,2380	(i) (ii)127,4560	(i) (ii)28,5130	(i) (ii)628,7710	(i) (ii)00
William Block MD	(i) (ii)989,6260	(i) (ii)00	(i) (ii)79,8000	(i) (ii)53,2530	(i) (ii)31,1700	(i) (ii)1,153,8490	(i) (ii)00
William Wagner MD	(i) (ii)988,6190	(i) (ii)00	(i) (ii)19,3150	(i) (ii)59,0330	(i) (ii)27,4140	(i) (ii)1,094,3810	(i) (ii)00
SuBhashini Ladella MD	(i) (ii)924,8600	(i) (ii)00	(i) (ii)43,9020	(i) (ii)58,3090	(i) (ii)26,7710	(i) (ii)1,053,8420	(i) (ii)00
Diana Danilenko MD	(i) (ii)954,7760	(i) (ii)00	(i) (ii)11,3710	(i) (ii)55,2810	(i) (ii)22,0350	(i) (ii)1,043,4630	(i) (ii)00
Donald Wothe MD	(i) (ii)917,5140	(i) (ii)00	(i) (ii)17,2970	(i) (ii)58,3110	(i) (ii)27,3540	(i) (ii)1,020,4760	(i) (ii)00
Mary Foarde	(i) (ii)00	(i) (ii)66,1990	(i) (ii)385,1090	(i) (ii)61,1280	(i) (ii)00	(i) (ii)512,4360	(i) (ii)00
Gary Strong	(i) (ii)00	(i) (ii)102,9700	(i) (ii)686,9540	(i) (ii)77,0910	(i) (ii)3630	(i) (ii)867,3780	(i) (ii)00
Richard Sturgeon MD	(i) (ii)12,4820	(i) (ii)35,2640	(i) (ii)164,3150	(i) (ii)25,6820	(i) (ii)2,5950	(i) (ii)240,3380	(i) (ii)00

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Employer identification number
Name of the organization ALLINA HEALTH SYSTEM	36-3261413

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	city of Minneapolis	41-6005375	792909BJ1	11-10-2009	348,409,221	REFUNDING OF 2007B AND A PORTION OF THE 1998A, REMODELLING & RENOVATION		X		X
B	City of Minneapolis	41-6005375	792909BH5	10-09-2007	482,877,203	Refunding of 1993A and advanced refunding of 2002A bonds,remodeling&renovate		X		X
C	MINNESOTA AGRICULTURE AND ECONOMIC DEVELOPMENT BOARD	41-6007162		08-12-2005	15,000,000	FINANCING OF EQUIPMENT		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	348,469,997		487,126,702		15,289,850					
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows	213,712,730		213,712,730							
4	Other unspent proceeds	41,713,496		11,635,799							
5	Issuance costs from proceeds	3,332,390		9,504,494		61,737					
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	8,336,927		115,286,685		15,228,113					
8	Year of substantial completion	2011		2010		2005					
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X		X					
10	Were the bonds issued as part of an advance refunding issue?			X		X					
11	Has the final allocation of proceeds been made?			X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	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					
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X					

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X			X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
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		0 100 %		1 200 %		3 700 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 100 %		1 200 %		3 700 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?	X		X			X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X			X				
b	Name of provider	JP MORGANWELLS		UBS							
c	Term of hedge	25 8000000000000		24 8000000000000							
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider	MBIA		MBIA							
c	Term of GIC	0 8000000000000		0 8000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X				
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316020070	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization ALLINA HEALTH SYSTEM				Employer identification number 36-3261413	

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE ALLINA HEALTH SYSTEM FORM 990 WAS PREPARED BY THE TAX SERVICES FUNCTION OF ALLINA HEALTH SY STEM THE FORM 990 FILING WAS SUBJECTED TO A RIGOROUS REVIEW PROCESS BY ALLINA'S TAX MANAGER AND TAX DIRECTOR ALLINA'S VICE PRESIDENT OF FINANCE & TREASURY ALSO PERFORMED AN EXECUTIVE REVIEW of THE FORM 990 AFTER THE MANAGEMENT REVIEW PROCESS DESCRIBED ABOVE WAS COMPLETED, THE FINAL FORM 990, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE [IRS], WAS PROVIDED TO EACH VOTING MEMBER OF THE ALLINA HEALTH SY STEM BOARD OF DIRECTORS AN ALLINA HEALTH SY STEM BOARD OF DIRECTORS MEETING WAS HELD ON NOVEMBER 2, 2010 TO REVIEW AND DISCUSS THE FORM 990 FILING THE ALLINA HEALTH SY STEM BOARD OF DIRECTORS VOTED ON AND APPROVED A RESOLUTION APPROVING THE FORM 990 AND THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE MINNEOSOTA ATTORNY GENERAL THE BOARD OF DIRECTORS RESOLUTION ALSO DIRECTED OFFICERS TO FILE THE FORM 990 WITH THE IRS AND THE CHARITABLE ANNUAL REPORT WITH THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL THE ABOVE STATED REVIEW AND APPROVAL PROCESS OCCURRED PRIOR TO FILING THE ALLINA HEALTH SY STEM FORM 990 WITH THE IRS AND MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE MINNESOTA ATTORNEY GENERAL
Form 990, Part VI, Section B, line 12c		The organization has several methods of monitoring and enforcing compliance w ith its conflict of interest policy First, the organization regularly distributes conflict of interest disclosure questionnaires to its officers, directors, trustees, and key employees These individuals are required to disclose annually any interest that could give rise to conflicts, including any family or business relationship Second, the General Counsel's office annually delivers a report to Allina's Board of Directors w hich includes, among other things, the results of the conflict of interest questionnaire, an analysis of potential conflicts, and guidance for satisfactorily resolving conflicts Third, the organization undertakes mandatory compliance training of all its employees w hich includes training on conflicts of interest Fourth, all employees receive, and are expected to conduct themselves in accordance w ith Allina's Code of Conduct The Code of Conduct contains educational materials and guidance to resolve potential conflicts of interest Fifth, Allina maintains a corporate integrty hotline, a confidential 24 hour external resource to help answ er questions related to ethical business conduct All calls to the integrity line are kept confidential
Form 990, Part VI, Section B, line 15		THE COMPENSATION COMMITTEE OF THE ALLINA HEALTH SY STEM BOARD OF DIRECTORS IS RESPONSIBLE FOR ALL COMPENSATION AND BENEFITS PROGRAM ELEMENTS FOR NON-COLLECTIVELY BARGAINED ALLINA HEALTH SY STEM EMPLOYEES ALLINA HEALTH SY STEM USES A PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES THAT INCLUDED ALL OF THE FOLLOWING ELEMENTS REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, THE MEMBERS OF WHICH ARE INDEPENDENT AND WITHOUT A CONFLICT OF INTEREST AS DEFINED IN REGULATION SECTION 53 4958-6(C)(1)(III) ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT SPECIALIZING IN EXECUTIVE COMPENSATION USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS CONTEMPORANEOUS DOCUMENTATION, SUBSTANTIATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT THE ABOVE DESCRIBED PROCESS AND AN ASSESSMENT IS PERFORMED AT LEAST ANNUALLY FOR THE FOLLOWING POSITIONS CHIEF EXECUTIVE OFFICER/PRESIDENT, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF ADMINISTRATIVE OFFICER, CHIEF CLINICAL OFFICER, PRESIDENT - ABBOTT NORTHWESTERN HOSPITAL, PRESIDENT - UNITED HOSPITAL, PRESIDENT - MERCY HOSPITAL, PRESIDENT - UNITY HOSPITAL, PRESIDENT - ALLINA MEDICAL CLINIC, PRESIDENT - PHILLIPS EYE INSTITUTE, EXECUTIVE VICE PRESIDENT - GENERAL COUNSEL, EXECUTIVE VICE PRESIDENT PHILANTHROPY, EXECUTIVE VICE PRESIDENT - STRATEGY AND DEVELOPMENT, EXECUTIVE VICE PRESIDENT - AMBULATORY CARE IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS AND APPROVES ALL COMPENSATION CHANGES OF THE CHIEF EXECUTIVE OFFICER AND THE OTHER FORE MENTIONED POSITIONS LISTED IN ADVANCE OF THE CHANGE
Form 990, Part VI, Section C, line 19		ALLINA HEALTH SY STEM MAKES ITS FORM 990, FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST TO ARRANGE AN INSPECTION OR RECEIVE A COPY, PLEASE CONTACT THE FOLLOWING ALLINA HEALTH SY STEM TAX SERVICES MAIL ROUTE 10890 P O BOX 43 MINNEAPOLIS, MN 55407-0043 TELEPHONE 612-262-0660 PHYSICAL ADDRESS 2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407-1321 THE FORM 990 AND FORM 1023 ARE ALSO AVAILABLE DIRECTLY FROM THE INTERNAL REVENUE SERVICE THE FORM 990 AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE FROM THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE FROM DIGITAL ASSURANCE CERTIFICATION (DAC) AND ON THEIR WEBSITE AT DACBOND COM DAC clients meet the IRS Section 6104(d) requirements on allow ing "public inspection of certain annual returns, reports, and applications for exemption and notices of status" via the DAC w ebsite DAC enures the reliability and accuracy of the posted documents and takes reasonable precautions to precent alteration, destruction or accidental loss of the posted documents Where requestd, a user may dow nload a document, print a document, email a document or, given reasonable w ritten notice, DAC w ill mail a notification indicating w here such documents are available w ithin 7 days of the w ritten request, per IRS Trea Reg section 301 6104(d)-2(d)
FORM 990 PART XI LINE 2C		THIS PROCESS REMAINS UNCHANGED FROM PRIOR YEARS
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	TELEFUNDRAISING
Schedule G, part II	Fundraising Event #1(a) 3M Championship	The 3M Championship is a U S Senior Professional Golf Association sponsored tournament w hose net proceeds are distributed to further the charitable purpose of the organization In conjunction w ith the tournament, the 3M Foundation agreed to provide a guaranteed contribution totaling \$1,300,000 w hich w as directly provided to the United Hospital Foundation, Abbott Northw estern Hospital Foundation, and Mercy and Unity Hospital Foundation, and is not reflected in the amounts on schedule G

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization ALLINA HEALTH SYSTEM	Employer identification number 36-3261413

Part I

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

(a) Name, address, and EIN 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
Accounts Receivable Services LLC PO Box 43 MINNEAPOLIS, MN 55440 55-0811834	Debt Collection	MN	1,756,589	11,629,280	N/A

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
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See Additional Data Table

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?	
							Yes	No			
See Additional Data Table											

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
HealthSpan Services Corporation PO Box 43 Minneapolis, MN55440 41-1716415	Debt Collection	MN					100 000 %
Allina Specialty Associates PO Box 43 Minneapolis, MN55440 41-1802815	HealthCare	MN			-28,394,042	24,059,696	100 000 %
Allina Clinic Holdings LTD PO Box 43 Minneapolis, MN55440 26-3954371	Holding Company	MN			-55,320	4,308,156	100 000 %
Quello Clinic Limited PO Box 43 Minneapolis, MN55440 41-0874754	Healthcare Services	MN	Allina Clinic Holdings LTD		-2,976,428	2,479,136	100 000 %

Part V

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

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Allina Medical Clinic PO Box 43 Minneapolis, MN554400043 41-1781624	Healthcare Services	MN	501(c)(3)	hospital	N/A
Abbott Northwestern Hospital Foundation PO Box 43 Minneapolis, MN554400043 04-3643816	Supporting Organization	MN	501(c)(3)	509(a)(3) Type I	N/A
Mercy & Unity Hospitals Foundation PO Box 43 Minneapolis, MN554400043 30-0086426	Supporting Organization	MN	501(c)(3)	509(a)(3) Type I	N/A
Phillips Eye Institute Foundation PO Box 43 Minneapolis, MN554400043 41-1613017	Supporting Organization	MN	501(c)(3)	509(a)(3) Type I	N/A
Sister Kenny Foundation PO Box 43 Minneapolis, MN554400043 41-1952989	Supporting Organization	MN	501(c)(3)	509(a)(3) Type I	N/A
United Hospital Foundation PO Box 43 Minneapolis, MN554400043 23-7420998	Supporting Organization	MN	501(c)(3)	509(a)(3) Type I	N/A
Allina Family of Foundations PO Box 43 Minneapolis, MN554400043 26-3553868	Supporting Organization	MN	501(c)(3)	509(a)(3) Type I	N/A
Aspen Asset Corporation PO Box 43 Minneapolis, MN554400043 41-1788674	Holding Company	MN	501(c)(4)		Aspen Medical Group
Aspen Medical Group PO Box 43 Minneapolis, MN554400043 41-1452624	Healthcare Services	MN	501(c)(4)		N/A
East Metro Disease Initiative PO Box 43 Minneapolis, MN554400043 46-0484094	Healthcare Services	MN	501(c)(3)	Line 9	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V - UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Apple Valley Building Associates LLC 14655 Galaxie Avenue S Apple Valley, MN55124 41-1677072	Real Estate	MN	N/A	Related	87,246	4,676,267		No		Yes	
ANW-ST CLOUD SURGERY CENTER PLLP PO BOX 43 MINNeapolis, MN55440 41-2019007	SURGICAL SERVICES	MN	N/A	RELATED	-617,595			No		Yes	
Metropolitan Integrated Cancer Care LLC 16825 Northchase Drive Suite 1300 Houston, TX77060 20-5068485	Diagnostic Radiology	TX	N/A	Related	2,082,586	1,485,222		No			No
Southwest Surgical Center LLC 920 East 28th Street Suite 500 Minneapolis, MN55407 41-2013700	Healthcare Services	MN	N/A	Related	951,929	938,018		No		Yes	
Magneto Leasing LLC 225 Smith Ave N Suite 201 St Paul, MN55102 20-1582501	Rentals Equipment	MN	N/A	Related	166,495	57,437		No		Yes	
Alexandria Imaging LLC 920 East 28th Street Suite 500 Minneapolis, MN55407 41-2000887	Diagnostic Radiology	MN	N/A	Related	-152,787	4,906		No		Yes	
West Suburban Health Campus 2855 Campus Drive Plymouth, MN55441 41-1730888	Real Estate	MN	N/A	Related	-58,741	1,079,719		No		Yes	
Aspen Sleep Center 1010 BANDANA BOULEVARD WEST St Paul, MN55108 26-1850227	Healthcare Services	MN	Aspen Medical Group	Related	231,057	234,818		No			No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	C	10,749,037
(2)	ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	B	1,835,921
(3)	ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	Q	1,200,000
(4)	MERCY & UNITY HOSPITALS FOUNDATION	C	962,279
(5)	MERCY & UNITY HOSPITALS FOUNDATION	B	1,022,760
(6)	PHILLIPS EYE INSTITUTE FOUNDATION	C	936,399
(7)	PHILLIPS EYE INSTITUTE FOUNDATION	B	151,067
(8)	SISTER KENNY FOUNDATION	C	634,408
(9)	SISTER KENNY FOUNDATION	B	328,174
(10)	UNITED HOSPITAL FOUNDATION	C	571,927
(11)	UNITED HOSPITAL FOUNDATION	B	1,425,345
(12)	ALLINA FAMILY OF FOUNDATIONS	C	200,240
(13)	ALLINA FAMILY OF FOUNDATIONS	B	36,248
(14)	ASPEN MEDICAL GROUP	O	38,886,199
(15)	Aspen Asset Corporation	O	7,781,788
(16)	ALLINA SPECIALTY ASSOCIATES INC	B	8,060,037
(17)	ALLINA MEDICAL CLINIC	B	17,758,642
(18)	METROPOLITAN INTEGRATED CANCER CARE LLC	C	2,348,241
(19)	ANW-ST CLOUD SURGERY CENTER LLLP	C	1,038,942
(20)	APPLE VALLEY BUILDING ASSOCIATES LLC	C	243,506
(21)	SOUTHWEST SURGICAL CENTER LLC	C	960,000
(22)	MAGNETO LEASING LLC	C	204,024
(23)	ASPEN SLEEP CENTER LLC	C	172,250
(24)	ALLINA CLINIC HOLDINGS LTD	B	2,614,317
(25)	QUELLO CLINIC LTD	O	3,899,170
(26)	ALEXANDRIA IMAGING LLC	B	52,000
(27)	ALLINA CLINIC HOLDINGS LTD	O	1,087,854