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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
ALTRU HEALTH SYSTEM

Doing business as
ALTRU HOSPITAL

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

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

D Employer identification number
45-0310462

E Telephone number
(701) 780-5200

G Gross receipts $ 550,617,513

F Name and address of principal officer
DAVID MOLMEN
1200 S COLUMBIA RD
GRAND FORKS,ND 582014036

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ ALTRU ORG

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

L Year of formation 1970

M State of legal domicile ND

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	4,625
6	Total number of volunteers (estimate if necessary)	**6**	324
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,053,089
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,198,070

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,676,190	4,371,202
9	Program service revenue (Part VIII, line 2g)	489,329,541	516,692,202
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,382,811	1,754,115
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,969	158,133
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	498,703,511	522,975,652
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	288,959	301,740
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)	296,361,790	307,765,281
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	181,006,960	196,488,504
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	477,657,709	504,555,525
19	Revenue less expenses Subtract line 18 from line 12	21,045,802	18,420,127

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	470,129,714	480,240,011
21	Total liabilities (Part X, line 26)	274,517,289	268,918,642
22	Net assets or fund balances Subtract line 21 from line 20	195,612,425	211,321,369

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 — 2016-10-28 Date

DWIGHT THOMPSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARK MILLER	MARK MILLER	2016-10-28		P00014209

Firm's name ▶ BRADY MARTZ AND ASSOCIATES PC — Firm's EIN ▶ 45-0310328

Firm's address ▶ PO BOX 14296
GRAND FORKS, ND 582084296 — Phone no (701) 775-4685

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 11,641,749 including grants of $) (Revenue $ 19,766,131)

ORTHOPEDICS - ALTRU'S TEAM OF ORTHOPEDIC SURGEONS PROVIDE INPATIENT AND OUTPATIENT SURGICAL SERVICES TO PATIENTS WITH ISSUES RANGING FROM SIMPLE FRACTURES TO COMPLEX TRAUMATIC INJURIES OUR ORTHOPEDIC SURGEONS ALSO PROVIDE OUTREACH CLINIC SERVICES TO COMMUNITIES THROUGHOUT OUR SERVICE AREA IN 2015, THERE WERE 1,281 HOSPITAL DISCHARGES

4b (Code) (Expenses $ 11,849,885 including grants of $) (Revenue $ 15,469,228)

CARDIOLOGY - ALTRU OFFERS COMPREHENSIVE SERVICES INCLUDING INTERVENTIONAL AND MEDICAL CARDIOLOGY ADDITIONAL SERVICES INCLUDE ECHOCARDIOGRAPHY, CARDIAC STRESS TESTS, AND CARDIAC REHAB ALTRU HAS BEEN RECOGNIZED THREE TIMES AS A "100 TOP HOSPITALS" FOR CARDIOVASCULAR CARE OUR CARDIOLOGY TEAM ALSO PROVIDES OUTREACH CLINIC SERVICES TO COMMUNITIES THROUGHOUT OUR SERVICE AREA IN 2015, THERE WERE 1,169 HOSPITAL DISCHARGES

4c (Code) (Expenses $ 11,872,371 including grants of $) (Revenue $ 17,470,919)

GENERAL SURGERY - ALTRU'S TEAM OF GENERAL SURGEONS PERFORM INPATIENT AND OUTPATIENT SURGERY AND SEE PATIENTS AT ALTRU HOSPITAL, ALTRU MAIN CLINIC, AND SOME OF ALTRU'S REGIONAL CLINICS IN 2015, THERE WERE 764 GENERAL SURGERY HOSPITAL DISCHARGES

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 416,660,541 including grants of $ 301,740) (Revenue $ 457,919,380)

4e **Total program service expenses ▶** 452,024,546

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *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**		No
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**		No
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**		No
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)?	**35a**		No
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**		
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**		No
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**	137		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,625		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ 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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
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	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
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		No
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		
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		No
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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 ▶DWIGHT THOMPSON 1200 SOUTH COLUMBIA ROAD GRAND FORKS, ND 58201 (701) 780-5203

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								13,342,111	0	2,148,517

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 ▶ 349

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
COMPHEALTH MEDICAL STAFFING PO BOX 713100 SALT LAKE CITY, UT 841713100	SERVICES	2,661,199
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	SERVICES	2,116,414
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 532880314	SERVICES	2,080,988
DELPHI HEALTHCARE PARTNERS INC 170 SOUTHPORT DR MORRISVILLE, NC 27560	LOCUM TENENS SERVICES	2,006,910
SODEXO INC AND AFFILIATES 516 HIGH ST BELLINGHAM, WA 98225	SERVICES	1,443,896

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 86

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d	2,496,808			
	e	Government grants (contributions) 1e	1,161,065			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	713,329			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,371,202			
Program Service Revenue		Business Code				
	2a	NET SERVICE TO PATIENTS	621110	498,230,996	494,336,040	3,894,956	
	b	PROGRAM SERVICE REVENUE	621110	18,076,567	17,359,140		717,427
	c	RESEARCH GRANTS	621500	338,804	338,804		
	d	BIOMED SERVICES/SITE SERVICES FEE	900099	45,835			45,835
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		516,692,202			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,162,441			3,162,441
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
		(i) Real / (ii) Personal					
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory	25,133,535 / 1,100,000				
	b	Less cost or other basis and sales expenses	26,253,081 / 1,388,780				
	c	Gain or (loss)	-1,119,546 / -288,780				
	d	Net gain or (loss) . . . . . ▶		-1,408,326	-1,408,326		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	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	RENTAL OFFICE SPACE/PARKING LOT 531120		146,279		146,279	
	b	TELECOMMUNICATIONS 517000		8,817		8,817	
	c	SNOW REMOVAL 812900		3,037		3,037	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		158,133			
	12	**Total revenue.** See Instructions . . . . . ▶		522,975,652	510,625,658	4,053,089	3,925,703

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	280,040	280,040		
2 Grants and other assistance to domestic individuals See Part IV, line 22	21,700	21,700		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,611,144	2,653,207	7,957,937	
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	246,718,306	227,764,009	18,954,297	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,381,570	13,276,696	1,104,874	
9 Other employee benefits	21,096,613	19,475,852	1,620,761	
10 Payroll taxes	14,957,648	13,425,424	1,532,224	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	2,059,316	2,059,316		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,323,706	1,448,582	875,124	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,540,760	8,540,760		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,773,494	27,773,494		
23 Insurance	2,650,954	2,650,954		
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 UNRELATED BUSINESS TAX	280,533	280,533		
b SUPPLIES	80,813,009	80,128,259	684,750	
c PURCHASED SERVICES	35,925,395	20,073,329	15,852,066	
d FEES	15,232,595	13,253,884	1,978,711	
e All other expenses	20,888,742	18,918,507	1,970,235	
25 **Total functional expenses.** Add lines 1 through 24e	504,555,525	452,024,546	52,530,979	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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		10,942	1	11,741
	2	Savings and temporary cash investments		36,230,138	2	48,045,316
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		69,553,884	4	67,569,816
	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		464,252	7	460,271
	8	Inventories for sale or use		7,412,862	8	7,384,227
	9	Prepaid expenses and deferred charges		470,722	9	596,118
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 506,675,529			
	b	Less accumulated depreciation	10b 307,423,448	200,037,918	10c	199,252,081
	11	Investments—publicly traded securities		124,575,120	11	126,924,021
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		31,373,876	15	29,996,420
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		470,129,714	16	480,240,011
Liabilities	17	Accounts payable and accrued expenses		45,201,072	17	46,673,606
	18	Grants payable			18	
	19	Deferred revenue		355,857	19	314,982
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		199,662,551	23	193,582,611
	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		29,297,809	25	28,347,443
	26	**Total liabilities.** Add lines 17 through 25		274,517,289	26	268,918,642
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		195,612,425	27	211,321,369
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		195,612,425	33	211,321,369
	34	Total liabilities and net assets/fund balances		470,129,714	34	480,240,011

Part XI Reconcilliation 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	522,975,652
2	Total expenses (must equal Part IX, column (A), line 25)	2	504,555,525
3	Revenue less expenses Subtract line 2 from line 1	3	18,420,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	195,612,425
5	Net unrealized gains (losses) on investments	5	-2,085,933
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	-625,250
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	211,321,369

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

Additional Data

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

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

(Code	) (Expenses $	416,660,541	including grants of $	301,740) (Revenue $	457,919,380)		

OTHER PROGRAM SERVICES INCLUDE OTHER PATIENT CARE PROGRAMS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRIS COMPTON BOARD CHAIR	1 00	X		X				0	0	0
LONNIE LAFFEN VICE CHAIR	1 00	X		X				0	0	0
PHILIP GISI SECRETARY	1 00	X		X				0	0	0
ALICE BREKKE BOARD MEMBER	1 00	X						0	0	0
KRISTI HALL-JIRAN BOARD MEMBER	1 00	X						0	0	0
KEITH OKESON BOARD MEMBER	1 00	X						0	0	0
MATTHEW ROLLER MD BOARD MEMBER/PHYSICIAN	40 00	X						523,457	0	36,027
BRADLEY BELLUK MD BOARD MEMBER/PHYSICIAN	40 00	X						489,563	0	45,180
ERIC LUNN MD BOARD MEMBER/PRESIDENT/PHYSICIAN	40 00	X		X				542,618	0	159,110
DAVID MOLMEN BOARD MEMBER/CEO	40 00	X		X				856,750	0	224,530

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRADLEY WEHE BOARD MEMBER/COO	40 00	X		X				520,442	0	138,23
DWIGHT THOMPSON CFO/TREASURER	40 00			X				519,352	0	134,54
RENEE M AXTMAN RN ADMIN DIR PRIMARY CARE	40 00				X			278,662	0	84,51
KERRY P CARLSON ADM DIR MEDICAL SPECIALTY	40 00				X			253,461	0	78,02
SCOTT CHARETTE MD MEDICAL DIRECTOR SURGICAL	40 00				X			577,524	0	55,68
JOSHUA DEERE MEDICAL DIRECTOR	40 00				X			340,052	0	59,98
KELLEE FISK CHIEF PEOPLE OFFICER	40 00				X			436,407	0	126,17
YVONNE GOMEZ MEDICAL DIRECTOR	40 00				X			278,628	0	56,66
KELLY HAGEN RN ADM DIR CARDIOLOGY & MUSCU	40 00				X			241,893	0	73,27
LAURA LIKAKOWSKI MEDICAL DIRECTOR	40 00				X			241,091	0	62,08

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			
WILLIAM MCKINNON MD MEDICAL DIRECTOR	40 00				X			337,831	0	65,94
MARGARET REED RN CHIEF NURSE OFFICER	40 00				X			339,236	0	84,64
DENNIS REISNOUR CHIEF STRATEGY OFFICER	40 00				X			322,089	0	83,49
HEATHER STRANDELL ADMINISTRATIVE DIRECTOR	40 00				X			194,777	0	46,38
COLLEEN SWANK MD CHIEF MEDICAL OFFICER	40 00				X			421,877	0	129,43
KENNETH VEIN ADM DIR PLANT SERVICES	40 00				X			279,747	0	77,25
MARK WAIND ADM DIR INFORMATION SERVIC	40 00				X			347,287	0	104,56
JILL WILSON ADMIN DIRECTOR	40 00				X			228,725	0	72,57
RABEEA ABOUFAKHER PHYSICIAN	40 00					X		945,415	0	43,18
ABDEL AHMED PHYSICIAN	40 00					X		911,630	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			
IKECHUKWU ONYEKA PHYSICIAN	40 00					X		1,171,163	0	45,73
CHARLES OWENS PHYSICIAN	40 00					X		843,934	0	43,18
SRINIVAS PULAGAM PHYSICIAN	40 00					X		898,500	0	18,09

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ALTRU HEALTH SYSTEM

Employer identification number
45-0310462

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

The organization is not a private foundation because it is (For lines 1 through 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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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** . . . . . ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 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** ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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) ☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493306017146

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ALTRU HEALTH SYSTEM

Employer identification number
45-0310462

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V **Endowment Funds.** Complete if the organization answered "Yes" 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶
b Permanent endowment ▶
c Temporarily restricted endowment ▶
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		7,624,402		7,624,402
b Buildings		272,152,165	135,191,499	136,960,666
c Leasehold improvements		10,563,953	5,743,019	4,820,934
d Equipment		212,432,876	166,488,930	45,943,946
e Other		3,902,133		3,902,133
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				199,252,081

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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) ASSETS HELD BY TRUSTEE	1,242,980
(2) UNAMORTIZED BOND ISSUE COSTS	4,301,426
(3) ASSETS HELD UNDER TRUST AGREEMENTS	17,694,994
(4) ASSETS HELD UNDER BOND INDENTURE AGREEMENTS	6,677,069
(5) DUE FROM AFFILIATES	79,951
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	29,996,420

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	
DUE TO AFFILIATES	46,368
POST RETIREMENT HEALTH BENEFIT	12,793,253
OTHER	10,507,690
ESTIMATED THIRD PARTY LIABILITY	4,003,996
SPECIAL ASSESSMENTS PAYABLE	996,136
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	28,347,443

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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493306017146

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ALTRU HEALTH SYSTEM

Employer identification number
45-0310462

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			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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)			2,773,818		2,773,818	0 550 %
b Medicaid (from Worksheet 3, column a)			18,314,583		18,314,583	3 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,055,047		1,055,047	0 210 %
d **Total** Financial Assistance and Means-Tested Government Programs			22,143,448		22,143,448	4 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,041,072		1,041,072	0 210 %
f Health professions education (from Worksheet 5)			631,029		631,029	0 130 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			281,840		281,840	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			133,052		133,052	0 030 %
j **Total.** Other Benefits			2,086,993		2,086,993	0 430 %
k **Total.** Add lines 7d and 7j			24,230,441		24,230,441	4 820 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	11,511,135		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	123,534,578
6	Enter Medicare allowable costs of care relating to payments on line 5	6	349,787,424
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-226,252,846
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 3

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ALTRU HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
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	**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**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW ALTRU ORG			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) WWW ALTRU ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" 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)

ALTRU HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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?	15	Yes	
	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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) WWW ALTRU ORG			
b	☐ The FAP application form was widely available on a website (list url) WWW ALTRU ORG			
c	☐ A plain language summary of the FAP was widely available on a website (list url) WWW ALTRU ORG			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

ALTRU HOSPITAL

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?	**19**	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ 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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group ALTRU REHABILITATION CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW ALTRU ORG			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW ALTRU ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" 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)

ALTRU REHABILITATION CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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?	15	Yes	
	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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) WWW ALTRU ORG			
b	☐ The FAP application form was widely available on a website (list url) WWW ALTRU ORG			
c	☐ A plain language summary of the FAP was widely available on a website (list url) WWW ALTRU ORG			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

ALTRU REHABILITATION CENTER

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?	**19**	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ 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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
	If "Yes," explain in Section C			

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? **56**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Form and Line Reference	Explanation
PART I, LINE 7	COLUMN (F) - PERCENT OF TOTAL EXPENSES IN DETERMINING THE DENOMINATOR FOR THE PERCENT OF TOTAL EXPENSE CALCULATION, THE AMOUNT REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A) WAS REDUCED BY BAD DEBTS EXPENSE OF $11,511,135CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST THE METHODOLOGY USED TO DETERMINE THE REPORTED AMOUNTS FOR THE CHARITY CARE IS A COST-TO-CHARGE RATIO BASED ON GROSS CHARGES WRITTEN OFF PURSUANT TO OUR CHARITY CARE AND MEANS-TESTED PROGRAMS ELIGIBILITY CRITERIA OTHER COMMUNITY BENEFIT IS DETERMINED FROM INFORMATION THAT WAS COMPILED ON FORMS DESIGNED BY THE CATHOLIC HEALTH ORGANIZATION AND USING THEIR REFERENCE GUIDE, "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," TO DETERMINE WHICH CATEGORY THE AMOUNTS ARE PROPERLY REPORTED UNDER

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

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE DISCLOSURE REGARDING BAD DEBTS EXPENSE NOTES 1 AND 13 TO THE AUDITED FINANCIAL STATEMENTS REPORT ON BAD DEBT EXPENSE NOTE 1 - ACCOUNTS RECEIVABLE "PATIENT RECEIVABLES ARE UNCOLLATERALIZED PATIENT AND THIRD-PARTY PAYOR OBLIGATIONS PAYMENTS ON PATIENT RECEIVABLES ARE ALLOCATED TO THE SPECIFIC CLAIMS IDENTIFIED IN THE REMITTANCE ADVICE OR, IF UNSPECIFIED, ARE APPLIED TO THE EARLIEST UNPAID CLAIM PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, ALTRU HEALTH SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, ALTRU RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ALTRU'S PROCESS FOR CALCULATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS HAS NOT SIGNIFICANTLY CHANGED FROM DECEMBER 31, 2014 TO DECEMBER 31, 2015 ALTRU DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR DOUBTFUL ACCOUNTS FROM THIRD-PARTY PAYORS, NOR DID IT HAVE SIGNIFICANT WRITE OFFS FROM THIRD-PARTY PAYORS ALTRU HAS NOT SIGNIFICANTLY CHANGED ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES DURING FISCAL YEARS 2014 OR 2015 NOTE 13 - " NEITHER THE CHARITY CARE NOR THE UNCOMPENSATED CARE AMOUNTS INCLUDE BAD DEBTS AS SHOWN IN THE STATEMENT OF OPERATIONS "

Form and Line Reference	Explanation
PART III, LINE 8	NONE OF THE SHORTFALL SHOWN ON PART III, LINE 7 OF $226,252,846 HAS BEEN TREATED AS COMMUNITY BENEFIT AS REPORTED ON SCHEDULE H THE SOURCE OF THE AMOUNT SHOWN ON PART III, LINE 6 COMES FROM THE MEDICARE ALLOWABLE COSTS REPORTED IN ALTRU'S MEDICARE COST REPORT SUBMITTED FOR THE FISCAL YEAR ENDING DECEMBER 31, 2015, UTILIZING THE FOLLOWING WORKSHEETS WORKSHEETS B PART I, H-7 PARTS 1&2, I-4, AND K-6

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

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT ALTRU HEALTH SYSTEM'S MISSION - IMPROVING HEALTH, ENRICHING LIFE - CONFIRMS THAT OUR RESPONSIBILITY TO THE REGION GOES BEYOND PROVIDING QUALITY HEALTHCARE SERVICES ALL OF OUR RESOURCES ARE DEVOTED TO IMPROVING HEALTH IN THE COMMUNITIES WE SERVE AT ALTRU, GOOD HEALTH MEANS THAT EVERY INDIVIDUAL SHOULD ENJOY THE BEST ACHIEVABLE AND SO SHOULD OUR COMMUNITIES ALTRU'S COMMUNITY HEALTH NEEDS ASSESSMENT WAS APPROVED BY THE BOARD OF DIRECTORS ON JULY 22, 2013 AS A RESULT OF THE ASSESSMENT, ALTRU PRIORITIZED AND IS FOCUSING ON THE FOLLOWING FIVE ISSUES 1) RATE OF OBESITY, 2) ACCESS TO MENTAL HEALTH SERVICES, 3) BINGE DRINKING/EXCESSIVE DRINKING, 4) IMPACT OF POVERTY ON HEALTH, AND 5) FINANCIAL BARRIERS TO HEALTH CARE ACCESS

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

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION ALTRU HEALTH SYSTEM SERVES A 17-COUNTY AREA THAT IS DIVIDED INTO THR EE DISTINCT SERVICE AREAS (PRIMARY, SECONDARY, AND REFERRAL) AND HAS A POPULATION OF APPRO XIMATELY 225,000 PERSONS (2015 ESTIMATE) WHO RESIDE IN A DIVERSE AREA OF AGRICULTURE AND I NDUSTRY THE SERVICE AREA STRETCHES 265 MILES EAST AND WEST AND 120 MILES NORTH AND SOUTH GRAND FORKS SITS IN THE MIDDLE OF THE RED RIVER VALLEY, ONE OF THE WORLD'S RICHEST AGRICU LTURAL AREAS PRINCIPAL CROPS INCLUDE SUGAR BEETS, POTATOES, EDIBLE BEANS, AND SMALL GRAIN S SUCH AS WHEAT AND BARLEY MUCH OF THE INDUSTRY IN THE AREA IS RELATED TO AGRICULTURE AND FOOD PROCESSING THE PRIMARY SERVICE AREA, COMPRISED OF GRAND FORKS COUNTY (NORTH DAKOTA) AND POLK COUNTY (MINNESOTA), IS HOME TO 102,434 PEOPLE (2015 ESTIMATE) LOCATED IN THIS MA RKET IS ALTRU HOSPITAL, ALTRU REHABILITATION CENTER, ALTRU CANCER CENTER, AND 13 OTHER LOC ATIONS THAT ARE HOME TO OUR PROVIDERS' CLINIC PRACTICES AND OTHER SERVICES OFFERED BY ALTR U ALTRU HOSPITAL SERVES AS THE MAJOR REFERRAL CENTER FOR THE PEOPLE OF THE REGION AS SUC H, IT PROVIDES A BROAD SPECTRUM OF PROGRAMS AND SERVICES A FULL RANGE OF SERVICES ARE AVA ILABLE FOR PATIENTS SUFFERING FROM CANCER, HEART DISEASE, END-STAGE RENAL DISEASE, NEUROLO GICAL DISORDERS, ALCOHOL OR CHEMICAL DEPENDENCY, HIGH RISK OBSTETRICAL COMPLICATIONS, AND PSYCHIATRIC DISORDERS ALTRU HOSPITAL'S INPATIENT MARKET SHARE IN 2015 FOR OUR PRIMARY MAR KET WAS 77 PERCENT BASED ON CLAIMS DATA FROM MHA ABOUT 80 PERCENT OF THE PHYSICIANS IN TH E PRIMARY AREA ARE EMPLOYED BY ALTRU HEALTH SYSTEM ALSO LOCATED IN GRAND FORKS COUNTY IS NORTHWOOD COMMUNITY HEALTH CENTER (IN NORTHWOOD, ND) A COUPLE NOTABLE POPULATIONS ALTRU S ERVES THAT ARE LOCATED IN OUR PRIMARY SERVICE AREA INCLUDE THE UNIVERSITY OF NORTH DAKOTA AND GRAND FORKS AIR FORCE BASE THE UNIVERSITY OF NORTH DAKOTA IS THE STATE'S OLDEST INSTI TUTION OF HIGHER LEARNING WITH AN ENROLLMENT OF ABOUT 14,951 STUDENTS (FALL 2015) THE NUM BER OF RESIDENTS AT GRAND FORKS AIR FORCE BASE WAS COUNTED AT 2,367 IN THE 2010 CENSUS WIT H A POPULATION OF 35,929 (2015 ESTIMATE), THE SECONDARY SERVICE AREA IS COMPRISED OF FIVE COUNTIES TO THE WEST, NORTH, AND EAST OF GRAND FORKS COUNTY NELSON, WALSH, AND PEMBINA CO UNTIES IN NORTH DAKOTA, AND MARSHALL AND KITTSON COUNTIES IN MINNESOTA, THIS AREA IS LARGE LY RURAL AND AGRICULTURAL WITHIN THIS AREA, ALTRU HAS FIVE REGIONAL CLINIC LOCATIONS, IT IS ALSO HOME TO SEVERAL SMALL HOSPITALS AS LISTED BELOW SECONDARY SERVICE AREA HOSPITALS LOCATIONUNITY MEDICAL CENTER GRAFTON, NDFIRST CARE HEALTH CENTER PARK RIVER, NDPEMBINA C OUNTY MEMORIAL HOSPITAL CAVALIER, NDNELSON COUNTY HEALTH SYSTEM MCVILLE, NDKITTSON MEMOR IAL HOSPITAL HALLOCK, MNNORTH VALLEY HEALTH CENTER WARREN, MNIN 2015, ALTRU'S HOSPITAL I NPATIENT MARKET SHARE IN THIS SERVICE AREA WAS AROUND 68 PERCENT ACCORDING TO CLAIMS PROVI DED BY MHA THE SYSTEM EMPLOYS MANY OF THE PHYSICIANS IN THE SECONDARY SERVICE AREA ALL O F THESE PHYSICIANS ARE ON MEDICAL STAFFS OF COMMUNITY HOSPITALS THROUGHOUT THE REGION, AND REFER PATIENTS TO GRAND FORKS AND ELSEWHERE FOR SPECIALTY CARE THE SYSTEM'S REFERRAL AREA IS COMPRISED OF TEN COUNTIES ENCIRCLING THE PRIMARY AND SECONDARY SERVICE AREAS (ROLETTE, TOWNER, BENSON, RAMSEY, CAVALIER, AND TRAILL COUNTIES IN NORTH DAKOTA AND ROSEAU, LAKE OF THE WOODS, PENNINGTON, AND RED LAKE COUNTIES IN MINNESOTA) THIS REGION IS ALSO MOSTLY RU RAL AND AGRICULTURAL AND INCLUDES SEVERAL SMALLER HOSPITALS AS LISTED SERVING THE PRIMARY CARE NEEDS OF THEIR COMMUNITIES ALTRU HAS FIVE REGIONAL CLINICS IN THIS SERVICE AREA AND ALTRU HOSPITAL'S INPATIENT MARKET SHARE IN THIS REGION IS ABOUT 32 PERCENT ACCORDING TO 20 15 CLAIMS DATA PROVIDED BY MHA ALTRU, ONCE AGAIN, EMPLOYS MANY OF THE PHYSICIANS IN THIS AREA, AND THESE PHYSICIANS HAVE PRACTICE PATTERNS SIMILAR TO THOSE OF THE PHYSICIANS IN OU R SECONDARY SERVICE AREA REFERRAL SERVICE AREA HOSPITALS LOCATIONCAVALIER COUNTY MEMORIAL HOSPITAL LANGDON, NDHILLSBORO MEDICAL CENTER HILLSBORO, NDLAKEWOOD HEALTH CENTER BAUDE TTE, MNMERCY HOSPITAL DEVILS LAKE, NDSANFORD-THIEF RIVER FALLS MEDICAL CENTER THIEF RIVE R FALLS, MNPRESENTATION MEDICAL CENTER ROLLA, NDTOWNER COUNTY MEDICAL CENTER CANDO, NDSA NFORD MAYVILLE MEDICAL CENTER MAYVILLE, NDLIFECARE MEDICAL CENTER ROSEAU, MNQUENTIN N B URDICK MEMORIAL HOSPITAL BELCOURT, NDAS PREVIOUSLY MENTIONED, ALTRU'S 17-COUNTY SERVICE A REA HAS A POPULATION OF APPROXIMATELY 225,000 (2015 ESTIMATE) USING DATA FROM TRUVEN HEAL TH (A VENDOR SPECIALIZING IN HEALTH CARE PLANNING INFORMATION), THE INSURANCE COVERAGE FOR COMMUNITIES IN OUR SERVICE AREA IS ESTIMATED TO BE AS FOLLOWS 2015 PROJECTIONS AS A PERC ENTMEDICAID 20,053 15%MEDICARE 32,079 23%MEDICARE-ADVANTAGE 8,460 6% PRIVATE EMPLOYER SPONS ORED 46,406 34%PRIVATE DIRECT 14,445 11%UNINSURED 15,800 11%A PERCENTAGE BREAKDOWN OF INPA TIENT UTILIZATION FOR ALTRU HOSPITAL BASED ON DISCHARGES BY TYPE OF PAYER PER 2015 PROJECT ION SHOWS APPROXIMATELY 12 PERCENT OF DISCHARGES W

Form and Line Reference	Explanation
PART VI, LINE 4	ERE FOR MEDICAID AND 7 PERCENT WERE SELF PAY (UNINSURED) ALSO FROM TRUVEN HEALTH, OUR TOT AL SERVICE AREA'S INCOME BY HOUSEHOLD IS AS FOLLOWS INCOME RANGE 2015 HOUSEHOLDS$ < $ 9,99 9 7,338 $ 10,000 - $ 14,999 5,138$ 15,000 - $ 19,999 4,930$ 20,000 - $ 24,999 4,947$ 25,00 0 - $ 29,999 5,134$ 30,000 - $ 39,999 5,207$ 35,000 - $ 39,999 4,898$ 40,000 - $ 44,999 4, 486$ 45,000 - $ 49,999 4,495$ 50,000 - $ 59,999 7,552$ 60,000 - $ 74,999 9,717$ 75,000 - $ 99,999 12,029$100,000 - $124,999 7,588$125,000 - $149,999 4,178$150,000 - $199,999 2,931$ > $200,000 3,127ACCORDING TO THE WEBSITE FOR HEALTH RESOURCES AND SERVICES ADMINISTRATION , THE FOLLOWING AREAS IN OUR SERVICE AREA ARE MUA'S NORTH DAKOTA BENSON COUNTY BENSON SER VICE AREACAVALIER COUNTY CAVALIER SERVICE AREAGRAND FORKS COUNTY NORTHWOOD SERVICE AREA, GRAND FORKS SERVICE AREANELSON COUNTY NELSON SERVICE AREAPEMBINA COUNTY WALHALLA SERVIC E AREAROLETTE COUNTY ROLETTE SERVICE AREATOWNER COUNTY CANDO CITY SERVICE AREATRAILL COU NTY TRAILL SERVICE AREAWALSH COUNTY PARK RIVER CITY SERVICE AREAMINNESOTA KITTSON COUNTY KITTSON SERVICE AREAMARSHALL COUNTY MARSHALL SERVICE AREAPOLK COUNTY POLK SERVICE AREA RED LAKE COUNTY RED LAKE SERVICE AREAROSEAU COUNTY ROSEAU SERVICE AREA

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

Form and Line Reference	Explanation
PART VI, LINE 6	ALTRU HEALTH SYSTEM IS PART OF AN AFFILIATED HEALTH CARE SYSTEM IN SEPTEMBER 2011, ALTRU HEALTH SYSTEM BECAME THE FIRST MEMBER OF THE MAYO CLINIC CARE NETWORK THIS IS A NON-OWNERSHIP RELATIONSHIP THAT BENFITS THE ORGANIZATION'S PHYSICIANS AND PATIENTS FROM ENHANCED ACCESS TO MAYO PHYSICIANS AND CLINICAL RESOURCES MORE SPECIFICALLY, PHYSICIANS HAVE ACCESS TO MAYO CLINIC'S EVIDENCE-BASED DISEASE MANAGEMENT PROTOCOLS, CLINIC CARE GUIDELINES, AND TREATMENT RECOMMENDATIONS AND REFERENCE MATERIALS FOR COMPLEX MEDICAL CONDITIONS PART VI, LINE 7 ALTRU HEALTH SYSTEM IS NOT REQUIRED TO FILE OUR COMMUNITY BENEFIT REPORT WITH ANY OUTSIDE ORGANIZATIONS BUT HAS MADE OUR REPORT AVAILABLE TO ANYONE ON OUR WEB SITE

Additional Data

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

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?
3

	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	ALTRU HOSPITAL 1200 S COLUMBIA RD GRAND FORKS, ND 582066002	X	X					X			
2	ALTRU REHABILITATION CENTER 1300 S COLUMBIA RD GRAND FORKS, ND 582066002	X									
3	ALTRU SPECIALTY CENTER 4500 S WASHINGTON ST GRAND FORKS, ND 58201	X	X								

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	1 - ALTRU MAIN CLINIC 1000 S COLUMBIA RD GRAND FORKS,ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
1	2 - ALTRU CANCER CENTER 960 S COLUMBIA RD GRAND FORKS,ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
2	3 - TRUYU AESTHETIC CENTER 3165 DEMERS AVE GRAND FORKS,ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
3	4 - ALTRU FAMILY MEDICINE CENTER 1380 S COLUMBIA RD GRAND FORKS,ND 582066003	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
4	5 - ALTRU FAMILY MEDICINE RESIDENCY 725 HAMLINE STREET GRAND FORKS,ND 58203	OUTPATIENT CLINIC
5	6 - ALTRU FAMILY MEDICINE RESIDENCY PHARMACY 725 HAMLINE STREET GRAND FORKS,ND 58203	OUTPATIENT PHARMACY
6	7 - ALTRU CLINIC - DRAYTON 1003 N MAIN DRAYTON,ND 582254650	OUTPATIENT CLINIC/THERAPY
7	8 - ALTRU PSYCHIATRY CENTER 860 S COLUMBIA RD GRAND FORKS,ND 582066002	OUTPATIENT DEPARTMENT - PSYCH SERVICES
8	9 - ALTRU HOSPITAL - CENTER COURT FITNESS 1600 32ND AVE S GRAND FORKS,ND 58201	OUTPATIENT THERAPY
9	10 - ALTRU OUTPATIENT CENTER 411 2ND ST NW EAST GRAND FORKS,MN 56721	OUTPATIENT THERAPY
10	11 - ALTRU CLINIC - CAVALIER 201 E 3RD AVE S CAVALIER,ND 582200040	OUTPATIENT CLINIC
11	12 - ALTRU CLINIC - DEVILS LAKE 1001 7TH STREET NE DEVILS LAKE,ND 583012719	OUTPATIENT CLINIC
12	13 - ALTRU CLINIC - CROOKSTON 400 SOUTH MINNESOTA CROOKSTON,MN 567160606	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
13	14 - ALTRU CLINIC - RED LAKE FALLS 312 INTERNATIONAL DRIVE RED LAKE FALLS,MN 567504662	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
14	15 - ALTRU CLINIC - ERSKINE 23076 347TH ST SE ERSKINE,MN 565354201	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	16 - ALTRU CLINIC - FERTILE MILL STREET MAIN FERTILE,MN 565404215	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
1	17 - ALTRU CLINIC - ROSEAU 711 DELMORE DRIVE ROSEAU,MN 567511534	OUTPATIENT CLINIC
2	18 - ALTRU CLINIC - WARROAD 412 MAIN AVE NE WARROAD,MN 567632342	OUTPATIENT CLINIC
3	19 - ALTRU CLINIC - GREENBUSH 19120 200TH ST GREENBUSH,MN 567269280	OUTPATIENT CLINIC
4	20 - UNITY MEDICAL CENTER 164 WEST 13TH STREET GRAFTON,ND 58237	HOME HEALTH/HOSPICE
5	21 - FIRST CARE HEALTH CENTER PO BOX I PARK RIVER,ND 58270	HOME HEALTH/HOSPICE/THERAPY
6	22 - NELSON COUNTY HEALTH SYSTEM BOX 367 MCVILLE,ND 58254	HOME HEALTH/HOSPICE
7	23 - CO CAVALIER CLINIC 201 E 3RD AVE S CAVALIER,ND 58220	HOME HEALTH/HOSPICE
8	24 - ALTRU HOME SVCS-NORTH VALLEY HOME HEALTH 109 S MINNESOTA ST WARREN,MN 56762	HOME HEALTH/HOSPICE
9	25 - ANETA PARKVIEW HEALTH CENTER BOX 287 ANETA,ND 58212	OUTREACH CLINIC
10	26 - CAVALIER COUNTY MEMORIAL 909 2ND ST LANGDON,ND 58249	OUTREACH CLINIC
11	27 - CENTRAL BOILER 20502 160TH ST GREENBUSH,MN 56726	OUTREACH CLINIC
12	28 - COOPERSTOWN MEDICAL CENTER 1200 ROBERTS ST COOPERSTOWN,ND 58425	OUTREACH CLINIC
13	29 - DEVILS LAKE GOOD SAMARITAN 302 7TH AVE DEVILS LAKE,ND 58301	OUTREACH CLINIC
14	30 - FIRST CARE HEALTH CENTER 115 VIVIAN ST PARK RIVER,ND 58270	OUTREACH CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
31	31 - FRIENDSHIP 554 W 12TH ST GRAFTON,ND 58327	OUTREACH CLINIC
1	32 - 4TH CORP 120 11TH ST NEW ROCKFORD,ND 58356	OUTREACH CLINIC
2	33 - GRIGGS COUNTY HOSPITAL 1200 ROBERTS AVE NE COOPERSTOWN,ND 58425	OUTREACH CLINIC
3	34 - HATTON PRAIRIE VILLAGE 930 DAKOTA AVE HATTON,ND 58240	OUTREACH CLINIC
4	35 - HEARTLAND CARE CENTER 620 14TH AVE NE DEVILS LAKE,ND 58301	OUTREACH CLINIC
5	36 - KARLSTAD HEALTH CARE 304 WASHINGTON AVE W KARLSTAD,MN 56732	OUTREACH CLINIC
6	37 - KITTSON MEMORIAL HEALTH CARE CENTER 1010 S BIRCH HALLOCK,MN 56728	OUTREACH CLINIC
7	38 - KITTSON MEMORIAL CLINIC OF KARLSTAD 1ST AND ROOSEVELT KARLSTAD,MN 56732	OUTREACH CLINIC
8	39 - LAKE REGION CORP 224 3TH ST NW DEVILS LAKE,ND 583012908	OUTREACH CLINIC
9	40 - LAKOTA GOOD SAMARITAN 608 4TH AVE SW HWY 2 LAKOTA,ND 583447500	OUTREACH CLINIC
10	41 - MAPLE MANOR CARE CENTER 1116 9TH AVE LANGDON,ND 58249	OUTREACH CLINIC
11	42 - MCINTOSH MANOR NURSING HOME 600 RIVERSIDE AVE NE MCINTOSH,MN 56556	OUTREACH CLINIC
12	43 - NELSON COUNTY CARE CENTER 108 E NYHUS AVE MCVILLE,ND 58254	OUTREACH CLINIC
13	44 - NELSON COUNTY HEALTH SYSTEM 200 NORTH MAIN MCVILLE,ND 58254	OUTREACH CLINIC
14	45 - NORTHWOOD DEACONESS 4 N PART ST NORTHWOOD,ND 58267	OUTREACH CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
46	46 - OAKLAND PARK COMMUNITIES INC 123 BAKEN STREET THIEF RIVER FALLS,MN 56701	OUTREACH CLINIC
1	47 - PEMBILIER NURSING CENTER 500 DELANO AVE WALHALLA,ND 58282	OUTREACH CLINIC
2	48 - PEMBINA COUNTY MEMORIAL HOSPITAL 301 MOUNTAIN STREET E CAVALIER,ND 58220	OUTREACH CLINIC
3	49 - PIONEER MEMORIAL CARE CENTER 23028 347TH ST SE ERSKINE,MN 565359466	OUTREACH CLINIC
4	50 - REM-GRAFTON 817 HILL AVE GRAFTON,ND 58327	OUTREACH CLINIC
5	51 - VALLEY 4000 4004 24TH AVE SOUTH GRAND FORKS,ND 58201	OUTREACH CLINIC
6	52 - VALLEY MEMORIAL HOMES 2900 14TH AVE SOUTH GRAND FORKS,ND 58201	OUTREACH CLINIC
7	53 - WEDGEWOOD MANOR 804 MAIN STREET WEST CAVALIER,ND 58220	OUTREACH CLINIC
8	54 - CENTER FOR PREVENTION & GENETICS 4401 S 11TH ST GRAND FORKS,ND 58201	OUTREACH CLINIC
9	55 - ALTRU CLINIC - EAST GRAND FORKS 607 DEMERS AVE EAST GRAND FORKS,MN 56721	OUTPATIENT DEPT OF ALTRU HOSP - CLINIC
10	56 - ALTRU PROFESSIONAL CENTER 4440 S WASHINGTON ST GRAND FORKS,ND 58201	OUTPATIENT CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ALTRU HEALTH SYSTEM

Employer identification number
45-0310462

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

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

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) SCHOLARSHIPS	24	21,700			

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

Return Reference	Explanation
PART I, LINE 2	NORTHLAND COMMUNITY & TECHNICAL COLLEGE FOUNDATION - FUNDS WERE GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED UNIVERSITY OF MINNESOTA FOUNDATION - SCHOLARSHIPS ARE DIRECTED BY THE UNIVERSITY OF MINNESOTA FOUNDATION AS PART OF THE SCHOLARSHIP PROGRAM AND ALTRU DOES NOT DIRECTLY DESIGNATE SCHOLARSHIP RECIPIENTS COMMUNITY VIOLENCE INTERVENTION CENTER - FUNDS WERE GRANTED WITH THE DIRECTION THAT CVIC WAS ABLE TO USE FUNDS AS NEEDED CVIC DETERMINES THE RECIPIENTS OF THE ASSISTANCE PROVIDED THROUGH THOSE FUNDS RE ARENA, INC - ALTRU REVIEWS THE SPONSORSHIPS WITH RE ARENA/UNIVERSITY OF NORTH DAKOTA OFFICIALS PRIOR TO THE EVENTS AND HAS REPRESENTATIVES ATTEND THE EVENTS TO ACKNOWLEDGE THE PROPRIETY OF THE ANNOUNCEMENTS MADE REGARDING THE SPONSORSHIP OF THE DAY'S EVENT UNITED WAY GRAND FORKS/EAST GRAND FORKS - FUNDS WERE GRANTED TO THE ANNUAL CAMPAIGN AND UNITED WAY USES THE FUNDS AS NEEDED UND FOUNDATION - SCHOLARSHIPS ARE DIRECTED BY UND AS PART OF THE SCHOLARSHIP PROGRAM AND ALTRU DOES NOT DIRECTLY DESIGNATE SCHOLARSHIP RECIPIENTS GREATER GRAND FORKS YOUNG PROFESSIONALS - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED GRAND FORKS MARATHON - FUNDS GRANTED WITH THE DIRECTION THAT THEY WERE ABLE TO USE THE FUNDS AS NEEDED A REPRESENTATIVE ATTENDED THE EVENT TO ACKNOWLEDGE THE PROPRIETY OF THE ANNOUNCEMENTS MADE REGARDING THE SPONSORSHIP OF THE DAY'S EVENT

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY VIOLENCE INTERVENTION CENTER 211 S 4TH ST STE 207 GRAND FORKS,ND 58201	45-0359167	501(C)(3)	25,000				PLEDGE FOR DREAM MAKER SOCIETY
NORTHLAND COMMUNITY & TECHNICAL COLLEGE FOUNDATION 1101 HWY 1 EAST THIEF RIVER FALLS,MN 56701	41-1287038	501(C)(3)	45,000				SCHOLARSHIP AND EQUIPMENT FUNDING
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST SE STE 500 MINNEAPOLIS,MN 55455	41-6042488	501(C)(3)	20,000				STUDENT SCHOLARSHIP FUND

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

(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
RE ARENA INC ONE RALPH ENGLESTAD DR GRAND FORKS,ND 58203	11-3666663	501(C)(3)	80,000				GAME DAY SPONSORSHIPS
UNITED WAY GRAND FORKSEAST GRAND FORKS 1407 24TH AVE S STE 400 GRAND FORKS,ND 58201	45-0255772	501(C)(3)	7,500				CORPORATE GIFT
UND FOUNDATION 3100 UNIVERSITY AVE STOP 8157 GRAND FORKS,ND 58202	45-0348296	501(C)(3)	15,000				STUDENT SCHOLARSHIP 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
GREATER GRAND FORKS YOUNG PROFESSIONALS 202 NORTH 3RD ST GRAND FORKS,ND 58203	32-0134204	501(C)(6)	20,000				CORPORATE GIFT
GRAND FORKS MARATHON INC PO BOX 14867 GRAND FORKS,ND 58203	27-3739718	501(C)(3)	10,000				PRESENTING SPONSOR

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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
ALTRU HEALTH SYSTEM

Employer identification number
45-0310462

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MATTHEW ROLLER MD BOARD MEMBER/PHYSICIAN	(I)	486,944	0	36,513	24,055	14,325	561,837	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
1BRADLEY BELLUK MD BOARD MEMBER/PHYSICIAN	(I)	446,580	0	42,983	24,055	23,386	537,004	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
2ERIC LUNN MD BOARD MEMBER/PRESIDENT/PHYSICIAN	(I)	386,408	112,852	43,358	153,055	8,309	703,982	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
3DAVID MOLMEN BOARD MEMBER/CEO	(I)	575,800	235,490	45,460	202,855	24,057	1,083,662	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
4BRADLEY WEHE BOARD MEMBER/COO	(I)	354,300	123,271	42,871	116,555	23,857	660,854	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
5DWIGHT THOMPSON CFO/TREASURER	(I)	345,162	129,664	44,526	119,055	17,695	656,102	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
6RENEE M AXTMAN RN ADMIN DIR PRIMARY CARE	(I)	210,766	57,981	9,915	62,840	23,193	364,695	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
7KERRY P CARLSON ADM DIR MEDICAL SPECIALTY	(I)	195,943	45,361	12,157	56,354	23,019	332,834	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
8SCOTT CHARETTE MD MEDICAL DIRECTOR SURGICAL	(I)	534,313	17,969	25,242	36,555	21,507	635,586	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
9JOSHUA DEERE MEDICAL DIRECTOR	(I)	329,256	0	10,796	40,855	21,247	402,154	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
10KELLEE FISK CHIEF PEOPLE OFFICER	(I)	290,615	127,090	18,702	110,682	17,563	564,652	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
11YVONNE GOMEZ MEDICAL DIRECTOR	(I)	253,121	0	25,507	48,055	10,758	337,441	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
12KELLY HAGEN RN ADM DIR CARDIOLOGY & MUSCU	(I)	193,472	47,760	661	51,600	23,007	316,500	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
13LAURA LIKAKOWSKI MEDICAL DIRECTOR	(I)	212,624	10,350	18,117	38,455	25,473	305,019	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
14WILLIAM MCKINNON MD MEDICAL DIRECTOR	(I)	273,651	37,950	26,230	50,455	17,407	405,693	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
15MARGARET REED RN CHIEF NURSE OFFICER	(I)	238,291	83,203	17,742	83,502	2,844	425,582	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
16DENNIS REISNOUR CHIEF STRATEGY OFFICER	(I)	224,406	80,410	17,273	79,805	5,311	407,205	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
17HEATHER STRANDELL ADMINISTRATIVE DIRECTOR	(I)	146,088	42,625	6,064	42,880	4,537	242,194	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
18COLLEEN SWANK MD CHIEF MEDICAL OFFICER	(I)	300,130	103,283	18,464	108,805	22,732	553,414	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
19KENNETH VEIN ADM DIR PLANT SERVICES	(I)	196,346	60,817	22,584	61,758	16,979	358,484	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				
21 MARK WAIND ADM DIR INFORMATION SERVIC	(I)	260,571	73,449	13,267	94,416	11,983	453,686	0
	(II)	0	0	0	0	0	0	0
1 JILL WILSON ADMIN DIRECTOR	(I)	170,597	43,870	14,258	53,451	20,388	302,564	0
	(II)	0	0	0	0	0	0	0
2 RABEEA ABOUFAKHER PHYSICIAN	(I)	926,879	0	18,536	24,055	21,507	990,977	0
	(II)	0	0	0	0	0	0	0
3 ABDEL AHMEDPHYSICIAN	(I)	0	0	911,630	0	0	911,630	0
	(II)	0	0	0	0	0	0	0
4 IKECHUKWU ONYEKA PHYSICIAN	(I)	1,134,353	0	36,810	24,055	24,057	1,219,275	0
	(II)	0	0	0	0	0	0	0
5 CHARLES OWENSPHYSICIAN	(I)	817,728	0	26,206	24,055	21,507	889,496	0
	(II)	0	0	0	0	0	0	0
6 SRINIVAS PULAGAM PHYSICIAN	(I)	869,999	0	28,501	0	20,080	918,580	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ALTRU HEALTH SYSTEM

Employer identification number

45-0310462

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF GRAND FORKS	45-6002085	38546WAW0	12-01-2005	40,000,000	CAPITAL EXPENDITURES, FUND DEBT SERVICE FUND		X		X		X
B	CITY OF GRAND FORKS	45-6002085	38546WAZ3	08-15-2007	30,755,173	REFUND BONDS ISSUED JUNE 17, 1997 AND MARCH 23, 2000		X		X		X
C	CITY OF GRAND FORKS	45-6002085		08-02-2011	23,620,000	REFUND BONDS ISSUED MAY 19, 1994 AND JUNE 17, 1997		X		X		X
D	CITY OF GRAND FORKS	45-6002085	38546WCC2	05-01-2012	112,375,000	REFUND BONDS ISSUED 1992, 1997, AND 2010A/2010B, INFRASTRUCTURE, EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,050,000	4,795,173	9,425,000	930,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	40,000,000	30,755,173	23,620,000	112,375,000
4	Gross proceeds in reserve funds	3,530,586	3,075,517		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		27,283,893	23,487,901	49,370,134
7	Issuance costs from proceeds	425,000	395,763	103,099	2,487,053
8	Credit enhancement from proceeds	1,506,870			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	34,537,534			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2007	2007	2011	2012

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		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		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		X

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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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	Employer identification number
ALTRU HEALTH SYSTEM	45-0310462

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED OFF ANNUALLY BY ALL MEMBERS OF THE BOAR D OF DIRECTORS THESE FORMS ARE COLLECTED AND REVIEWED BY THE SECRETARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF THE COMPENSATION FOR THE PRESIDENT AND CEO ARE DETERMINED BY THE BOARD SUBSTANTIATION OF THESE DISCUSSIONS APPEAR IN THE BOARD MINUTES COMPENSATION OF KEY EMPLOYEES ARE DETERMINED BY A COMPENSATION COMMITTEE FORMED OF PHYSICIANS THAT REPORT TO THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATIONS 990 AND 990-T PUBLIC INSPECTION COPIES ARE AVAILABLE UPON REQUEST FORM 1023 IS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH PUBLISHED ANNUAL REPORTS AND VIA ITS WEB SITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	APPLICATION OF FASB ASC TOPIC 715 -625,250

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PAGE 1, HEADING ITEM C	ALTRU CLINIC-MAIN, ALTRU REHAB CENTER, ALTRU CANCER CENTER, ALTRU FAMILY MEDICINE CENTER, ALTRU FAMILY MEDICINE RESIDENCY, TRUYU AESTHETIC CENTER, ALTRU CLINIC-LAKE REGION, ALTRU CLINIC-CAVALIER, ALTRU CLINIC-DRAYTON, ALTRU CLINIC-CROOKSTON, ALTRU CLINIC-RED LAKE FALLS, ALTRU CLINIC-FERTILE, ALTRU CLINIC-ERSKINE, ALTRU CLINIC-ROSEAU, ALTRU CLINIC-WARROAD, ALTRU CLINIC-GREENBUSH, ALTRU CLINIC-KARLSTAD
FORM 990, PART VIII, LINE 2B & 2D	EXCLUSION AMOUNT BIOMED SERVICES $38,945 SITE SERVICE FEES $6,890 SUBTOTAL $45,835 CAFETERIA RECEIPTS $2,643 PHARMACY SALES TO EMPLOYEES $6,731 HOUSING/SPACE RENTALS $497,510 VENDING MACHINE INCOME $94,917 SALE OF SCRAP/OTHER $1,115 GAIN ON DISPOSAL $114,511 SUBTOTAL $717,427 TOTAL EXCLUSION AMOUNT $763,262 RELATED OR EXEMPT FUNCTION INCOME CEPT REVENUE $140,802 HEARING CENTER $898,208 OCCUPATIONAL HEALTH $447,053 VHA SUPPLY CO - DISTRIBUTION $771,735 PURCHASE DISCOUNTS $192,438 REBATES $77,374 CONTRACT SERVICES, OUTREACH, EDUCATION $3,541,946 CPE FUND $2,350 MEDICAL RECORDS TRANSCRIPT FEES $218,942 AFFILIATED OTHER REVENUE $348,725 MISCELLANEOUS REVENUE $10,719,567 TOTAL RELATED/EXEMPT INCOME $17,359,140

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 2B & 2D	1 BIOMED SERVICES REVENUE EARNED THROUGH THE PROVISION OF SERVICES TO AREA HEALTH CARE FACILITIES NEEDING TO KEEP THEIR EQUIPMENT IN OPERATION IN ORDER TO PROVIDE THEIR PATIENTS WITH THEIR SERVICE. THE BIOMED PROGRAM PROVIDES SMALL REGIONAL HOSPITALS WITH A SERVICE OTHERWISE UNOBTAINABLE FROM ANYONE IN THE LOCAL AREA, IT IS OFTEN ON A PRIORITY BASIS 2 SITE SERVICE FEES FEES CHARGED FOR PROVIDING GROUNDS AND MAINTENANCE FOR THE AREA SURROUNDING THE UNITED HOSPITAL, INCLUDING FEES FOR SUCH SERVICES AS MAINTENANCE OF HOSPITAL PARKING LOT, SNOW SHOVELING, AND SNOW REMOVAL 3 CAFETERIA RECEIPTS REVENUE INCURRED THROUGH THE PROVISION OF MEALS FOR EMPLOYEES WHO HAVE TO BE IN THE BUILDING DURING THEIR REGULAR WORKDAY PURPOSE PROVIDE THESE EMPLOYEES WITH A PLACE TO ACQUIRE AND CONSUME THEIR MEALS, NO ALTERNATIVES ARE AVAILABLE 4 PHARMACY SALES TO EMPLOYEES REVENUE INCURRED IN SALES STRICTLY FOR THE CONVENIENCE OF EMPLOYEES 5 HOUSING/SPACE RENTALS INCOME INCURRED THROUGH THE RENTAL OF SPACE TO THE AREA HEALTH EDUCATION CENTER WHICH IS REQUIRED TO BE ON-SITE TO WORK WITH OUR PHYSICIANS PROVIDING HEALTH CARE TO PATIENTS 6 VENDING MACHINE INCOME INCOME EARNED THROUGH THE OPERATION OF VENDING MACHINES IN THE BUILDINGS 7 SALE OF SCRAP INCOME EARNED THROUGH THE SALE OF ITEMS THAT ARE NOT FIXED ASSETS AND ARE OF DIMINISHED USE TO THE ORGANIZATION 8 CEPT REVENUE REVENUE EARNED FROM THE EVALUATION AND TREATMENT OF ADOLESCENTS THROUGH A MULTI-DISCIPLINARY APPROACH INCLUDING PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, AND PSYCHOLOGY 9 HEARING CENTER REVENUE FROM THE PROVISION OF AUDIOLOGICAL SERVICES AND HEARING AIDS TO PATIENTS 10 OCCUPATIONAL HEALTH FEES FOR PROVIDING DRUG SCREENINGS FOR REGIONAL EMPLOYERS 11 VHA SUPPLY DISTRIBUTION REBATE RECEIVED BASED ON VOLUME OF SUPPLY PURCHASES 12 PURCHASE DISCOUNTS THIS FIGURE REPRESENTS COST SAVINGS ON PURCHASES FROM SUPPLIERS FOR GOODS USED IN THE PROVISION OF HEALTH CARE SERVICES 13 REBATES REBATES RECEIVED BASED ON VOLUME OF PHARMACY PURCHASES 14 CONTRACT SERVICES, OUTREACH, EDUCATION REVENUES EARNED IN THE PROVISION OF COMMUNITY EDUCATION/WELLNESS PROGRAMS, PASTORAL COUNSELING SERVICES, AND CONTRACTED SERVICES WITH REGIONAL HEALTHCARE SYSTEMS TO BRING OUTREACH SERVICES INTO THEIR COMMUNITIES 15 CPE FUND CLINICAL PASTORAL EDUCATION INCOME FROM PASTORAL RESIDENTS PROGRAM SPONSORED BY THE ASSOCIATION OF CLINICAL PASTORAL EDUCATION 16 MEDICAL RECORD TRANSCRIPTION FEES INCOME EARNED THROUGH THE CHARGING OF VARIOUS THIRD PARTY PAYERS FOR THE PHOTOCOPYING OF PATIENT RECORDS INSURANCE COMPANIES AND PAYERS ARE CHARGED TO OFFSET THE COST OF COPYING 17 OTHER REVENUE CHARGED TO AFFILIATED CORPORATIONS REVENUE FROM THE PROVISION OF PATIENT SERVICES, SUCH AS PSYCH OR LABORATORY, TO THE PATIENTS OF OTHER CORPORATIONS, WHICH ARE AFFILIATED TO ALTRU HEALTH SYSTEM 18 MISCELLANEOUS INCOME INCLUDES PRINCIPALLY MONIES FROM MEDICARE & MEDICAID FOR UPGRADING EPIC AND MANDATED ELECTRONIC HEALTH RECORDS SOFTWARE SYSTEMS INCLUDES A RETURN OF EXPENSES FROM AN INSURANCE POOL ALSO INCLUDES INCOME EARNED THROUGH THE PROVISION OF SERVICES THAT ARE OPERATING IN THE HOSPITAL IN NATURE, BUT HAVE NO SPECIFIC COST CENTER IDENTIFICATIONS AN EXAMPLE OF THIS WOULD BE IF THE DIRECTOR OF THE COMMUNICATIONS DEPARTMENT RECEIVED A SMALL TOKEN AMOUNT FOR FILLING OUT A SURVEY FROM SOME HEALTH CARE ORGANIZATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ALTRU HEALTH SYSTEM

Employer identification number
45-0310462

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ALTRU HEALTH FOUNDATION 2501 DEMERS AVE GRAND FORKS, ND 58201 45-0368330	FUNDRAISING	ND	501(C)(3)	LINE 11A, I	N/A		No
(2) ALTRU HEALTH RESOURCES 1200 S COLUMBIA RD GRAND FORKS, ND 58201 45-0368332	CONGREGATE HOUSING, ASSISTED LIVING	ND	501(C)(3)	LINE 11A, I	N/A		No
(3) DAK-MINN BLOOD BANK 1200 S COLUMBIA RD GRAND FORKS, ND 58201 36-3453164	BLOOD BANK	ND	501(C)(3)	LINE 11D, III-O	N/A		No
(4) ALTRU ALLIANCE 1200 S COLUMBIA RD GRAND FORKS, ND 58201 23-7389089	SUPPORT HOSPITAL AND AFFILIATES	ND	501(C)(3)	LINE 11B, II	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ALTRU SPECIALTY SERVICES INC 1200 S COLUMBIA RD GRAND FORKS, ND 58201 45-0395652	DME SALES, RETAIL PHARMACY	ND	N/A	C					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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
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	Yes	
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		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALTRU HEALTH FOUNDATION	C	2,496,808	CASH DONATED
(2) ALTRU SPECIALTY SERVICES	A	146,279	RENT PAYMENT RECEIVED
(3) DAK-MINN BLOOD BANK	O	377,190	COMPENSATION TO RELATED ORG
(4) ALTRU ALLIANCE	Q	83,799	AMOUNT REIMBURSED
(5) ALTRU HEALTH RESOURCES	P	111,400	AMOUNT REIMBURSED
(6) ALTRU HEALTH RESOURCES	O	901,159	COMPENSATION TO RELATED ORG

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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)	ALTRU HEALTH FOUNDATION	C	2,496,808	CASH DONATED
(1)	ALTRU SPECIALTY SERVICES	A	146,279	RENT PAYMENT RECEIVED
(2)	DAK-MINN BLOOD BANK	O	377,190	COMPENSATION TO RELATED ORG
(3)	ALTRU ALLIANCE	Q	83,799	AMOUNT REIMBURSED
(4)	ALTRU HEALTH RESOURCES	P	111,400	AMOUNT REIMBURSED
(5)	ALTRU HEALTH RESOURCES	O	901,159	COMPENSATION TO RELATED ORG