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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 private foundations)

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Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLINA HEALTH SYSTEM	D Employer identification number 36-3261413	
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 43 MR 10890	E Telephone number (612) 262-0660	
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 554400043		
	F Name and address of principal officer PENNY WHEELER PO BOX 43 MR 10890 MINNEAPOLIS, MN 554400043		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1983	
J Website: ▶ WWW.ALLINAHEALTH.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		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 HEALTH") 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 HEALTH 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 2014, ALLINA PROVIDED \$499,641,097 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.	
	2	Check this box <input 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)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	
	8	Contributions and grants (Part VIII, line 1h)	
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,249,129	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
	19	Revenue less expenses. Subtract line 18 from line 12	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
		21	Total liabilities (Part X, line 26)
22		Net assets or fund balances. Subtract line 21 from line 20	

Part II

Signature Block

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

Sign Here	<div><div></div><div>Signature of officer</div></div>		<div><div>2015-11-10</div><div>Date</div></div>			
	<div><div></div><div>DUNCAN GALLAGHER, CHIEF FINANCIAL OFFICER</div></div>					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶	
	Firm's address ▶				Phone no	

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

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

OUR MISSIONWE SERVE OUR COMMUNITIES BY PROVIDING EXCEPTIONAL CARE, AS WE PREVENT ILLNESS, RESTORE HEALTH AND PROVIDE COMFORT TO ALL WHO ENTRUST US WITH THEIR CARE OUR VISIONWE WILL PUT THE PATIENT FIRST, MAKE A DIFFERENCE IN PEOPLES LIVES BY PROVIDING EXCEPTIONAL CARE AND SERVICE, CREATE A HEALING ENVIRONMENT WHERE PASSIONATE PEOPLE THRIVE AND EXCEL, AND LEAD COLLABORATIVE EFFORTS THAT SOLVE OUR COMMUNITY’S HEALTH CARE CHALLENGES OUR VALUESINTEGRITY, RESPECT, TRUST, COMPASSION AND STEWARDSHIP

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No





















If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 2,605,479,897 including grants of \$ 2,238,733) (Revenue \$ 3,733,753,683)
	PROVIDING MEDICAL SERVICESHOSPITAL, MEDICAL AND OTHER HEALTH CARE SERVICESALLINA HEALTH DELIVERS HIGH QUALITY HOSPITAL, MEDICAL AND OTHER HEALTH CARE SERVICES TO PATIENTS IN MINNESOTA AND WESTERN WISCONSIN AS A MISSION-DRIVEN ORGANIZATION, ALLINA HEALTH IS COMMITTED TO IMPROVING THE LIFELONG HEALTH OF THE COMMUNITIES IT SERVES ALLINA HEALTH PROVIDES THESE SERVICES TO THE COMMUNITY THROUGH ITS FAMILY OF HOSPITALS WHICH INCLUDE ABBOTT NORTHWESTERN HOSPITAL - MINNEAPOLIS, MINNESOTALOCATED IN SOUTH MINNEAPOLIS, ABBOTT NORTHWESTERN HOSPITAL IS THE TWIN CITIES' LARGEST NOT-FOR-PROFIT HOSPITAL ABBOTT NORTHWESTERN IS KNOWN AROUND THE REGION AND ACROSS THE UNITED STATES FOR ITS CENTERS OF EXCELLENCE CANCER CARE THROUGH THE VIRGINIA PIPER CANCER INSTITUTE, CARDIOVASCULAR SERVICES IN PARTNERSHIP WITH THE MINNEAPOLIS HEART INSTITUTE, THE SPINE INSTITUTE, NEUROSCIENCE INSTITUTE, ORTHOPAEDIC INSTITUTE, PERINATOLOGY, OBSTETRICS AND GYNECOLOGY THROUGH WOMENCARE AND PHYSICAL REHABILITATION THROUGH COURAGE KENNY REHABILITATION INSTITUTE UNITED HOSPITAL ST PAUL, MINNESOTALOCATED IN DOWNTOWN ST PAUL, UNITED HOSPITAL IS THE LARGEST HOSPITAL IN THE TWIN CITIES EAST METRO AREA UNITED HAS A REPUTATION FOR EXCELLENCE IN PATIENT CARE AND STATE-OF-THE-ART FACILITIES, WITH INNOVATIVE PROGRAMS SUCH AS CARDIOVASCULAR SERVICES (INCLUDING NASSEFF HEART CENTER, WOMEN'S HEART CENTER AND VASCULAR CENTER), NASSEFF NEUROSCIENCE CENTER, AND PSYCHIATRY, WOMEN'S HEALTH, SURGICAL, REHABILITATION AND EMERGENCY SERVICES MERCY HOSPITAL COON RAPIDS, MINNESOTALOCATED IN COON RAPIDS, MERCY HOSPITAL OFFERS NATIONALLY RECOGNIZED CLINICAL EXCELLENCE AND COMPASSIONATE HEALTH CARE SERVICES TO NORTH METRO COMMUNITIES AMONG THE SERVICES PROVIDING CUTTING-EDGE CARE ARE HEART & VASCULAR CENTER, CANCER 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, MINNESOTALOCATED 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, MINNESOTALOCATED IN THE WESTERN METROPOLITAN COMMUNITY OF BUFFALO, BUFFALO HOSPITAL IS RECOGNIZED AS ONE OF THE NATION'S 100 TOP HOSPITALS ACCORDING TO THOMSON REUTERS BUFFALO HOSPITAL PROVIDES HIGH QUALITY, PERSONAL CARE IN PRIVATE ROOMS THE HOSPITAL PROVIDES MANY SPECIALTY SERVICES INCLUDING THE BIRTH CENTER, CARDIAC CENTER, EMERGENCY SERVICES, SLEEP CENTER, PHILLIPS EYE INSTITUTE, COURAGE KENNY REHABILITATION INSTITUTE AND VIRGINIA PIPER CANCER INSTITUTE CAMBRIDGE MEDICAL CENTER CAMBRIDGE, MINNESOTALOCATED IN THE COMMUNITY OF CAMBRIDGE, CAMBRIDGE MEDICAL CENTER IS A REGIONAL HEALTH CARE FACILITY PROVIDING COMPREHENSIVE HEALTH CARE SERVICES TO RESIDENTS OF ISANTI COUNTY THE MEDICAL CENTER IS COMPRISED OF A LARGE MULTI-SPECIALTY CLINIC AND A HOSPITAL ON ONE LARGE CAMPUS DEDICATED TO MEETING THE NEEDS OF ITS PATIENTS, CAMBRIDGE MEDICAL CENTER PROVIDES AN ATMOSPHERE THAT PROMOTES HEALING AND COMFORT NEW ULM MEDICAL CENTER NEW ULM, MINNESOTALOCATED IN SOUTH CENTRAL MINNESOTA, NEW ULM MEDICAL CENTER (NUMC) CONSISTS OF A HOSPITAL AND CLINIC THAT SERVES THE REGION IN AND AROUND BROWN COUNTY NUMC OFFERS AN EXTENSIVE RANGE OF HEALTH CARE OPTIONS, INCLUDING FAMILY PRACTICE, INTERNAL MEDICINE, GENERAL SURGERY, PEDIATRICS, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, RADIOLOGY, EMERGENCY MEDICINE, PSYCHIATRY, PODIATRY, MENTAL HEALTH AND SUBSTANCE ABUSE, HOME CARE AND HOSPICE AS A FULLY INVOLVED MEMBER OF ITS COMMUNITY, NUMC CONTINUALLY FOSTERS AN ATMOSPHERE OF WELL BEING OUTSIDE ITS FOUR WALLS THROUGH A VARIETY OF COMMUNITY-FOCUSED INITIATIVES OWATONNA HOSPITAL OWATONNA, MINNESOTALOCATED SOUTH OF THE TWIN CITIES METROPOLITAN AREA, OWATONNA HOSPITAL PROVIDES COMPREHENSIVE CARE TO PATIENTS IN AND AROUND STEELE COUNTY OWATONNA HOSPITAL HAS HELPED TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF ITS PATIENTS AND THE COMMUNITY FOR MORE THAN 110 YEARS THE 38-BED REPLACEMENT HOSPITAL THAT OPENED IN OCTOBER 2009 FEATURES INTERNATIONAL BEST PRACTICES IN CONTEMPORARY HOSPITAL DESIGN THE HOSPITAL OFFERS A FULL RANGE OF INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES PHILLIPS EYE INSTITUTE MINNEAPOLIS, MINNESOTALOCATED IN MINNEAPOLIS, PHILLIPS EYE INSTITUTE IS THE THIRD LARGEST SPECIALTY EYE HOSPITAL IN THE U S , SPECIALIZING IN THE DIAGNOSIS, TREATMENT AND CARE OF EYE DISORDERS AND DISEASES PHILLIPS EYE INSTITUTE DRAWS PATIENTS FROM A FIVE-STATE REGION WITH AN EXTENSIVE ARRAY OF SERVICES, RANGING FROM DIAGNOSTIC TESTS AND VISION REHABILITATION TO LASER EYE TREATMENTS AND SPECIALIZED EYE SURGERY REGINA MEDICAL CENTER - HASTINGS, MNLOCATED IN HASTINGS, REGINA HOSPITAL PROVIDES HEALTH CARE SERVICES INCLUDING, PRIMARY CARE, INTERNAL MEDICINE, GENERAL SURGERY, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, PEDIATRICS, EMERGENCY MEDICINE, INPATIENT GERIATRIC MENTAL HEALTH, UROLOGY AND OCCUPATIONAL MEDICINE SINCE ITS FOUNDATION, REGINA HOSPITAL CONTINUES TO MAINTAIN ITS CATHOLIC HERITAGE FOCUSING ON SERVING THE WHOLE PERSON - MIND, BODY AND SPIRIT THE HASTINGS CAMPUS INCLUDES SENIOR LIVING FACILITIES, TWO ALLINA HEALTH CLINICS AND A SURGERY CENTER RIVER FALLS AREA HOSPITAL RIVER FALLS, WISCONSINLOCATED IN WESTERN WISCONSIN, RIVER FALLS AREA HOSPITAL IS PART OF A SHARED MEDICAL CAMPUS THAT PROVIDES EASY ACCESS TO HOSPITAL SERVICES AS WELL AS PRIMARY CARE AND SPECIALTY CLINICS, A LONG-TERM CARE FACILITY AND A WELLNESS AND FITNESS CENTER RIVER FALLS AREA HOSPITAL PROVIDES HIGH QUALITY PATIENT FOCUSED CARE AT THEIR RIVERS CANCER CENTER, BIRTH CENTER AND SLEEP CENTER RIVER FALLS AREA HOSPITAL PROVIDES PATIENTS A FULL RANGE OF INPATIENT, OUTPATIENT AND EMERGENCY SERVICES INCLUDING SURGICAL, CARDIOVASCULAR AND REHABILITATION SERVICES ALLINA HEALTH ALSO PROVIDES SERVICES TO THE COMMUNITY THROUGH ITS FAMILY OF CLINICS WITH MORE THAN 90 CLINICS THROUGHOUT MINNESOTA AND WESTERN WISCONSIN, WE PROVIDE PRIMARY CARE, SPECIALTY CARE AND URGENT CARE SERVICES TO PEOPLE IN OVER 40 COMMUNITIES ALLINA AND ITS SUBSIDIARIES PROVIDE A FULL RANGE OF PRIMARY AND SPECIALTY HEALTH CARE SERVICES INCLUDING TECHNICALLY ADVANCED INPATIENT AND OUTPATIENT CARE, 24-HOUR EMERGENCY CARE, MEDICAL TRANSPORTATION, PHARMACY, LABORATORY, HOME CARE AND HOSPICE SERVICES MORE THAN 750 HEALTH CARE PRACTITIONERS HELP PATIENTS IDENTIFY HEALTH RISKS, MANAGE CHRONIC ILLNESS AND FIND THEIR PATH TO BETTER HEALTH ALLINA HEALTH ALSO OPERATES ADDITIONAL SERVICES WHICH INCLUDE HOME CARE, HOSPICE AND PALLIATIVE CAREHOME OXYGEN AND MEDICAL EQUIPMENTMEDICAL LABORATORIESMEDICAL TRANSPORTATION PHARMACYPHYSICAL REHABILITATIONIN 2014, ALLINA HEALTH EXPENDED OVER \$2.6 BILLION TO PROVIDE SERVICES TO PATIENTS THAT INCLUDED 3,500,000 CLINIC VISITS, NEARLY 108,000 INPATIENT ADMISSIONS AND 1,300,000 HOSPITAL OUTPATIENT VISITS THERE WERE MORE THAN 326,000 EMERGENCY CARE VISITS, 337,000 HOMECARE AND HOSPICE VISITS, AND OVER 15,000 BIRTHS AT ALLINA HEALTH HOSPITALS FOR MORE INFORMATION PLEASE VISIT HTTP://WWW.ALLINAHEALTH.ORG SUBSIDIZED HEALTH SERVICESALLINA HEALTH SUBSIDIZES CERTAIN NECESSARY HEALTH CARE SERVICES, WHICH INCLUDE 24-HOUR EMERGENCY SERVICES TO THE COMMUNITY, ESPECIALLY THOSE LOCATED IN MEDICALLY UNDERSERVED OR HIGH-NEED AREAS, AND MENTAL HEALTH SERVICES IN 2014, ALLINA HEALTH EXPENDED \$3,758,207 TO MAKE AVAILABLE AND PROVIDE THESE SERVICES TO THE COMMUNITIES WE SERVE
4b	(Code) (Expenses \$ 301,255,858 including grants of \$) (Revenue \$)
	COST OF PARTICIPATING IN GOVERNMENT PROGRAMSALLINA HEALTH IS COMMITTED TO SERVING ALL PERSONS IN NEED, REGARDLESS OF RACE, CREED, SEX, NATIONALITY, RELIGION, DISABILITY, AGE, OR ABILITY TO PAY TO PROMOTE ACCESS TO CARE FOR ALL INDIVIDUALS, ALLINA HEALTH PARTICIPATES IN THE FOLLOWING PUBLIC HEALTH CARE PROGRAMS MEDICARE, MEDICAID, MINNESOTACARE, AND GENERAL ASSISTANCE PAYMENTS FROM THESE PROGRAMS FREQUENTLY DO NOT COVER THE COSTS ALLINA HEALTH INCURS TO SERVE PROGRAM BENEFICIARIES IN 2014, ALLINA HEALTH PROVIDED \$301,255,858 IN HEALTH CARE SERVICES IN EXCESS OF THE REIMBURSEMENT RECEIVED BY PUBLIC PROGRAMS AND SURCHARGES, TAXES AND FEES RELATED TO THESE PROGRAMS THE FOLLOWING IS A BREAKDOWN ON COSTS RELATED TO THESE PROGRAMS, SERVICES AND ADDITIONAL TAXES AND FEES COSTS IN EXCESS OF MEDICARE AND MEDICAID PAYMENTSCALLINA HEALTH PROVIDES SERVICES TO PUBLIC PROGRAM ENROLLEES SUCH PUBLIC PROGRAMS HAVE HISTORICALLY BEEN REIMBURSED AT AMOUNTS LESS THAN COST IN 2014, ALLINA HEALTH EXPENDED \$168,452,145 BEYOND REIMBURSEMENTS TO PROVIDE CARE FOR MEDICARE PATIENTS AND AN ADDITIONAL \$57,344,415 BEYOND REIMBURSEMENTS FOR MEDICAID PATIENTS MEDICAID SURCHARGEALLINA HEALTH IS A PARTICIPANT IN THE MEDICAID SURCHARGE PROGRAM THE CURRENT PROGRAM INCLUDES A 1.56% SURCHARGE ON A HOSPITAL'S NET PATIENT SERVICE REVENUE (EXCLUDING MEDICARE REVENUE) REPORTED AMOUNTS ARE NET OF ANY DISPROPORTIONATE SHARE ADJUSTMENTS IN 2014, ALLINA HEALTH PAID \$25,483,722 FOR THE MEDICAID SURCHARGE MINNESOTACARE TAXALLINA HEALTH ALSO PARTICIPATES IN THE FUNDING OF MEDICAL CARE FOR THE UNINSURED THROUGH A MINNESOTACARE TAX OF 2% ON CERTAIN NET REVENUE PATIENTS WHO ARE UNABLE TO GET INSURANCE THROUGH THEIR EMPLOYER ARE ELIGIBLE TO PARTICIPATE IN MINNESOTACARE IF THEY MEET RESIDENCY AND INCOME GUIDELINES ALLINA HEALTH PAID \$45,365,316 FOR THE MINNESOTACARE TAX IN 2014 TAXES AND FEES ALLINA HEALTH PAYS PROPERTY TAXES TO LOCAL AND STATE GOVERNMENT USED IN FUNDING CIVIL AND EDUCATION SERVICES TO THE COMMUNITY IN TOTAL, ALLINA HEALTH PAID \$4,610,263 IN TAXES AND FEES IN 2014
4c	(Code) (Expenses \$ 53,980,533 including grants of \$) (Revenue \$ -93,305,806)
	UNCOMPENSATED CARE CHARITY CAREALLINA HEALTH PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COST TO RESIDENTS OF THE COMMUNITIES THAT IT SERVES THROUGH THE PROVISION OF CHARITY CARE OUR PARTNERS CARE WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE SUCH AS MEDICAID AND WHOSE ANNUAL INCOMES ARE AT OR BELOW 275% OF THE FEDERAL POVERTY LEVEL CHARITY CARE DOES NOT INCLUDE BAD DEBT (CHARGES WRITTEN OFF FOR PROVIDING SERVICES TO PERSONS ABLE, BUT UNWILLING, TO PAY FOR THESE SERVICES) THROUGH THIS PROGRAM, ALLINA HEALTH STRIVES TO ENSURE THAT ALL MEMBERS OF THE COMMUNITY RECEIVE QUALITY MEDICAL CARE, REGARDLESS OF ABILITY TO PAY IN 2014, ALLINA HEALTH PROVIDED \$21,357,919 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 HEALTH PROVIDES A SLIDING SCALE DISCOUNT ALL UNINSURED PATIENTS ARE ELIGIBLE FOR A MINIMUM OF A 27 PERCENT DISCOUNT ON BILLED CHARGES AND MAY QUALIFY FOR DISCOUNTS UP TO 47 PERCENT BASED ON ELIGIBILITY CRITERIA IN 2014, ALLINA HEALTH PROVIDED \$32,622,612 IN SUCH DISCOUNTS TO LOW-INCOME, UNINSURED INDIVIDUALS BAD DEBT BAD DEBT WILL BE REPORTED AS A REDUCTION TO REVENUE ALLINA HEALTH PROVIDES MEDICAL CARE TO ALL IN NEED THERE ARE TIMES WHEN PATIENT ACCOUNT BALANCES GO UNPAID, KNOWN AS BAD DEBT THESE BAD DEBT AMOUNTS IN 2014 TOTALLED \$(93,305,806)
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 47,340,693 including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,008,056,981

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1,507	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	28,451	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes
b If "Yes," enter the name of the foreign country CA , BE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	TAX SERVICES MAIL ROUTE 10890	

Part VII

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

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

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

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

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

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

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

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

Part VII

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

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

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	20,446,794	0	4,154,325

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3,105

	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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
METROPOLITAN CARDIOLOGY CONSULTANTS 4040 COON RAPIDS BLVD NW COON RAPIDS, MN 55443	PROFESSIONAL SERVICES - MEDICAL	16,313,647
METROPOLITAN CARDIAC SERVICES 4040 COON RAPIDS BLVD NW COON RAPIDS, MN 55433	PROFESSIONAL SERVICES - MEDICAL	10,627,030
PHYSICIANS GROUP OF NEW ULM LTD 1324 5TH NORTH STREET NEW ULM, MN 56073	PROFESSIONAL SERVICES - MEDICAL	10,117,750
EMERGENCY CARE CONSULTANTS PA 800 EAST 28TH STREET MINNEAPOLIS, MN 55407	PROFESSIONAL SERVICES - MEDICAL	9,525,317
CONSULTING RADIOLOGISTS LTD 1221 NICOLLET MALL SUITE 600 MINNEAPOLIS, MN 55403	PROFESSIONAL SERVICES - MEDICAL	7,648,703
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	199	

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	24,755,487			
	e	Government grants (contributions) 1e	8,971,695			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,235,682			
	g	Noncash contributions included in lines 1a-1f \$	162,096			
	h	Total. Add lines 1a-1f	34,962,864			
Program Service Revenue	2a	PROG SERV REVENUE-RELATED-990	621990	3,720,765,329	3,720,765,329	
		BAD DEBT	621990	-93,305,806	-93,305,806	
		All other program service revenue				
	g	Total. Add lines 2a-2f	3,627,459,523			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	21,983,998			21,983,998
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
			7,121,855			
		b Less rental expenses	0			
		c Rental income or (loss)	7,121,855			
	d	Net rental income or (loss)	7,121,855			7,121,855
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			552,008,064	30,191,901		
		b Less cost or other basis and sales expenses	581,695,894	30,373,847		
		c Gain or (loss)	-29,687,830	-181,946		
	d	Net gain or (loss)	-29,869,776			-29,869,776
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
		a	6,082,357			
	b	Less direct expenses b	6,870,062			
	c	Net income or (loss) from fundraising events	-787,705			-787,705
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
		a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	HOME HEALTH CARE SERVICES	621610	6,080,410	6,080,410	
	b	ST FRANCIS MEDICAL CENTER	621990	3,873,278	3,873,278	
	c	OUTPATIENT CARE CENTER	621400	3,633,514	3,633,514	
	d	All other revenue		10,496,331	9,115,076	1,381,255
	e	Total. Add lines 11a-11d	24,083,533			
	12	Total revenue. See Instructions	3,684,954,292	3,640,447,877	11,095,179	-1,551,628

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,111,709	2,111,709		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	127,024	127,024		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	13,336,091		13,336,091	
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.	1,713,989,353	1,495,456,893	214,503,960	4,028,500
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	109,008,903	94,376,028	14,378,642	254,233
9	Other employee benefits.	270,497,148	234,218,235	35,650,196	628,717
10	Payroll taxes.	113,681,436	98,421,341	14,994,965	265,130
11	Fees for services (non-employees):				
a	Management.	24,684,677	12,090,173	12,584,001	10,503
b	Legal.	6,252,687		6,252,687	
c	Accounting.	982,960		982,960	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	328,517,742	223,891,288	103,915,673	710,781
12	Advertising and promotion.	3,079,662	928,461	2,133,824	17,377
13	Office expenses.	523,942,862	504,029,511	19,607,728	305,623
14	Information technology.	43,298,926	31,466,144	11,808,364	24,418
15	Royalties.				
16	Occupancy.	111,811,870	87,311,208	24,353,462	147,200
17	Travel.	8,345,677	7,091,217	1,227,574	26,886
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	3,168,167	2,358,134	804,476	5,557
20	Interest.	13,691,819	13,691,819		
21	Payments to affiliates.	405,235	405,235		
22	Depreciation, depletion, and amortization.	151,894,471	111,922,673	39,849,141	122,657
23	Insurance.	1,980,549	1,928,315	52,234	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MINNESOTA CARE TAX	45,365,317	45,365,317		
b	MEDICAID SURCHARGE	25,483,722	25,483,722		
c	INCOME TAX - UBI	983,954		983,954	
d					
e	All other expenses	26,735,027	15,382,534	10,650,946	701,547
25	Total functional expenses. Add lines 1 through 24e.	3,543,376,988	3,008,056,981	528,070,878	7,249,129
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		9,803,861	1	9,870,916
	2	Savings and temporary cash investments		6,348,035	2	6,587,707
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		824,664,316	4	701,901,971
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		11,546,118	7	9,714,336
	8	Inventories for sale or use		52,892,580	8	55,168,135
	9	Prepaid expenses and deferred charges		10,475,150	9	20,184,456
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a2,847,186,091			
	b	Less: accumulated depreciation	10b1,818,760,219	1,037,287,451	10c	1,028,425,872
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.		1,561,422,443	12	1,706,870,076
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets		24,628,297	14	23,058,939
	15	Other assets. See Part IV, line 11.		81,269,835	15	95,218,891
	16	Total assets. Add lines 1 through 15 (must equal line 34).		3,620,338,086	16	3,657,001,299
Liabilities	17	Accounts payable and accrued expenses		474,741,291	17	448,690,002
	18	Grants payable		275,801	18	137,901
	19	Deferred revenue		20,812,341	19	19,598,900
	20	Tax-exempt bond liabilities		649,351,652	20	629,425,713
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties		967,898	23	162,900
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		421,693,350	25	356,863,609
	26	Total liabilities. Add lines 17 through 25.		1,567,842,333	26	1,454,879,025
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,047,016,446	27	2,194,634,210
	28	Temporarily restricted net assets		3,523,643	28	5,392,991
	29	Permanently restricted net assets		1,955,664	29	2,095,073
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,052,495,753	33	2,202,122,274
	34	Total liabilities and net assets/fund balances		3,620,338,086	34	3,657,001,299

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,684,954,292
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,543,376,988
3	Revenue less expenses Subtract line 2 from line 1	3	141,577,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,052,495,753
5	Net unrealized gains (losses) on investments	5	10,780,612
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,731,395
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,202,122,274

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes

Additional Data

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

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

(Code)	(Expenses \$ 47,340,693	including grants of \$	(Revenue \$)
COMMUNITY SERVICES ALLINA HEALTH IS COMMITTED TO SUPPORTING PROGRAMS AND SERVICES THAT ADDRESS COMMUNITY NEEDS IN 2014, ALLINA HEALTH CONTRIBUTED \$47,340,693 TO COMMUNITY PROGRAMS AND SERVICES TO ADVANCE THE HEALTH OF THE BROADER COMMUNITY BELOW ARE EXAMPLES OF PROGRAMS AND SERVICES ALLINA HEALTH PROVIDES WITHIN THE COMMUNITIES WE SERVE THAT OFFER COMMUNITY BENEFIT COMMUNITY HEALTH IMPROVEMENT SERVICESACCORDING TO THE CATHOLIC HEALTH ASSOCIATION (CHA/VHA) GUIDELINES, COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE ACTIVITIES TO IMPROVE COMMUNITY HEALTH THAT ARE SUBSIDIZED BY THE HEALTH CARE ORGANIZATION AND DO NOT GENERATE INPATIENT OR OUTPATIENT BILLS ALLINA HEALTH PROVIDES MANY PROGRAMS AND SERVICES THAT FALL UNDER THIS CATEGORY A FEW EXAMPLES INCLUDE HEALTH POWERED KIDS DEVELOPED BY EXPERTS AT ALLINA HEALTH, HEALTH POWERED KIDS IS AN ONLINE EDUCATIONAL RESOURCE DESIGNED TO EMPOWER CHILDREN AGES 3 TO 14 TO MAKE HEALTHIER CHOICES ABOUT EATING, EXERCISE, KEEPING CLEAN AND MANAGING STRESS THE LESSONS SUPPORT NATIONAL HEALTH AND PHYSICAL EDUCATION TEACHING STANDARDS, SO TEACHERS ARE ABLE TO CROSS-REFERENCE HEALTH POWERED KIDS LESSONS WITHIN EXISTING LESSON PLANS OFFERED AS A FREE, ONLINE RESOURCE SINCE 2013, MORE THAN 2,000 INDIVIDUALS, HOME SCHOOL FAMILIES, CHILD CARE PROFESSIONALS, ELEMENTARY SCHOOL EDUCATORS AND OTHER COMMUNITY ORGANIZATIONS HAVE STARTED USING HEALTH POWERED KIDS LESSONS AND ACTIVITIES HEALTH POWERED KIDS INCLUDES -MORE THAN 55 ONLINE LESSONS AND ACTIVITIES ON NUTRITION, PHYSICAL FITNESS AND MIND-BODY BALANCE FOR CHILDREN AGES 3 TO 14-INTERACTIVE LESSONS COMPATIBLE WITH SMART BOARD AND PROMETHEAN SOFTWARE FOR EDUCATIONAL/CLASSROOM SETTINGS- ENGLISH AND SPANISH PARENT TAKE-HOME NEWSLETTERS-A BLOG, RECIPES AND A FAMILY PAGECHANGE TO CHILL ORG - CHANGE TO CHILL WAS CREATED BY ALLINA HEALTH AS A FREE ONLINE RESOURCE TO HELP TEENS GET PERSPECTIVE ON WHAT MATTERS THE WEBSITE, CHANGETOCHILL ORG, LAUNCHED IN NOVEMBER OF 2014 AND PROVIDES FREE, EASY-TO-USE INFORMATION ABOUT STRESS-WHAT IT IS, WHAT CAN TRIGGER IT AND HOW TO BEST MANAGE IT TEENS CAN WATCH, LISTEN AND LEARN ABOUT SIMPLE BREATHING TECHNIQUES, MEDITATION, WAYS TO FOCUS AND VALUES NEIGHBORHOOD HEALTH CONNECTION (NHC)- IN 2014, ALLINA HEALTH AWARDED HEALTHY ACTIVITY GRANTS TO 55 ORGANIZATIONS AND GROUPS OF NEIGHBORS IN MINNESOTA AND WESTERN WISCONSIN GRANTS WERE USED TO HELP PEOPLE MAKE NEW PERSONAL CONNECTIONS AND STRENGTHEN EXISTING ONES THROUGH HEALTHY ACTIVITIES MORE THAN 2,880 PEOPLE PARTICIPATED IN ACTIVITIES THAT WERE SUPPORTED BY HEALTHY ACTIVITY GRANTS IN ADDITION TO GRANTS, NHC OFFERS NEIGHBORHOOD GROUPS A TOOLKIT TO GET STARTED, INCLUDING TIPS FOR RECRUITING NEIGHBORS AND PLANNING ACTIVITIES HEART SAFE COMMUNITIES THE HEART SAFE COMMUNITIES PROGRAM OF ALLINA HEALTH 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 TO DATE, MORE THAN 2,650 AEDS HAVE BEEN PLACED AND MAINTAINED IN MINNESOTA AND WESTERN WISCONSIN, AND CLOSE TO 60,000 INDIVIDUALS HAVE BEEN TRAINED IN THEIR USE AS WELL AS IN CPR TO DATE 100 COMMUNITIES HAVE EARNED OR ARE WORKING ON THE DESIGNATION OF HEART SAFE COMMUNITY THE DESIGNATION ACKNOWLEDGES A CITY, COUNTY OR ORGANIZATION'S EFFORTS TO PREPARE ITS STAFF AND CITIZENS TO RECOGNIZE WHEN SOMEONE SUFFERS A SUDDEN CARDIAC ARREST AND KNOW HOW TO RESPOND WE HAVE BEEN INVOLVED WITH THE PASSING OF TWO NEW LAWS IN MINNESOTA THAT WENT INTO EFFECT THIS YEAR THE FIRST REQUIRES THAT ALL STUDENTS IN MINNESOTA HAVE CPR TRAINING AT LEAST ONCE BETWEEN 7TH AND 12TH GRADE AND THE SECOND REQUIRE THAT ALL PUBLICALLY PLACED AED BE REGISTERED WITH A MAINTENANCE PROGRAM SO THAT THE OWNERS ARE NOTIFIED WHEN THEY HAVE EXPIRING BATTERIES OR ELECTRODES IN THEIR AED MEDELIGIBLE MEDELIGIBLE SERVICES SUPPORT 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 HEALTH PROFESSIONS EDUCATION ALLINA HEALTH ACTIVELY SUPPORTS NUMEROUS MEDICAL EDUCATION ACTIVITIES FOR PROVIDERS, HEALTH CARE STUDENTS AND OTHER HEALTH PROFESSIONALS IN 2014, ALLINA HEALTH INVESTED OVER \$25 MILLION IN INTERNSHIP OPPORTUNITIES, MENTORING PARTNERSHIPS, AND GRADUATE MEDICAL EDUCATION PROGRAMMING ALLINA HEALTH IS COMMITTED TO THE EDUCATION, TRAINING AND DEVELOPMENT OF FUTURE HEALTH CARE PROFESSIONALS AND ENSURES THE AVAILABILITY OF A HIGHLY TRAINED WORKFORCE TO MEET THE COMMUNITY'S HEALTH CARE NEEDS RESEARCH ALLINA HEALTH PARTICIPATES IN CLINICAL AND COMMUNITY HEALTH RESEARCH THAT IS FOCUSED ON IMPROVING COMMUNITY HEALTH ALLINA HEALTH INVESTED MORE THAN \$12 MILLION TOWARDS THIS RESEARCH IN 2014, WITH \$4,787,051 REPORTED FOR COMMUNITY BENEFIT AND AN ADDITIONAL \$8 MILLION IN RESTRICTED GRANTS OFF-SET FOR COMMUNITY BENEFITS REPORTING PURPOSES IN 2014, ALLINA HEALTH WAS INVOLVED WITH NUMEROUS COMMUNITY AND CLINICAL RESEARCH AND CARE MODEL REDESIGN PROJECTS, SUCH AS * HEALTHY EQUITY RESEARCH ENROLLED - 138 PATIENTS IN SURVEY RESEARCH ABOUT SOCIAL SUPPORT, RESOURCES AND SELF-CARE FOR DIABETES - 11 PATIENTS IN A-POD-COMMUNITY-BASED DIABETES SELF MANAGEMENT SUPPORT PROGRAM - 8 PATIENTS IN PROGRAM EVALUATION ABOUT A-POD - 13(PATIENTS AND CAREGIVERS) IN KEY INFORMATION INTERVIEWS - 68 SOMALI COMMUNITY MEMBERS IN FOCUS GROUPS* CRITICAL CARE ENROLLED 180 PATIENTS* LIFE COURSE ENROLLED 146 PATIENTS AND 209 CAREGIVERS IN LATE LIFE SUPPORTIVE CARE INTERVENTIONFINANCIAL AND IN-KIND CONTRIBUTIONSALLINA HEALTH PROVIDES NUMEROUS IN-KIND AND MONETARY CONTRIBUTIONS TO INDIVIDUALS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT COMMUNITY NEEDS IN 2014, ALLINA HEALTH FUNDED OVER \$2 5 MILLION FOR DONATIONS OF EQUIPMENT, SUPPLIES, FREE MEALS, STAFF TIME AND SPONSORSHIP OF VARIOUS CIVIC AWARDS, COMMUNITY PROGRAMS AND EVENTS COMMUNITY-BUILDING ACTIVITIESALLINA HEALTH AND ITS EMPLOYEES ARE ACTIVE PARTICIPANTS IN VARIOUS COMMUNITY ACTIVITIES THAT TARGET THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL ISSUES EXAMPLES INCLUDE COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT, PARTICIPATING IN VARIOUS COMMUNITY COALITIONS AND DISASTER PREPAREDNESS PLANNING COMMUNITY BENEFIT OPERATIONSALLINA HEALTH USES DEDICATED STAFF FOR THE ASSESSMENT AND MANAGEMENT OF COMMUNITY BENEFIT PROGRAMS AND NEEDS FOR MORE, PLEASE VISIT HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/AWARDSIN 2014, ALLINA HEALTH WAS RECOGNIZED FOR ITS WORK RELATED TO COMMUNITY BENEFITS, TO INCLUDE - FREE BIKES 4 KIDZ PROGRAM WAS A FINALIST AMONG COMMUNITY OUTREACH AND/OR COLLABORATION PROGRAMS NOMINATED FOR A HOSPITAL AWARD FOR VOLUNTEER EXCELLENCE BY THE AMERICAN HOSPITAL ASSOCIATION - RECOGNITION AS AN OUTSTANDING COMMUNITY PARTNER BY CAMP FIRE MINNESOTA - MINNESOTA HOSPITAL ASSOCIATION (MHA) COMMUNITY BENEFIT AWARD, SMALL HOSPITAL CATEGORY NEW ULM MEDICAL CENTER FOR THE HEART OF NEW ULM PROJECT, WHICH IS A 10-YEAR DEMONSTRATION PROJECT THAT APPLIES EVIDENCE-INFORMED POLICIES AND PRACTICES TO MAKE HEALTHY CHANGES TO HOW PEOPLE LIVE THEIR LIVES THE GOAL OF THE PROJECT IS TO REDUCE THE INCIDENCE OF HEART ATTACKS AND HEALTH RISK FACTORS USING INTERVENTIONS IN THE COMMUNITY, WORKPLACE, AND HEALTH CARE SETTINGS THERE HAS BEEN A SLIGHT IMPROVEMENT IN THE COMMUNITY SMOKING RATE, BMI AND, MOST NOTABLY, A 24 PERCENT REDUCTION IN HEART ATTACKS			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ALLEN MD DIRECTOR	2 00 0 00	X						15,459	0	0
(1) WILLIAM BEER DIRECTOR	2 00 0 00	X						18,000	0	0
(2) JOHN CHURCH DIRECTOR	2 00 2 00	X						10,000	0	0
(3) DAVID DURENBERGER DIRECTOR	2 00 2 00	X						0	0	0
(4) NATE GARVIS DIRECTOR	2 00 2 00	X						10,000	0	0
(5) JOSEPH GOSWITZ MD DIRECTOR	2 00 0 00	X						0	0	0
(6) GREG HEINEMANN DIRECTOR	2 00 0 00	X						12,500	0	0
(7) MARK JORDAHL DIRECTOR/VICE CHAIR	2 00 0 00	X						0	0	0
(8) REATHA CLARK KING PHD DIRECTOR	2 00 2 00	X						0	0	0
(9) HUGH NIERENGARTEN DIRECTOR	2 00 0 00	X						15,000	0	0
(10) KENNETH PAULUS DIRECTOR/PRESIDENT/CEO	40 00 2 00	X		X				2,012,230	0	362,456
(11) GLORIA PEREZ DIRECTOR	2 00 2 00	X						14,000	0	0
(12) REBECCA ROLOFF DIRECTOR	2 00 0 00	X						0	0	0
(13) BRIAN ROSENBERG DIRECTOR	2 00 2 00	X						10,000	0	0
(14) DEBBRA SCHONEMAN DIRECTOR	2 00 0 00	X						10,000	0	0
(15) THOMAS SCHREIER DIRECTOR	2 00 0 00	X						0	0	0
(16) ABIR SEN DIRECTOR	2 00 0 00	X						12,500	0	0
(17) MARK SHEFFERT DIRECTOR	2 00 0 00	X						14,000	0	0
(18) SALLY SMITH DIRECTOR	2 00 0 00	X						14,000	0	0
(19) MICHAEL TATTERSFIELD DIRECTOR	2 00 2 00	X						10,000	0	0
(20) DARRELL TUKUA DIRECTOR	2 00 0 00	X						15,500	0	0
(21) RODNEY YOUNG DIRECTOR	2 00 0 00	X						10,000	0	0
(22) BEN BACHE-WIIG MD SVP, PRES ANW HOSPITAL	40 00 2 00			X				651,269	0	226,471
(23) MARGARET BUTLER SVP, HUMAN RESOURCES	40 00 0 00			X				586,155	0	192,016
(24) RODNEY CHRISTENSEN INTERIM PRES ALLINA CLINI	40 00 2 00			X				549,940	0	99,173

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SARA CRIGER	40 00			X				606,969	0	159,651
SVP, PRES MERCY HOSP	2 00			X				1,328,758	0	367,505
(1) DUNCAN GALLAGHER	40 00			X				306,279	0	79,117
TREASURER/EVP/CFO	2 00			X				591,881	0	181,345
(2) MARGARET HASBROUCK	40 00			X				280,325	0	65,815
VP, PAYOR CONTRACT/REIMB	0 00			X				420,920	0	123,528
(3) SUSAN HEICHERT	40 00			X				215,716	0	61,173
SVP, CHIEF INFORMATION OFF	0 00			X				404,648	0	77,991
(4) CHRISTOPHER HUGHES	40 00			X				666,014	0	6,983
VP, REVENUE CYCLE MANAGEME	0 00			X				576,799	0	144,902
(5) DEREK KANG	40 00			X				801,617	0	241,969
SVP, CHIEF COMPLIANCE OFF	0 00			X				632,180	0	196,287
(6) CORRINE KROEHLER	40 00			X				282,765	0	51,156
VP FINANCE	0 00			X				994,833	0	520,248
(7) LAURIE LAFONTAINE	40 00			X				771,087	0	280,509
VP, FINANCE & TREASURY	0 00			X				464,747	0	184,190
(8) MICHAEL MARSHALL MD	40 00			X				1,604,009	0	123,474
SVP, PRES ALLINA CLINIC	2 00			X				1,455,741	0	111,927
(9) DANIEL MCGINTY	40 00			X				1,414,154	0	113,102
EVP HOSPITAL/SPECIALTY SVC	2 00			X				1,059,347	0	90,699
(10) THOMAS O'CONNOR	40 00			X				1,127,549	0	92,638
SVP, PRESIDENT UNITED HOSP	2 00			X				308,778	0	0
(11) ELIZABETH TRUESDELL SMITH	40 00			X				141,125	0	0
SECRETARY/SVP, GEN COUNCIL	2 00			X						
(12) HELEN STRIKE	40 00			X						
PRESIDENT-UNITY HOSPITAL	0 00			X						
(13) PENNY WHEELER MD	40 00			X						
EVP, CHIEF CLINICAL OFF	2 00			X						
(14) ROBERT WIELAND MD	40 00			X						
EVP, CLINIC & COMM DIV/PRE	2 00			X						
(15) CHRISTINE BENT	40 00				X					
SVP, CLINICAL SERVICES LIN	0 00				X					
(16) DANIEL BUSS MD	40 00					X				
PHYSICIAN	0 00					X				
(17) MICHAEL FREEHILL MD	40 00					X				
PHYSICIAN	0 00					X				
(18) LEROY MCCARTY MD	40 00					X				
PHYSICIAN	0 00					X				
(19) WILLIAM WAGNER MD	40 00					X				
PHYSICIAN	0 00					X				
(20) DONALD WOTHE	40 00					X				
PHYSICIAN	0 00					X				
(21) LORI WIGHTMAN	0 00						X			
FORMER PRES UNITY HOSP	0 00						X			
(22) TOMI RYBA	0 00						X			
FORMER PRES UNITED HOSP	0 00						X			

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

Name of the organization ALLINA HEALTH SYSTEM	Employer identification number 36-3261413
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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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		13,117
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		401,491
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i.			414,608
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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

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

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

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ALLINA HEALTH SYSTEM	Employer identification number 36-3261413
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 92,547,888 | 77,016,918 | 70,022,035 | 71,588,094 | 67,783,914 |
| b Contributions | 377,018 | 12,716,764 | -494,688 | 435,734 | 693,723 |
| c Net investment earnings, gains, and losses | 3,371,089 | 7,060,767 | 5,713,818 | -150,245 | 4,980,609 |
| d Grants or scholarships | 4,500 | 26,704 | 3,052 | -54,786 | 39,033 |
| e Other expenditures for facilities and programs | 2,030,640 | 5,773,999 | 1,772,701 | 1,796,762 | 1,831,119 |
| f Administrative expenses | | | | | |
| g End of year balance | 94,260,855 | 90,993,746 | 77,016,918 | 70,022,035 | 71,588,094 |
- 2

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

Board designated or quasi-endowment

2120 %
- b

Permanent endowment

57330 %
- c

Temporarily restricted endowment

40550 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes
- b

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

3b

Yes
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,212,724		82,212,724
b Buildings		1,209,386,881	614,765,557	594,621,324
c Leasehold improvements		114,544,223	61,529,428	53,014,795
d Equipment		1,391,647,214	1,129,299,669	262,347,545
e Other		49,395,049	13,165,565	36,229,484
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,028,425,872

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	EDUCATION AND RESEARCH CHARITY AND INDIGENT CARE PURCHASE OF PLANT ASSETS BUILDINGS AND EQUIPMENT PATIENT CARE OTHER
PART X, LINE 2	ALLINA HEALTH SYSTEM CONSOLIDATED FIN 48 (ASC740) FOOTNOTE (AMOUNTS IN THOUSANDS)(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 \$1,717, \$1,944 AND \$942 IN 2014, 2013 AND 2012, RESPECTIVELY AS OF DECEMBER 31,2014, 2013 AND 2012, THE TAXABLE SUBSIDIARIES OF THE SYSTEM'S CONTINUING OPERATIONS HAD A GROSS DEFERRED TAX ASSET OF \$68,851, \$79,644 AND \$78,049, 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 \$68,569, \$78,946 AND \$77,137, RESPECTIVELY, AND A GROSS DEFERRED TAX LIABILITY OF \$282, \$697 AND \$912, RESPECTIVELY, PRIMARILY ATTRIBUTABLE TO DEPRECIATION AND A CHANGE IN ACCOUNTING METHOD OF A TAXABLE SUBSIDIARY THE VALUATION ALLOWANCE DECREASED BY \$10,377 AND INCREASED BY \$1,809 AND \$1,391 DURING 2014, 2013 AND 2012, RESPECTIVELY AS OF DECEMBER 31, 2014, THE CONTINUING OPERATIONS OF THE SYSTEM AND ITS SUBSIDIARIES HAD NET OPERATING LOSS CARRYFORWARDS OF \$119,453 FOR INCOME TAX PURPOSES, WHICH EXPIRE IN VARIOUS YEARS THROUGH 2034 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 THE SYSTEM HAS ANALYZED INCOME TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES THE SYSTEM BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2014, 2013, AND 2012, THE SYSTEM DOES NOT HAVE ANY SIGNIFICANT LIABILITIES FOR UNCERTAIN TAX BENEFITS
FORM 990, SCHEDULE D, PART V	THE 2014 BEGINNING ENDOWMENT FUND BALANCE FOR ALLINA HEALTH SYSTEM INCLUDES THE REGINA FOUNDATION ENDOWMENTS FOR THE CURRENT YEAR PRIOR TO 2014, ENDOWMENTS WERE NOT INCLUDED OR CLASSIFIED AS SUCH IN THE AUDITED OR INTERNALLY PREPARED FINANCIAL STATEMENTS FOR REGINA FOUNDATION AND THE CORRESPONDING FORM 990 SCHEDULE D IN ORDER TO BE CONSISTENT WITH THE PRESENTATION OF THE 2014 AUDITED FINANCIAL STATMENTS, UPON DISCLOSURE OF ENDOWMENTS IN THE 2014 AUDITED FINANCIAL STATEMENTS, ENDOWMENTS ARE BEING INCLUDED IN SCHEDULE D, PART V OF THE FORM 990 FOR THE CURRENT YEAR THIS AMOUNT IS EQUAL TO \$ 1,554,142

[illegible]

Additional Data

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

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

1	(a) Description of Liability	(b) Book Value
	OTHER LIABILITIES	227,157,157
	NET PENSION LIABILITY	9,790,659
	DEFERRED COMPENSATION	29,442,262
	INSURANCE CLAIMS PAYABLE	3,202,609
	THIRD PARTY PAYER SETTLEMENT	0
	MN CARE TAX PAYABLE	13,095,397
	CAPITALIZED LEASE OBLIGATIONS	4,053,245
	INCURRED BUT NOT REPORTED CLAIMS FOR EMPLOYEE BENEFIT PLAN	70,122,279

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	INVESTMENTS		316,390
(2) NORTH AMERICA	0	0	INVESTMENTS		185,708
(3) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		159,786,000
(4)					
(5)					
3a Sub-total	0	0			160,288,098
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			160,288,098

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

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

3

Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

Additional Data

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G
(Form 990 or 990-EZ)

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 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 email 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 services?

☐ 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.

(i) Name and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		3M CHAMPIONSHIP GOLF TOURNAMENT (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	6,082,357		6,082,357
	2	Less Contributions . .			
	3	Gross income (line 1 minus line 2)	6,082,357		6,082,357
Direct Expenses	4	Cash prizes	1,910,863		1,910,863
	5	Noncash prizes . . .			
	6	Rent/facility costs . .	139,500		139,500
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	4,819,699		4,819,699
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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.

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activities conducted in

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

14

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

Name  _____

Address  _____



15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

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


c

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

Name  _____

Address  _____

16 Gaming manager information

Name  _____

Gaming manager compensation  \$ _____

Description of services provided  _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions


a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

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

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>27500 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a Yes	
b	If "Yes," did the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		0	21,357,917	0	21,357,917	0 600 %
b Medicaid (from Worksheet 3, column a)		0	82,828,134	0	82,828,134	2 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	45,365,317	0	45,365,317	1 280 %
d Total Financial Assistance and Means-Tested Government Programs			149,551,368		149,551,368	4 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	180	1,445,398	14,981,374	1,045,245	13,936,129	0 390 %
f Health professions education (from Worksheet 5)	56	75,918	25,278,917	20,400	25,258,517	0 710 %
g Subsidized health services (from Worksheet 6)	13	2,823	3,775,407	17,200	3,758,207	0 110 %
h Research (from Worksheet 7)	13	25,125	13,772,801	8,985,750	4,787,051	0 140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	67	107,746	2,721,547	136,213	2,585,334	0 070 %
j Total Other Benefits	329	1,657,010	60,530,046	10,204,808	50,325,238	1 420 %
k Total . Add lines 7d and 7j	329	1,657,010	210,081,414	10,204,808	199,876,606	5 640 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	0	0	0			
2Economic development	4	200	11,434	0	11,434	0 %
3Community support	12	1,174	123,081	0	123,081	0 010 %
4Environmental improvements	3	0	41,860	0	41,860	0 %
5Leadership development and training for community members	2	40	6,109	0	6,109	0 %
6Coalition building	19	30,028	137,603	0	137,603	0 %
7Community health improvement advocacy	7	30	15,195	0	15,195	0 %
8Workforce development	10	361	438,380	0	438,380	0 010 %
9Other	0	0	0	0		
10Total	57	31,833	773,662		773,662	0 020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1Yes

No

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

272,712,273

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

3

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

Section B. Medicare

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

5647,749,040

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

6653,841,037

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

7-6,091,997

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

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

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

9aYes

No

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

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1See Additional Data Table				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

11

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME		
b If "Yes" (list url) INVOLVEMENT/NEED-ASSESSME	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 275 000000000000% and FPG family income limit for eligibility for discounted care of 0 000000000000%			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?		14	Yes
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?		17	Yes
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - A			
Name of hospital facility or letter of facility reporting group			
		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23	No
		24	Yes

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	<u>HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME</u> If "Yes" (list url)		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - B			Yes	No
Name of hospital facility or letter of facility reporting group				
Financial Assistance Policy (FAP)				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>275 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>0 000000000000</u> %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input type="checkbox"/> Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24	Yes	

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
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Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 ALLINA HEALTH CLINICS-58 LOCATIONS PO BOX 43 INTERNAL ZIP 10890 MINNEAPOLIS,MN 55440	INPATIENT AND OUTPATIENT SERVICES
2 COURAGE KENNY REHABILITATION INSTITUTE 800 E 28TH STREET MINNEAPOLIS,MN 55407	REHABILITATION CLINIC
3 ALLINA HEALTH LABORATORIES 800 E 28TH STREET MINNEAPOLIS,MN 55407	LABORATORY SERVICES
4 ALLINA HEALTH PHARMACIES-15 LOCATIONS 800 E 28TH STREET MINNEAPOLIS,MN 55407	PHARMACY SERVICES
5 ALLINA HEALTH EMERGENCY MEDICAL SERVICE 167 GRAND AVENUE ST PAUL,MN 55102	AMBULANCE AND MEDICAL TRANSPORTATION
6 WESTHEALTH INC 2805 2855 CAMPUS DRIVE PLYMOUTH,MN 55441	OUTPATIENT SERVICES
7 SOUTHWEST SURGICAL CENTER LLC 920 EAST 28TH STREET SUITE 500 MINNEAPOLIS,MN 55407	OUTPATIENT SURGERY CENTER
8 WOODBURY AMBULATORY SURGERY CENTER LLC 8675 VALLEY CREEK RD ST PAUL,MN 55125	OUTPATIENT SURGERY CENTER
9 NORTHSTAR SLEEP CENTER LLC 3800 COON RAPIDS BOULEVARD SUITE 3800 COON RAPIDS,MN 55433	OUTPATIENT SERVICES
10	

Part VI

Supplemental Information

Provide the following information

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

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

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

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

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

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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>COMMUNITY-BUILDING ACTIVITIESUNDERSTANDING THAT GOOD HEALTH IS DEPENDENT ON SOCIETAL, COMMUNITY, AND FAMILY ENVIRONMENTS AS WELL AS INDIVIDUAL CHOICES, AND IS BIGGER THAN THE PROVISION OF HEALTH CARE, ALLINA 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 TIED TO POOR HEALTH IF GONE IGNORED, PARTICULARLY AMONG LOW-INCOME, MINORITY POPULATIONS BELOW ARE EXAMPLES OF WAYS THAT OUR ELEVEN HOSPITALS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES IN 2014</p> <p>WORKFORCE DEVELOPMENTMANY OF ALLINA HEALTH HOSPITALS HAVE TRAIN-TO-WORK PROGRAMS AS A MEANS TO BUILD A FUTURE WORKFORCE WITHIN AND OUTSIDE OF OUR ORGANIZATION BY FOCUSING ON BUILDING THE WORKFORCE, THE GOAL IS THAT THERE WILL BE AN INCREASE IN PERSONAL EMPLOYMENT AND ECONOMIC AND WORKFORCE STABILITY</p> <p>MULTIPLE ALLINA HEALTH HOSPITALS HAVE DEVELOPED PARTNERSHIPS WITH LOCAL SCHOOLS AND COMMUNITY ORGANIZATIONS IN THE PROCESS COMMUNITY COALITIONSALL ALLINA HEALTH HOSPITALS PARTICIPATE ON LOCAL COMMUNITY COALITIONS, SUCH AS COMMUNITY HEALTH ADVISORY COUNCILS, AS A WAY TO RESPOND TO COMMUNITY NEEDS THROUGH COLLABORATION AND PARTNERSHIP THESE COALITIONS PROVIDE THE HOSPITALS THE OPPORTUNITIES TO BUILD RELATIONSHIPS AND DETERMINE HOW BEST TO LEVERAGE LOCAL RESOURCES TO ADDRESS COMMUNITY NEEDS THAT EXIST OUTSIDE THE TRADITIONAL REALM OF HEALTH CARE ALLINA HEALTH HOSPITALS ARE PRESENT AT THOSE DISCUSSIONS TO DETERMINE THE ROLE HEALTH CARE CAN PLAY</p> <p>DISASTER PREPAREDNESSIN ADDITION TO COMMUNITY-BUILDING ACTIVITIES THAT RELATED TO ROOT CAUSES OF HEALTH, ALLINA HEALTH HOSPITALS ENGAGED IN AND LED DISASTER PREPAREDNESS PLANNING TO ENSURE SAFETY, EFFICIENCY AND EXCELLENT HEALTH CARE DURING TIMES OF TRAGEDY AND/OR UPSET THIS INCLUDED PLANNING MEETINGS AND COMMUNITY MEETINGS/TRAININGS, AMONG OTHER THINGS THESE PROGRAMS AND SERVICES, AMONG OTHERS, PROVIDE THE HOSPITALS WITHIN OUR SYSTEM THE OPPORTUNITY TO IMPACT COMMUNITY HEALTH BEFORE IT BECOMES PROBLEMATIC AND EXPENSIVE IN ADDITION, THIS IMPORTANT WORK IS SUPPORTED BY THE MISSION OF OUR ORGANIZATION AND IS OUR RESPONSIBILITY AS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION WE WILL CONTINUE TO CONTRIBUTE TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH THE PROMOTION OF COMMUNITY HEALTH</p>

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTES TO AUDITED FINANCIAL STATEMENT THAT DESCRIBE BAD DEBT EXPENSE ARE AS FOLLOWS FOOTNOTE 2N NET PATIENT SERVICE REVENUE THE PROVISIONS FOR BAD DEBTS AND CHARITY CARE ARE BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION 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

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE ORGANIZATION HAS MORE THAN ONE MEDICARE PROVIDER NUMBER AND THEREFORE AGGREGATED THE AMOUNTS REPORTED IN THE MEDICARE COST REPORTS AS THE SOURCE FOR THE AMOUNTS REPORTED ON PART III, LINES 5 & 6 AS OUTLINED IN THE FORM 990, SCHEDULE H INSTRUCTIONS FOR MEDICARE COST REPORTS, ALLINA USES A RATIO OF PATIENT CARE COSTS TO CHARGES (COST TO CHARGE RATIO) TO DETERMINE MEDICARE ALLOWABLE COSTS. GENERALLY, THE RATIO IS CALCULATED AS THE TOTAL MEDICARE ALLOWABLE PATIENT COSTS OVER THE TOTAL PATIENT CHARGES. MEDICARE CHARGES MULTIPLIED BY THIS RATIO EQUALS THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORTS. THE COST TO CHARGE RATIO IS CALCULATED INDEPENDENTLY FOR EACH MEDICARE COST REPORT/PROVIDER NUMBER. ALLINA BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. ALLINA'S PROVIDING OF THESE SERVICES CLEARLY LESSENS THE BURDENS OF GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINE 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM. THE TRUE COMMUNITY BENEFIT FOR OUR PARTICIPATION IN THE CURRENT MEDICARE PROGRAM IS DEPENDENT ON HOW EFFICIENTLY AND COST EFFECTIVELY THE FEDERAL GOVERNMENT COULD OPERATE A DIRECT MEDICAL CARE MEDICARE PROGRAM OR ALTERNATIVELY THE COST TO THE GOVERNMENT TO CONTRACT OUT SUCH SERVICES THROUGH A COMPETITIVE BIDDING PROCESS IN THE OPEN MARKETS FOR THE SAME OR SIMILAR SERVICES FACTORING IN ITEMS SUCH AS QUALITY OF CARE, OUTCOMES AND SIMILAR IMPORTANT FACTORS AS COMPARED TO ALLINA'S ACTUAL COSTS OF PROVIDING THE MEDICAL CARE. THE MEDICARE SHORTFALL CALCULATION ON THE FORM 990, SCHEDULE H, PART III, LINE 7 SIGNIFICANTLY UNDERSTATES ALLINA'S ACTUAL MEDICARE SHORTFALL FOR TWO REASONS. FIRST, ALLINA INCURS SIGNIFICANT COSTS IN EXCESS OF PAYMENTS UNDER THE MEDICARE PROGRAM FOR PROVIDING CERTAIN SERVICES THAT ARE NOT SUBJECT TO MEDICARE COST REPORTING AND THEREFORE NOT REFLECTED IN OUR COST AMOUNTS ON LINE 6. SECOND, THE LINE 6 LIMITS OUR REPORTED COSTS TO ONLY MEDICARE "ALLOWABLE COSTS" AS SOLELY DETERMINED BY THE FEDERAL GOVERNMENT MEDICARE PROGRAM. FOR THESE TWO REASONS, THE MEDICARE SHORTFALL REPORTED ON LINE 7 SIGNIFICANTLY UNDERSTATES ALLINA'S ACTUAL MEDICARE SHORTFALL AND THE ACTUAL COST OF PROVIDING MEDICAL CARE TO MEDICARE PROGRAM PARTICIPANTS. WE ESTIMATE THESE TWO ITEMS UNDERSTATE ALLINA'S REPORTED MEDICARE SHORTFALL BY OVER \$162 MILLION. WE BELIEVE A DIRECT MEDICAL SERVICE MEDICARE PROGRAM OPERATED BY THE FEDERAL GOVERNMENT AND THE COST TO THE GOVERNMENT TO CONTRACT OUT THE SERVICES UNDER A COMPETITIVE BIDDING PROCESS MAY EVEN PROVE TO BE MORE EXPENSIVE TO THE FEDERAL GOVERNMENT THAN ALLINA'S REPORTED MEDICARE "ALLOWABLE COSTS" ON LINE 6 GIVEN OUR QUALITY OF CARE, SUCCESSFUL OUTCOMES AND THE SIGNIFICANT DIFFERENCE BETWEEN ACTUAL COSTS WE INCUR AND MEDICARE "ALLOWABLE COSTS" IN PROVIDING CARE UNDER THE MEDICARE PROGRAM. THEREFORE, WE FIRMLY BELIEVE THAT THERE IS A TRUE COMMUNITY BENEFIT COMPONENT TO OUR PARTICIPATION IN THE FEDERAL MEDICARE PROGRAM.</p>

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

Form and Line Reference	Explanation
SCH H, PART III, SECTION A, LINE 3	<p>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 IN RESPONSE TO PART III, LINE 4, 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 REPORTED AS A REDUCTION TO PATIENT SERVICE REVENUE IN THE REVENUE SECTION OF THE FINANCIAL STATEMENTS OF THE FORM 990 DOES NOT INCLUDE AMOUNTS RELATED TO QUALIFIED CHARITY CARE PATIENTS AND IS STATED AT THE "NET" EXPECTED OR ANTICIPATED COLLECTION AMOUNT WHICH MAY BE SIGNIFICANTLY DIFFERENT THAN PATIENT CHARGES DUE TO THE APPLICATION OF DISCOUNTS SUCH AS THOSE PROVIDED UNDER THE UNINSURED DISCOUNT PROGRAM THIS AMOUNT ALSO CONSTITUTES A DIFFERENT AMOUNT THAN THE ORGANIZATION'S ACTUAL COST TO PROVIDE THE MEDICAL SERVICES TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 2 BAD DEBT "AT COST", THE ORGANIZATION HAS APPLIED A RATIO OF PATIENT CARE COST TO CHARGES (COST TO CHARGE RATIO) TO THE ESTIMATED PATIENT CHARGE AMOUNT INCLUDED IN BAD DEBT AFTER REMOVING THE ANTICIPATED DISCOUNTS THE COST TO CHARGE RATIO IS CALCULATED INDEPENDENTLY FOR EACH HOSPITAL OR OPERATING UNIT THE RESULTING BAD DEBT (AT COST) AMOUNT FOR EACH HOSPITAL AND OPERATING UNIT IS THEN AGGREGATED TO ARRIVE AT THE BAD DEBT (AT COST) REPORTED ON LINE 2 THIS PROCESS PROVIDES A VERY CONSERVATIVE ESTIMATE OF THE ORGANIZATION'S BAD DEBT (AT COST) THE ORGANIZATION HAS A ROBUST PROCESS FOR ADMINISTERING THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS INCLUDING THE CHARITY CARE AND UNINSURED DISCOUNT PROGRAM DESCRIBED IN FURTHER DETAIL IN PART VI, LINE 3 EACH PATIENT IS PROVIDED NUMEROUS OPPORTUNITIES TO APPLY TO THE COMMUNITY CARE PROGRAM AND TO PARTICIPATE, IF QUALIFIED, TO RECEIVE FREE OR DISCOUNTED MEDICAL CARE OR BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM UNDER THE ORGANIZATIONS VARIOUS FINANCIAL ASSISTANCE PROGRAMS THE ADMINISTRATIVE PROCESS INCLUDES IDENTIFYING ANY PATIENT WITH A FINANCIAL CONCERN, AS WELL AS INFORMING, COUNSELING, QUALIFYING AND ASSISTING PATIENTS TO APPLY FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS ALTHOUGH EACH PATIENT IS PROVIDED NUMEROUS OPPORTUNITIES TO RECEIVE FINANCIAL ASSISTANCE AND INFORMED MULTIPLE TIMES OF THE CHARITY CARE PROGRAM PRIOR TO OUR CLASSIFYING THE AMOUNTS AS BAD DEBT, IT IS POSSIBLE THAT PATIENTS WHO WOULD QUALIFY FOR CHARITY CARE DO NOT COMPLETE THE APPLICATION THIS AMOUNT IS NOT REASONABLY ESTIMABLE AS A TAX-EXEMPT HOSPITAL ORGANIZATION WE ARE REQUIRED TO PROVIDE NECESSARY MEDICAL CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES PROVIDED DUE TO CIRCUMSTANCES BEYOND OUR CONTROL, A PERSON WHO WOULD OTHERWISE QUALIFY UNDER THE CHARITY CARE PROGRAM MAY NOT PROVIDE US THE NECESSARY INFORMATION, QUALIFY FOR THE PROGRAM, AND RECEIVE FREE CARE ALLOWING US TO CLASSIFY AND QUANTIFY IT ACCORDINGLY AND AS SUCH ULTIMATELY, THOSE AMOUNTS ARE WRITTEN-OFF AND REPORTED AS BAD DEBT EXPENSE ANY METHODOLOGY WE COULD USE TO QUANTIFY AND PROVIDE AN ESTIMATE OF HOW MUCH BAD DEBT (AT COST AND IF ANY) REPORTED ON LINE 2 REASONABLY COULD BE ATTRIBUTABLE TO PERSONS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY AND FOR US TO PROVIDE AN ESTIMATE OF WHAT PORTION OF BAD DEBT, IF ANY, THE ORGANIZATION BELIEVES SHOULD CONSTITUTE COMMUNITY BENEFIT WOULD BE PURELY SPECULATIVE, IMPRECISE AND SUBJECT TO INHERENT METHODOLOGY FLAWS WHILE WE FIRMLY BELIEVE, FOR THE REASONS STATED ABOVE, THAT SOME COMPONENT OF OUR REPORTED BAD DEBT EXPENSE (AT COST) ON LINE 2 CONSTITUTES AMOUNTS RELATED TO PERSONS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE PROGRAM, WE CANNOT REASONABLY QUANTIFY THE AMOUNT AND RESPECTFULLY DECLINE THE OPPORTUNITY TO PROVIDE AN AMOUNT THEREFORE, WE HAVE REPORTED ZERO OR NONE FOR FORM 990, SCHEDULE H, PART III, LINE 3</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN 2012, PER NEW IRS REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS, ALLINA HEALTH BEGAN TO PLAN AND IMPLEMENT THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR EACH OF THE HOSPITALS IN THE SYSTEM. THE NEEDS ASSESSMENT PLAN WAS BASED ON A SET OF BEST PRACTICES FOR COMMUNITY HEALTH ASSESSMENTS DEVELOPED BY THE CATHOLIC HEALTH ASSOCIATION WITH THE PURPOSE OF IDENTIFYING TWO TO THREE REGIONAL PRIORITY AREAS TO FOCUS ON FOR FY 2014-2016. THE PROCESS WAS DESIGNED TO RELY ON EXISTING PUBLIC DATA, DIRECTLY ENGAGE COMMUNITY STAKEHOLDERS AND COLLABORATE WITH LOCAL PUBLIC HEALTH AND OTHER HEALTH PROVIDERS. THERE WERE THREE STAGES INVOLVED DURING THE NEEDS ASSESSMENT: DATA REVIEW AND SETTING PRIORITIES, COMMUNITY HEALTH DIALOGUES AND COMMUNITY ASSETS INVENTORY, AND ACTION PLANNING. THE FIRST PHASE, IN FALL 2012, COMMITTEES WERE FORMED AT EACH HOSPITAL TO REVIEW EXISTING HEALTH-RELATED DATA. DIVERSE STAKEHOLDERS REVIEWED THREE EXISTING DATASETS AND THEN DEVELOPED AN INITIAL LIST OF COMMUNITY HEALTH ISSUES. ASSESSMENT STAKEHOLDERS USED THE HANLON METHOD, A SYSTEMATIC PRIORITIZATION PROCESS, TO RANK THE HEALTH-RELATED ISSUES BASED ON THREE CRITERIA: SIZE OF THE PROBLEM, SERIOUSNESS OF THE PROBLEM, AND ESTIMATED EFFECTIVENESS OF THE SOLUTION AND WERE THEN ASKED TO CONSIDER THE NUMERICAL RANKINGS GIVEN TO EACH ISSUE ALONG WITH A SET OF DISCUSSION QUESTIONS TO CHOOSE THE FINAL PRIORITY ISSUES. IN THE SECOND PHASE DURING EARLY 2013, 277 LOCAL RESIDENTS AND STAKEHOLDERS FROM EIGHT ALLINA HEALTH REGIONS PARTICIPATED IN COMMUNITY HEALTH DIALOGUES FACILITATED BY AN EXTERNAL AGENCY, WILDER CENTER FOR COMMUNITIES. STAKEHOLDERS WERE DIVERSE IN AGE, RACE/ETHNICITY, AND EMPLOYMENT AND REPRESENTED SECTORS SUCH AS SCHOOLS, BUSINESS, FAITH-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND ADVOCACY ORGANIZATIONS. A NUMBER OF STAKEHOLDERS IDENTIFIED THEMSELVES AS HAVING EXPERTISE IN HEALTH-RELATED AREAS. THE DIALOGUES USED A WORLD CAFE MODEL OF DISCUSSION, WHICH ALLOWED PARTICIPANTS TO DISCUSS UP TO THREE TOPICS IDENTIFIED AS IMPORTANT HEALTH CONCERNS IN THEIR REGION. KEY THEMES FROM THE DIALOGUES WERE IDENTIFIED THROUGH ANALYSIS OF INDIVIDUAL DISCUSSION GUIDES AND SMALL GROUP NOTES. EACH REGION RECEIVED A SUMMARY AND ACTION IDEAS IN THE FINAL PHASE DURING SUMMER 2013, EACH FACILITY ENGAGED IN ACTION PLANNING SPECIFIC TO THE ISSUES AND PRIORITIES IDENTIFIED IN THEIR CHNA PROCESS. IN TOTAL, MORE THAN 500 DIVERSE STAKEHOLDERS WERE ENGAGED IN DATA REVIEW, PRIORITIZATION OR COMMUNITY DIALOGUES. AS A HEALTH SYSTEM, THREE COMMON THEMES WERE IDENTIFIED ACROSS THE SYSTEM FOR COLLECTIVE ACTION DURING 2014-2016: HEALTHY EATING, ACTIVE LIVING, AND MENTAL WELLNESS. ALL ALLINA HEALTH ASSESSMENTS AND ACTION PLANS WERE APPROVED BY LOCAL FACILITIES AND THE ALLINA HEALTH BOARD OF DIRECTORS BY DECEMBER 2013. COPIES OF EACH FACILITY'S NEEDS ASSESSMENT REPORT AND ACTION PLAN CAN BE FOUND AT HTTP://WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSMENTS/2014-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLANS/</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>A KEY COMPONENT OF ALLINA'S MISSION IS TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ADVOCATE FOR THOSE WITH LIMITED FINANCIAL MEANS. ALLINA STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING MEDICAL CARE. PROVIDING CONVENIENT ACCESS TO NECESSARY MEDICAL CARE REGARDLESS OF ONE'S ABILITY TO PAY FOR THOSE SERVICES IS IMPORTANT TO US. ALLINA HAS ESTABLISHED THE FOLLOWING FINANCIAL ASSISTANCE PROGRAMS - 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. YOU MAY VISIT WWW.ALLINAHEALTH.ORG 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 REGISTER. THE PROGRAM WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE OR MINNESOTA CARE AND WHOSE ANNUAL INCOMES ARE AT OR BELOW 275 PERCENT OF THE FEDERAL POVERTY LEVEL. THE APPLICATION IS BRIEF AND ASKS FOR INFORMATION ON FAMILY SIZE, EMPLOYMENT, INCOME, BANKING AND INSURANCE. IF PATIENTS MEET THE PROGRAM ELIGIBILITY GUIDELINES, THEIR TOTAL ALLINA BALANCE WILL BE ZERO. THEY WILL RECEIVE FREE MEDICAL CARE. AN ELIGIBLE INDIVIDUAL WILL BE COVERED BY THE PROGRAM FOR UP TO ONE YEAR BARRING ANY SIGNIFICANT CHANGE IN INCOME. PATIENTS MAY BE ASKED TO APPLY FOR MEDICAL ASSISTANCE AND MINNESOTA CARE AND BE FOUND INELIGIBLE FOR THOSE PROGRAMS BEFORE THEY QUALIFY FOR THE 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 THREE DISCOUNTS LEVELS ESTABLISHED, ONE FOR METRO HOSPITALS, ONE FOR REGIONAL HOSPITALS, AND ONE FOR HOSPITAL BASED CLINICS WITHIN THE ALLINA SYSTEM. SPECIAL CIRCUMSTANCES ASSISTANCE (ON INDIVIDUAL CASE BY CASE BASIS) - THE ORGANIZATION PROVIDES FOR THE CONSIDERATION OF SPECIAL CIRCUMSTANCES FOR THE "MEDICALLY INDIGENT". THE ORGANIZATION EXTENDS THE CHARITY CARE PROGRAM IN INSTANCES THE ORGANIZATION HAS DETERMINED THE PATIENT IS UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS DUE TO CATASTROPHIC CIRCUMSTANCES EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERALLY APPLICABLE ELIGIBILITY CRITERIA FOR THE FREE CARE PROGRAM OR THE DISCOUNTED CARE PROGRAM UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM GUIDELINES. FINANCIAL ASSISTANCE SERVICES WILL PROVIDE AN EVALUATION OF PATIENTS WITH SPECIAL CIRCUMSTANCES. THERE MAY BE A CIRCUMSTANCE WHERE PATIENTS EXPERIENCE A CATASTROPHIC EVENT THAT PUTS THEM IN A DEVASTATING FINANCIAL POSITION WHEREBY THE PROGRAM REPRESENTATIVES WILL DETERMINE HOW TO BEST SUPPORT THEM. FINANCIALLY 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 ORGANIZATION'S FI</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>NANCIAL ASSISTANCE PROGRAMS INCLUDING ITS CHARITY CARE PROGRAM AND ALSO ABOUT GOVERNMENT P ROGRAMS FOR WHICH THEY MAY BE ELIGIBLE TO RECEIVE BENEFITS EACH PATIENT BILLING STATEMENT CONTAINS INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDES CONTACT INFORMA TION THE ALLINA WEBSITE HOMEPAGE AT WWW.ALLINAHEALTH.ORG PROMINENTLY CONTAINS A LINK TO T HE FINANCIAL ASSISTANCE SERVICES PAGE WHICH DESCRIBES THE ORGANIZATIONS FINANCIAL ASSISTAN CE PROGRAMS AND INCLUDES CONTACT INFORMATION THE ORGANIZATION POSTS SUMMARIES OF ITS FINAN CIAL ASSISTANCE PROGRAMS IN BROCHURES IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREA S OF THE ORGANIZATIONS FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE BR OCHURES CONTAIN SUMMARIES OF THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDE CONTACT INFORMA TION FOR THE PROGRAMS THIS INFORMATION IS AVAILABLE IN VARIOUS LANGUAGES SUCH AS HMONG, S OMALI, AND SPANISH REGISTRATION, ADMISSIONS AND INTAKE PERSONNEL ARE TRAINED TO PROVIDE F INANCIAL 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 P ACKET OF INFORMATION CONTAINING EVERYTHING NECESSARY TO APPLY FOR THE ORGANIZATIONS FINANC IAL 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 CO NVENIENT FOR THE PATIENT SUCH AS THE HOSPITAL, A CLINIC, THE ORGANIZATION'S OFFICES OR THE PATIENT'S HOME ALLINA HAS A SYSTEM WIDE INTERPRETER SERVICES TEAM THAT PROVIDES INTERPRET ERS TO PATIENTS, COMPANIONS AND FAMILIES WHO HAVE LIMITED ENGLISH PROFICIENCY (LEP) OR ARE DEAF OR HARD OF HEARING (DHH) THIS SERVICE IS PROVIDED AT NO COST TO THE PATIENT LEP AN D DHH PERSONNEL ARE TRAINED TO INFORM AND EDUCATE PATIENTS ABOUT THE FINANCIAL ASSISTANCE PROGRAMS ALL PERSONNEL RESPONSIBLE FOR THE ORGANIZATIONS COLLECTION ACTIVITIES ARE EXTENS IVELY TRAINED ON THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS ANY TIME A PATIENT EXPR ESSES A CONCERN REGARDING THEIR ABILITY TO PAY FOR SERVICES, THE PERSONNEL EXPLAIN THE FIN ANCIAL ASSISTANCE PROGRAMS, ASK CERTAIN QUESTIONS TO OBTAIN INFORMATION AND TO DETERMINE WHICH FINANCIAL ASSISTANCE PROGRAMS THE PATIENT MAY QUALIFY AND BEST FITS THE PATIENTS' NEE DS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ALLINA HEALTH SYSTEM (ALLINA HEALTH) IS A NOT-FOR-PROFIT SYSTEM OF CLINICS, HOSPITALS AND OTHER HEALTH CARE SERVICES. ALLINA HEALTH OWNS AND OPERATES 11 HOSPITALS, MORE THAN 90 CLINICS AND HEALTH CARE SERVICES, INCLUDING HOME CARE, HOSPICE CARE, PALLIATIVE CARE, OXYGEN AND MEDICAL EQUIPMENT, PHARMACIES AND EMERGENCY MEDICAL TRANSPORTATION IN OPERATION WITHIN MINNESOTA AND WESTERN WISCONSIN. NEARLY ALL ALLINA HOSPITAL PATIENTS COME FROM MINNESOTA AND WISCONSIN, THE MAJORITY OF WHICH COME FROM COUNTIES IN AND SURROUNDING THE METROPOLITAN AREAS OF MINNEAPOLIS AND ST. PAUL. COMMUNITIES SERVED BY ALLINA HEALTH ARE ASSIGNED INTO ONE OF NINE REGIONS AND EACH REGION INCLUDES AT LEAST ONE HOSPITAL WITHIN OUR SYSTEM. COMMUNITY ENGAGEMENT LEADS ARE ASSIGNED TO EACH REGION TO ENGAGE COMMUNITY IN COMMUNITY BENEFIT ACTIVITIES.</p> <p>WEST METRO: THE WEST METRO REGION INCLUDES ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE AND SERVES MOST COMMUNITIES WITHIN HENNEPIN COUNTY, THE LARGEST COUNTY IN MINNESOTA. THE CITY OF MINNEAPOLIS IS ITS LARGEST CITY AND THE COUNTY SEAT. THE WEST METRO REGION SERVES BOTH URBAN AND SUBURBAN COMMUNITIES AND INCLUDES A RANGE OF SOCIOECONOMIC STATUSES AS WELL AS A BROAD REPRESENTATION OF RACES AND ETHNICITIES.</p> <p>EAST METRO: THE EAST METRO REGION INCLUDES UNITED HOSPITAL AND REGINA HOSPITAL AND SERVES RAMSEY, WASHINGTON AND DAKOTA COUNTIES. THIS REGION SPANS THE EASTERN EDGE OF MINNESOTA INTO THE METRO AREA SURROUNDING THE CITY OF ST. PAUL, THE CAPITAL AND SECOND-MOST POPULOUS CITY IN THE STATE. THE EAST METRO REGION IS HIGHLY DIVERSE, GEOGRAPHICALLY, SOCIOECONOMICALLY AND RACIALLY.</p> <p>NORTHWEST METRO: THE NORTHWEST METRO REGION INCLUDES BOTH MERCY AND UNITY HOSPITALS AND PRIMARILY SERVES COMMUNITIES WITHIN ANOKA COUNTY, BUT ALSO INCLUDES AREAS WITHIN SHERBURNE AND HENNEPIN COUNTIES. ANOKA COUNTY IS THE FOURTH-MOST POPULOUS COUNTY IN THE STATE OF MINNESOTA AND INCLUDES THE NORTHWEST METROPOLITAN AREA THAT IS PREDOMINANTLY SUBURBAN IN NATURE.</p> <p>SOUTH METRO: THE SOUTH METRO REGION INCLUDES ST. FRANCIS REGIONAL MEDICAL CENTER, A PARTIALLY-OWNED HOSPITAL WITHIN THE ALLINA SYSTEM, AND PRIMARILY SERVES SCOTT AND CARVER COUNTIES, BUT ALSO INCLUDES COMMUNITIES IN SIBLEY, LE SUEUR, DAKOTA AND HENNEPIN COUNTIES. THIS REGION INCLUDES BOTH SUBURBAN AND SMALL COMMUNITIES IN THE SOUTHWEST AREA OF THE MINNEAPOLIS-ST. PAUL METROPOLITAN AREA.</p> <p>NORTHWEST REGIONAL: THE NORTHWEST REGIONAL AREA INCLUDES BUFFALO HOSPITAL AND IS LOCATED WEST OF THE METROPOLITAN AREA OF MINNEAPOLIS AND ST. PAUL. THIS REGION PRIMARILY SERVES WRIGHT COUNTY, BUT ALSO SERVES COMMUNITIES WITHIN STEARNS, MEEKER AND HENNEPIN COUNTIES. THIS REGION IS MADE UP OF BOTH SMALL AND RURAL COMMUNITIES.</p> <p>NORTH REGIONAL: THE NORTH REGIONAL AREA INCLUDES CAMBRIDGE MEDICAL CENTER AND SERVES SMALL AND RURAL COMMUNITIES WITHIN ISANTI, CHISAGO, KANABEC AND PINE COUNTIES NORTH OF THE METROPOLITAN AREA OF MINNEAPOLIS AND ST. PAUL.</p> <p>SOUTHWEST REGIONAL: THE SOUTHWEST REGIONAL AREA IS LOCATED IN SOUTH CENTRAL MINNESOTA AND INCLUDES NEW ULM MEDICAL CENTER. THE REGION SERVES COMMUNITIES AND RURAL AREAS IN AND AROUND BROWN COUNTY AND COMMUNITIES WITHIN SIBLEY AND NICOLLET COUNTIES.</p> <p>SOUTH REGIONAL: LOCATED SOUTH OF THE TWIN CITIES METROPOLITAN AREA, THE SOUTH REGIONAL REGION SERVES SMALL AND RURAL COMMUNITIES IN AND AROUND STEELE, RICE, WASECA, DODGE, AND GOODHUE COUNTIES. OWATONNA HOSPITAL SERVES THESE AREAS FROM THE COUNTY SEAT OF OWATONNA, MINNESOTA.</p> <p>WESTERN WISCONSIN: LOCATED IN WESTERN WISCONSIN, THIS REGION INCLUDES SMALL AND RURAL COMMUNITIES WITHIN PIERCE AND ST. CROIX COUNTIES. RIVER FALLS AREA HOSPITAL (RFAH) IS LOCATED WITHIN AND SERVES THIS REGION.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>GOVERNING BODYTHE ALLINA HEALTH BOARD OF DIRECTORS HAS OVERSIGHT FOR COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT FUNCTIONS IN 2014, THE BOARD'S QUALITY COMMITTEE AND CENTER FOR HEALTHCARE INNOVATION, RESEARCH & COMMUNITY ENGAGEMENT COMMITTEE MERGED TO BECOME TO THE QUALITY AND POPULATION HEALTH COMMITTEE AMONG ITS RESPONSIBILITIES, IT OVERSEES AND SUPPORTS THE CORPORATION'S EFFORTS TO (1) FOSTER A CULTURE OF COMMUNITY ENGAGEMENT AND A REPUTATION AS A COMPASSIONATE, TRUSTED COMMUNITY PARTNER KNOWN FOR HEALTH, WELLNESS, AND EXCELLENT HEALTH CARE, AND (2) IDENTIFY AND RESPOND TO THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY ALLINA HEALTH TO ENSURE THAT THE BOARD OF DIRECTORS REPRESENTS THE COMMUNITIES SERVED BY ALLINA HEALTH, THE BY-LAWS STATE THAT A MAJORITY OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS SHALL AT ALL TIMES BE INDEPENDENT CIVIC LEADERS IN FURTHERANCE OF THIS REQUIREMENT, AND SUBJECT TO VACANCIES THAT MAY OCCUR FROM TIME TO TIME, NO MORE THAN ONE-THIRD (1/3) OF THE DIRECTORS (INCLUDING ANY EX-OFFICIO DIRECTORS WITH VOTE) MAY BE INTERESTED DIRECTORS INTERESTED DIRECTORS SHALL INCLUDE PERSONS WHO ARE NOT ON THE BOARD OF DIRECTORS BUT SERVE ON COMMITTEES OR OTHERWISE PARTICIPATE IN THE AFFAIRS OF THE CORPORATION AND WOULD BE DEEMED INTERESTED DIRECTORS IF THEY WERE ON THE BOARD OF DIRECTORS "INTERESTED DIRECTORS" ARE (1) ANY MEMBERS OF THE CORPORATION'S MANAGEMENT WHO SERVE AS DIRECTORS, AND (2) ANY PHYSICIAN DIRECTORS WHO PROVIDE SERVICES IN CONJUNCTION WITH THE ORGANIZATION OR ANY OF ITS HOSPITALS OR CLINICS, INCLUDING WITHOUT LIMITATION SERVICES UNDER A CONTRACT WITH ANY OF THE ORGANIZATION'S HOSPITALS OR CLINICS, AS A PHYSICIAN EMPLOYEE OF ONE OF THE ORGANIZATION'S CLINICS OR AS A MEDICAL STAFF MEMBER OF ONE OF THE ORGANIZATION'S HOSPITALS IN ADDITION TO THESE BY-LAWS PROVISIONS, THE BOARD'S GOVERNANCE AND NOMINATING COMMITTEE ACTIVELY ENSURES DIVERSITY OF DIRECTORS AND KEY SUBSTANTIVE AND STRATEGIC COMPETENCIES IN RECRUITING BOARD MEMBERS THE COMMITTEE HAS CHOSEN SEVERAL CURRENT MEMBERS WHO REPRESENT THE PATIENT PERSPECTIVE AND COMMUNITY LEADERS RECRUITMENT EFFORTS IN THE PAST SEVERAL YEARS HAVE FOCUSED ON ENHANCING THE MEMBERSHIP OF THE BOARD TO INCLUDE DIRECTORS AND COMMITTEE MEMBERS WITH STRATEGIC COMPETENCIES TO SUPPORT ALLINA IN THE NEW PAYMENT AND HEALTH REFORM ENVIRONMENT OPEN MEDICAL STAFFTHE MEDICAL STAFFS WITHIN ALLINA HEALTH ARE OPEN, WITH THE EXCEPTION OF CERTAIN DEPARTMENTS (SUCH AS RADIOLOGY, PATHOLOGY, EMERGENCY, AND CARDIOLOGY) AS TO WHICH SOME HOSPITALS HAVE ENTERED INTO EXCLUSIVE CONTRACTS WITH PARTICULAR MEDICAL GROUPS THE HOSPITALS ENTER INTO THESE CONTRACTS WHEN THEY DETERMINE SUCH ARRANGEMENTS WILL IMPROVE CARE AND OPERATIONS IN THE HOSPITAL BY, FOR EXAMPLE, IMPROVING THE QUALITY OF PATIENT CARE, ASSURING THE AVAILABILITY OF SPECIFIC SERVICES, REDUCING THE COSTS OF PROVIDING HEALTH CARE, ALLOCATING HOSPITAL RESOURCES MORE EFFICIENTLY, SECURING GREATER PATIENT SATISFACTION, OR FACILITATING THE ORDERLY OPERATIONS OF THE HOSPITAL IT DOES NOT ENTER INTO THESE ARRANGEMENTS SOLELY TO BENEFIT OR EXCLUDE SPECIFIC PROVIDERS OR TO RESTRAIN COMPETITION</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>ALLINA HEALTH SYSTEM ("ALLINA HEALTH"), DOING BUSINESS AS ALLINA HEALTH, IS A MINNESOTA NONPROFIT CORPORATION WHICH, TOGETHER WITH ITS SUBSIDIARIES, DELIVERS HEALTH CARE SERVICES TO PATIENTS IN MINNESOTA AND WESTERN WISCONSIN AS A MISSION-DRIVEN ORGANIZATION, ALLINA HEALTH IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES WITH APPROXIMATELY 24,600 FULL AND PART-TIME EMPLOYEES, ALLINA HEALTH IS ONE OF THE LARGEST EMPLOYERS IN MINNESOTA AS AN INTEGRATED HEALTH SYSTEM THAT INCLUDES HOSPITALS, EMERGENCY, AMBULATORY, HOMECARE AND HOSPICE SERVICES, AN AUTOMATED ELECTRONIC MEDICAL RECORD SYSTEM, AND OVER 1,310 EMPLOYED PHYSICIANS, ALLINA HEALTH IS UNIQUELY POSITIONED AS A LEADER IN HEALTHCARE IN THE MINNEAPOLIS/ST PAUL AREA AND IS WELL POSITIONED FOR HEALTH CARE REFORM ALLINA HEALTH OWNS AND OPERATES ELEVEN HOSPITALS AND JOINTLY OWNS AND OPERATES ONE OTHER HOSPITAL THESE INCLUDE URBAN TERTIARY CARE, SUBURBAN COMMUNITY AND RURAL HOSPITALS ALLINA HEALTH HOSPITALS PROVIDED OVER 102,750 INPATIENT ADMISSIONS AND NEARLY 1,231,450 OUTPATIENT VISITS DURING THE YEAR ENDED DECEMBER 31, 2014 AS OF YEAR-END, ALLINA HEALTH HOSPITALS HAD LICENSED BED CAPACITY OF 2,436 ACUTE CARE BEDS, 1,692 OF WHICH WERE STAFFED FOR INPATIENT SERVICES ALLINA HEALTH PROVIDES CLINICAL SERVICES THROUGH ITS CLINIC DIVISION AND HOSPITAL-BASED PHYSICIANS THE CLINIC DIVISION CONTROLS AND OPERATES 58 ALLINA HEALTH CLINICS (PREVIOUSLY OPERATED AS ALLINA MEDICAL CLINIC ("AMC"), ASPEN MEDICAL GROUP ("ASPEN"), AND QUELLO CLINIC ("QUELLO")), THREE HOSPITALIST PROGRAMS ON THE ABBOTT NORTHWESTERN, UNITED AND UNITY HOSPITALS CAMPUSES, AND EMPLOYS APPROXIMATELY 750 PHYSICIANS AND 160 HOSPITALISTS ALLINA SPECIALTY ASSOCIATES, INC ("ASA"), OPERATING UNDER THE NAME MINNEAPOLIS HEART INSTITUTE, EMPLOYS APPROXIMATELY 75 PHYSICIANS, CONSISTING OF CARDIOLOGISTS, CARDIOTHORACIC AND VASCULAR SURGEONS IN ADDITION, ALLINA HEALTH HOSPITALS DIRECTLY EMPLOY APPROXIMATELY 325 SPECIALTY PHYSICIANS INCLUDING INTENSIVISTS/HOSPITALISTS, PERINATOLOGISTS, AND PSYCHIATRISTS ALLINA HEALTH PHYSICIANS AND ALLIED PROFESSIONALS GENERATED NEARLY 6,662,870 WORK RVU'S DURING THE YEAR ENDED DECEMBER 31, 2014 THE ALLINA INTEGRATED MEDICAL ("AIM") NETWORK ALIGNS ALLINA HEALTH PHYSICIANS, 1,600 INDEPENDENT MEDICAL PHYSICIANS, AND OVER 20 HOSPITALS TO DELIVER MARKET-LEADING QUALITY AND EFFICIENCY IN PATIENT CARE ALLINA HEALTH IS A COMPREHENSIVE HEALTH CARE SYSTEM AND HAS ONE OF THE LARGEST PHYSICIAN NETWORKS IN MINNESOTA ALLINA'S HEALTH HOME CARE SERVICES DIVISION PROVIDES HOME HEALTH, HOME OXYGEN AND MEDICAL EQUIPMENT, HOSPICE, PALLIATIVE CARE AND SENIORCARE TRANSITIONS A LEADER AND INNOVATOR IN PRE-HOSPITAL EMERGENCY MEDICAL DEVICES, ALLINA HEALTH EMERGENCY MEDICAL SERVICES IS DEVOTED TO PROVIDING SKILLED AND COMPASSIONATE ADVANCED LIFE SUPPORT, BASIC LIFE SUPPORT AND SCHEDULED TRANSPORT IN MORE THAN 75 MINNESOTA COMMUNITIES MORE THAN 370 PARAMEDICS, EMERGENCY MEDICAL TECHNICIANS AND DISPATCHERS WORK TOGETHER TO PROVIDE SERVICE TO AN AREA OF APPROXIMATELY 1,000 SQUARE MILES, REACHING MORE THAN 750,000 PEOPLE IN ADDITION TO THE AMOUNTS DISCLOSED ON THIS SCHEDULE H, ALLINA AND AFFILIATED ORGANIZATIONS INCURRED COSTS FOR PARTICIPATION IN GOVERNMENT MEDICAL CARE PROGRAMS IN EXCESS OF GOVERNMENT REIMBURSEMENTS IN THE AMOUNT OF \$141,002,231 IN 2014 ALLINA PARTNERS WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL TO PROVIDE PHYSICIAN RESIDENCY PROGRAMS FOR FAMILY PRACTICE AND INTERNAL MEDICINE RESIDENT PHYSICIANS ALLINA CONTROLS AND OPERATES SEVEN (7) AFFILIATED FOUNDATIONS THAT PROVIDE PHILANTHROPIC FUNDING SUPPORT FOR ALLINA PROGRAMS AND NUMEROUS COMMUNITY PROGRAMS AND INITIATIVES INCLUDING A FEDERALLY QUALIFIED HEALTH CENTER THE CENTER FOR HEALTHCARE INNOVATION FOUNDATION MERGED WITH AND INTO ALLINA HEALTH SYSTEM ON DECEMBER 31, 2014 SEE SCHEDULE R AND SCHEDULE H, PART IV FOR A LIST OF RELATED ORGANIZATIONS AND JOINT VENTURES INCLUDING THE PRIMARY ACTIVITY OF THE AFFILIATED ORGANIZATION ALLINA AND ITS AFFILIATES ALSO ROUTINELY COOPERATE AND INNOVATE WITH OTHER ORGANIZATIONS INCLUDING HEALTH CARE AND SOCIAL WELFARE ORGANIZATIONS, COMMUNITY GROUPS, GOVERNMENT AGENCIES AND HEALTH CARE PROVIDERS TO PREVENT ILLNESS, PROMOTE AND RESTORE HEALTH TO THE COMMUNITIES WE SERVE AND BEYOND</p>

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

Additional Data

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

Form 990 Schedule H, Part IV - Management Companies and Joint Ventures (see instructions)

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 METROPOLITAN INTEGRATED CANCER CENTER LLC	RADIATION THERAPY	80 000 %		20 000 %
2 2 MOBILE IMAGING SERVICES LLC	DIAGNOSTIC IMAGING	50 000 %		50 000 %
3 3 MAGNETO LEASING LLC	EQUIPMENT LEASING	50 000 %		50 000 %
4 4 SUBURBAN IMAGING LLC	OUTPATIENT RADIOLOGY SERVICES	50 000 %		50 000 %
5 5 SOUTHWEST SURGICAL CENTER LLC	AMBULATORY SURGERY PROCEDURES	83 330 %		16 670 %
6 6 APPLE VALLEY BUILDING ASSOCIATES LLC	BUILDING	50 000 %		50 000 %
7 7 CROSBY CARDIOVASCULAR SERVICES LLC	CARDIOLOGY DIAGNOSTIC SERVICES	50 000 %		50 000 %
8 8 PREMIER FMC LLC	REAL ESTATE	5 000 %		52 500 %
9 9 NORTHSTAR SLEEP CENTER LLC	SLEEP MEDICINE	50 000 %		50 000 %
10 10 GERIATRIC SERVICES OF MINNESOTA LLC	LONG TERM CARE FOR THE ELDERLY	45 000 %		55 000 %
11 11 WOODBURY AMBULATORY SURGERY CENTER LLC	OUTPATIENT SERVICES	50 000 %		50 000 %
12 12 HEALTHCARE CAMPUS IMAGING ONE LLC	DIAGNOSTIC IMAGING	25 000 %		25 000 %
13 13 REHAB ONE CENTER LLC	REHABILITATION SERVICES	8 300 %		48 700 %
14 14 PET EQUIPMENT LEASING LLC	EQUIPMENT LEASING	25 000 %		25 000 %
15 15 TWIN CITIES MEDICAL IMAGING LLC	DIAGNOSTIC IMAGING	58 000 %		42 000 %

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
11

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	ABBOTT NORTHWESTERN HOSPITAL 800 E 28TH STREET MINNEAPOLIS,MN 55407 HTTP //WWW.ALLINAHEALTH.ORG/ABBOTT-NO-356409	X			X		X	X			A
2	UNITED HOSPITAL 333 NORTH SMITH AVENUE ST PAUL,MN 55102 HTTP //WWW.ALLINAHEALTH.ORG/UNITED-HO-356261	X			X		X	X			A
3	MERCY HOSPITAL 4050 COON RAPIDS BLVD COON RAPIDS,MN 55433 HTTP //WWW.ALLINAHEALTH.ORG/MERCY-HOS-356011	X			X		X	X			A
4	UNITY HOSPITAL 550 OSBORNE ROAD FRIDLEY,MN 55432 HTTP //WWW.ALLINAHEALTH.ORG/UNITY-HOS-356138	X					X	X			A
5	CAMBRIDGE MEDICAL CENTER 701 S DELLWOOD STREET CAMBRIDGE,MN 55008 HTTP //WWW.ALLINAHEALTH.ORG/CAMBRIDGE-356068	X						X			A
6	BUFFALO HOSPITAL 303 CATLIN STREET BUFFALO,MN 55313 HTTP //WWW.ALLINAHEALTH.ORG/BUFFALO-H-356413	X						X			A
7	NEW ULM MEDICAL CENTER 1324 FIFTH NORTH STREET NEW ULM,MN 56073 HTTP //WWW.ALLINAHEALTH.ORG/NEW-ULM-M-356264	X				X		X			A
8	OWATONNA HOSPITAL 903 S OAK AVE OWATONNA,MN 55060 HTTP //WWW.ALLINAHEALTH.ORG/OWATONNA-H-356412	X						X			A
9	REGINA HOSPITAL 1175 NININGER ROAD HASTINGS,MN 55033 HTTP //WWW.ALLINAHEALTH.ORG/REGINA-HO-371347	X	X					X			B
10	RIVER FALLS AREA HOSPITAL 1629 EAST DIVISION STREET RIVER FALLS,WI 54022 HTTP //WWW.ALLINAHEALTH.ORG/RIVER-FAL-1054	X				X		X			A

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
11

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
11	PHILLIPS EYE INSTITUTE 2215 PARK AVENUE MINNEAPOLIS, MN 55404 HTTP //WWW.ALLINAHEALTH.ORG/PHILLIPS- 356042	X					X				A

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 6A	THE 10 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL, UNITY HOSPITAL, CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING TWO EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND UNITY HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS ABBOTT NORTHWESTERN HOSPITAL - TO ADDRESS OBESITY PREVENTION, ABBOTT NORTHWESTERN FOCUSED ON ADDRESSING FOOD INSECURITY IN THE NEIGHBORHOODS OF SOUTH MINNEAPOLIS BY CLEANING PRODUCE FROM HOSPITAL'S WEEKLY FARMER'S MARKET AND DONATING IT TO A NEARBY FOOD SHELF HOSPITAL STAFF ALSO WORKED WITH THE MINNEAPOLIS CITY COUNCIL AND MINNEAPOLIS HEALTH DEPARTMENT TO PASS A STAPLE FOODS ORDINANCE REQUIRING ALL FOOD RETAILERS TO PROVIDE SOME TYPE OF FRESH, HEALTHY FOOD IN ADDITION TO THE CURRENT OFFERINGS ABBOTT NORTHWESTERN ALSO PARTNERED WITH MEMBERS OF THE LOCAL SOMALI COMMUNITY, AS WELL AS THE LOCAL PARK SYSTEM AND RECREATION DEPARTMENTS TO ADDRESS INEQUITIES IN PARK AND RECREATION PROGRAM UTILIZATION BY IMMIGRANT AND REFUGEE POPULATIONS ABBOTT NORTHWESTERN ADDRESSED ITS HEALTHCARE ACCESS GOALS BY WORKING WITH NEARBY FREE CLINICS AND FEDERALLY-QUALIFIED HEALTHCARE CENTERS TO DETERMINE HOW BEST TO PARTNER TO CONTINUE TO PROVIDE HEALTHCARE ACCESS AS THE FREE CLINIC PATIENT POPULATION CHANGED WITH THE ROLLOUT OF THE AFFORDABLE CARE ACT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 6A	THE 10 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL, UNITY HOSPITAL, CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING TWO EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND UNITY HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS UNITED HOSPITAL - THE HOSPITAL SPONSORED COMUNIDADES LATINAS UNIDAS EN SERVICIO (CLUES) SECOND ANNUAL WELLNESS DAY AND PROVIDED VOLUNTEERS FOR FREE EYE AND HEALTH SCREENINGS THE VOLUNTEERS PROVIDED HEALTH SCREENING FOR 50 ADULTS AND EYE SCREENINGS FOR 300 YOUTH AND ADULTS IN EFFORTS TO INCREASE ACCESS TO HEALTH CARE, UNITED HOSPITAL GAVE A CHARITABLE CONTRIBUTION TO WEST 7TH COMMUNITY CENTER TO PURCHASE A VAN TO TRANSPORT LOCAL SENIORS AND ALSO PROVIDED FINANCIAL SUPPORT TO MANY LOCAL FEDERALLY QUALIFIED HEALTH CENTERS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UNITED HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- MERCY HOSPITAL PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- MERCY HOSPITAL PART V, SECTION B, LINE 6A	THE 10 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL, UNITY HOSPITAL, CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING TWO EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND UNITY HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- MERCY HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- MERCY HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- MERCY HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS MERCY HOSPITAL - ONE OF MERCY HOSPITAL'S GOALS DETERMINED BY THE 2013 CHNA WAS TO REDUCE THE FACTORS FOR CHILDHOOD OBESITY TO WORK TOWARDS THIS GOAL, MERCY CONTINUED TO WORK AND PROMOTE THE FAMILYPOWER YOUTH OBESITY PROGRAM, PARTNERED WITH PARK BROOK ELEMENTARY TO ADVANCE HEALTHY EATING AND HEALTHY STUDENT ACTIVITIES AT THE ELEMENTARY AGE LEVEL AND CONDUCTED EDUCATIONAL FOCUSED HEALTH SCREENINGS WHICH INCLUDED BMI AND WEIGHT EDUCATION WITHIN THE HIGH SCHOOL STUDENT PARTNERSHIP PROGRAM

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- MERCY HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- MERCY HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UNITY HOSPITAL PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UNITY HOSPITAL PART V, SECTION B, LINE 6A	THE 10 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL, UNITY HOSPITAL, CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING TWO EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND UNITY HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UNITY HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UNITY HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UNITY HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS UNITY HOSPITAL - UNITY HAD A GOAL TO WORK ON THE PREVENTION, TREATMENT AND MANAGEMENT OF CHRONIC DISEASES TO HELP PROMOTE THAT GOAL, 46 COMMUNITY SCREENINGS WITH HEALTH EDUCATION WERE HELD THAT REACHED OVER 1,400 PEOPLE THE HOSPITAL ALSO PARTNERED WITH STEPPING STONE HOMELESS SHELTER TO HAVE MONTHLY HEALTH CLINICS FOR THE HOMELESS

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UNITY HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6A	THE 10 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL, UNITY HOSPITAL, CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING TWO EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND UNITY HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS CAMBRIDGE MEDICAL CENTER - TO ADDRESS OBESITY PREVENTION IN CAMBRIDGE, THE MEDICAL CENTER CREATED AND SUPPORTED A NUMBER OF PROGRAMS THAT COMBINED EDUCATIONAL, ENVIRONMENTAL AND BEHAVIORAL ACTIVITIES AT WORKSITES AND COMMUNITY CENTERS THESE ACTIVITIES REACHED HUNDREDS OF COMMUNITY MEMBERS AND INCLUDED LUNCH AND LEARN MEETINGS, WORKSITE SCREENINGS, GROCERY STORE TOURS AND WORKSHOPS ANOTHER FOCUS AREA FOR CAMBRIDGE IS DRUG AND ALCOHOL USE TO ADDRESS THIS NEED, THE MEDICAL CENTER PARTNERED WITH THE ISANTI COUNTY SHERRIFF TO INSTALL A PRESCRIPTION DRUG DROP BOX, WHICH COLLECTED CLOSE TO 600 POUNDS OF DRUGS IN THE FIRST FEW MONTHS AFTER INSTALLATION

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS BUFFALO HOSPITAL - TWO OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2013 CHNA WERE TO REDUCE OBESITY AND INCREASE PHYSICAL ACTIVITY BUFFALO HOSPITAL HELPED WITH PLANNING ALBERTVILLE-ST MICHAEL FAMILY HEALTH CHALLENGE, A COMMUNITY WIDE CAMPAIGN FOCUSING ON HEALTHY BEHAVIORS AND WORKING AS A FAMILY TOWARD MAKING POSITIVE LIFESTYLE MODIFICATIONS THE HOSPITAL ALSO PARTNERED WITH LOCAL WORKSITES AND ORGANIZATIONS TO OFFER LET'S TALK WELLNESS COURSES THAT REACHED OVER 800 PARTICIPANTS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6A	THE 10 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL, UNITY HOSPITAL, CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING TWO EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND UNITY HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS NEW ULM MEDICAL CENTER - OBESITY IS A COMMUNITY HEALTH NEED FOR THE AREA SERVED BY NEW ULM MEDICAL CENTER IN 2014, NUMC WORKED ON CONTINUING PARTNERSHIPS THROUGH THE HEART OF NEW ULM ON PROGRAMS DESIGNED TO REDUCE OBESITY, SUCH AS EXPANDING ACCESS TO HEALTHY FOODS, HEALTH SCREENINGS, HEALTHY COOKING CLASSES AND POLICY IMPROVEMENTS THAT SUPPORT HEALTHY LIVING THE HEART OF NEW ULM CONTINUED SCREENING TOWARDS A GOAL OF 3,000 COMMUNITY MEMBERS ANOTHER LOCAL HEALTH CONCERN IS MENTAL HEALTH NUMC PROVIDED TWO MINDFULNESS TRAININGS IN 2014 AND OFFERED FREE DEPRESSION SCREENING AND COUNSELING ON NATIONAL DEPRESSION DAY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6A	THE 10 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL, UNITY HOSPITAL, CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING TWO EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND UNITY HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS OWATONNA HOSPITAL - ONE OF OWATONNA HOSPITAL'S GOALS FROM THE MOST RECENT CHNA WAS TO INCREASE FRUIT AND VEGETABLE CONSUMPTION TO DO THIS, THE HOSPITAL PARTNERED WITH LOCAL FARMER'S MARKETS TO CREATE THE "ALLINA HEALTH BUCKS" PROGRAM, WHERE PEOPLE IN NEED ARE GIVEN FIVE DOLLARS ALLINA HEALTH BUCKS TO USE TO PURCHASE FOOD AT FARMER'S MARKETS OWATONNA ALSO WANTS TO SUPPORT BREASTFEEDING AND HAS CREATED A FORMAL SOUTHEAST MINNESOTA BREASTFEEDING COALITION WITH ENGAGEMENT BY FOUR COUNTIES (STEELE, RICE, DODGE, AND WASECA) TO SUPPORT THIS WORK

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS RIVER FALLS AREA HOSPITAL - RIVER FALLS AREA HOSPITAL WORKED ON MANY INITIATIVES TO SUPPORT HEALTHY EATING IN 2014 THE HOSPITAL DEVELOPED THE WORKSITE WELLNESS WORKSHOP SERIES WHICH FOCUSED ON WORKPLACE-RELATED HEALTH ISSUES SUCH AS HEALTHY VENDING AND THE BENEFITS OF BREASTFEEDING THE HOSPITAL ALSO SUPPORTS A FREE BABY CAFE PROGRAM TO SUPPORT BREASTFEEDING MOMS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

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

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16A WEBSITE	WWW.ALLINAHEALTH.ORG

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16B WEBSITE	WWW.ALLINAHEALTH.ORG

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16C WEBSITE	WWW.ALLINAHEALTH.ORG

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 5	COMMUNITY DIALOGUES WERE FACILITATED BY WILDER CENTER FOR COMMUNITIES TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES REPRESENTATION INCLUDED MORE 500 COMMUNITY MEMBERS WHO WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, AND EMPLOYMENT SECTORS SECTORS REPRESENTED INCLUDED GOVERNMENT AGENCIES, SPECIFICALLY LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS TOPICAL EXPERTS SUCH AS NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH PUBLIC HEALTH DATA FORMED THE FOUNDATION OF THE ASSESSMENT WITH BASELINE DATA ABOUT HEALTH ISSUES IN THE COMMUNITY AND PUBLIC HEALTH EXPERTS PARTICIPATED THROUGHOUT THE PROCESS OF DATA ANALYSIS, PRIORITIZATION, AND IMPLEMENTATION PLANNING

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS PHILIPS EYE INSTITUTE - THE PHILLIPS EYE INSTITUTE ADDRESSED ITS SCHOOL READINESS AND HEALTHCARE ACCESS GOALS BY CONTINUING ITS EXPANSION OF THE EARLY YOUTH EYECARE (EYE) PROGRAM TO INCLUDE THE ENTIRE ST PAUL PUBLIC SCHOOLS SYSTEM 27,000 ELEMENTARY-AGE STUDENTS WERE SCREENED AND PROVIDED FREE GLASSES AND FOLLOW-UP VISION CARE, IF NEEDED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 9 REGINA HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 2	REGINA HOSPITAL MERGED WITH AND INTO ALLINA HEALTH SYSTEM ON DECEMBER 31, 2013 2014 IS THE FIRST YEAR REGINA HOSPITAL'S SCHEDULE H IS INCLUDED WITH ALLINA HEALTH SYSTEM

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 5	REGINA HOSPITAL CONDUCTED EXTENSIVE RESEARCH AND MET WITH KEY HEALTHCARE LEADERS AND OTHER COMMUNITY STAKEHOLDERS IN THE HASTINGS AREA TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS IN HASTINGS INPUT FROM COMMUNITY MEMBER GROUPS INFORMED THE DEVELOPMENT OF REGINA HOSPITAL'S COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT THE COMMUNITY MEETINGS INCLUDED REVIEW AND PRIORITIZATION OF COMMUNITY HEALTH ISSUES HIGHLIGHTED IN DATA SETS AND HEALTH INDICATORS FOUND IN PEOPLE QUICKFACTS (DEMOGRAPHICS FROM THE 2010 U S CENSUS) FOR THE HASTINGS AREA, DAKOTA COUNTY PUBLIC HEALTH DEPARTMENT'S2013 COMMUNITY HEALTH OPINION SURVEY RESULTS, COUNTY HEALTH RANKINGS & ROADMAPS - ROBERT WOOD JOHNSON FOUNDATION, AND THE MINNESOTA DEPARTMENT OF HEALTH'S LEADING HEALTH INDICATORS

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 6B	MINNESOTA DAKOTA COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 7D	THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR EACH HOSPITAL FACILITY IS AVAILABLE UPON REQUEST

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 11	ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THROUGH THIS FORMAL PROCESS IN 2013 IN 2014-2016, ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE BEING ADDRESSED HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE - CHANGE TO CHILL - A RESOURCE FOR TEENS ON STRESS & MENTAL WELLNESS IMPLEMENTATION EFFORTS INCLUDE A CHILLER CHALLENGE TO HELP SCHOOLS AND TEENS BECOME FAMILIAR WITH THE TOPIC AND MATERIALS OFFERED ON THE SITE,- HEALTH POWERED KIDS - FREE, ONLINE LESSONS AND OTHER ACTIVITIES FOR PHYSICAL ACTIVITY, NUTRITION AND OTHER TOPICS RELEVANT TO CHILDREN AND THEIR CAREGIVERS AGES 3-14 THE WEBSITE INCLUDES TRANSLATION OF SOME MATERIALS INTO SPANISH TO REACH A WIDER AUDIENCE,- NEIGHBORHOOD HEALTH CONNECTION - HEALTH ACTIVITY GRANTS AWARDED TO COMMUNITY GROUPS TO IMPLEMENT PROGRAMS THAT PROMOTE SOCIAL CONNECTIONS AND HEALTHY ACTIVITIES THAT IMPROVE NUTRITION/HEALTHY EATING AND ACTIVE LIVING/PHYSICAL ACTIVITY, AND- NEW SHOES HEALTHY KIDS ATHLETIC SHOE DISTRIBUTION AND FREE BIKES 4 KIDZ BIKE DISTRIBUTION EVENTS THAT SUPPORT THE COMMUNITY, SPECIFICALLY CHILDREN IN NEED, TO BE PHYSICALLY ACTIVE BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THEIR PRIMARY SERVICE AREA, SUCH AS REGINA HOSPITAL - IN WORKING TO FIGHT OBESITY, THE HOSPITAL CONTINUED WORKING ON THE HEALTHY COMMUNITIES PARTNERSHIP (HCP) THROUGH THIS PROGRAM, MORE THAN 800 HEALTH SCREENINGS WERE COMPLETED, 200 HEALTH COACHING SESSIONS, AND DOZENS OF HEALTH ACTIVITIES REACHING 2,000 PEOPLE TO INCREASE ACCESS TO HEALTH CARE, REGINA HOSTED MNSURE (THE STATE HEALTH EXCHANGE) OUTREACH AT FARM TRUCK EVENT

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 22D	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 9 -- REGINA HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICAL NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 16A WEBSITE	WWW.ALLINAHEALTH.ORG

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 16B WEBSITE	WWW.ALLINAHEALTH.ORG

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 16C WEBSITE	WWW.ALLINAHEALTH.ORG

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7 A	HOSPITAL FACILITY WEBSITE URL -HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSMENTS/2014-2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLANS/

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10 A	SEE RESPONSE FOR PART V, SECTION B, LINE 7 A ABOVE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 listed in the line 1 table

76

3

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

0

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FOOTWEAR	8000		60,000	FMV	KID'S SHOES DONATION
(2) BIKE HELMETS	6646		54,524	FMV	HELMETS DISTRIBUTION AT VARIOUS BIKE EVENTS
(3) SCHOLARSHIP TO STUDENTS AT VARIOUS COLLEGES AND UNIVERSITIES	11	10,900	0		
(4) EXERCISE EQUIPMENT	2		1,600	FMV	EXERCISE EQUIPMENT DONATION IN SUPPORT OF POLICE DEPARTMENT PROGRAM

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2 EXPLANATION	ALLINA HEALTH SYSTEM STRICTLY MONITORS GRANT FUNDS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER AND INTENDED PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE THE ORGANIZATION HAS A PROCESS WHICH INCLUDES A WRITTEN APPLICATION WHICH REQUIRES SUPPORTING DOCUMENTATION AND SUBSTANTIATION PRIOR TO A GRANT BEING APPROVED AND DISBURSED IN ADDITION AND DEPENDING ON THE FACTS AND CIRCUMSTANCE OF THE GRANT, THE ORGANIZATION EMPLOYS VARIOUS METHODS TO ENSURE PROPER AND INTENDED USE SUCH AS, PERIODIC REPORTING TO THE ORGANIZATION, FIELD INVESTIGATIONS, CONTRACTS WITH REPAYMENT CLAUSES, REQUIRING ADDITIONAL SUBSTANTIATION AND DOCUMENTATION NOT AVAILABLE AT THE TIME OF THE GRANT, PAYING THIRD PARTIES DIRECTLY ON BEHALF OF THE GRANTEE ORGANIZATION, AND OTHER METHODS AS APPROPRIATE AND WARRANTED

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FREE BIKES 4 KIDZ755 DICKY LAKE DRIVE LONG LAKE,MN 55356	27-1199089	501C3	75,200				SPONSORSHIP FOR BIKE DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MARCH OF DIMES5233 EDINA INDUSTRIAL BOULEVARD EDINA,MN 55439	13-1846366	501C3	6,600				SPONSOR MARCH FOR BABIES AND NURSE OF THE YEAR, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST FRANCIS REGIONAL MEDICAL CENTER1455 ST FRANCIS AVENUE SHAKOPEE, MN 55379	41-0907986	501C3	32,000				SPONSOR SPIRIT OF THE SAINTS GALA AND TEE ONE FOR CARE GOLF TOURNAMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 28TH STREET SUITE 100 MINNEAPOLIS,MN 55407	41-1426406	501C3	36,300				SPONSOR ANNUAL GALA, GLOBAL FUND AND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SISTERS OF ST JOSEPH MINISTRIES1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1765361	501C3	40,000				SPONSORSHIP OF 2014 CARONDELET GALA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEIGHBORHOOD INVOLVEMENT PROGRAM INC2431 HENNEPIN AVENUE SOUTH MINNEAPOLIS,MN 55405	41-0956858	501C3	25,300				SPONSORSHIP FOR PROGRAM OPERATIONS, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ST PAUL, MN 55101	41-1888902	501C3	25,000				CONTRIBUTION TO MENTAL HEALTH DRUG ASSISTANCE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THE MENTAL HEALTH CRISIS ALLIANCE402 UNIVERSITY AVE E ST PAUL,MN 55130	41-6005875		25,000				IMPROVE ADULT MENTAL HEALTH CRISIS SERVICES IN EAST METRO COUNTIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN HEART ASSOCIATION INC4701 W 77TH ST EDINA,MN 55435	13-5613797	501C3	31,100				SPONSOR GALA, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NAMI MINNESOTA800 TRANSFER ROAD 31 ST PAUL,MN 55114	41-1317030	501C3	21,000				MENTAL HEALTH SERVICE LINE CONTRIBUTION, CONFERENCE SPONSORSHIP, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WEST SEVENTH COMMUNITY CENTER INC 265 ONEIDA STREET ST PAUL,MN 55102	23-7319301	501C3	16,776				SUPPORT TRANSPORTATION NEEDS FOR INDIVIDUALS AND FAMILIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NICE RIDE MINNESOTA 2701 36TH AVE SOUTH MINNEAPOLIS,MN 55406	26-4372592	501C3	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PORTICO HEALTHNET2610 UNIVERSITY AVE W SUITE 550 ST PAUL,MN 55114	41-1814659	501C3	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST PAUL PUBLIC SCHOOLS 360 COLBORNE ST ST PAUL,MN 55102	41-0901311		14,848				SUPPORT SCHOOL WELLNESS CHAMPION PROJECTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ANGEL FOUNDATION708 SOUTH THIRD STREET SUITE 106W MINNEAPOLIS,MN 55415	41-1990883	501C3	16,500				SPONSOR 2014 ANGEL AWARDS AND GALA, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC400 ROBERT STREET SOUTH ST PAUL,MN 55107	41-0693910	501C3	11,800				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN DIABETES ASSOCIATION INC5100 GAMBLE DRIVE SUITE 394 ST LOUIS PARK,MN 55416	13-1623888	501C3	12,650				SPONSOR TOUR DE CURE AND DIABETES GALA, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SECOND HARVEST HEARTLAND1140 GERVAIS AVENUE ST PAUL,MN 55109	23-7417654	501C3	10,700				SPONSOR DISH CUISINE FOR CHANGE, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PEOPLE INCORPORATED 2060 CENTRE POINTE BLVD SUITE 3 MENDOTA HEIGHTS, MN 55120	41-0962296	501C3	10,000				SPONSORSHIP OF ANNUAL LUNCHEON, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MATTER7005 OXFORD STREET ST LOUIS PARK, MN 55426	37-1441658	501C3	10,100				SPONSOR 2014 GALA, GENERAL SUPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INSTITUTE FOR AGRICULTURE AND TRADE POLICY2105 FIRST AVENUE SOUTH MINNEAPOLIS,MN 55401	36-3501938	501C3	25,200				SPONSOR MILL CITY FARMERS MARKET

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ACTION FOR HEALTHY KIDS INC9867 REVERE LANE N MAPLE GROVE, MN 55369	47-0902020	501C3	7,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOLE CARE FOR SOULS 4190 VINEWOOD LN N SUITE 111-301 PLYMOUTH, MN 55442	26-3300002	501C3	14,150				MEDICAL SUPPLIES, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMON HOPE INCPO BOX 8228 ST PAUL,MN 55108	41-1560297	501C3	9,220				GLOBAL FUND, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PHLLIPS WEST NEIGHBORHOOD ORGANIZATION2400 PARK AVENUE SOUTH SUITE 337 MINNEAPOLIS,MN 55404	90-0122796	501C3	6,000				SUPPORT OF MIDTOWN SAFETY CENTER, ANNUAL WINTER SOCIAL AND OTHER EVENTS

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

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KEYSTONE COMMUNITY SERVICES2000 ST ANTHONY AVENUE ST PAUL,MN 55104	41-0693924	501C3	6,100				GENERAL SUPPORT

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

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THE LOPPET FOUNDATION INC1301 THEODORE WIRTH PARKWAY MINNEAPOLIS,MN 55422	41-1753882	501C3	11,100				SUPPORT MINNE- LOPPET PROGRAM

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

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EPLILEPSY FOUNDATION OF MINNESOTA INC1600 UNIVERSITY AVENUE WEST SUITE 300 ST PAUL,MN 55104	41-0874541	501C3	6,250				SPONSOR 2014 GALA, GENERAL SUPPORT

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

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PARK BROOK ELEMENTARY SCHOOL7400 HAMPSHIRE AVENUE N BROOKLYN PARK, MN 55428	41-1705060		5,348				SUPPORT PARK BROOK SCHOOLS HEALTHY STUDENT PARTNERSHIP

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

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AMERICAN CANCER SOCIETY2427 N HILLCREST PKWY 17 ALTOONA,WI 54720	13-1788491	501C3	17,800				SPONSOR 2015 RELAY FOR LIFE, GENERAL SUPPORT

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

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MINNESOTA FIGHTING AIDS ON BIKES4447 3RD AVE S MINNEAPOLIS,MN 55419	02-0650275	501C3	10,000				SPONSOR 2014 RED RIBBON RIDE

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

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ALEXANDRA HOUSE INC PO BOX 490039 BLAINE,MN 55449	41-1309977	501C3	5,100				GALA SPONSORSHIP, GENERAL SUPPORT

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

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FREE ARTS MINNESOTA 400 FIRST AVENUE NORTH MINNEAPOLIS,MN 55401	41-2014576	501C3	5,200				SUPPORT ARCHIVE ARTS PROGRAM, GENERAL SUPPORT

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

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INTERFAITH OUTREACH AND COMMUNITY PARTNERS1605 CO RD 101N PLYMOUTH,MN 55447	36-3482724	501C3	6,000				SPONSOR CARING FOR KIDS BREAKFAST AND ORDWAY EVENT

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

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MACALESTER GROVELAND LIVING AT HOME BLOCK NURSE PROGRAM INC1671 SUMMIT AVENUE ST PAUL,MN 55105	41-1745779	501C3	5,100				GENERAL SUPPORT

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

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ARTHRITIS FOUNDATION INC1876 MINNEHAHA AVE W ST PAUL,MN 55104	58-1341679	501C3	5,850				GENERAL SUPPORT

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

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PILLSBURY UNITED COMMUNITIES125 WEST BROADWAY SUITE 130 MINNEAPOLIS,MN 55411	41-0916478	501C3	5,100				SUPPORT FULL CYCLE PROGRAM, GENERAL SUPPORT

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

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FOUNDATION FIGHTING BLINDNESS977 LAKEVIEW PARKWAY SUITE 140 VERNON HILLS,IL 60061	52-2072391	501C3	5,250				SPONSOR VISION WALK, GENERAL SUPPORT

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

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ANOKA-HENNEPIN TECHNICAL COLLEGE FOUNDATION1355 WEST HIGHWAY 10 ANOKA,MN 55303	36-3494697	501C3	7,500				GENERAL SUPPORT

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

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URBAN ROOTS MN731 EAST 7TH STREET SUITE 100 ST PAUL, MN 55106	41-0975429	501C3	6,000				GENERAL SUPPORT

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

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STEPPING STONE EMERGENCY HOUSINGPO BOX 996 ANOKA,MN 55303	20-3226868	501C3	6,400				GENERAL SUPPORT

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

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MINNESOTA RECOVERY CONNECTION822 S 3RD STREET SUITE 101 MINNEAPOLIS, MN 55415	41-1948764	501C3	5,350				GENERAL SUPPORT

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

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LEE CARLSON CENTER FOR MENTAL HEALTH AND WELL BEING7954 UNIVERSITY AVE FRIDLEY,MN 55432	41-1354967	501C3	6,800				SUPPORT BRIDGEVIEW BALANCE INITIATIVE

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

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METRO MEALS ON WHEELS INC1200 WASHINGTON AVE S SUITE 380 MINNEAPOLIS,MN 55415	31-1501057	501C3	6,300				GENERAL SUPPORT

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

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COMMUNIDADES LATINAS UNIDAS EN SERVICIO797 EAST 7TH STREET ST PAUL,MN 55106	41-1386986	501C3	10,100				SUPPORT HEALTH COMMUNITY PROGRAMS

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

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CARVER SCOTT EDUCATIONAL FOUNDATION1673 PARKWAY AVENUE SHAKOPEE,MN 55379	41-1808971	501C3	10,000				SUPPORT HEALTHY ACTIVITY PROGRAM IN SCOTT AND CARVER COUNTIES

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

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NUCLEUS CLINIC1323 COON RAPIDS BLVD COON RAPIDS, MN 55433	74-3219541	501C3	5,400				GENERAL SUPPORT

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

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THE BANYAN FOUNDATION 2647 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55407	41-1922813	501C3	25,100				GENERAL SUPPORT

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

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CAMP FIRE MINNESOTA 4829 MINNETONKA BLVD SUITE 202 ST LOUIS PARK, MN 55416	41-1889037	501C3	10,000				SUPPORT HEALTH AND WELLNESS YOUTH PROGRAMS

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

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FACE TO FACE HEALTH AND COUNSELING SERVICE INC1165 ARCADE STREET ST PAUL,MN 55106	41-0986780	501C3	5,100				SUPPORT SAFEZONE'S WALK IN MEDICAL SERVICES FOR HOMELESS YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNLIMITED PLAY INC4140 OLD MILL PARKWAY ST PETERS, MO 63376	13-4252421	501C3	5,100				SPONSOR BENCH AT TRI-ANGELS PLAYGROUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PROJECT MEDISHARE FOR HAITI INCPO BOX 381208 MIAMI,FL 33238	65-0965848	501C3	10,150				GLOBAL FUND TO SPONSOR MEDICAL MISSION TO HAITI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FEED MY STARVING CHILDREN401 93RD AVE NW COON RAPIDS,MN 55433	41-1601449	501C3	5,200				SUPPORT PACKAGING OF MEALS,GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COURAGE KENNY FOUNDATIONPO BOX 43 MINNEAPOLIS, MN 55440	41-1952989	501C3		113,034	FAIR MARKET VALUE	MEDICAL AND SPORTS EQUIPMENT	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 COMMUNITY FOUNDATION101 FIFTH STREET EAST ST 2400 ST PAUL,MN 55101	41-0832480	501C3	21,173				GIVING WOMN GRANT DISBURSEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDS OF ASCENSION CATHOLIC GRADE SCHOOL 1723 BRYANT AVE N MINNEAPOLIS,MN 55411	27-1530388	501C3	19,000				GIVING WOMN GRANT DISBURSEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VOLUNTEERS OF AMERICA OF MINNESOTA7625 METRO BLVD MINNEAPOLIS,MN 55439	41-1554078	501C3	15,100				GIVING WOMN GRANT DISBURSEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OPEN ARMS OF MINNESOTA INC2500 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404	41-1681317	501C3	13,400				GIVING WOMN GRANT DISBURSEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SIMPSON HOUSING SERVICES INC2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501C3	11,300				GIVING WOMN GRANT DISBURSEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RIDGEVIEW FOUNDATION 490 SOUTH MAPLE STREET SUITE 110 WACONIA,MN 55387	41-1328097	501C3	10,000				SPONSOR ANNUAL GOLF AND TASTE CELEBRATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SERVE MINNESOTA120 S 6TH ST SUITE 2260 MINNEAPOLIS,MN 55402	41-2010058	501C3	10,000				GIVING WOMN GRANT DISBURSEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PHILLIPS EYE INSTITUTE FOUNDATIONPO BOX 43 MINNEAPOLIS,MN 55440	41-1613017	501C3		49,062	FAIR MARKET VALUE	FURNITURE FOR MOBILE EYE CLINC AND KIDS FRAMES	EYE COMMUNITY INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNITED WAY OF STEELE COUNTYPO BOX 32 OWATONNA, MN 55060	23-7366680	501C3	18,160				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TWO TEN FOOTWEAR FOUNDATION INC1466 MAIN STREET WALTHAM,MN 02451	22-2579809	501C3	25,000				SPONSORSHIP FOR FOOTWEAR CARES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OPPORTUNITY NEIGHBORHOOD1417 10TH STREET NW 104 NEW BRIGHTON, MN 55112	41-1923622	501C3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YMCA OF THE GREATER TWIN CITIES8950 SPRINGBROOK DRIVE NW COON RAPIDS,MN 55433	45-2563299	501C3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BUFFALO HANOVER MONTROSE COMMUNITY EDUCATION301 NE SECOND AVENUE BUFFALO ,MN 55313	41-6004776	501C3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SCOTT COUNTY ANCHOR CENTER COMMUNITY SUPPORT PROGRAM725 CANTERBURY ROAD SOUTH SHAKOPEE,MN 55379	41-0903890	501C3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEW AMERICAN ACADEMY 6875 WASHINGTON AVENUE SOUTH EDINA,MN 55439	32-0241006	501C3	10,000				SOMALI DIABETES PARTNERSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LAUNCH MINISTRY204 PLAYHOUSE STREET EAST COLOGNE, MN 55322	26-4579522	501C3	9,925				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDS OF WILLOW RIVER AND KINNICKINNIC STATE PARKS1034 COUNTY ROAD A HUDSON,WI 54016	39-1667497	501C3	9,400				HAPPY OUTDOORS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORTHFIELD HEALTHY COMMUNITY INITIATIVE 1651 JEFFERSON PARKWAY NORTHFIELD,MN 55057	26-2852506	501C3	9,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PROJECT SWEETIE PIE 11415 JOHNSON CIRCLE BLOOMINGTON, MN 55437	46-4183605	501C3	9,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORTHFIELD COMMUNITY SERVICES1651 JEFFERSON PARKWAY NORTHFIELD,MN 55057	41-6008327	501C3	8,140				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ANNANDALE YOUTH FIRST INC125 CHERRY AVENUE NORTH ANNANDALE,MN 55302	41-1895999	501C3	8,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STANDISH ERICSSON NEIGHBORHOOD ASSOCIATION1830 EAST 42ND STREET MINNEAPOLIS,MN 55407	41-1735421	501C3	8,000				HIAWATHA FAMILY SKI DAYS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEW ULM PUBLIC SCHOOLS400 SOUTH PAYNE STREET NEW ULM, MN 56073	41-6000373		7,000				KIDS CONNECTION ACTIVITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRESIDENTS COUNCIL OF PHA HIGHRISES OF ST PAUL555 N WABASHA STREET SUITE 400 ST PAUL,MN 55102	41-1885810	501C3	7,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WESTSIDE ELEMENTARY 322 DAY FARM ROAD HUDSON,WI 54016	39-6004207		7,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EUCUMEN NORTH BRANCH 5379 383RD STREET NORTHBRANCH,MN 55056	41-0711588	501C3	5,700				EUCUMEN NORTH BRANCH TRIKE AND ROLL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CAMBRIDGE ISANTI HIGH SCHOOL430 NW 8TH AVENUE CAMBRIDGE, MN 55008	41-6008812		5,601				COMMUNITY GARDEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TATANKA ELEMENTARY SCHOOL703 8TH STREET NE BUFFALO,MN 55313	41-6004776		5,405				TATANKA FAMILY FITNESS NIGHTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST GERTRUDE'S HEALTH AND REHABILITATION CENTER1850 SARAZIN STREET SHAKOPEE,MN 55376	41-1848720	501C3	5,230				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CITY OF INVER GROVE HEIGHTS PARK AND RECREATION8055 BARBARA AVENUE INVER GROVE HEIGHTS, MN 55077	41-6005255		5,150				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	Yes
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	Yes
<div><div>7</div><div>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.</div></div>	7	No
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	Yes
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	Yes

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINES 4A-B	4(A) MICHAEL MARSHALL - \$343,068, LORI WIGHTMAN - \$273,255 4(B) BEN BACHE-WIIG, MD - \$61,974, MARGARET BUTLER - \$50,233, RODNEY CHRISTENSEN - \$42,726, DUNCAN GALLAGHER - \$108,578, SUSAN HEICHERT - \$53,479, DEREK KANG - \$38,812, LAURIE LAFONTAINE - \$36,487, MICHAEL MARSHALL- \$120,587, THOMAS O'CONNOR - \$72,304, ELIZABETH TRUESDELL SMITH - \$53,991, PENNY WHEELER - \$55,765, CHRISTINE BENT - \$50,919, DANIEL BUSS, MD - \$84,234, MICHAEL FREEHILL, MD - \$67,088, LEROY MCCARTY, MD - \$62,057, WILLIAM WAGNER - \$47,099, DONALD WOTHE - \$153,774, TOMI RYBA - \$141,125
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, HOSPITAL AND CLINIC CARE MEASURES AND HOSPITAL AND CLINIC PATIENT EXPERIENCE MEASURES 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 CYCLES PERFORMANCE MEASURES AND TARGETS ARE DEFINED BY THE COMMITTEE FOR EACH THREE-YEAR PERIOD AND CAN VARY FROM ONE PERIOD TO ANOTHER DEPENDING ON THE COMMITTEE'S JUDGMENT OF THE MOST IMPORTANT MEASURES OF SUCCESS ACTUAL AWARDS CAN RANGE FROM 0% TO 150% OF TARGET AWARD, BASED ON ALLINA'S PERFORMANCE OVER THE PERFORMANCE PERIOD
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
SCHEDULE J, LINE 4(A) & (B)	ADDITIONAL DISCLOSURES DEFERRED COMPENSATION PLANS - TERMS AND CONDITIONS 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 EXEC YRS OF SERVICE CONTRIBUTION % OF PENSIONABLE EARNINGS 0-5 2 75% 6-10 3 50% 11+ 4 75% EXECUTIVES WERE ALSO CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE PENSION ACCOUNT PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE PENSION ACCOUNT PLAN CREDITING RATE AS DECLARED BY ALLINA THE CURRENT RATE IS 4% THE PARTICIPANT VESTS AFTER THREE YEARS OF EXECUTIVE SERVICE PROVIDED THAT IF THE PARTICIPANT TERMINATES EMPLOYMENT WITH ALLINA PRIOR TO AGE 65 FOR ANY REASON OTHER THAN ELIMINATION OF POSITION, THE PARTICIPANT MUST FULFILL THE TERMS OF A COVENANT NOT TO COMPETE BENEFITS ARE PAID AS A SINGLE LUMP-SUM AMOUNT UPON AGE 65, RETIREMENT, OR JOB 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 EXECUTIVE MUTUAL FUND ACCOUNT PLAN PHYSICIAN MUTUAL FUND ACCOUNT PLAN THESE ACCOUNTS GIVE THE PARTICIPANT THE OPPORTUNITY FOR CAPITAL ACCUMULATION NOT FULLY AVAILABLE TO THEM THROUGH SOCIAL SECURITY OR THE GENERAL EMPLOYEE RETIREMENT PLANS BECAUSE OF MAXIMUMS PLACED ON COMPENSATION THAT CAN BE RECOGNIZED UNDER FEDERAL LAW FOR PURPOSES OF CONTRIBUTIONS THEY ALSO SERVE AS AN IMPORTANT NON-COMPETE INCENTIVE TO PARTICIPANTS PRIOR TO THE YEAR IN WHICH CONTRIBUTIONS ARE MADE, THE PARTICIPANT MUST DESIGNATE A VESTING/PAYOUT DATE CONSISTENT WITH THE CONSTRAINTS OF THE PLANS AND FEDERAL DEFERRED COMPENSATION REGULATIONS AFTER THE CONTRIBUTIONS ARE MADE, THE PARTICIPANT HAS A ONE-TIME LIMITED OPPORTUNITY TO EXTEND THE ELECTED PAYMENT DATE FOR AT LEAST FIVE YEARS ONCE THE VESTING/PAYOUT DATE HAS BEEN REACHED, ALLINA WILL WITHHOLD THE APPROPRIATE TAXES AND THE BALANCE WILL BE PAID TO THE PARTICIPANT ON THEIR PAYCHECK AS SOON AS ADMINISTRATIVELY FEASIBLE IF THE PARTICIPANT TERMINATES EMPLOYMENT VOLUNTARILY BEFORE AN AMOUNT IS PAID, PAYMENT WILL BE SUBJECT TO THE PARTICIPANT'S COMPLIANCE WITH A NON-COMPETE AGREEMENT WITH ALLINA FOR TWO YEARS AFTER TERMINATION THE PARTICIPANT MAY ELECT FROM AMONG INVESTMENT ALTERNATIVES THAT ARE SIMILAR TO THOSE AVAILABLE IN THE RETIREMENT SAVINGS PLAN UNLIKE THE RETIREMENT SAVINGS PLAN, THE PARTICIPANT HAS THE STATUS 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 EXECUTIVE SEVERANCE PLAN ALLINA PROVIDES SALARY CONTINUATION FOR EXECUTIVES WHOSE EMPLOYMENT HAS BEEN INVOLUNTARILY TERMINATED FOR REASONS OTHER THAN CAUSE OR POOR PERFORMANCE THE LENGTH OF THE SEVERANCE PAY PERIOD IS DEFINED BY THE PLAN AND DEPENDS ON THE LEVEL OF THE EXECUTIVE POSITION UNDER THE PLAN THE SEVERED EXECUTIVE ALSO COULD CONTINUE CERTAIN BENEFITS FOR A LIMITED PERIOD OF TIME IN 2009 THE PLAN WAS AMENDED TO FURTHER RESTRICT SEVERANCE BENEFITS IN THE CASE THAT THE EXECUTIVE OBTAINS OTHER EMPLOYMENT DURING THE SEVERANCE PERIOD ALLINA HEALTH PHYSICIAN DEFERRED AWARD PLAN (PDAP) ALLINA HEALTH ESTABLISHED THIS EMPLOYEE BENEFIT PLAN TO PROVIDE DESIGNATED PHYSICIANS WITH ADDITIONAL DEFERRED COMPENSATION TO PROVIDE LONG TERM INCENTIVES TO REMAIN WITH THE COMPANY AND CONTRIBUTE TO ITS' SUCCESSFUL PERFORMANCE SELECT PHYSICIANS ARE ELIGIBLE TO PARTICIPATE AFTER ONE FULL CALENDAR YEAR OF EMPLOYMENT AND BE WORKING A 5 FTE OR GREATER AS OF THE DECEMBER 31ST OF THE PLAN YEAR FOR WHICH THE CONTRIBUTION IS PROVIDED THE PLAN ANNUAL FUNDING AWARD POOL IS DISCRETIONARY AND WILL BE DETERMINED AT THE END OF THE PLAN YEAR AND MUST BE APPROVED BY THE ALLINA HEALTH BOARD COMPENSATION COMMITTEE ONCE THE AWARD POOL IS DETERMINED, THE AMOUNTS WILL BE ALLOCATED EQUALLY WITH ADJUSTMENTS MADE BASED ON THE PARTICIPANT'S FTE STATUS A PARTICIPANT'S ACCOUNT SHALL BECOME VESTED AND NON-FORFEITABLE UPON THE EARLIEST OF THE FOLLOWING THE DATE THE PARTICIPANT HAS ATTAINED AGE 65 THE DATE A TERMINATED PARTICIPANT HAS REACHED AGE 55, COMPLETED TEN YEARS OF VESTING SERVICE AND SATISFIED A TWO-YEAR NON-COMPETE RESTRICTION THE DATE OF THE PARTICIPANT'S DEATH LUMP SUM DISTRIBUTIONS WILL OCCUR UPON VESTING AND ALL APPLICABLE TAXES WILL BE TAKEN FOR ACTIVE PARTICIPANTS AGE 65 OR OLDER, NO FURTHER CONTRIBUTIONS WILL BE APPLIED TO THEIR ACCOUNT INSTEAD, PARTICIPANTS OVER AGE 65 WILL RECEIVE A LUMP SUM PAYMENT OF THE PARTICIPANT'S PORTION OF THE AWARD POOL EACH PLAN YEAR THIS WILL BE PAID DIRECTLY TO THE PARTICIPANT AS OF THE DATE THE AMOUNT WOULD OTHERWISE BE CREDITED TO THEIR ACCOUNT AND ALL APPLICABLE TAXES WILL BE TAKEN

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH PAULUS, DIRECTOR/PRESIDENT/CEO	(i) (ii)	983,527 0	913,388 0	115,315 0	337,967 0	24,489 0	2,374,686 0	542,721 0
1 BEN BACHE-WIIG MD, SVP, PRES ANW HOSPITAL	(i) (ii)	438,196 0	113,344 0	99,729 0	204,482 0	21,989 0	877,740 0	66,206 0
2 MARGARET BUTLER, SVP, HUMAN RESOURCES	(i) (ii)	325,766 0	166,753 0	93,636 0	167,687 0	24,329 0	778,171 0	133,068 0
3 RODNEY CHRISTENSEN, INTERIM PRES ALLINA CLINI	(i) (ii)	369,856 0	95,367 0	84,717 0	78,902 0	20,271 0	649,113 0	10,144 0
4 SARA CRIGER, SVP, PRES MERCY HOSP	(i) (ii)	444,950 0	125,343 0	36,676 0	156,626 0	3,025 0	766,620 0	11,631 0
5 DUNCAN GALLAGHER, TREASURER/EVP/CFO	(i) (ii)	611,853 0	546,534 0	170,371 0	346,364 0	21,141 0	1,696,263 0	300,622 0
6 MARGARET HASBROUCK, VP, PAYOR CONTRACT/REIMB	(i) (ii)	221,478 0	56,457 0	28,344 0	50,342 0	28,775 0	385,396 0	3,524 0
7 SUSAN HEICHERT, SVP, CHIEF INFORMATION OFF	(i) (ii)	338,468 0	164,822 0	88,591 0	165,802 0	15,543 0	773,226 0	125,123 0
8 CHRISTOPHER HUGHES, VP, REVENUE CYCLE MANAGEME	(i) (ii)	226,318 0	49,241 0	4,766 0	43,995 0	21,820 0	346,140 0	857 0
9 DEREK KANG, SVP, CHIEF COMPLIANCE OFF	(i) (ii)	234,988 0	125,203 0	60,729 0	107,949 0	15,579 0	544,448 0	91,103 0
10 CORRINE KROEHLER, VP FINANCE	(i) (ii)	164,891 0	27,738 0	23,087 0	35,535 0	25,638 0	276,889 0	0 0
11 LAURIE LAFONTAINE, VP, FINANCE & TREASURY	(i) (ii)	269,444 0	67,169 0	68,035 0	57,098 0	20,893 0	482,639 0	38,608 0
12 MICHAEL MARSHALL MD, SVP, PRES ALLINA CLINIC	(i) (ii)	24,647 0	112,854 0	528,513 0	4,963 0	2,020 0	672,997 0	116,387 0
13 DANIEL MCGINTY, EVP HOSPITAL/SPECIALTY SVC	(i) (ii)	478,340 0	93,118 0	5,341 0	122,913 0	21,989 0	721,701 0	0 0
14 THOMAS O'CONNOR, SVP, PRESIDENT UNITED HOSP	(i) (ii)	445,919 0	231,273 0	124,425 0	217,480 0	24,489 0	1,043,586 0	191,240 0
15 ELIZABETH TRUESDELL SMITH, SECRETARY/SVP, GEN COUNCIL	(i) (ii)	377,037 0	178,036 0	77,107 0	174,298 0	21,989 0	828,467 0	141,994 0
16 HELEN STRIKE, PRESIDENT-UNITY HOSPITAL	(i) (ii)	265,269 0	0 0	17,496 0	38,041 0	13,115 0	333,921 0	0 0
17 PENNY WHEELER MD, EVP, CHIEF CLINICAL OFF	(i) (ii)	566,668 0	316,580 0	111,585 0	500,615 0	19,633 0	1,515,081 0	247,882 0
18 ROBERT WIELAND MD, EVP, CLINIC & COMM DIV/PRE	(i) (ii)	447,053 0	267,760 0	56,274 0	253,318 0	27,191 0	1,051,596 0	171,137 0
19 CHRISTINE BENT, SVP, CLINICAL SERVICES LIN	(i) (ii)	312,391 0	87,840 0	64,516 0	154,701 0	29,489 0	648,937 0	49,150 0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 DANIEL BUSS MD, PHYSICIAN	(i)	1,467,633	23,004	113,372	95,883	27,591	1,727,483	65,209
	(ii)	0	0	0	0	0	0	0
1 MICHAEL FREEHILL MD, PHYSICIAN	(i)	1,327,376	35,232	93,133	89,938	21,989	1,567,668	65,919
	(ii)	0	0	0	0	0	0	0
2 LEROY MCCARTY MD, PHYSICIAN	(i)	1,303,515	20,442	90,197	86,961	26,141	1,527,256	58,823
	(ii)	0	0	0	0	0	0	0
3 WILLIAM WAGNER MD, PHYSICIAN	(i)	985,540	0	73,807	66,210	24,489	1,150,046	40,002
	(ii)	0	0	0	0	0	0	0
4 DONALD WOTHE, PHYSICIAN	(i)	946,753	0	180,796	65,693	26,945	1,220,187	35,715
	(ii)	0	0	0	0	0	0	0
5 LORI WIGHTMAN, FORMER PRES UNITY HOSP	(i)	0	0	308,778	0	0	308,778	0
	(ii)	0	0	0	0	0	0	0
6 TOMI RYBA, FORMER PRES UNITED HOSP	(i)	0	0	141,125	0	0	141,125	110,123
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF MINNEAPOLIS	41-6005375	NONEAVAIL	12-04-2014	20,165,000	REFUND ISSUE DATED 12/22/2010		X		X		X
B CITY OF MINNEAPOLIS	41-6005375	792909BJ1	11-10-2009	348,409,221	REFUNDING OF 2007B & A PORTION OF 1998A,CONSTRUCTION,REMODELLING,RENOVATION		X		X		X
C CITY OF MINNEAPOLIS	41-6005375	792909BH5	10-17-2007	482,877,203	REFUNDING OF 1993A AND ADVANCED REFUNDING OF 2002A BONDS,REMODELING&RENOVATE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			9,970,000		247,830,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	20,165,000		348,795,795		487,127,003			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	200,000		3,332,390		2,717,494			
8	Credit enhancement from proceeds					6,787,000			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			49,893,780		126,922,772			
11	Other spent proceeds	19,965,000		295,092,023		352,194,819			
12	Other unspent proceeds								
13	Year of substantial completion	2010		2014		2010		YesNo	
		Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	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	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X		X			

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 600 %		2 220 %			
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 %		0 %			
6	Total of lines 4 and 5	0 %		0 600 %		2 220 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X			X		X		
c	No rebate due?		X	X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			
b	Name of provider			JP MORGANWELLS FARGO		US BANK			
c	Term of hedge			25 800000000000		24 800000000000			
d	Was the hedge superintegrated?			X		X			
e	Was the hedge terminated?				X		X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	X			
b	Name of provider					MBIA			
c	Term of GIC					0 8000000000000			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					X			
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CITY OF MINNEAPOLIS DATE THE REBATE COMPUTATION WAS PERFORMED 11/15/2012 ISSUER NAME CITY OF MINNEAPOLIS DATE THE REBATE COMPUTATION WAS PERFORMED 11/15/2012

Return Reference	Explanation
PART II, LINE 3 COLUMN B & C	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS ON THE PROJECT FUND

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization ALLINA HEALTH SYSTEM	Employer identification number 36-3261413
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶ \$	

Part II

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

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

Total	▶ \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MEGAN BEER	FAMILY MEMBER OF WILLIAM BEER, BOARD MEMBER	50,829	EMPLOYMENT		No
(2) JANA LARSON	FAMILY MEMBER OF SALLY SMITH, BOARD MEMBER	27,313	EMPLOYMENT		No

Part V

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	60	113,034	FAIR MARKET VALUE
26 Other ► (FURNITURE)	X	15	27,846	FAIR MARKET VALUE
27 Other ► (EYEGLASSES)	X	315	21,216	FAIR MARKET VALUE
28 Other ► ()				

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II

33

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2014)

Part II

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

Return Reference	Explanation
PART I, LINE 32B	ALLINA HEALTH MAY FROM TIME TO TIME AND IN ORDINARY COURSE OF ITS CHARITABLE ACTIVITIES ACCEPT NON CASH CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ALLINA HEALTH USES THIRD PARTIES SUCH AS SECURITIES BROKERAGE FIRMS TO LIQUIDATE THE PUBLICLY TRADED SECURITIES TO CASH ON THE OPEN SECURITIES MARKET THE SALE OF PUBLICLY TRADED SECURITIES ARE GENERALLY SUBJECT TO MARKET RATE BROKERAGE COMMISSIONS AND FEES OF THE THIRD PARTY SECURITIES BROKER

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
ALLINA HEALTH SYSTEM**Employer identification number**

36-3261413

**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 SYSTEM. THE FORM 990 FILING WAS SUBJECTED TO A RIGOROUS REVIEW PROCESS BY ALLINA'S TAX MANAGER AND TAX DIRECTOR. ALLINA'S CHIEF FINANCIAL OFFICER ALSO PERFORMED AN EXECUTIVE REVIEW OF THE FORM 990. AFTER THE MANAGEMENT REVIEW PROCESS DESCRIBED ABOVE WAS COMPLETED, THE FINAL FORM 990, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE (IRS), WAS PROVIDED TO EACH VOTING MEMBER OF THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS. AN ALLINA HEALTH SYSTEM BOARD OF DIRECTORS MEETING WAS HELD ON OCTOBER 29, 2015 TO REVIEW AND DISCUSS THE FORM 990 FILING. THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS VOTED ON AND APPROVED A RESOLUTION APPROVING THE FORM 990, THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS. THE BOARD OF DIRECTORS RESOLUTION ALSO DIRECTED OFFICERS TO FILE THE FORM 990 WITH THE IRS, THE CHARITABLE ANNUAL REPORT WITH THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS. THE ABOVE STATED REVIEW AND APPROVAL PROCESS OCCURRED PRIOR TO FILING THE ALLINA HEALTH SYSTEM FORM 990 WITH THE IRS, THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS.

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

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

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A EXPLANATION	FORM 990, PART VII, SECTION A ALLINA HEALTH SYSTEM PROVIDES COMPENSATION TO THE BOARD OF DIRECTORS FOR SERVING IN THE BOARD AND FOR SERVING ON CERTAIN COMMITTEES THE FOLLOWING COMPENSATION WAS PAID BY ALLINA HEALTH SYSTEM FOR SERVICES PROVIDED TO US AND NOT DISCLOSED ON PART VII OR SCHEDULE J \$14,000 PAID TO HOSPITAL PATHOLOGY ASSOCIATED FOR THE SERVICES OF JOSEPH GOSWITZ \$25,000 DONATED TO CENTER FOR HEALTHCARE INNOVATION, RESEARCH AND COMMUNITY ENGAGEMENT FOR THE SERVICES OF MARK JORDAHL \$12,500 DONATED TO COURAGE KENNY FOUNDATION FOR THE SERVICES OF THOMAS SCHREIER

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENTS -1,536,699 DISTRIBUTION TO MEMBERS-MICC -2,644,450 TWIN CITIES MEDICAL IMAGING CAPITAL CONTRIBUTION 712,787 CENTER FOR HEALTHCARE INNOVATION FOUNDATION ASSETS TRANSFERRED TO ALLINA 736,967

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9 EXPLANATION	DETAILS OF ALLINA HEALTH SYSTEM/CENTER FOR HEALTHCARE INNOVATION FOUNDATION MERGER CENTER FOR HEALTHCARE INNOVATION FOUNDATION MERGED WITH AND INTO ITS PARENT ORGANIZATION ALLINA HEALTH SYSTEM, A MINNESOTA 317A NONPROFIT CORPORATION AND 501(C)(3) TAX EXEMPT ORGANIZATION ALLINA HEALTH SYSTEM IS THE SURVIVING AND SUCCESSOR ORGANIZATION AS A RESULT AND FOR TAX REPORTING PURPOSES, ALL ASSETS AND LIABILITIES OF CENTER FOR HEALTHCARE INNOVATION FOUNDATION HAVE BEEN TRANSFERRED TO ALLINA HEALTH SYSTEM THE FUND BALANCE TRANSFERRED WAS \$736,967

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACCOUNTS RECEIVABLE SERVICES LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 55-0811834	DEBT COLLECTION	MN	7,353,630	21,985,758	ALLINA HEALTH SYSTEM
(2) AXIS HEALTHCARE LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1855603	HEALTHCARE SERVICES	MN	2,159,381	2,180,932	ALLINA HEALTH SYSTEM
(3) ALLINA HEALTH PIONEER ACO LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 61-1726509	HEALTHCARE SERVICES	MN	0	0	ALLINA HEALTH SYSTEM
(4) WESTHEALTH SURGERY CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 37-1763155	HEALTHCARE SERVICES	MN	0	0	ALLINA HEALTH SYSTEM

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTHSPAN SERVICES COMPANY PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1249999	DEBT COLLECTION	MN	ALLINA HEALTH SYSTEM	C			100 000 %		No
(2) ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	5,927,144	49,541,825	100 000 %		No
(3) ALLINA HEALTH SYSTEM TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %		No
(4) ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST 500 GRANT STREET SUITE 625 PITTSBURGH, PA 15258 37-6520273	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %		No
(5) ALLINA HEALTH SYSTEM KEYSHARE PLAN PO BOX 535007 PITTSBURGH, PA 15253 27-6678945	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %		No
(6) LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860	TRUST	MN	ALLINA HEALTH SYSTEM	T	64,974		100 000 %		No
(7) CREATEHEALTH INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 26-0594364	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C			100 000 %		No

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ABBOTT NORTHWESTERN HOSPITAL FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 04-3643816	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(1) MERCY & UNITY HOSPITALS FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 30-0086426	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(2) PHILLIPS EYE INSTITUTE FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1613017	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(3) COURAGE KENNY FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1952989	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(4) UNITED HOSPITAL FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 23-7420998	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(5) CENTER FOR HEALTHCARE INNOVATION FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 26-3553868	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(6) ALLINA ASSOCIATED FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-4116873	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(7) ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
(8) UNITED AND CHILDRENS AMBULATORY SURGERY CENTER ASSOCIATION 310 NORTH SMITH AVENUE ST PAUL, MN 55102 41-1694626	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	N/A		No
(9) MBP FACILITY LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 45-4078371	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	N/A		No
(10) WESTHEALTH INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1768814	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	ALLINA HEALTH SYSTEM		No
(11) REGINA FOUNDATION PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1987372	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	N/A		No
(12) ST FRANCIS REGIONAL MEDICAL CENTER PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-0907986	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
APPLE VALLEY BUILDING ASSOCIATES LLC 14655 GALAXIE AVENUE APPLE VALLEY, MN 55124 41-1677072	RENTAL REAL ESTATE	MN	ALLINA HEALTH SYSTEM	RELATED	141,373	3,782,148		No		Yes		50 000 %
METROPOLITAN INTEGRATED CANCER CARE LLC PO BOX 819066 DALLAS, TX 75381 20-5068485	RADIOLOGY	DE	ALLINA HEALTH SYSTEM	UNRELATED	1,960,442	3,265,596		No		Yes		80 000 %
SOUTHWEST SURGICAL CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-2013700	SURGICAL SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	3,648,184	1,449,394		No		Yes		83 330 %
MAGNETO LEASING LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 20-1582501	RENTAL EQUIPMENT	MN	ALLINA HEALTH SYSTEM	RELATED	28,472	12,914		No		Yes		50 000 %
ASPEN SLEEP CENTER LLC 1010 BANDANA BOULEVARD WEST ST PAUL, MN 55108 26-1850227	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	531,842	331,041		No			No	65 000 %
GERIATRIC SERVICES OF MINNESOTA LLC 3366 OAKDALE AVE NORTH SUITE 551 ROBBINSDALE, MN 55422 45-3357936	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	1,892,258	250,597		No		Yes		45 000 %
NORTHSTAR SLEEP CENTER LLC 920 EAST 28TH STREET SUITE 700 MINNEAPOLIS, MN 55407 45-2532456	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	1,180,353	341,427		No		Yes		50 000 %
DISTRICT ONE CANCER CENTER LLC 200 STATE AVENUE FAIRBAULT, MN 55021 45-1258847	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	-11,941	506,165		No		Yes		50 000 %
CROSBY CARDIOVASCULAR SERVICES LLC 920 E 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 41-2010368	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	31,964	984,650		No		Yes		50 000 %
MOBILE IMAGING SERVICES LLC 1221 NICOLLET MALL SUITE 600 MINNEAPOLIS, MN 55403 41-1883212	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	139,182	267,970		No			No	50 000 %
BPA HEALTH LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 35-2490984	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	-75,551			No		Yes		33 330 %
TWIN CITIES MEDICAL IMAGING LLC 1221 NICOLLET MALL SUITE 600 MINNEAPOLIS, MN 55403 46-3959737	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	-173,862	805,483		No		Yes		58 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
HEALTHSPAN SERVICES COMPANY PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1249999	DEBT COLLECTION	MN	ALLINA HEALTH SYSTEM	C			100 000 %	No
ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	5,927,144	49,541,825	100 000 %	No
ALLINA HEALTH SYSTEM TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %	No
ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST 500 GRANT STREET SUITE 625 PITTSBURGH, PA 15258 37-6520273	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %	No
ALLINA HEALTH SYSTEM KEYSHARE PLAN PO BOX 535007 PITTSBURGH, PA 15253 27-6678945	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %	No
LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860	TRUST	MN	ALLINA HEALTH SYSTEM	T	64,974		100 000 %	No
CREATEHEALTH INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 26-0594364	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C			100 000 %	No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	C	10,000,592	CASH
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	B	2,073,858	COST
COURAGE KENNY FOUNDATION	P	3,450,000	CASH
MERCY & UNITY HOSPITALS FOUNDATION	C	2,487,484	CASH
MERCY & UNITY HOSPITALS FOUNDATION	B	1,079,150	COST
PHILLIPS EYE INSTITUTE FOUNDATION	C	811,858	CASH AND FMV
PHILLIPS EYE INSTITUTE FOUNDATION	B	152,627	COST
COURAGE KENNY FOUNDATION	C	7,424,555	CASH AND FMV
UNITED HOSPITAL FOUNDATION	C	1,326,021	CASH
UNITED HOSPITAL FOUNDATION	B	1,177,650	COST
ALLINA ASSOCIATED FOUNDATION	C	2,333,412	CASH
ALLINA ASSOCIATED FOUNDATION	B	1,406,945	COST
ALLINA SPECIALTY ASSOCIATES INC	C	740,909	COST
APPLE VALLEY BUILDING ASSOCIATES LLC	C	160,000	CASH
SOUTHWEST SURGICAL CENTER LLC	C	3,666,667	CASH
ASPEN SLEEP CENTER LLC	C	547,974	CASH
WESTHEALTH INC	B	2,174,339	COST
NORTHSTAR SLEEP CENTER LLC	C	125,000	CASH
METROPOLITAN INTEGRATED CANCER CARE LLC	C	2,191,036	CASH
GERIATRIC SERVICES OF MINNESOTA LLC	C	1,824,750	CASH
ALLINA INTEGRATED MEDICAL NETWORK	C	756,458	COST
ALLINA INTEGRATED MEDICAL NETWORK	M	1,125,000	CASH
MOBILE IMAGING SERVICES LLC	C	100,000	CASH
CENTER FOR HEALTHCARE INNOVATION FOUNDATION	R	736,967	CASH
TWIN CITIES MEDICAL IMAGING LLC	B	728,665	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST FRANCIS REGIONAL MEDICAL CENTER	Q	18,627,390	CASH
ST FRANCIS REGIONAL MEDICAL CENTER	S	5,610,000	CASH
REGINA FOUNDATION	B	234,102	COST
REGINA FOUNDATION	C	371,565	CASH