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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)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ALLINA HEALTH SYSTEM

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

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 MD

PO BOX 43 MR 10890

MINNEAPOLIS, MN 554400043

D Employer identification number

36-3261413

E Telephone number

(612) 262-0660

G Gross receipts \$ 4,479,064,238

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ALLINAHEALTH.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

ALLINA HEALTH SYSTEM ("ALLINA 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 2015, ALLINA PROVIDED \$522,965,517 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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	29,739
6	Total number of volunteers (estimate if necessary)	6	3,285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	21,456,181
b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,370,092

Revenue

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	34,962,864	40,637,260
9	Program service revenue (Part VIII, line 2g)	3,627,459,523	3,799,400,850
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,885,778	57,119,065
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,417,683	40,265,638
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,684,954,292	3,937,422,813

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,238,733	3,185,189
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,220,512,931	2,307,659,168
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,870,753		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,320,625,324	1,427,166,967
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,543,376,988	3,738,011,324
19	Revenue less expenses. Subtract line 18 from line 12	141,577,304	199,411,489

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	3,657,001,299	4,061,560,904
21	Total liabilities (Part X, line 26)	1,454,879,025	1,731,331,191
22	Net assets or fund balances. Subtract line 21 from line 20	2,202,122,274	2,330,229,713

Part II Signature Block

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

Sign Here

Signature of officer

RICHARD E MAGNUSON, SENIOR VP FINANCE & TREASURY

2016-11-09
Date

Print/Type preparer's name

Preparer's signature

Date

Check ☐ 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

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 \$ 2,760,168,497 including grants of \$ 3,185,189) (Revenue \$ 3,910,178,312)
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 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 DISTRICT ONE HOSPITAL - FARIBAULT, MNLOCATED JUST SOUTH OF THE TWIN CITIES IN FARIBAULT, DISTRICT ONE HOSPITAL PROVIDES A BROAD RANGE OF HEALTH CARE SERVICES BIRTH CENTER, COURAGE KENNY REHABILITATION INSTITUTE, CARDIOPULMONARY REHABILITATION, DIAGNOSTIC IMAGING, EMERGENCY, GENERAL SURGERY, LABORATORY, PHARMACY, SLEEP STUDY AND VIRGINIA PIPER CANCER INSTITUTE THE DYNAMIC HEALTH CARE CAMPUS ALSO INCLUDES THE ALLINA HEALTH FARIBAULT CLINIC AND MAYO CLINIC HEALTH SYSTEM-FARIBAULT 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 CARE, THE MOTHER BABY CENTER, EMERGENCY SERVICES, MENTAL HEALTH SERVICES AND A WIDE RANGE OF HEALTH EDUCATION AND SUPPORT GROUPS 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 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 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 MEDICAL SURGICAL CARE, CANCER CARE, EMERGENCY SERVICES AND MENTAL HEALTH AND ADDICTION SERVICES INCLUDING GERIATRIC MENTAL HEALTH UNITY ALSO OFFERS A COMPLETE ARRAY OF HEALTH EDUCATION AND SUPPORT GROUPS TO PATIENTS AND THE COMMUNITY 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 2015, ALLINA HEALTH EXPENDED OVER \$2.7 BILLION TO PROVIDE SERVICES TO PATIENTS THAT INCLUDED 7,000,000 CLINIC VISITS, NEARLY 109,265 INPATIENT ADMISSIONS AND 1,450,000 HOSPITAL OUTPATIENT VISITS THERE WERE MORE THAN 359,000 EMERGENCY CARE VISITS, 371,000 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 2015, ALLINA HEALTH EXPENDED \$3,501,916 TO MAKE AVAILABLE AND PROVIDE THESE SERVICES TO THE COMMUNITIES WE SERVE	

4b	(Code) (Expenses \$ 339,735,667 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 2015, ALLINA HEALTH PROVIDED \$339,735,667 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 PAYMENTSALLINA HEALTH PROVIDES SERVICES TO PUBLIC PROGRAM ENROLLEES SUCH PUBLIC PROGRAMS HAVE HISTORICALLY BEEN REIMBURSED AT AMOUNTS LESS THAN COST IN 2015, ALLINA HEALTH EXPENDED \$213,828,948 BEYOND REIMBURSEMENTS TO PROVIDE CARE FOR MEDICARE PATIENTS AND AN ADDITIONAL \$49,787,080 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 2015, ALLINA HEALTH PAID \$24,004,010 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 \$47,043,175 FOR THE MINNESOTACARE TAX IN 2015 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 \$5,072,454 IN TAXES AND FEES IN 2015	

4c	(Code) (Expenses \$ 41,580,889 including grants of \$) (Revenue \$ -98,467,688)
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 2015, ALLINA HEALTH PROVIDED \$14,760,807 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 26 PERCENT DISCOUNT ON BILLED CHARGES AND MAY QUALIFY FOR DISCOUNTS UP TO 45 PERCENT BASED ON ELIGIBILITY CRITERIA IN 2015, ALLINA HEALTH PROVIDED \$26,820,082 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 2015 TOTALED \$(98,467,688)	
See Additional Data	

4d	Other program services (Describe in Schedule O) (Expenses \$ 39,679,357 including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶ 3,181,164,410
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Part IV Checklist of Required Schedules

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

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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
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)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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.	1a	1,493	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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.	2a	29,739	
b	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: 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	1a 19		
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its 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.
☐ Own website ☒ Another's website ☒ Upon request ☐ 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 2925 CHICAGO AVENUE MINNEAPOLIS, MN 554071321 (612) 262-0660

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

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

Form **990** (2015)

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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	25,455,271	0	3,495,294

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 ► 3,089

		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 PA 4040 COON RAPIDS BLVD NW SUITE 120 COON RAPIDS, MN 55443	PROFESSIONAL SERVICES - MEDICAL	18,271,193
METROPOLITAN CARDIAC SERVICES 4040 COON RAPIDS BLVD NW COON RAPIDS, MN 55433	PROFESSIONAL SERVICES - MEDICAL	12,048,126
PHYSICIANS GROUP OF NEW ULM LTD 1324 5TH NORTH STREET NEW ULM, MN 56073	PROFESSIONAL SERVICES - MEDICAL	11,943,529
NURSEFINDERS INC PO BOX 910738 DALLAS, TX 75391	PROFESSIONAL SERVICES - TEMP HELP	10,856,238
CONSULTING RADIOLOGISTS LTD 1221 NICOLLET MALL SUITE 600 MINNEAPOLIS, MN 55403	PROFESSIONAL SERVICES - MEDICAL	8,434,473

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 ▶ 194

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	30,723,629				
	e	Government grants (contributions)	1e	9,293,708				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	619,923				
	g	Noncash contributions included in lines 1a-1f \$		210,582				
	h	Total. Add lines 1a-1f ▶		40,637,260				
Program Service Revenue	2a	PROG SERV REVENUE-RELATED-990	Business Code 621990	3,897,868,538	3,897,868,538			
	b	BAD DEBT	621990	-98,467,688	-98,467,688			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶		3,799,400,850				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		77,359,559			77,359,559
4		Income from investment of tax-exempt bond proceeds . . ▶						
5		Royalties ▶						
6a		Gross rents	(i) Real 7,470,528	(ii) Personal				
		b	Less rental expenses	0				
		c	Rental income or (loss)	7,470,528				
		d	Net rental income or (loss) ▶		7,470,528			7,470,528
7a		Gross amount from sales of assets other than inventory	(i) Securities 503,250,467	(ii) Other 11,413,532				
		b	Less cost or other basis and sales expenses	523,325,792	11,578,701			
		c	Gain or (loss)	-20,075,325	-165,169			
		d	Net gain or (loss) ▶		-20,240,494			-20,240,494
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a	5,766,087					
		b	Less direct expenses	b	6,736,932			
c		Net income or (loss) from fundraising events . . ▶		-970,845			-970,845	
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	REFERENCE LAB	621500	9,654,693		9,654,693			
b	ST FRANCIS MEDICAL CENTER	621990	6,006,891	6,006,891				
c	HOME HEALTH CARE SERVICES	621610	4,827,089		4,827,089			
d	All other revenue		13,277,282	6,302,883	6,974,399			
e	Total. Add lines 11a-11d ▶		33,765,955					
12	Total revenue. See Instructions ▶		3,937,422,813	3,811,710,624	21,456,181	63,618,748		

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	2,291,793	2,291,793		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	893,396	893,396		
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	13,828,100		13,828,100	
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	1,810,567,605	1,588,111,670	218,215,880	4,240,055
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,391,705	90,871,561	13,277,529	242,615
9	Other employee benefits	260,424,788	225,946,081	33,875,951	602,756
10	Payroll taxes	118,446,970	103,106,478	15,065,211	275,281
11	Fees for services (non-employees)				
a	Management	35,414,786	22,956,816	12,434,068	23,902
b	Legal	6,848,800		6,848,800	
c	Accounting	889,835		889,835	
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)	340,311,874	230,763,909	108,748,708	799,257
12	Advertising and promotion	3,273,545	830,776	2,441,531	1,238
13	Office expenses	574,633,520	547,489,126	26,765,324	379,070
14	Information technology	47,802,180	35,428,222	12,342,468	31,490
15	Royalties				
16	Occupancy	118,264,781	92,074,141	26,056,275	134,365
17	Travel	8,821,837	7,313,708	1,474,495	33,634
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,307,303	2,299,370	1,003,936	3,997
20	Interest	17,104,203	17,104,203		
21	Payments to affiliates	384,870	384,870		
22	Depreciation, depletion, and amortization	159,437,214	119,865,816	39,450,286	121,112
23	Insurance	10,832,446	9,761,770	1,070,676	
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	47,043,175	47,043,175		
b	MEDICAID SURCHARGE	24,004,010	24,004,010		
c	INCOME TAX - UBI	1,164,643		1,164,643	
d	COMMUNITY OUTREACH	470,290	340,931	126,580	2,779
e	All other expenses	27,157,655	12,282,588	13,895,865	979,202
25	Total functional expenses. Add lines 1 through 24e	3,738,011,324	3,181,164,410	548,976,161	7,870,753
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,870,916	1	71,390,397
	2	Savings and temporary cash investments		6,587,707	2	6,177,408
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		701,901,971	4	743,516,656
	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		9,714,336	7	7,431,066
	8	Inventories for sale or use		55,168,135	8	61,163,338
	9	Prepaid expenses and deferred charges		20,184,456	9	15,874,695
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	3,081,008,684		
	b	Less: accumulated depreciation	10b	1,941,418,477	10c	1,139,590,207
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		1,706,870,076	12	1,900,352,453
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		23,058,939	14	20,354,580
	15	Other assets. See Part IV, line 11		95,218,891	15	95,710,104
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,657,001,299	16	4,061,560,904
Liabilities	17	Accounts payable and accrued expenses		448,690,002	17	461,085,262
	18	Grants payable		137,901	18	0
	19	Deferred revenue		19,598,900	19	21,130,779
	20	Tax-exempt bond liabilities		629,425,713	20	860,579,981
	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		162,900	23	130,500
	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		356,863,609	25	388,404,669
	26	Total liabilities. Add lines 17 through 25		1,454,879,025	26	1,731,331,191
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		2,194,634,210	27	2,323,012,874
	28	Temporarily restricted net assets		5,392,991	28	5,118,671
	29	Permanently restricted net assets		2,095,073	29	2,098,168
	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		2,202,122,274	33	2,330,229,713
	34	Total liabilities and net assets/fund balances		3,657,001,299	34	4,061,560,904

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	3,937,422,813
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,738,011,324
3	Revenue less expenses Subtract line 2 from line 1	3	199,411,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,202,122,274
5	Net unrealized gains (losses) on investments	5	-51,635,638
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	-19,668,412
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,330,229,713

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		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	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	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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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

(Code)	(Expenses \$	39,679,357	including grants of \$	(Revenue \$)
COMMUNITY SERVICES IN 2015, ALLINA HEALTH CONTRIBUTED \$39,679,357 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 SERVICES ACCORDING TO IRS REPORTING CATEGORIES AND 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, HOME SCHOOL FAMILIES, CHILD CARE PROFESSIONALS, ELEMENTARY SCHOOL EDUCATORS AND OTHER COMMUNITY ORGANIZATIONS USE HEALTH POWERED KIDS LESSONS AND ACTIVITIES. HEALTH POWERED KIDS INCLUDES - MORE THAN 60 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 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 2015, ALLINA HEALTH AWARDED HEALTHY ACTIVITY GRANTS TO 59 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 2,800 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. MORE THAN 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. 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 2015, ALLINA HEALTH INVESTED OVER \$17 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 \$3.8 MILLION TOWARDS THIS RESEARCH IN 2015. IN 2015, ALLINA HEALTH WAS INVOLVED WITH A NUMBER OF CLINICAL AND CARE DELIVERY RESEARCH PROJECTS. AS FOSTERED BY THE DIVISION OF APPLIED RESEARCH, ONE OF ALLINA'S MAJOR RESEARCH TEAMS FOCUSED ON CARE DELIVERY AND POPULATION HEALTH RESEARCH, THE FOLLOWING MEASURES WERE ACHIEVED: - 51 ACTIVE RESEARCH STUDIES- 13 ACTIVE COMMUNITY PARTNERSHIP- 6 PUBLISHED MANUSCRIPTS- 19 SUBMITTED MANUSCRIPTS- 63 PRESENTATIONS (NATIONALLY AND LOCALLY) ABOUT THE RESEARCH WORK- 27 GRANT APPLICATIONS SUBMITTED- 47 PRESS RELEASES OR NEWS MENTIONS ABOUT THE WORK- 2,401 LIVES TOUCHED BY RESEARCH STUDIES- 5,313 SURVEY RESPONDENTS TO RESEARCH SURVEYS- OVER 100 ALLINA PROVIDERS AND CLINICIANS ENGAGED IN OUR RESEARCH PROJECTS- ALMOST 20 NON-ALLINA PROVIDERS ENGAGED IN OUR RESEARCH PROJECTS- 17 INITIATIVES TRANSLATED INTO PRACTICE AT ALLINA HEALTH- 4 INITIATIVES TRANSLATED INTO PRACTICE OUTSIDE OF ALLINA HEALTH- INVOLVEMENT IN 12 EXTERNAL COMMITTEES AND ADVISORY BOARDS RELATED TO OUR RESEARCH EXPERTISE- OFFERED 10 RESEARCH ROUNDS AND 29 RESEARCH ACADEMY COURSES- TAUGHT 153 INDIVIDUALS IN RESEARCH ROUNDS AND 167 IN RESEARCH ACADEMY. FINANCIAL AND IN-KIND CONTRIBUTIONS: ALLINA HEALTH PROVIDES NUMEROUS IN-KIND AND MONETARY CONTRIBUTIONS TO INDIVIDUALS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT COMMUNITY NEEDS. IN 2015, ALLINA HEALTH FUNDED OVER \$3.1 MILLION FOR DONATIONS OF EQUIPMENT, SUPPLIES, FREE MEALS, STAFF TIME AND SPONSORSHIP OF VARIOUS CIVIC AWARDS, COMMUNITY PROGRAMS AND EVENTS. COMMUNITY-BUILDING ACTIVITIES: ALLINA 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 OPERATIONS: ALLINA 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/AWARDS . IN 2015, ALLINA HEALTH WAS RECOGNIZED FOR ITS WORK RELATED TO COMMUNITY BENEFITS, TO INCLUDE: - BUFFALO HOSPITAL WAS AWARDED \$ 5,000 FROM THE GEORGE FAMILY FOUNDATION FOR BUILDING ROBUST AND SUCCESSFUL COMMUNITY CONNECTIONS OVER THE LAST THREE YEARS, BASED ON STAR MAP ANALYSIS THAT WAS DONE IN THE HEALTHY COMMUNITIES PARTNERSHIP PROJECT. - BUFFALO HOSPITAL ALSO RECEIVED FUNDS FROM THE WRIGHT COUNTY AREA UNITED WAY TO SUPPORT MINDFULNESS, BIKE HELMETS, LET'S TALK WELLNESS AND OTHER EVIDENCE-BASED CLASSES (\$ 6,500) AND HEART SAFE RECEIVED FUNDS FOR AEDS AND SUPPLIES TOTALLING MORE THAN \$ 5,000. ABBOTT NORTHWESTERN HOSPITAL, BUFFALO HOSPITAL AND MERCY HOSPITAL HAVE BEEN NAMED AMONG THE NATION'S 100 TOP HOSPITALS BY TRUVEN HEALTH ANALYTICS, A LEADING PROVIDER OF DATA-DRIVEN ANALYTICS AND SOLUTIONS TO IMPROVE THE COST AND QUALITY OF HEALTHCARE.					

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			
JOHN ALLEN MD DIRECTOR	2 00 0 00	X						17,234	0	0
WILLIAM BEER DIRECTOR	2 00 0 00	X						23,000	0	0
JOHN CHURCHCHAIRMAN DIRECTOR	2 00 0 00	X						20,000	0	0
NATE GARVIS DIRECTOR	2 00 0 00	X						10,000	0	0
LAURA GILLUND DIRECTOR	2 00 0 00	X						10,000	0	0
JOSEPH GOSWITZ MD DIRECTOR	2 00 0 00	X						0	0	0
GREG HEINEMANN DIRECTOR	2 00 0 00	X						10,000	0	0
MARK JORDAHL DIRECTOR/CHAIRMAN	2 00 0 00	X						5,000	0	0
DAVID KUPLIC DIRECTOR	2 00 0 00	X						11,500	0	0
HUGH NIERENGARTEN DIRECTOR	2 00 0 00	X						20,242	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLORIA PEREZ DIRECTOR	2 00	X						19,000	0	0
BRIAN ROSENBERG DIRECTOR	2 00	X						10,000	0	0
DEBBRA SCHONEMAN DIRECTOR	2 00	X						15,000	0	0
THOMAS SCHREIER DIRECTOR/VICE CHAIR	2 00 0 00	X						0	0	0
ABIR SEN DIRECTOR	2 00 0 00	X						10,000	0	0
MARK SHEFFERT DIRECTOR	2 00 0 00	X						19,000	0	0
SALLY SMITH DIRECTOR	2 00 0 00	X						10,000	0	0
MICHAEL TATTERSFIELD DIRECTOR/VICE CHAIR	2 00 0 00	X						10,000	0	0
DARRELL TUKUA DIRECTOR	2 00 0 00	X						10,000	0	0
PENNY WHEELER MD DIRECTOR/PRESIDENT/CEO	40 00 0 00	X		X				1,416,090	0	432,220

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			
BARBARA BUTTS WILLIAMS DIRECTOR	2 00 0 00	X						10,000	0	0
RODNEY YOUNG DIRECTOR	2 00 0 00	X						0	0	0
BEN BACHE-WIIG MD SVP, PRES ANW HOSPITAL	40 00 2 00			X				861,654	0	249,330
MARY BEAR-DUKES VP-REVENUE CYCLE MGMT	40 00 0 00			X				231,223	0	56,560
CHRISTINE BENT EVP-ALLINA HEALTH GROUP	40 00 0 00			X				675,907	0	230,940
MARGARET BUTLER SVP, HUMAN RESOURCES	40 00 0 00			X				845,253	0	25,400
RODNEY CHRISTENSEN SVP/PRES ALLINA CLINI	40 00 0 00			X				520,117	0	100,570
SARA CRIGER SVP, PRES MERCY HOSP	40 00 2 00			X				720,506	0	193,860
DUNCAN GALLAGHER TREASURER/EVP/CFO	40 00 2 00			X				1,267,061	0	347,660
MARGARET HASBROUCK VP, PAYOR CONTRACT/REIMB	40 00 0 00			X				327,325	0	81,650

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			
SUSAN HEICHERT SVP, CHIEF INFORMATION OFF	40 00 0 00			X				673,784	0	181,811
CHRISTOPHER HUGHES VP, REVENUE CYCLE MANAGEME	40 00 0 00			X				213,358	0	22,900
DEREK KANG SVP, CHIEF COMPLIANCE OFF	40 00 0 00			X				450,625	0	11,950
CORRINE KROEHLER VP FINANCE	40 00 0 00			X				256,900	0	64,720
DANIEL MCGINTY EVP HOSPITAL/SPECIALTY SVC	40 00 2 00			X				720,096	0	35,830
CHRISTINE MOORE SVP, CHIEF HR OFFICER	40 00 0 00			X				227,526	0	23,760
THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP	40 00 2 00			X				859,032	0	237,530
TIMOTHY SIELAFF SVP-AHG-SPEC CARE/CMO	40 00 0 00			X				802,185	0	175,520
ELIZABETH SMITH MD INTERIM SVP AHG-PRIMARY CARE	40 00 0 00			X				444,921	0	84,280
HELEN STRIKE PRESIDENT-UNITY HOSPITAL	40 00 0 00			X				380,726	0	61,250

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			
KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF	40 00 0 00			X				131,351	0	20,411
ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN COUN	40 00 0 00			X				739,683	0	201,600
ROBERT WIELAND MD EVP, NETWORK INTEGRATION	40 00 0 00			X				822,801	0	274,160
DUKE ADAMSKI VP PHILANTHROPY	40 00 0 00					X		1,286,258	0	18,030
DANIEL BUSS MD PHYSICIAN	40 00 0 00					X		1,650,465	0	123,640
MICHAEL FREEHILL MD PHYSICIAN	40 00 0 00					X		1,431,204	0	114,940
LEROY MCCARTY MD PHYSICIAN	40 00 0 00					X		1,291,513	0	104,740
L MURRY THOMAS VP FINANCE	40 00 0 00					X		1,659,599	0	4,440
KENNETH PAULUS FORMER PRESIDENT/CEO	0 00 0 00						X	3,317,972	0	9,580
LAURIE LAFONTAINE FORMER VP FINANCE & TREASURY	0 00 0 00						X	874,440	0	5,880

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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
--	--

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-
2				
3				
4				
5				
6				

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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?

☐ Yes ☐ 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)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 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?
- b
- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c
- Media advertisements?
- d
- Mailings to members, legislators, or the public?
- e
- Publications, or published or broadcast statements?
- f
- Grants to other organizations for lobbying purposes?
- g
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- h
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i
- Other activities?
- j
- Total Add lines 1c through 1i
- 2a
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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?

(a)		(b)
Yes	No	Amount
Yes		
Yes		
	No	
Yes		18,634
	No	
	No	
Yes		446,433
	No	
Yes		
	No	465,067
	No	

Part III-A

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

- 1
- Were substantially all (90% or more) dues received nondeductible by members?
- 2
- Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3
- Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
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
- 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
- b
- Carryover from last year
- c
- Total
- 3
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5
- Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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	94,260,855	92,547,888	77,016,918	70,022,035	71,588,094
b Contributions	344,252	377,018	12,716,764	-494,688	435,734
c Net investment earnings, gains, and losses	-1,885,276	3,371,089	7,060,767	5,713,818	-150,245
d Grants or scholarships	6,000	4,500	26,704	3,052	-54,786
e Other expenditures for facilities and programs	2,747,357	2,030,640	5,773,999	1,772,701	1,796,762
f Administrative expenses					
g End of year balance	89,966,474	94,260,855	90,993,746	77,016,918	70,022,035

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 2 080 %

b Permanent endowment ▶ 60 430 %

c Temporarily restricted endowment ▶ 37 490 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)** unrelated organizations

(ii) related organizations
- | | | |
|---------------|-----|----|
| | Yes | No |
| 3a(i) | | No |
| 3a(ii) | Yes | |
| 3b | Yes | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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)	Accumulated (c)depreciation	(d)Book value
1a Land		94,124,079		94,124,079
b Buildings		1,302,236,262	665,225,213	637,011,049
c Leasehold improvements		144,460,391	72,171,466	72,288,925
d Equipment		1,471,479,515	1,188,963,731	282,515,784
e Other		68,708,437	15,058,067	53,650,370
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,139,590,207

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND CASH EQUIVALENTS	271,296,021	F
(B) MONEY MARKET COLLECTIVE FUND	13,551,144	F
(C) FIXED INCOME	776,408,010	F
(D) SHORT-TERM FIXED INCOME	44,866,326	F
(E) EQUITY SECURITIES	311,438,006	F
(F) INVESTMENTS ACCOUNTED FOR AT NET ASSET VALUE	405,101,405	F
(G) INVESTMENTS IN JOINT VENTURES	77,691,541	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,900,352,453	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LIABILITIES	224,945,808
NET PENSION LIABILITY	7,970,774
DEFERRED COMPENSATION	23,104,649
INSURANCE CLAIMS PAYABLE	5,452,196
MN CARE TAX PAYABLE	14,048,181
CAPITALIZED LEASE OBLIGATIONS	13,744,930
INCURRED BUT NOT REPORTED CLAIMS FOR EMPLOYEE BENEFIT PLAN	71,410,923
WESTHEALTH INC, OTHER LIABILITIES	27,727,208
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	388,404,669

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	EDUCATION AND RESEARCH CHARITY AND INDIGENT CARE PURCHASE OF PLANT ASSETS BUILDINGS AND EQUIPMENT PATIENT CARE OTHER

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

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	224,945,808
	NET PENSION LIABILITY	7,970,774
	DEFERRED COMPENSATION	23,104,649
	INSURANCE CLAIMS PAYABLE	5,452,196
	MN CARE TAX PAYABLE	14,048,181
	CAPITALIZED LEASE OBLIGATIONS	13,744,930
	INCURRED BUT NOT REPORTED CLAIMS FOR EMPLOYEE BENEFIT PLAN	71,410,923
	WESTHEALTH INC, OTHER LIABILITIES	27,727,208

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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 Activities 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		878,416
(2) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		179,568,000
(3)					
(4)					
(5)					
3a Sub-total	0	0			180,446,416
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			180,446,416

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I Fundraising Activities

Complete if the organization answered "Yes" on 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" on 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.

Revenue		(a)Event #1 3M CHAMPIONSHIP GOLF TOURNAMENT (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	5,766,087			5,766,087
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	5,766,087			5,766,087
Direct Expenses	4 Cash prizes	1,882,916			1,882,916
	5 Noncash prizes				
	6 Rent/facility costs	144,000			144,000
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,710,016			4,710,016
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				6,736,932
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-970,845

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 activity 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 complete this part to 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 HOSPITALS FOUNDATION, AND IS NOT REFLECTED IN THE AMOUNTS ON SCHEDULE G

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

OMB No 1545-0047

2015

Open to Public
Inspection

Hospitals

▶ Complete if the organization answered "Yes" on 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.

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 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 type="checkbox"/> Other 27500 0000000000 %	3a	Yes
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %	3b	No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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	0	14,760,812	0	14,760,812	0 400 %
b Medicaid (from Worksheet 3, column a)	0	0	73,791,094	0	73,791,094	1 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	47,043,175	0	47,043,175	1 260 %
d Total Financial Assistance and Means-Tested Government Programs			135,595,081		135,595,081	3 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	176	873,917	16,163,206	1,219,207	14,943,999	0 410 %
f Health professions education (from Worksheet 5)	59	4,074	26,811,706	9,580,240	17,231,466	0 460 %
g Subsidized health services (from Worksheet 6)	10	2,424	3,524,716	22,800	3,501,916	0 090 %
h Research (from Worksheet 7)	7	1,025,050	4,808,301	968,558	3,839,743	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	77	537,195	3,300,596	133,076	3,167,520	0 080 %
j Total. Other Benefits	329	2,442,660	54,608,525	11,923,881	42,684,644	1 140 %
k Total. Add lines 7d and 7j	329	2,442,660	190,203,606	11,923,881	178,279,725	4 770 %

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	0		
2Economic development	5	450	10,988	0	10,988	0 %
3Community support	13	456	121,843	0	121,843	0 %
4Environmental improvements	1	0	182	0	182	0 %
5Leadership development and training for community members	2	40	5,633	0	5,633	0 %
6Coalition building	21	2,031	123,409	0	123,409	0 %
7Community health improvement advocacy	8	60	92,877	43,200	49,677	0 %
8Workforce development	10	592	184,897	0	184,897	0 010 %
9Other	0	0	0	0		
10Total	60	3,629	539,829	43,200	496,629	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1

Yes

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.

2

59,846,201

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).

5

719,435,720

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

6

725,289,683

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

7

-5,853,963

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?

9a

Yes

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.

9b

Yes

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?

12

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)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input 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 type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input 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	3	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	5	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	6a	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) HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME a <input type="checkbox"/> Hospital facility's website (list url) _____ b <input type="checkbox"/> Other website (list url) _____ c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	6b	Yes
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	7	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? HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME a If "Yes" (list url) _____ b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	8	Yes
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)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	10	Yes
	10b	No
	12a	No
	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		FACILITY REPORTING GROUP - A	
Name of hospital facility or letter of facility reporting group			
		Yes	No
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 a <input 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 type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)	13	Yes
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) a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input 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)	15	Yes
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) a <input type="checkbox"/> The FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG b <input type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ALLINAHEALTH ORG c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input 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 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)	16	Yes
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 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 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)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input type="checkbox"/> 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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input 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			
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 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	23		No
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	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	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input 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 type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input 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	3 5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C 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	6a 6b	No 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) a <input type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME</u> b <input type="checkbox"/> Other website (list url) <u>HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME</u> c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7	Yes
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 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? a If "Yes" (list url) <u>HTTP //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSME</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	8 10 10b	Yes Yes 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)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12a 12b	No

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		FACILITY REPORTING GROUP - B	
Name of hospital facility or letter of facility reporting group			
		Yes	No
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 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 type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input 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 type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input 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 type="checkbox"/> The FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ALLINAHEALTH ORG		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input 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 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 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 party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
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 19 (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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input 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			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
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 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		23	No
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		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 - C

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) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input 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 type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input 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)	3 Yes	
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</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 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website (list url) <input type="checkbox"/> Other website (list url) b <u>HTTP //WWW.CO.RICE.MN.US/SITES/DEFAULT/FILES/PDFS/HEALTH/DOCUMENTS/2014%20R</u> c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7 Yes	
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	No
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes" (list url)		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		FACILITY REPORTING GROUP - C	
Name of hospital facility or letter of facility reporting group			
		Yes	No
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 a <input 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 type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)	13	Yes
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) a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input 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)	15	Yes
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) a <input type="checkbox"/> The FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG b <input type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ALLINAHEALTH ORG c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ALLINAHEALTH ORG d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input 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 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)	16	Yes
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 type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information *(continued)*

FACILITY REPORTING GROUP - C			
Name of hospital facility or letter of facility reporting group		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
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 19 (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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input 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			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
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 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		23	No
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		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

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? **10**

Name and address	Type of Facility (describe)
1 1 - ALLINA HEALTH CLINICS-61 LOCATIONS PO BOX 43 INTERNAL ZIP 10890 MINNEAPOLIS, MN 55440	INPATIENT AND OUTPATIENT SERVICES
2 2 - COURAGE KENNY REHABILITATION INSTITUTE 800 E 28TH STREET MINNEAPOLIS, MN 55407	REHABILITATION CLINIC
3 3 - ALLINA HEALTH LABORATORIES 800 E 28TH STREET MINNEAPOLIS, MN 55407	LABORATORY SERVICES
4 4 - ALLINA HEALTH PHARMACIES-16 LOCATIONS 800 E 28TH STREET MINNEAPOLIS, MN 55407	PHARMACY SERVICES
5 5 - ALLINA HEALTH EMERGENCY MEDICAL SERVICE 167 GRAND AVENUE ST PAUL, MN 55102	AMBULANCE AND MEDICAL TRANSPORTATION
6 6 - WESTHEALTH SURGERY CENTER LLC PO BOX 43 INTERNAL ZIP 10890 MINNEAPOLIS, MN 55440	OUTPATIENT SURGERY CENTER
7 7 - SOUTHWEST SURGICAL CENTER LLC 920 EAST 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407	OUTPATIENT SURGERY CENTER
8 8 - WOODBURY AMBULATORY SURGERY CENTER LLC 8675 VALLEY CREEK RD ST PAUL, MN 55125	OUTPATIENT SURGERY CENTER
9 9 - NORTHSTAR SLEEP CENTER LLC 3800 COON RAPIDS BOULEVARD SUITE 3800 COON RAPIDS, MN 55433	OUTPATIENT SERVICES
10 10 - WESTHEALTH INC 2805 2855 CAMPUS DRIVE PLYMOUTH, MN 55441	OUTPATIENT SERVICES

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- ALLINA 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 ALLINA 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	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 ENGAGES IN COMMUNITY-BUILDING ACTIVITIES BELOW ARE EXAMPLES OF WAYS THAT OUR HOSPITALS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES IN 2015 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 MULTIPLE ALLINA HEALTH HOSPITALS HAVE DEVELOPED PARTNERSHIPS WITH LOCAL SCHOOLS AND COMMUNITY ORGANIZATIONS IN THE PROCESS FOR EXAMPLE, IN 2015, RIVER FALLS AREA HOSPITAL BECAME PART OF AN INTERNATIONAL PROGRAM CALLED PROJECT SEARCH THIS PROGRAM PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES STUDENTS SPEND NINE MONTHS GAINING REAL-LIFE, TRANSFERRABLE SKILLS AT THE HOSPITAL THEY COMPLETE THREE INTERNSHIPS THROUGHOUT HOSPITAL DEPARTMENTS, COMBINING INSTRUCTION AND IMMERSION IN THE WORKPLACE SETTING THAT PREPARES THEM TO MEET FUTURE EMPLOYER EXPECTATIONS INTERNSHIPS ARE OFFERED IN AREAS RANGING FROM THE EMERGENCY DEPARTMENT AND NUTRITION SERVICES TO HUMAN RESOURCES AND ENVIRONMENTAL SERVICES THE PROGRAM IS A PARTNERSHIP BETWEEN THE HOSPITAL AND THE COMMUNITY PARTNERS SUPPORTING THE STUDENT INTERNS BRIDGE FOR COMMUNITY LIFE, RIVER FALLS AND ELLSWORTH SCHOOL DISTRICTS, THE MANAGEMENT GROUP, WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT AND CONTINUUS 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 ONE EXAMPLE OF THIS IS THE STATEWIDE HEALTH IMPROVEMENT PLAN (SHIP), WHICH HAS LOCAL COALITIONS THROUGHOUT THE STATE VIA LOCAL PUBLIC HEALTH AGENCIES TO WORK ON NUTRITION, PHYSICAL ACTIVITY AND TOBACCO USE 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

Form and Line Reference	Explanation
PART III, LINE 2	<p>SCH H, PART III, SECTION A, LINES 2 & 3 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 ORGANIZATION'S 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 III, LINE 4	FOOTNOTES TO AUDITED FINANCIAL STATEMENT THAT DESCRIBE BAD DEBT EXPENSE ARE AS FOLLOWS FOOTNOTE 20 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 \$207 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
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 - ALLINA PARTNERS CARE PROGRAM (CHARITY CARE)- UNINSURED DISCOUNT PROGRAM- SPECIAL CIRCUMSTANCES- MEDELIGIBLE SERVICES- MEDCREDIT FINANCIAL SERVICES- PAYMENT PLANS. 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 - ALLINA PARTNERS CARE PROGRAM. THE ALLINA 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 ALLINA 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.</p> <p>FINANCIAL 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. PAYMENT PLANS - IF A PATIENT INDICATES THEY ARE UNABLE OR UNWILLING TO PAY THE BALANCE IN FULL, ALLINA OFFERS A PAYMENT PLAN WHICH CANNOT EXCEED TWELVE MONTHS AND CANNOT BE LESS THAN THIRTY DOLLARS PER MONTH. IF THE PATIENT IS UNABLE TO MEET THE</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>SE PARAMETERS, MEDCREDIT IS OFFERED TO THEM THE FINANCIAL ASSISTANCE SERVICES INFORMATION AND EDUCATION METHODS - ALLINA HAS ROBUST METHODS TO INFORM AND EDUCATE PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS INCLUDING ITS CHARITY CARE PROGRAM AND ALSO ABOUT GOVERNMENT PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE TO RECEIVE BENEFITS EACH PATIENT BILLING STATEMENT CONTAINS INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDES CONTACT INFORMATION THE ALLINA WEBSITE HOMEPAGE AT WWW.ALLINAHEALTH.ORG PROMINENTLY CONTAINS A LINK TO THE FINANCIAL ASSISTANCE SERVICES PAGE WHICH DESCRIBES THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS AND INCLUDES CONTACT INFORMATION THE ORGANIZATION POSTS SUMMARIES OF ITS FINANCIAL ASSISTANCE PROGRAMS IN BROCHURES IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZATIONS FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE BROCHURES CONTAIN SUMMARIES OF THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDE CONTACT INFORMATION FOR THE PROGRAMS THIS INFORMATION IS ALSO AVAILABLE IN SOMALI AND SPANISH REGISTRATION, ADMISSIONS AND INTAKE PERSONNEL ARE TRAINED TO PROVIDE FINANCIAL ASSISTANCE PROGRAM INFORMATION TO ANYONE EXPRESSING A CONCERN ABOUT THEIR ABILITY TO PAY FOR SERVICES ALL "SELF-PAY" PATIENTS (THE PATIENT IS NOT COVERED BY INSURANCE OR A GOVERNMENT PROGRAM) THAT COMES TO ONE OF THE ORGANIZATION'S EMERGENCY ROOMS RECEIVES A PACKET OF INFORMATION CONTAINING EVERYTHING NECESSARY TO APPLY FOR THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS AND CERTAIN GOVERNMENT PROGRAMS THERE IS CONTACT INFORMATION AND TELEPHONE NUMBERS THEY CAN CALL WITH ANY QUESTIONS OR TO RECEIVE ASSISTANCE IN COMPLETING APPLICATIONS FINANCIAL ASSISTANCE PROGRAM PERSONNEL ALSO MEET DIRECTLY WITH ANY SELF-PAY PATIENT ADMITTED TO THE HOSPITAL PERSONNEL WILL MEET WITH PATIENTS WHEREVER IT IS MOST CONVENIENT FOR THE PATIENT SUCH AS THE HOSPITAL, A CLINIC, THE ORGANIZATION'S OFFICES OR THE PATIENT'S HOME ALLINA HAS A SYSTEM WIDE INTERPRETER SERVICES TEAM THAT PROVIDES INTERPRETERS TO PATIENTS, COMPANIONS AND FAMILIES WHO HAVE LIMITED ENGLISH PROFICIENCY (LEP) OR ARE DEAF OR HARD OF HEARING (DHH) THIS SERVICE IS PROVIDED AT NO COST TO THE PATIENT LEP AND DHH PERSONNEL ARE TRAINED TO INFORM AND EDUCATE PATIENTS ABOUT THE FINANCIAL ASSISTANCE PROGRAMS ALL PERSONNEL RESPONSIBLE FOR THE ORGANIZATIONS COLLECTION ACTIVITIES ARE EXTENSIVELY TRAINED ON THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS ANY TIME A PATIENT EXPRESSES A CONCERN REGARDING THEIR ABILITY TO PAY FOR SERVICES, THE PERSONNEL EXPLAIN THE FINANCIAL ASSISTANCE PROGRAMS, ASK CERTAIN QUESTIONS TO OBTAIN INFORMATION AND TO DETERMINE WHICH FINANCIAL ASSISTANCE PROGRAMS THE PATIENT MAY QUALIFY AND BEST FITS THE PATIENTS' NEEDS</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 12 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 DAKOTA, RICE, STEELE, WASECA, DODGE, AND GOODHUE COUNTIES.</p> <p>OWATONNA HOSPITAL AND DISTRICT ONE HOSPITAL SERVE THESE AREAS.</p> <p>WESTERN WISCONSIN: LOCATED IN WESTERN WISCONSIN, THIS REGION INCLUDES SMALL AND RURAL COMMUNITIES WITHIN PIERCE AND ST. CROIX COUNTIES.</p> <p>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 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 THAT 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 25,750 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 1,330 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 TWELVE HOSPITALS AND JOINTLY OWNS AND OPERATES ONE OTHER HOSPITAL THESE INCLUDE URBAN TERTIARY CARE, SUBURBAN COMMUNITY AND RURAL HOSPITALS ALLINA HEALTH HOSPITALS PROVIDED OVER 103,500 INPATIENT ADMISSIONS AND NEARLY 1,334,000 OUTPATIENT VISITS DURING THE YEAR ENDED DECEMBER 31, 2015 AS OF YEAR-END, ALLINA HEALTH HOSPITALS HAD LICENSED BED CAPACITY OF 2,451 ACUTE CARE BEDS, 1,736 OF WHICH WERE STAFFED FOR INPATIENT SERVICES ALLINA HEALTH PROVIDES CLINICAL SERVICES THROUGH ITS ALLINA HEALTH GROUP AND HOSPITAL-BASED PHYSICIANS ALLINA HEALTH GROUP CONTROLS AND OPERATES 61 ALLINA HEALTH CLINICS, OPERATES THE CLINICAL SERVICES LINES, THREE HOSPITALIST PROGRAMS ON THE ABBOTT NORTHWESTERN, UNITED AND UNITY HOSPITAL CAMPUSES, AND EMPLOYS APPROXIMATELY 735 PHYSICIANS AND 175 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 345 SPECIALTY PHYSICIANS INCLUDING INTENSIVISTS, PERINATOLOGISTS, AND PSYCHIATRISTS ALLINA HEALTH PHYSICIANS AND ALLIED PROFESSIONALS GENERATED NEARLY 7,095,000 WORK RVU'S DURING THE YEAR ENDED DECEMBER 31, 2015 THE ALLINA INTEGRATED MEDICAL ("AIM") NETWORK ALIGNS ALLINA HEALTH PHYSICIANS, 1,730 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 100 MINNESOTA COMMUNITIES MORE THAN 570 PARAMEDICS, EMERGENCY MEDICAL TECHNICIANS, DISPATCHERS, SPECIAL TRANSPORTATION DRIVERS, MAINTENANCE AND ADMINISTRATIVE AND SUPPORT PERSONNEL WORK TOGETHER TO PROVIDE SERVICE TO AN AREA OF APPROXIMATELY 1,200 SQUARE MILES, REACHING ABOUT ONE MILLION 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 \$193,214,178 IN 2015 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 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

Schedule H (Form 990) 2015

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 NORTHSTAR SLEEP CENTER LLC	SLEEP MEDICINE	49 000 %		51 000 %
9 9 GERIATRIC SERVICES OF MINNESOTA LLC	LONG TERM CARE FOR THE ELDERLY	45 000 %		55 000 %
10 10 WOODBURY AMBULATORY SURGERY CENTER LLC	OUTPATIENT SERVICES	50 000 %		50 000 %
11 11 HEALTHCARE CAMPUS IMAGING ONE LLC	DIAGNOSTIC IMAGING	46 670 %		26 670 %
12 12 REHAB ONE CENTER LLC	REHABILITATION SERVICES	34 600 %		48 700 %
13 13 PET EQUIPMENT LEASING LLC	EQUIPMENT LEASING	25 000 %		25 000 %
14 14 TWIN CITIES MEDICAL IMAGING LLC	DIAGNOSTIC IMAGING	58 000 %		42 000 %
15 15 WESTHEALTH SURGERY CENTER LLC	OUTPATIENT SERVICES	51 000 %		49 000 %

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?
12

Name, address, primary website address, and state license number

		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-376190	X			X		X	X			A
2	UNITED HOSPITAL 333 NORTH SMITH AVENUE ST. PAUL, MN 55102 HTTP://WWW.ALLINAHEALTH.ORG/UNITED-HO-376317	X			X		X	X			A
3	MERCY HOSPITAL 4050 COON RAPIDS BLVD COON RAPIDS, MN 55433 HTTP://WWW.ALLINAHEALTH.ORG/MERCY-HOS-375454	X			X		X	X			A
4	UNITY HOSPITAL 550 OSBORNE ROAD FRIDLEY, MN 55432 HTTP://WWW.ALLINAHEALTH.ORG/UNITY-HOS-376063	X					X	X			A
5	CAMBRIDGE MEDICAL CENTER 701 S DELLWOOD STREET CAMBRIDGE, MN 55008 HTTP://WWW.ALLINAHEALTH.ORG/CAMBRIDGE-375452	X						X			A
6	BUFFALO HOSPITAL 303 CATLIN STREET BUFFALO, MN 55313 HTTP://WWW.ALLINAHEALTH.ORG/BUFFALO-H-375870	X						X			A
7	NEW ULM MEDICAL CENTER 1324 FIFTH NORTH STREET NEW ULM, MN 56073 HTTP://WWW.ALLINAHEALTH.ORG/NEW-ULM-M-376136	X				X		X			A
8	OWATONNA HOSPITAL 903 S OAK AVE OWATONNA, MN 55060 HTTP://WWW.ALLINAHEALTH.ORG/OWATONNA-375396	X						X			A
9	REGINA HOSPITAL 1175 NININGER ROAD HASTINGS, MN 55033 HTTP://WWW.ALLINAHEALTH.ORG/REGINA-HO-376116	X	X					X			B
10	DISTRICT ONE HOSPITAL 200 STATE AVENUE FARIBAULT, MN 55021 HTTP://WWW.ALLINAHEALTH.ORG/DISTRICT-375874	X	X					X			C

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?
12

Name, address, primary website address, and state license number

		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	RIVER FALLS AREA HOSPITAL 1629 EAST DIVISION STREET RIVER FALLS,WI 54022 HTTP //WWW.ALLINAHEALTH.ORG/RIVER-FAL-1054	X				X		X			A
12	PHILLIPS EYE INSTITUTE 2215 PARK AVENUE MINNEAPOLIS,MN 55404 HTTP //WWW.ALLINAHEALTH.ORG/PHILLIPS-375414	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 11 RIVER FALLS AREA HOSPITAL, - FACILITY 12 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 THAN 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

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

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 A COLLABORATION WITH VEAP, THE AREA'S LARGEST FOOD SHELF, WAS ALSO EXPLORED AND A NEW EDUCATION PROGRAM IS SET TO BE IMPLEMENTED IN 2016 THIS PROGRAM WILL INCLUDE CLASSROOM EDUCATION SESSION AND INFORMATION ON HEALTHY CHOICES AT THE FOOD SHELF THE HOSPITAL ALSO PARTNERED WITH HENNEPIN COUNTY, THE MIDTOWN PHILLIPS NEIGHBORHOOD ASSOCIATION AND THE GREENWAY COALITION TO REACTIVATE THE CEPRO SITE, A PARK NEAR THE ALLINA HEALTH HEADQUARTERS WHICH HAD BEEN UNDERUTILIZED BECAUSE OF ITS CONDITION 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 ONE OF THESE PARTNERSHIPS WAS WITH OUR LADY OF PEACE CATHOLIC CHURCH IN MINNEAPOLIS TO SUPPORT THE WORK OF THEIR PARISH NURSE PROGRAM IN CREATING A HEART SAFE COMMUNITY WITHIN THE CHURCH LAST, WORK ON MENTAL HEALTH IN THE COMMUNITY INCLUDED A PARTNERSHIP WITH THE MINNEAPOLIS HEALTH DEPARTMENT, CHILDREN'S HOSPITAL AND MEMBERS OF THE LOCAL NATIVE AMERICAN COMMUNITY TO CREATE A NEW COALITION FOCUSED ON IDENTIFYING THE CAUSES OF MATERNAL OPIOID ABUSE BY NATIVE AMERICAN WOMEN AND POSSIBILITIES FOR INTERVENTION

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 THAN 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 - TO WORK ON REDUCING OBESITY, THE HOSPITAL PROMOTED ALLINA HEALTH'S "HEALTH POWERED KIDS" CAMPAIGN AT A NUMBER OF COMMUNITY EVENTS THROUGHOUT THE YEAR, REACHING APPROXIMATELY 150 PEOPLE IN TOTAL ADDITIONALLY, WEEKLY BABY CAFE SESSIONS WERE HELD TO PROVIDE SUPPORT AND EDUCATION ABOUT BREASTFEEDING TO EXPECTING AND NEW MOTHERS

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 THAN 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

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

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 THIS PROGRAM HAS BEEN RECENTLY EXPANDED TO INCLUDE ALL OF THE ANOKA-HENNEPIN SCHOOL DISTRICT ADDITIONALLY, TO PROMOTE BETTER MANAGEMENT OF CHRONIC CONDITIONS IN THE COMMUNITY, HEALTH CLINICS FOR THE HOMELESS WERE STARTED IN COLLABORATION WITH STEPPING STONE HOMELESS SHELTER THESE INCLUDED RESOURCE AND LIFESTYLE INFO FROM PHYSICIANS, NURSES, PHARMACISTS, AND CHEMICAL DEPENDENCY/MENTAL HEALTH COUNSELORS

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.

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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 THAN 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.

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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.

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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

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

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 - A TOTAL OF 46 COMMUNITY HEALTH SCREENINGS AND 12 FREE FLU VACCINATION CLINICS WERE HELD IN THE COMMUNITY THESE PROVIDED OPPORTUNITIES TO PRESENT HEALTH EDUCATION TO COMMUNITY MEMBERS THAT ARE MORE DIFFICULT TO REACH, IN ADDITION TO PROVIDING SCREENINGS AND VACCINATIONS IN TOTAL, 1456 PEOPLE WERE SERVED AT THE HEALTH SCREENINGS, AND 193 AT THE VACCINATION CLINICS A PARTNERSHIP WITH THE YMCA WAS ALSO DEVELOPED, WHICH AIMS AT INCREASING HEALTH AND HEALTH KNOWLEDGE FOR OLDER ADULTS

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.

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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 THAN 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

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

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 SHERIFF TO INSTALL AND MAINTAIN A PRESCRIPTION DRUG DROP BOX FOR UNUSED MEDICATIONS LAST, A FOCUS GROUP WAS ALSO CONVENED AT THE HOPE IN ACTION EVENT, WHICH ENGAGED HEALTH CARE PROVIDERS IN A DISCUSSION AROUND MENTAL HEALTH, WORKING TOWARDS ONE OF THE REGIONS GOALS, DECREASING STIGMA RELATED TO MENTAL HEALTH

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 THAN 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

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

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 - ONE OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2013 CHNA WAS 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 HEALTHY EATING FOR SUCCESSFUL LIVING WORKSHOPS FOR PEOPLE 55 AND OLDER WERE HELD IN VARIOUS COMMUNITY AND HOSPITAL SETTINGS THESE HAD 32 PARTICIPANTS IN 2015 TO CONNECT MORE PATIENTS WITH HEALTH COACHING RESOURCES THIS PROGRAM WAS EXPANDED IN 2015, AND WAS UP TO OVER 1,000 PARTICIPANTS COMPARED TO 800 IN 2014

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 THAN 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 NUMC CONTINUED 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 NEED IDENTIFIED WAS TO INCREASE EDUCATION ABOUT SUBSTANCE ABUSE AND PROVIDE COMMUNITY RESOURCES RELATED TO THIS ONE WAY NUMC WORKED TOWARDS THIS GOAL WAS TO ADD RESOURCES ABOUT SUBSTANCE ABUSE AND RECOVERY TO THE AFTER SCREENING GUIDE GIVEN TO HEART OF NEW ULM 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 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 THAN 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

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

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION. IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE. 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 WAS TO REDUCE STIGMA, INCREASE AWARENESS, AND PROVIDE MORE EVIDENCE BASED TREATMENT RELATED TO DEPRESSION. AS A PART OF THIS GOAL, THE HOSPITAL HAS BEEN INCREASING EFFORTS TO PROVIDE BETTER MENTAL HEALTH CARE AND TO SUPPORT FAMILIES AND MOTHERS. A GRANT THROUGH THE SOUTH COUNTRY HEALTH ALLIANCE HAS ALLOWED FOR EXPANSION OF THE IN REACH AND CARE TRANSITIONS INTEGRATION PROGRAMS. THESE EXPANSIONS WERE SPECIFICALLY TARGETED AT PROVIDING REFERRALS AND CARE MANAGEMENT FOR PATIENTS WITH A MENTAL HEALTH DIAGNOSIS.

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 11 -- 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 THAN 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 -- 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 11 -- 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 11 -- RIVER FALLS AREA HOSPITAL 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 11 -- 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 2015 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 ADDITIONALLY, MONTHLY COOKING CLASSES WERE HOSTED AT THE HOSPITAL MOST OF THE CLASSES FOR 2015 WERE FULL AND HAD A WAITING LIST

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 -- 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 11 -- 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 11 -- 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
GROUP A-FACILITY 12 -- 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 THAN 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 12 -- 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 12 -- 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

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 12 -- 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 PHILLIPS 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 IN 2015, 28,000 ELEMENTARY-AGE STUDENTS WERE SCREENED AND PROVIDED FREE GLASSES AND FOLLOW-UP VISION CARE, IF NEEDED. ADDITIONALLY, FREE TRANSPORTATION SERVICES WERE CONTINUED FOR PHILLIPS EYE INSTITUTE PATIENTS IF NEEDED TO INCREASE ACCESS TO CARE.

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 12 -- 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 12 -- 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 12 -- 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 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'S 2013 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

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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 - TO INCREASE ACCESS TO HEALTH CARE, REGINA HOSTED MNSURE (THE STATE HEALTH EXCHANGE) OUTREACH AT FARM TRUCK EVENT WE HAVE BEEN PLAYING AN ACTIVE ROLE IN HELPING OUR PATIENTS NAVIGATE THE EXCHANGE TO FIND PUBLIC INSURANCE PLANS OR SUBSIDIZED PLANS THAT WILL HELP PATIENTS AND THEIR FAMILIES MAINTAIN HEALTH CARE COVERAGE ADDITIONALLY, RESPONDING TO A RECENT SURVEY CONDUCTED BY THE DAKOTA COUNTY PUBLIC HEALTH DEPARTMENT, WHICH SHOWED AN INCREASING CONCERN IN THE ABUSE OF PRESCRIPTION DRUGS, REGINA MEDICAL CENTER CONDUCTED A PRESENTATION WITH A QUESTION AND ANSWER SESSION ABOUT THE PROPER USE OF PRESCRIPTION DRUGS

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
PART V, SECTION B	FACILITY REPORTING GROUP C

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 C CONSISTS OF	- FACILITY 10 DISTRICT ONE 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, 6l, 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 C-FACILITY 10 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 2	DISTRICT ONE HOSPITAL MERGED WITH AND INTO ALLINA HEALTH SYSTEM ON JANUARY 1, 2015 2015 IS THE FIRST YEAR DISTRICT ONE HOSPITAL'S SCHEDULE H IS INCLUDED WITH ALLINA HEALTH SYSTEM DISTRICT ONE HOSPITAL HAS NEVER FILED A FORM 990 SCHEDULE H PRIOR TO ITS MERGER INTO ALLINA HEALTH SYSTEM

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 C-FACILITY 10 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 5	AN EFFORT BEGAN IN THE SPRING OF 2013 WHEREBY COLLABORATORS CREATED A PROJECT WORK PLAN TO GATHER INFORMATION ON THE HEALTH STATUS OF RICE COUNTY RESIDENTS THE GOAL OF THE DATA GATHERING PROCESS WAS TO CREATE A REPORT THAT WOULD HELP INFORM INDIVIDUALS, ORGANIZATIONS, AND COLLABORATIONS ACROSS THE COUNTY THAT WORK TO IMPROVE HEALTH A TEAM WAS ESTABLISHED TO CREATE A HEALTH SURVEY THAT WAS MAILED TO OVER 1,800 RANDOMLY SELECTED RICE COUNTY HOUSEHOLDS CONVENIENCE SAMPLING OF SOMALI AND LATINO COMMUNITY MEMBERS RESULTED IN 50 AND 70 SURVEYS BEING COMPLETED RESPECTIVELY IN ADDITION, THE TEAM ACCESSED A VARIETY OF PUBLIC DATA SOURCES TO COMPLETE THE COMMUNITY HEALTH ASSESSMENT A COMMUNITY HEALTH IMPROVEMENT PLANNING AND PRIORITIZATION MEETING WAS HELD JULY 28, 2014 WITH COMMUNITY HEALTH PARTNERS TO GATHER FEEDBACK ON THIS REPORT AND THE DATA PRESENTED, TO PRIORITIZE THE MOST IMPORTANT HEALTH ISSUES THE COUNTY IS FACING, AND TO GATHER INITIAL THOUGHTS ABOUT DEVELOPMENT OF A RICE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN A COMMUNITY HEALTH IMPROVEMENT PLAN TARGETING PRIORITIZED HEALTH AREAS WILL BE DEVELOPED BY RICE COUNTY PUBLIC HEALTH, IN COLLABORATION WITH COMMUNITY PARTNERS, AND SUBMITTED TO THE MINNESOTA DEPARTMENT OF HEALTH BY MARCH 31, 2015 HEALTHY COMMUNITIES PARTNERSHIP WAS A COLLABORATIVE INITIATIVE BETWEEN THE GEORGE FAMILY FOUNDATION AND THE PENNY GEORGE INSTITUTE FOR HEALTH AND HEALING THE COLLABORATION AWARDED ONE OF 13 GRANTS IN MINNESOTA AND WESTERN WISCONSIN TO DISTRICT ONE HOSPITAL TO PROMOTE COMMUNITY-BASED PREVENTION AND WELLNESS ACTIVITIES FOCUSING ON PHYSICAL ACTIVITY, NUTRITION, MINDFULNESS AND MIND-BODY SKILLS, SMOKING CESSATION, AND HAZARDOUS DRINKING HCP AIMED TO SUPPORT THE GROWTH OF COMMUNITY HEALTH INFRASTRUCTURE AND GENERATE LESSONS TO INFORM THE FIELD BY PILOTING INNOVATIVE HEALTH AND WELLNESS PROGRAMS EVALUATION CONDUCTED BY RAINBOW RESEARCH OF THE 13 HCP PROGRAMS FOUND THE PROGRAM WAS SUCCESSFUL AT BUILDING CONNECTIONS - BY PROVIDING RESOURCES WHICH ALLOWED DISTRICT ONE HOSPITAL TO ENGAGE MORE DEEPLY WITH THE COMMUNITY, CREATING STRONGER COMMUNITY HEALTH NETWORKS, AND SUPPORTING EXISTING COMMUNITY EFFORTS AND PARTNERSHIPS CREATING INNOVATIVE OPPORTUNITIES - BY PROVIDING FREE HEALTH SCREENINGS AS AN ENTRY POINT FOR ONGOING ENGAGEMENT, CREATING INDIVIDUALIZED PROGRAMMING FOCUSED ON THE NEEDS OF THE COMMUNITY, AND REACHING NEW AUDIENCES BY OFFERING PROGRAMS AND RESOURCES OUTSIDE OF THE HOSPITAL SETTING INITIATING SUSTAINABLE CHANGE - BY PARTNERING TO LEVERAGE RESOURCES, CREATING POLICY, SYSTEMS AND ENVIRONMENT (PSE) CHANGES FOCUSED ON HEALTHY CHANGES, AND SERVING AS A STARTING POINT TO BEGIN SHIFTING TO A NEW MODEL OF CARE

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 C-FACILITY 10 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 6A	DISTRICT ONE HOSPITAL CONDUCTED ITS COMMUNITY HEALTH NEEDS ASSESSMENT WITH NORTHFIELD 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 C-FACILITY 10 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 6B	RICE COUNTY PUBLIC HEALTH, HEALTHFINDERS COLLABORATIVE, CARLETON COLLEGE AND MINNESOTA DEPARTMENT OF HEALTH

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, 6l, 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 C-FACILITY 10 -- DISTRICT ONE HOSPITAL 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, 6l, 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 C-FACILITY 10 -- DISTRICT ONE 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 - BE THE CHANGE - AN INTERNAL EFFORT AT ALLINA HEALTH TO RAISE AWARENESS AND REDUCE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDICTION IN 2015, 500 EMPLOYEE CHAMPIONS VOLUNTEERED AND BEGAN TRAINING IN ORDER TO FACILITATE CONVERSATIONS ABOUT THE STIGMA SURROUNDING THEM AND GENERATE AWARENESS TO HELP CHANGE ATTITUDE WITHIN ALLINA HEALTH - CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDENTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMMUNITY TO IMPROVE ACCESS TO CARE 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 DISTRICT ONE HOSPITAL - SUPPORTED BY A HEALTHY COMMUNITIES PARTNERSHIP GRANT, DISTRICT ONE HOSPITAL'S HEALTH AND WELLNESS STAFF WORKED WITH LOCAL EMPLOYERS TO HOST LUNCH 'N LEARN PRESENTATIONS AND OFFER PERSONALIZED HEALTH COACHING SESSIONS, WELLNESS CHALLENGES AND BIOMETRICS SCREENING EVENTS DISTRICT ONE ALSO COORDINATED THE COMMUNITY SLIM DOWN CHALLENGE AND HERITAGE HUSTLE 5K EVENT AS WELL AS HEALTHY COOKING CLASSES, DIABETES AND ALZHEIMER'S SUPPORT GROUPS, THE LIVING WELL WITH CHRONIC CONDITIONS PROGRAM AND CHILDBIRTH EDUCATION CLASSES IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH SPECIAL EVENTS WHICH SUPPORTED THE CANCER CENTER AT DISTRICT ONE WERE ALSO A FOCUS IN 2015 INCLUDING THE RELAY FOR LIFE, WALK FOR ONE, AND HOSPICE RIDE DISTRICT ONE CONTINUED TO BUILD UPON ITS PARTNERSHIP WITH HEALTHFINDERS COLLABORATIVE, A COMMUNITY-BASED CLINIC TO PROVIDE HEALTHCARE ACCESS FOR THE UNINSURED AND UNDERINSURED IN RICE COUNTY

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 C-FACILITY 10 -- DISTRICT ONE 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 C-FACILITY 10 -- DISTRICT ONE 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, 6l, 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 C-FACILITY 10 -- DISTRICT ONE 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
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

OMB No 1545-0047

Open to Public Inspection

36-3261413

(h) Purpose of grant or assistance

[illegible]

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MEDICAL ASSISTANCE	2683	700,522			
(2) FOOTWEAR	10000		75,000	FMV	KID'S SHOES DONATION
SCHOLARSHIPS TO STUDENTS AT VARIOUS COLLEGES AND (3) UNIVERSITIES	32	43,192			
(4) BIKE HELMETS	4686		43,156	FMV	HELMETS DISTRIBUTION AT VARIOUS BIKE HELMETS
(5) HOUSING AND LIVING ASSISTANCE	175	30,026			
(6) FUNERAL	7	1,500			

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 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
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501C3	200,000				FUNDING FOR ALLINA HEALTH CLINIC EXCELLENCE RESEARCH CENTER
FREE BIKES 4 KIDZ 755 DICKEY LAKE DRIVE LONG LAKE,MN 55356	27-1199089	501C3	75,900				SPONSORSHIP FOR BIKE DISTRIBUTION
ST FRANCIS REGIONAL MEDICAL CENTER 1455 ST FRANCIS AVENUE SHAKOPEE,MN 55379	41-0907986	501C3	30,500				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 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 NETWORK OF HOSPICE AND PALLIATIVE CARE 2365 MCKNIGHT ROAD NORTH SUITE 2 NORTH ST PAUL, MN 55109	41-1414694	501C3	30,000				SPONSOR SPEAKING EVENT AND CONFERENCE
TWO TEN FOOTWEAR FOUNDATION INC 1466 MAIN STREET WALTHAM, MA 02451	22-2579809	501C3	25,000				SPONSOR FOOTWEAR CARES
SISTERS OF ST JOSEPH OF CARONDELET MINISTRIES FOUNDATION 1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1765361	501C3	25,000				SPONSOR 2015 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 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 FOUNDATION 640 JACKSON STREET ST PAUL, MN 55101	41-1888902	501C3	25,000				SUPPORT COST OF MEDICATIONS FOR UNINSURED AND UNDERINSURED
THE MENTAL HEALTH CRISIS ALLIANCE 402 UNIVERSITY AVE E ST PAUL, MN 55130	41-6005875		25,000				IMPROVE ADULT MENTAL HEALTH CRISIS SERVICES IN VARIOUS COUNTIES
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 28TH STREET SUITE 100 MINNEAPOLIS, MN 55407	41-1426406	501C3	40,900				SPONSOR CONFERENCE AND EVENTS, GLOBAL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL PUBLIC SCHOOLS 360 COLBORNE ST ST PAUL, MN 55102	41-0901311		32,313				SUPPORT SCHOOL WELLNESS CHAMPION PROJECTS
NAMI MINNESOTA 800 TRANSFER ROAD 31 ST PAUL, MN 55114	41-1317030	501C3	17,200				GENERAL SUPPORT
MARCH OF DIMES FOUNDATION 5233 EDINA INDUSTRIAL BOULEVARD EDINA, MN 55439	13-1846366	501C3	40,350				SPONSOR MARCH FOR BABIES, 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 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 HEARTLAND 1140 GERVAIS AVENUE ST PAUL, MN 55109	23-7417654	501C3	11,050				SPONSOR DISH CUISINE FOR CHANGE, GENERAL SUPPORT
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC 400 ROBERT STREET SOUTH ST PAUL, MN 55107	41-0693910	501C3	12,400				GENERAL SUPPORT
PEOPLE INCORPORATED 2060 CENTRE POINTE BLVD SUITE 3 MENDOTA HEIGHTS, MN 55120	41-0962296	501C3	10,000				SPONSOR CHANGING MINDS LUNCHEON

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 4701 W 77TH ST EDINA, MN 55435	13-5613797	501C3	26,300				SPONSOR GALA, GENERAL SUPPORT
MATTER 7005 OXFORD STREET ST LOUIS PARK, MN 55426	37-1441658	501C3	10,500				SPONSOR 2015 NIGHT TO MATTER GALA
OPEN ARMS OF MINNESOTA INC 2500 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404	41-1681317	501C3	10,600				GENERAL SUPPORT

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

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NICE RIDE MINNESOTA 2701 36TH AVE SOUTH MINNEAPOLIS,MN 55406	26-4372592	501C3	15,000				HIDDEN WONDERS SPONSORSHIP, BIKE SHARING PROGRAM
PATHWAYS 3115 HENNEPIN AVE SOUTH MINNEAPOLIS,MN 55408	41-1628884	501C3	9,100				GENERAL SUPPORT
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVENUE MINNEAPOLIS,MN 55405	41-0711618	501C3	7,500				SPONSOR WASHBURN GAMES

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

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AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY N ST PAUL, MN 55104	41-0693889	501C3	7,500				SUPPORT TWIN CITIES MOBILE MARKET PROGRAM
SHERIDAN STORY 740 HARDING ST NE STE B MINNEAPOLIS, MN 55413	80-0919680	501C3	7,800				GENERAL SUPPORT
COMMON HOPE INC PO BOX 8228 ST PAUL, MN 55108	41-1560297	501C3	10,620				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 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
HOPE COMMUNITY INC 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1292817	501C3	6,500				HEALTHY FOODS, STRONG COMMUNITY PROGRAM
PHILLIPS WEST NEIGHBORHOOD ORGANIZATION 2400 PARK AVENUE SOUTH SUITE 337 MINNEAPOLIS, MN 55404	90-0122796	501C3	6,000				SUPPORT OF MIDTOWN SAFETY CENTER, AND OTHER NEIGHBORHOOD EVENTS
ANDERSEN UNITED COMMUNITY SCHOOL 1098 ANDERSEN LANE MINNEAPOLIS, MN 55407	13-0851980		6,000				SUPPORT WOLF RIDGE ELC TRIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE SERVING PEOPLE INC CHARITIES 614 3RD STREET SOUTH MINNEAPOLIS, MN 55415	41-1965067	501C3	15,700				SPONSOR ANNUAL GALA
TWIN CITIES HABITAT FOR HUMANITY COMMUNITY HOUSING DEVELOPMENT ORG 1954 UNIVERSITY AVE W ST PAUL, MN 55104	36-3363171	501C3	6,200				SPONSOR WOMEN OF HABITAT LUNCHEON, BUILD SPONSORSHIP
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55403	41-1302487	501C3	5,700				SUPPORT BASIC NEEDS PROGRAM, HEALTH PROGRAM, FOOD SHELVES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL, MN 55107	41-0693916	501C3	5,500				SUPPORT BASIC NEEDS PROGRAM, HEALTH PROGRAM, FOOD SHELVES
LEE CARLSON CENTER FOR MENTAL HEALTH AND WELL-BEING 7954 UNIVERSITY AVE FRIDLEY, MN 55432	41-1354967	501C3	10,200				SUPPORT BRIDGEVIEW MEALS/NUTRITION PROGRAM
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVE ST PAUL, MN 55102	20-3000282	501C3	5,900				SPONSOR DISTINGUISHED CITIZEN AWARD DINNER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE RIVERS PARK DISTRICT FOUNDATION INC 3000 XENIUM LANE N PLYMOUTH, MN 55441	41-1579104	501C3	15,300				SPONSOR TRAIL MIX RACE, GENERAL SUPPORT
HASTINGS INDEPENDENT SCHOOL DISTRICT 200 200 GENERAL SIEBEN DRIVE HASTINGS, MN 55033	41-6000810		5,200				SUPPORT PEER HELPER PROGRAM, GENERAL SUPPORT
HASTINGS FAMILY SERVICE 301 2ND STREET EAST HASTINGS, MN 55033	23-7083534	501C3	7,976				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 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 INC 8000 W 78TH ST SUITE 175 EDINA, MN 55439	13-1623888	501C3	5,450				SPONSOR TOUR DE CURE
ANOKA TECHNICAL COLLEGE FOUNDATION 1355 WEST HIGHWAY 10 ANOKA, MN 55303	36-3494697	501C3	6,000				SPONSOR ANOKA TECH 2015
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE SOUTH MINNEAPOLIS, MN 55419	41-1379021	501C3	5,100				SPONSOR FORMULA FOR HOPE LUNCHEON

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN VENTURES LEADERSHIP FOUNDATION 2924 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55408	36-3558710	501C3	7,500				SPONSOR URBAN GOLF CLASSIC AND DARE TO DREAM EVENT
BEACON INTERFAITH HOUSING COLLABORATIVE 2610 UNIVERSITY AVE W 100 ST PAUL, MN 55114	41-1953599	501C3	5,100				SUPPORT FAMILIES MOVING FORWARD SOUTHWEST PROGRAM
THE FOOD GROUP 8501 54TH AVENUE NORTH NEW HOPE, MN 55428	41-1246504	501C3	5,200				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 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
UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION INC (OPERATING AS LIFESOURCE) 2225 WEST RIVER ROAD MINNEAPOLIS, MN 55411	36-3584029	501C3	6,500				SPONSOR GOLF CLASSIC, GENERAL SUPPORT
ARTHRITIS FOUNDATION INC 1876 MINNEHAHA AVE W ST PAUL, MN 55104	58-1341679	501C3	6,100				SPONSOR JINGLE BELL RUN/WALK, GENERAL SUPPORT
FOUNDATION FIGHTING BLINDNESS INC 977 LAKEVIEW PARKWAY SUITE 140 VERNON HILLS, IL 60061	23-7135845	501C3	5,250				SPONSOR VISION WALK, 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 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
ALEXANDRA HOUSE INC PO BOX 490039 BLAINE,MN 55449	41-1309977	501C3	5,700				GENERAL SUPPORT
STEPPING STONE EMERGENCY HOUSING 3300 4TH AVE N CRONIN BLDG 14 ANOKA,MN 55303	20-3226868	501C3	5,800				GENERAL SUPPORT
SPRINGBROOK NATURE CENTER FOUNDATION PO BOX 32722 FRIDLEY,MN 55432	23-7401835	501C3	10,100				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 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
CAMP FIRE MINNESOTA 4829 MINNETONKA BLVD SUITE 202 ST LOUIS PARK, MN 55416	41-0706116	501C3	8,200				GENERAL SUPPORT
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVENUE ST PAUL, MN 55104	41-0693924	501C3	5,200				SUPPORT ADVOCACY PROGRAM AND EXERCISE PROGRAM WITH SENIORS
FRIENDS IN NEED FOOD SHELF PO BOX 6 COTTAGE GROVE, MN 55016	41-1794212	501C3	5,300				SUPPORT PURCHASE OF A WALK-IN COOLER, 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 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
COMMUNIDADES LATINAS UNIDAS EN SERVICIO 797 EAST 7TH STREET ST PAUL, MN 55106	41-1386986	501C3	10,000				SUPPORT COMMUNITY HEALTH PROGRAM
CYCLEHEALTH 6545 FLYING CLOUD DRIVE SUITE 202 EDEN PRAIRIE, MN 55344	46-3077108	501C3	5,300				GENERAL SUPPORT
THE BANYAN FOUNDATION 2647 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55407	41-1922813	501C3	5,200				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 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
IMAM HUSAIN ISLAMIC CENTER 6120 BROOKLYN BLVD BROOKLYN CENTER, MN 55429	27-0074561	501C3	5,500				GENERAL SUPPORT
LOVE IN THE NAME OF CHRIST - BIG WOODS PO BOX 368 BUFFALO, MN 55313	27-0993247	501C3	5,200				GENERAL SUPPORT
CYCLES FOR CHANGE 712 UNIVERSITY AVENUE WEST ST PAUL, MN 55104	41-1816453	501C3	8,500				YOUTH APPRENTICE PROGRAM, 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 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
NUCLEUS CLINIC 1323 COON RAPIDS BLVD COON RAPIDS, MN 55433	74-3219541	501C3	5,300				GENERAL SUPPORT
WATERCOURSE COUNSELING CENTER 3548 BRYANT AVE SOUTH MINNEAPOLIS, MN 55408	41-1946275	501C3	5,100				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 950 BLUE GENTIAN RD SUITE 100 EAGAN, MN 55121	13-1788491	501C3	19,775				GENERAL SUPPORT

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LET'S GO FISHING 705 CHALUPSKY AVE SE NEW PRAGUE, MN 56071	48-1259413	501C3	5,600				GENERAL SUPPORT
ANGEL FOUNDATION 700 SOUTH THIRD STREET MINNEAPOLIS, MN 55415	41-1990883	501C3	17,700				SPONSOR HOPE IN MOTION, GENERAL SUPPORT
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVENUE SUITE 550 CHICAGO, IL 60631	23-7286648	501C3	5,250				GENERAL SUPPORT

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SINAPI FOUNDATION INC PO BOX 2531 DAVIDSON, NC 28036	46-0653354	501C3	5,400				GLOBAL FUND
MINNESOTA BRAIN INJURY ALLIANCE 2277 HIGHWAY 36 WEST SUITE 200 ROSEVILLE, MN 55113	36-3418174	501C3	6,000				SPONSOR ANNUAL CONFERENCE, CONSUMER GUIDE AD AND WALK FOR THOUGHT EVENT
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501C3	8,700				GENERAL SUPPORT

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PROJECT MEDISHARE FOR HAITI INC PO BOX 381208 MIAMI, FL 33238	65-0965848	501C3	6,300				GLOBAL FUND, GENERAL SUPPORT
RIDGEVIEW FOUNDATION 490 SOUTH MAPLE STREET SUITE 110 WACONIA, MN 55387	41-1328097	501C3	20,000				SPONSOR ANNUAL GOLF AND TASTE CELEBRATION
HASTINGS AREA CHAMBER OF COMMERCE AND TOURISM BUREAU 111 THIRD STREET EAST HASTINGS, MN 55033	41-0940039		10,315				SPONSOR VARIOUS DINNER EVENTS

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

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COURAGE KENNY FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55440	41-1952989	501C3	13,450	92,959	FMV	MEDICAL AND SPORTS EQUIPMENT	GENERAL SUPPORT
PHILLIPS EYE INSTITUTE FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55440	41-1613017	501C3		108,833	FMV	EYEGLOSS FRAMES, LENSES AND MOBILE EYE EQUIPMENT	EYE COMMUNITY INITIATIVE
HEALTHEAST FOUNDATION 1690 UNIVERSITY AVENUE ST PAUL, MN 55104	41-1602044	501C3	25,000				GENERAL SUPPORT

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INDEPENDENT SCHOOL DISTRICT 877 214 1ST AVE NE BUFFALO, MN 55313	41-6004776		26,145				2015 HEALTHY ACTIVITY GRANT
OUR SAVIOUR'S COMMUNITY SERVICES 2315 CHICAGO AVE S MINNEAPOLIS, MN 55404	20-0810105	501C3	9,590				2015 HEALTHY ACTIVITY GRANT
INTERCONGREGATION COMMUNITIES ASSOCIATION INC 12990 ST DAVIDS ROAD MINNETONKA, MN 55305	41-0979010	501C3	9,430				2015 HEALTHY ACTIVITY GRANT

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ANNANDALE YOUTH FIRST INC PO BOX 190 ANNANDALE, MN 55302	41-1895999	501C3	8,250				2015 HEALTHY ACTIVITY GRANT
YMCA OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVENUE MINNEAPOLIS, MN 55413	45-2563299	501C3	28,200				2015 HEALTHY ACTIVITY GRANT
OPPORTUNITY NEIGHBORHOOD 1417 10TH STREET NW 104 NEW BRIGHTON, MN 55112	41-1923622	501C3	7,985				2015 HEALTHY ACTIVITY GRANT

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SHAKOPEE DIVERSITY ALLIANCE 8053 STRATFORD CIR S SHAKOPEE, MN 55379	47-2761643	501C3	7,500				2015 HEALTHY ACTIVITY GRANT
CITY OF SOUTH ST PAUL 125 3RD AVENUE NORTH SOUTH ST PAUL, MN 55075	41-6005520		7,500				2015 HEALTHY ACTIVITY GRANT
PRO-KINSHIP FOR KIDS PO BOX 666 NEW ULM, MN 56073	41-1247116	501C3	7,500				2015 HEALTHY ACTIVITY GRANT

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VALLEY FRIENDSHIP CLUB 2300 ORLEANS STREET WEST STILLWATER, MN 55082	27-2362329	501C3	7,265				2015 HEALTHY ACTIVITY GRANT
HEALTHFINDERS COLLABORATIVE INC PO BOX 731 NORTHFIELD, MN 55057	20-1805262	501C3	8,700				2015 HEALTHY ACTIVITY GRANT
CITY OF PLYMOUTH 3400 PLYMOUTH BLVD PLYMOUTH, MN 55447	41-6008936		6,250				SPONSOR PLATINUM EVENT

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

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EPISCOPAL CHURCH WOMEN 15601 MAPLE ISLAND ROAD BURNSVILLE, MN 55306	41-0694727	501C3	6,136				2015 HEALTHY ACTIVITY GRANT
AUGUSTANA CARE 1015 4TH AVENUE NORTH MINNEAPOLIS, MN 55405	41-1728753	501C3	5,465				2015 HEALTHY ACTIVITY GRANT
PRESIDENTS COUNCIL OF PHA HIGHRISES OF ST PAUL 555 WABASHA STREET N SUITE 400 ST PAUL, MN 55102	41-1885810	501C3	5,300				2015 HEALTHY ACTIVITY GRANT

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FARIBAULT YOUTH SERVICES CENTER 528 1ST AVENUE NW FARIBAULT, MN 55021	35-2161725	501C3	5,045				2015 HEALTHY ACTIVITY GRANT
NEIGHBORHOOD DEVELOPMENT CENTER INC 663 UNIVERSITY AVE 200 ST PAUL, MN 55104	41-1738791	501C3	10,000				2015 HEALTHY ACTIVITY GRANT
PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266	33-0841281	501C3	5,300				SPONSOR PURPLERIDE STRIDE, GENERAL SUPPORT

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

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CITY OF NEW ULM PARK AND RECREATION 122 SOUTH GARDEN STREET NEW ULM, MN 56073	41-6005412		6,826				2015 HEALTHY ACTIVITY GRANT, SPONSOR FAMILY FITNESS NIGHTS, PARK X PROGRAM
CITY OF HASTINGS PARK AND RECREATION 920 W 10TH ST HASTINGS, MN 55033	41-6005220		40,000				GENERAL SUPPORT
UNITED WAY OF STEELE COUNTY 110 N CEDAR AVENUE OWATONNA, MN 55060	23-7366680	501C3	6,958				GENERAL SUPPORT

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COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	41-1260469	501C3	7,413				SPONSOR GALA, 2015 HEALTHY ACTIVITY GRANT
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55440	04-3643816	501C3	13,500				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" on 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

2015

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use </div> <div> <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence </div> <div> <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees </div> <div> <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </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>	1b	Yes
<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>	2	Yes
<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 <input checked="" type="checkbox"/> Written employment contract </div> <div> <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study </div> <div> <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	Yes
<div>b</div> <div>Any related organization?</div>	6b	Yes
<div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on 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>	7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	Yes
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	EXPLANATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ALLINA HEALTH SYSTEM PROVIDES THIS TYPE OF PAYMENT AS IT RELATES TO TAXABLE MOVING EXPENSE REIMBURSEMENTS ON CERTAIN EXECUTIVES HELEN STRIKE - \$13,092
PART I, LINES 4A-B	4(A) MARGARET BUTLER - \$321,997, DEREK KANG - \$127,506, DUKE ADAMSKI - \$181,662, KENNETH PAULUS - \$754,305, LAURIE LAFONTAINE - \$242,316, MICHAEL MARSHALL - \$102,407 4(B) PENNY WHEELER - \$85,746 BEN BACHE-WIIG, MD - \$59,367, CHRISTINE BENT - \$47,075, MARGARET BUTLER - \$208,710, SARA CRIGER - \$59,310, DUNCAN GALLAGHER - \$102,971, SUSAN HEICHERT - \$40,967, CHRISTOPHER HUGHES - \$13,957, DEREK KANG - \$82,231, CORRINE KROEHLER - \$10,561, DANIEL MCGINTY - \$18,255, TOM O'CONNOR - \$66,475, TIMOTHY SIELAFF - \$70,543, HELEN STRIKE - \$6,580, ELIZABETH TRUESDELL SMITH - \$51,631, DUKE ADAMSKI - \$943,946, DANIEL BUSS, MD - \$91,549, MICHAEL FREEHILL, MD - \$68,929, LEROY MCCARTY, MD - \$67,929, L MURRAY THOMAS - \$1,594,431, KENNETH PAULUS - \$1,356,389, LAURIE LAFONTAINE - \$514,897
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 OF AN UNSECURED CREDITOR OF ALLINA AND WILL NOT HAVE A PREFERRED CLAIM TO PAYMENT IN THE CASE OF THE COMPANY'S INABILITY TO PAY HOWEVER, THE COMPANY DOES SET ASIDE ASSETS FOR ITS OBLIGATIONS BY ACTUALLY INVESTING THE PROMISED ASSETS CONSISTENT WITH PARTICIPANT ELECTIONS 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PENNY WHEELER MD DIRECTOR/PRESIDENT/CEO	(i)	893,591	373,473	149,026	410,987	21,237	1,848,314	271,741
	(ii)	0	0	0	0	-0	-0	0
1BEN BACHE-WIIG MD SVP, PRES ANW HOSPITAL	(i)	504,497	256,211	100,946	224,751	24,585	1,110,990	176,183
	(ii)	0	0	0	0	-0	-0	0
2MARY BEAR-DUKES VP-REVENUE CYCLE MGMT	(i)	189,592	36,890	4,741	32,200	24,368	287,791	0
	(ii)	0	0	0	0	-0	-0	0
3CHRISTINE BENT EVP-ALLINA HEALTH GROUP	(i)	416,738	180,523	78,646	200,811	30,135	906,853	123,712
	(ii)	0	0	0	0	-0	-0	0
4MARGARET BUTLER SVP, HUMAN RESOURCES	(i)	77,183	198,479	569,591	17,225	8,178	870,656	223,500
	(ii)	0	0	0	0	-0	-0	0
5RODNEY CHRISTENSEN SVP/PRES ALLINA CLINI	(i)	348,849	125,705	45,563	79,526	21,044	620,687	13,907
	(ii)	0	0	0	0	-0	-0	0
6SARA CRIGER SVP, PRES MERCY HOSP	(i)	474,906	144,272	101,328	190,630	3,233	914,369	69,022
	(ii)	0	0	0	0	-0	-0	0
7DUNCAN GALLAGHER TREASURER/EVP/CFO	(i)	693,692	399,138	174,231	331,447	16,215	1,614,723	318,025
	(ii)	0	0	0	0	-0	-0	0
8MARGARET HASBROUCK VP, PAYOR CONTRACT/REIMB	(i)	229,599	69,027	28,699	52,677	28,976	408,978	3,273
	(ii)	0	0	0	0	-0	-0	0
9SUSAN HEICHERT SVP, CHIEF INFORMATION OFF	(i)	370,803	221,106	81,875	159,153	22,665	855,602	139,704
	(ii)	0	0	0	0	-0	-0	0
10CHRISTOPHER HUGHES VP, REVENUE CYCLE MANAGEME	(i)	132,532	63,377	17,449	22,901	0	236,259	9,703
	(ii)	0	0	0	0	-0	-0	0
11DEREK KANG SVP, CHIEF COMPLIANCE OFF	(i)	67,932	57,378	325,315	6,792	5,167	462,584	128,897
	(ii)	0	0	0	0	-0	-0	0
12CORRINE KROEHLER VP FINANCE	(i)	170,213	52,405	34,282	38,276	26,447	321,623	9,375
	(ii)	0	0	0	0	-0	-0	0
13DANIEL MCGINTY EVP HOSPITAL/SPECIALTY SVC	(i)	525,383	158,399	36,314	13,250	22,585	755,931	30,833
	(ii)	0	0	0	0	-0	-0	0
14CHRISTINE MOORE SVP, CHIEF HR OFFICER	(i)	125,863	100,000	1,663	16,625	7,141	251,292	0
	(ii)	0	0	0	0	-0	-0	0
15THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP	(i)	478,805	261,340	118,887	212,448	25,085	1,096,565	195,730
	(ii)	0	0	0	0	-0	-0	0
16TIMOTHY SIELAFF SVP-AHG-SPEC CARE/CMO	(i)	576,835	124,985	100,365	149,776	25,748	977,709	0
	(ii)	0	0	0	0	-0	-0	0
17ELIZABETH SMITH MD INTERIM SVP AHG-PRIMARY CARE	(i)	329,564	88,359	26,998	59,201	25,085	529,207	0
	(ii)	0	0	0	0	-0	-0	0
18HELEN STRIKE PRESIDENT-UNITY HOSPITAL	(i)	274,103	74,127	32,496	48,953	12,305	441,984	7,204
	(ii)	0	0	0	0	-0	-0	0
19KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF	(i)	80,814	40,000	10,537	12,955	7,458	151,764	0
	(ii)	0	0	0	0	-0	-0	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN COUN	(i)	452,702	212,628	74,353	179,021	22,585	941,289	151,554
	(ii)	0	0	0	0	0	0	0
1ROBERT WIELAND MD EVP, NETWORK INTEGRATION	(i)	466,348	299,757	56,696	243,667	30,495	1,096,963	175,415
	(ii)	0	0	0	0	0	0	0
2DUKE ADAMSKI VP PHILANTHROPY	(i)	62,036	73,227	1,150,995	15,805	2,229	1,304,292	0
	(ii)	0	0	0	0	0	0	0
3DANIEL BUSS MD PHYSICIAN	(i)	1,530,486	300	119,679	93,256	30,389	1,774,110	78,341
	(ii)	0	0	0	0	0	0	0
4MICHAEL FREEHILL MD PHYSICIAN	(i)	1,338,013	0	93,191	85,646	29,295	1,546,145	68,518
	(ii)	0	0	0	0	0	0	0
5LEROY MCCARTY MD PHYSICIAN	(i)	1,186,574	10,000	94,939	75,902	28,845	1,396,260	65,126
	(ii)	0	0	0	0	0	0	0
6L MURRY THOMAS VP FINANCE	(i)	19,134	45,816	1,594,649	4,237	209	1,664,045	0
	(ii)	0	0	0	0	0	0	0
7KENNETH PAULUS FORMER PRESIDENT/CEO	(i)	30,089	1,004,074	2,283,809	9,586	0	3,327,558	1,650,812
	(ii)	0	0	0	0	0	0	0
8LAURIE LAFONTAINE FORMER VP FINANCE & TREASURY	(i)	9,231	81,340	783,869	5,886	0	880,326	368,537
	(ii)	0	0	0	0	0	0	0
9MICHAEL MARSHALL MD FORMER SVP, PRESIDENT ALLINA CLINICS	(i)	0	0	115,720	0	0	115,720	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

ALLINA HEALTH SYSTEM

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

2015

Open to Public Inspection

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,REMODELING,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	955,000		11,830,000		256,965,000			
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			
		Yes	No	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 %		2 100 %			
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 %		2 100 %			
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			2580 0000000000 %		2480 0000000000 %			
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					80 0000000000 %			
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

Return Reference	Explanation
PART II, LINE 11 COLUMN A, B & C	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Schedule L
(Form 990 or 990-EZ)

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
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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

(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 ▶ \$ _____

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	32,479	EMPLOYMENT		No
(2) CAROLYN ALLEN	FAMILY MEMBER OF JOHN ALLEN, BOARD MEMBER	45,756	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)

Noncash Contributions

OMB No 1545-0047

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Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶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

Name of the organization ALLINA HEALTH SYSTEM	Employer identification number 36-3261413
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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	X	3	8,790	FAIR MARKET VALUE
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	68	92,959	FAIR MARKET VALUE
26 Other ▶ (804 EYEGLASS LENSES)	X	3	75,944	FAIR MARKET VALUE
27 Other ▶ (564 EYEGLASS FRAMES)	X	4	31,909	FAIR MARKET VALUE
28 Other ▶ (EQUIPMENT EYE MOBILE)	X	1	980	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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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			

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

2015**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 SENIOR VICE PRESIDENT OF FINANCE AND TREASURY ALSO PERFORMED AN EXECUTIVE REVIEW OF THE FORM 990 AFTER THE MANAGEMENT REVIEW PROCESS DESCRIBED ABOVE WAS COMPLETED, THE FINAL FORM 990, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE (IRS), WAS PROVIDED TO EACH VOTING MEMBER OF THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS AN ALLINA HEALTH SYSTEM BOARD OF DIRECTORS MEETING WAS HELD ON OCTOBER 27, 2016 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
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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 FOREMENTIONED 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) PUBLICLY AVAILABLE DATA ON THE FORM 990 WILL ALSO BE AVAILABLE THROUGH AMAZON WEB SERVICES (AWS) AT HTTPS://AWS.AMAZON.COM/PUBLIC-DATA-SETS/IRS-990/</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 \$10,000 DONATED TO COURAGE KENNY FOUNDATION FOR THE SERVICES OF MARK JORDAHL \$14,000 DONATED TO COURAGE KENNY FOUNDATION FOR THE SERVICES OF THOMAS SCHREIER \$1,000 DONATED TO COURAGE KENNY FOUNDATION FOR THE SERVICES OF LAURA GILLUND

Return Reference	Explanation
FORM 990, PART XI, LINE 9	WESTHEALTH SURGERY CENTER LLC JOINT VENTURE CONSOLIDATION 4,618,669 PENSION LIABILITY ADJUSTMENTS 953,220 TWIN CITIES MEDICAL IMAGING LLC CAPITAL CONTRIBUTION 255,990 WESTHEALTH, INC FUND BALANCE TRANSFERRED TO ALLINA -23,416,552 DISTRIBUTION TO MEMBERS-MICC -2,579,739 TEMP RESTRICTED NET ASSETS - MAC GRANT 500,000

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

Return Reference	Explanation
FORM 990, PART XI EXPLANATION	DETAILS OF ALLINA HEALTH SYSTEM'S ACQUISITION OF DISTRICT ONE HOSPITAL LOCATED IN FARIBAULT, MINNESOTA ("DOH") ON JANUARY 1, 2015 ALLINA HEALTH SYSTEM, A MINNESOTA 317A NONPROFIT CORPORATION AND 501(C)(3) TAX EXEMPT ORGANIZATION ACQUIRED SUBSTANTIALLY ALL ASSETS AND OPERATIONS OF RICE COUNTY DISTRICT ONE HOSPITAL, A MINNESOTA HOSPITAL DISTRICT ORGANIZATION UNDER CHAPTER 11, MINNESOTA LAWS OF 1963

Return Reference	Explanation
FORM 990, PART XI, LINE 9 EXPLANATION	DETAILS OF ALLINA HEALTH SYSTEM/WESTHEALTH, INC MERGER WESTHEALTH, INC MERGED WITH AND INTO ITS PARENT ORGANIZATION ALLINA HEALTH SYSTEM, A MINNESOTA 317A NONPROFIT CORPORATION AND 501(C)(3) TAX EXEMPT ORGANIZATION ON DECEMBER 31, 2015 ALLINA HEALTH SYSTEM IS THE SURVIVING AND SUCCESSOR ORGANIZATION AS A RESULT AND FOR TAX REPORTING PURPOSES, ALL ASSETS AND LIABILITIES OF WESTHEALTH, INC HAVE BEEN TRANSFERRED TO ALLINA HEALTH SYSTEM THE FUND BALANCE TRANSFERRED WAS \$23,416,552

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

► 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.

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	8,982,154	22,840,702	ALLINA HEALTH SYSTEM
(2) AXIS HEALTHCARE LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1855603	HEALTHCARE SERVICES	MN	2,378,072	1,299,531	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) DISTRICT ONE CANCER CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1258847	HEALTHCARE SERVICES	MN	0	1,012,330	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) 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	
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
HEALTHSPAN SERVICES (1)COMPANY PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1249999	DEBT COLLECTION	MN	ALLINA HEALTH SYSTEM	C			100 000 %		No
ALLINA SPECIALTY (2)ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	4,357,971	51,157,919	100 000 %		No
ALLINA HEALTH SYSTEM (3)TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %		No
ALLINA HEALTH SYSTEM (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
ALLINA HEALTH SYSTEM (5)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	43,769		100 000 %		No
(7) ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	-3,684,939	4,002,972	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?

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			

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

[illegible]

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
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
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
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
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
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
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
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
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
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
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) 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	
APPLE VALLEY BUILDING ASSOCIATES LLC 14655 GALAXIE AVENUE APPLE VALLEY, MN 55124 41-1677072	RENTAL REAL ESTATE	MN	ALLINA HEALTH SYSTEM	RELATED	194,493	3,584,825		No		Yes		50 000 %
METROPOLITAN INTEGRATED CANCER CENTER LLC PO BOX 819066 DALLAS, TX 75381 20-5068485	RADIOLOGY	DE	ALLINA HEALTH SYSTEM	UNRELATED	1,799,258	6,730,466		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	3,515,271	1,332,883		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	25,860	15,921		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	589,653	481,129		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	2,410,496	401,823		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	533,463	374,962		No		Yes		49 000 %
CROSBY CARDIOVASCULAR SERVICES LLC 920 E 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 41-2010368	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	-32,681	1,025,347		No		Yes		50 000 %
MOBILE IMAGING SERVICES LLC 1221 NICOLLET MALL SUITE 600 MINNEAPOLIS, MN 55403 41-1883212	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	5,948	123,735		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	-25,725	3,724		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	-155,028	1,247,541		No		Yes		58 000 %
WESTHEALTH SURGERY CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 37-1763155	SURGICAL SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	182,218	3,916,645		No		Yes		51 000 %
CT ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 26-1187480	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	148,769	86,976		No		Yes		75 000 %
HEALTHCARE CAMPUS IMAGING ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 52-2401657	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	226,206	132,447		No		Yes		50 000 %

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
(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
(1) ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	4,357,971	51,157,919	100 000 %		No
(2) 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 (3) BENEFIT MASTER TRUST 500 GRANT STREET SUITE 625 PITTSBURGH, PA 15258 37-6520273	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %		No
(4) 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 (5) COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860	TRUST	MN	ALLINA HEALTH SYSTEM	T	43,769		100 000 %		No
ALLINA INTEGRATED MEDICAL (6) NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	-3,684,939	4,002,972	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
(1)	ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	C	9,429,493	CASH
(1)	ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	B	1,873,414	COST
(2)	COURAGE KENNY FOUNDATION	P	1,300,000	CASH
(3)	MERCY & UNITY HOSPITALS FOUNDATION	C	1,769,604	CASH
(4)	MERCY & UNITY HOSPITALS FOUNDATION	B	1,041,360	COST
(5)	PHILLIPS EYE INSTITUTE FOUNDATION	C	720,318	CASH AND FMV
(6)	PHILLIPS EYE INSTITUTE FOUNDATION	B	164,839	COST
(7)	COURAGE KENNY FOUNDATION	C	10,733,266	CASH AND FMV
(8)	UNITED HOSPITAL FOUNDATION	C	6,400,761	CASH
(9)	UNITED HOSPITAL FOUNDATION	B	1,076,191	COST
(10)	ALLINA ASSOCIATED FOUNDATION	C	1,501,875	CASH
(11)	ALLINA ASSOCIATED FOUNDATION	B	1,244,579	COST
(12)	ALLINA SPECIALTY ASSOCIATES INC	B	1,044,575	COST
(13)	APPLE VALLEY BUILDING ASSOCIATES LLC	C	180,000	CASH
(14)	SOUTHWEST SURGICAL CENTER LLC	C	3,500,000	CASH
(15)	ASPEN SLEEP CENTER LLC	C	353,730	CASH
(16)	NORTHSTAR SLEEP CENTER LLC	C	245,000	CASH
(17)	METROPOLITAN INTEGRATED CANCER CARE LLC	C	2,925,011	CASH
(18)	GERIATRIC SERVICES OF MINNESOTA LLC	C	2,222,747	CASH
(19)	ALLINA INTEGRATED MEDICAL NETWORK	C	2,491,367	COST
(20)	ALLINA INTEGRATED MEDICAL NETWORK	M	2,073,356	CASH
(21)	MOBILE IMAGING SERVICES LLC	C	150,000	CASH
(22)	CENTER FOR HEALTHCARE INNOVATION FOUNDATION	S	736,967	CASH
(23)	TWIN CITIES MEDICAL IMAGING LLC	B	716,010	COST
(24)	DISTRICT ONE CANCER CENTER LLC	B	506,165	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
(26) CT ONE LLC	C	150,376	CASH
(1) HEALTHCARE CAMPUS IMAGING ONE LLC	C	228,000	CASH
(2) ST FRANCIS REGIONAL MEDICAL CENTER	Q	16,892,536	CASH
(3) ST FRANCIS REGIONAL MEDICAL CENTER	S	2,985,200	CASH
(4) REGINA FOUNDATION	B	168,581	COST
(5) REGINA FOUNDATION	C	168,312	CASH
(6) BPA HEALTH LLC	B	55,000	COST
(7) WESTHEALTH SURGERY CENTER LLC	C	474,300	CASH
(8) WESTHEALTH SURGERY CENTER LLC	B	2,050,200	COST
(9) WESTHEALTH INC	S	23,416,552	CASH