

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 3,082,071,570	including grants of \$	3,839,076)	(Revenue \$ 4,297,234,462)
See Additional Data					

4b	(Code)	(Expenses \$ 375,417,282	including grants of \$		(Revenue \$)
See Additional Data					

4c	(Code)	(Expenses \$ 56,255,253	including grants of \$		(Revenue \$ -118,271,586)
See Additional Data					

























(Code)	(Expenses \$ 39,876,120	including grants of \$		(Revenue \$)
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COMMUNITY SERVICES IN 2017, ALLINA HEALTH CONTRIBUTED \$39,876,120 TO COMMUNITY PROGRAMS AND SERVICES TO ADVANCE THE HEALTH OF THE BROADER COMMUNITY. BELOW ARE EXAMPLES OF PROGRAMS AND SERVICES ALLINA HEALTH PROVIDES WITHIN THE COMMUNITIES WE SERVE THAT OFFER COMMUNITY BENEFIT. COMMUNITY HEALTH IMPROVEMENT SERVICES ACCORDING TO IRS REPORTING CATEGORIES AND THE CATHOLIC HEALTH ASSOCIATION (CHA/VHA) GUIDELINES, COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE ACTIVITIES TO IMPROVE COMMUNITY HEALTH THAT ARE SUBSIDIZED BY THE HEALTH CARE ORGANIZATION AND DO NOT GENERATE INPATIENT OR OUTPATIENT BILLS. ALLINA HEALTH PROVIDES MANY PROGRAMS AND SERVICES THAT FALL UNDER THIS CATEGORY. A FEW EXAMPLES INCLUDE: HEALTH POWERED KIDS (HPK), LAUNCHED IN 2012, IS A FREE COMMUNITY EDUCATION PROGRAM DESIGNED TO EMPOWER CHILDREN AGES 3 TO 14 YEARS TO MAKE HEALTHIER CHOICES ABOUT EATING, EXERCISE, KEEPING CLEAN AND MANAGING STRESS. IN 2017, 27,162 VISITED THE HPK WEBSITE. IN ADDITION, 90% OF RESPONDENTS TO A USER SURVEY DESCRIBED HPK AS HELPFUL OR VERY HELPFUL TO IMPROVING HEALTH AT THEIR HOME, SCHOOL OR ORGANIZATION AND MOST AGREED OR STRONGLY AGREED THAT THE WEBSITE HAS HIGH QUALITY RESOURCES, IS ENGAGING AND MEETS THE NEEDS OF YOUNG PEOPLE, AND HAS INCREASED THE KNOWLEDGE OF HEALTH AND WELLNESS AMONG BOTH YOUNG PEOPLE AND THE ADULTS WHO WORK WITH THEM. THESE RESULTS WERE SIMILAR TO THOSE ACHIEVED IN 2016 CHANGE TO CHILL (CTC) IS A FREE, ONLINE RESOURCE THAT PROVIDES STRESS REDUCTION TIPS, LIFE BALANCE TECHNIQUES AND HEALTH EDUCATION SERVICES FOR TEENS. IN 2017, CTC SERVED MORE THAN 16,128 PEOPLE THROUGH ITS WEBSITE, SUCH AS TEACHERS WHO USE IT IN THEIR CLASSROOMS, TEENS WHO USE IT IN SOCIAL GROUPS AND PARENTS LOOKING FOR WAYS TO HELP THEIR CHILD STRESS LESS. ALLINA HEALTH CONTINUED TO OFFER THE IN-PERSON DELIVERY MODEL PILOTTED IN 2016 TWENTY-FIVE HIGH SCHOOLS, MIDDLE SCHOOLS AND ALTERNATIVE LEARNING CENTERS ACROSS ALLINA HEALTH SERVICE AREAS PARTICIPATED, REPRESENTING 1,485 STUDENTS. ALSO IN 2017, ALLINA HEALTH BEGAN IMPLEMENTING A TRAIN THE TRAINER MODEL TO EDUCATE SCHOOL AND COMMUNITY STAFF ON THE RESOURCES AND CURRICULUM OFFERED BY CTC. IN 2017, EIGHT SCHOOLS COMPLETED THE TRAINING WHICH RESULTED IN OVER FIFTY EDUCATORS BEING TRAINED IN THE CTC CURRICULUM. OVERALL, THE TRAINING WAS WELL-RECEIVED BY BOTH PARTICIPANTS AND MANY PARTICIPANTS REPORTED THEY INTENDED TO USE WHAT THEY LEARNED IN THE CLASSROOM OR IN THE CAPACITY THAT THEY WORK WITH TEENS. NEIGHBORHOOD HEALTH CONNECTION (NHC) IS A COMMUNITY GRANTS PROGRAM THAT AIMS TO IMPROVE THE HEALTH OF COMMUNITIES BY BUILDING SOCIAL CONNECTIONS THROUGH HEALTHY EATING AND PHYSICAL ACTIVITY. EACH YEAR, ALLINA HEALTH AWARDS OVER 50 NEIGHBORHOOD HEALTH CONNECTION GRANTS, RANGING IN SIZE FROM \$500-\$10,000, TO LOCAL NONPROFITS AND GOVERNMENT AGENCIES IN MINNESOTA AND WESTERN WISCONSIN. THE 68 ACTIVITIES OFFERED IN 2017 REACHED ALMOST 4,000 PARTICIPANTS. EVALUATIONS OF THE NHC PROGRAM FIND THAT THE MAJORITY OF PEOPLE WHO PARTICIPATE IN NHC-FUNDED PROGRAMS INCREASE THEIR SOCIAL CONNECTIONS AND MAKE POSITIVE CHANGES IN THEIR PHYSICAL ACTIVITY AND HEALTHY EATING BEHAVIOR. FURTHER, FOLLOW-UP DATA HAS REVEALED THAT THESE POSITIVE CHANGES ARE MAINTAINED SIX MONTHS LATER AND THE MAJORITY OF PARTICIPANTS CONTINUE TO PARTICIPATE IN THE NHC ACTIVITY AFTER THE GRANT PERIOD ENDS. MEDELIGIBLE - MEDELIGIBLE SERVICES SUPPORTS PATIENTS WHO HAVE DIFFICULTY PAYING THEIR MEDICAL BILLS. THE STAFF HELPS PATIENTS APPLY TO FEDERAL, STATE, AND COUNTY AID PROGRAMS SUCH AS MEDICAID, MEDICARE, SOCIAL SECURITY, FOOD STAMPS, EMERGENCY FOOD AND SHELTER. MEDELIGIBLE SERVICES EDUCATES PATIENTS AND THEIR FAMILIES ABOUT THE ADVANTAGES OF THESE PROGRAMS AND WORKS WITH THEM TO GET THE HELP THEY NEED. HEALTH PROFESSIONS EDUCATION ALLINA HEALTH ACTIVELY SUPPORTS NUMEROUS MEDICAL EDUCATION ACTIVITIES FOR PROVIDERS, HEALTH CARE STUDENTS AND OTHER HEALTH PROFESSIONALS. IN 2017, ALLINA HEALTH INVESTED OVER \$19 MILLION IN INTERNSHIP OPPORTUNITIES, MENTORING PARTNERSHIPS, AND GRADUATE MEDICAL EDUCATION PROGRAMMING. ALLINA HEALTH IS COMMITTED TO THE EDUCATION, TRAINING AND DEVELOPMENT OF FUTURE HEALTH CARE PROFESSIONALS AND ENSURES THE AVAILABILITY OF A HIGHLY TRAINED WORKFORCE TO MEET THE COMMUNITY'S HEALTH CARE NEEDS. RESEARCH ALLINA HEALTH PARTICIPATES IN CLINICAL AND COMMUNITY HEALTH RESEARCH THAT IS FOCUSED ON IMPROVING COMMUNITY HEALTH. ALLINA HEALTH INVESTED MORE THAN \$4 MILLION TOWARD THIS RESEARCH IN 2017, WITH \$3,816,479 REPORTED FOR COMMUNITY BENEFIT. FINANCIAL AND IN-KIND CONTRIBUTIONS ALLINA HEALTH PROVIDES NUMEROUS IN-KIND AND MONETARY CONTRIBUTIONS TO INDIVIDUALS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT COMMUNITY NEEDS. IN 2017, ALLINA HEALTH FUNDED OVER \$3.1 MILLION FOR DONATIONS OF EQUIPMENT, SUPPLIES, FREE MEALS, STAFF TIME AND SPONSORSHIP OF VARIOUS CIVIC AWARDS, COMMUNITY PROGRAMS AND EVENTS. COMMUNITY-BUILDING ACTIVITIES ALLINA HEALTH AND ITS EMPLOYEES ARE ACTIVE PARTICIPANTS IN VARIOUS COMMUNITY ACTIVITIES THAT TARGET THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL ISSUES. EXAMPLES INCLUDE COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT, PARTICIPATING IN VARIOUS COMMUNITY COALITIONS AND DISASTER PREPAREDNESS PLANNING. COMMUNITY BENEFIT OPERATIONS ALLINA HEALTH USES DEDICATED STAFF FOR THE ASSESSMENT AND MANAGEMENT OF COMMUNITY BENEFIT PROGRAMS AND NEEDS. FOR MORE, PLEASE VISIT [HTTP://WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/](http://www.allinahealth.org/about-us/community-involvement/). FOR MORE, PLEASE VISIT [HTTP://WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/AWARDS/](http://www.allinahealth.org/about-us/community-involvement/awards/). IN 2017, ALLINA HEALTH AND ITS FACILITIES WERE THE RECIPIENT OF NUMEROUS AWARDS, FOR ATTRIBUTES SUCH AS SAFETY AND QUALITY. TWO EXAMPLES THAT PERTAIN TO COMMUNITY BENEFIT, INCLUDE: WALK WITH A DOC, A PARTNERSHIP BETWEEN ST. PAUL PUBLIC HOUSING AGENCY AND UNITED HOSPITAL, WAS AWARDED THE 2017 NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS (NAHRO) AWARDS OF MERIT, AND BUFFALO HOSPITAL WAS RECIPIENT OF THE LIFESOURCE EXCELLENCE IN DONATION AWARD - SMALL HOSPITAL.

4d	Other program services (Describe in Schedule O)	(Expenses \$ 39,876,120	including grants of \$		(Revenue \$)
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4e	Total program service expenses	3,553,620,225
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	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	
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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No Yes Yes
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a Yes 35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,424
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31,790
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	22	
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	18	
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Yes	
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MN, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶TAX SERVICES MAIL ROUTE 10890 2925 CHICAGO AVENUE MINNEAPOLIS, MN 554071321 (612) 262-0660

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3,380

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
NURSEFINDERS INC 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	PROFESSIONAL SERVICES - TEMP HELP	22,806,229
JEDUNN CONSTRUCTION COMPANY 800 WASHINGTON AVE N SUITE 600 MINNEAPOLIS, MN 55401	CONSTRUCTION	19,441,414
METROPOLITAN CARDIOLOGY CONSULTANTS PA 4040 COON RAPIDS BLVD NW SUITE 120 COON RAPIDS, MN 55443	PROFESSIONAL SERVICES - MEDICAL	18,334,026
METROPOLITAN CARDIAC SERVICES 4040 COON RAPIDS BLVD NW COON RAPIDS, MN 55433	PROFESSIONAL SERVICES - MEDICAL	13,046,130
PHYSICIANS GROUP OF NEW ULM LTD 1324 5TH NORTH STREET NEW ULM, MN 56073	PROFESSIONAL SERVICES - MEDICAL	12,679,177

<p>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 ► 202</p>	
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Part VIII Statement of RevenueCheck 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	31,572,788			
	e Government grants (contributions)	1e	9,051,578			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	304,312			
	g Noncash contributions included in lines 1a-1f \$ _____		377,967			
	h Total. Add lines 1a-1f ▶		40,928,678			
Program Service Revenue		Business Code				
	2a PROG SERV REVENUE-RELATED-990	621990	4,268,803,434	4,268,803,434		
	b BAD DEBT	621990	-118,271,586	-118,271,586		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		4,150,531,848			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		25,343,740			25,343,740
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		9,228,681				
	b Less rental expenses	0				
	c Rental income or (loss)	9,228,681				
	d Net rental income or (loss) ▶		9,228,681			9,228,681
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		730,326,127 18,118,382				
	b Less cost or other basis and sales expenses	737,261,908 10,898,004				
	c Gain or (loss)	-6,935,781 7,220,378				
	d Net gain or (loss) ▶		284,597			284,597
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		6,293,577			
	b Less direct expenses b		7,141,888			
	c Net income or (loss) from fundraising events ▶		-848,311			-848,311
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a REFERENCE LAB	621500	12,278,177		12,278,177		
b ST FRANCIS MEDICAL CENTER	621990	11,171,293	11,171,293			
c APPLE VALLEY BUILDING ASSOCIATES	621990	6,262,710	6,262,710			
d All other revenue		23,922,898	10,997,025	12,925,873		
e Total. Add lines 11a-11d ▶		53,635,078				
12 Total revenue. See Instructions ▶		4,279,104,311	4,178,962,876	25,204,050	34,008,707	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,775,665	2,775,665		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,063,411	1,063,411		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	12,825,995		12,825,995	
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.	2,021,693,273	1,786,669,994	230,590,519	4,432,760
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	118,616,597	104,166,482	14,191,676	258,439
9 Other employee benefits.	269,307,021	236,499,493	32,220,769	586,759
10 Payroll taxes.	128,994,122	113,279,796	15,433,277	281,049
11 Fees for services (non-employees):				
a Management.	30,748,826	24,669,712	6,069,761	9,353
b Legal.	7,562,516		7,562,516	
c Accounting.	1,013,263		1,013,263	
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).	365,686,311	261,187,670	103,758,306	740,335
12 Advertising and promotion.	6,938,019	1,272,394	5,659,143	6,482
13 Office expenses.	626,631,359	600,753,347	25,654,262	223,750
14 Information technology.	53,101,593	36,848,596	16,233,511	19,486
15 Royalties.				
16 Occupancy.	119,858,478	102,072,570	17,651,965	133,943
17 Travel.	7,889,647	6,608,029	1,264,123	17,495
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,083,468	3,419,372	662,544	1,552
20 Interest.	27,920,172	27,920,172		
21 Payments to affiliates.	266,754	266,754		
22 Depreciation, depletion, and amortization.	179,737,346	140,403,104	39,270,320	63,922
23 Insurance.	13,975,839	13,975,839		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MINNESOTA CARE TAX	51,076,136	51,076,136		
b MEDICAID SURCHARGE	25,386,614	25,386,614		
c INCOME TAX - UBI	2,929,053		2,929,053	
d COMMUNITY OUTREACH	346,868	214,129	130,842	1,897
e All other expenses	25,559,740	13,090,946	11,390,215	1,078,579
25 Total functional expenses. Add lines 1 through 24e.	4,105,988,086	3,553,620,225	544,512,060	7,855,801
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		26,344,910	1	28,088,481
	2	Savings and temporary cash investments		7,618,017	2	8,776,073
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		732,391,600	4	759,366,829
	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		6,302,134	7	5,129,813
	8	Inventories for sale or use		64,058,888	8	65,605,879
	9	Prepaid expenses and deferred charges		15,919,547	9	15,361,450
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	3,409,313,410		
	b	Less: accumulated depreciation	10b	2,189,806,292		
				1,163,539,364	10c	1,219,507,118
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		1,974,955,962	12	2,302,152,806
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		18,304,886	14	17,604,016
15	Other assets. See Part IV, line 11		96,855,937	15	111,716,255	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,106,291,245	16	4,533,308,720	
Liabilities	17	Accounts payable and accrued expenses		496,202,654	17	481,344,656
	18	Grants payable			18	
	19	Deferred revenue		26,146,972	19	19,761,293
	20	Tax-exempt bond liabilities		838,817,715	20	973,911,676
	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		95,200	23	43,200
	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		346,540,862	25	356,253,838
	26	Total liabilities. Add lines 17 through 25		1,707,803,403	26	1,831,314,663
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,389,829,219	27	2,693,676,728
	28	Temporarily restricted net assets		5,334,906	28	5,873,186
	29	Permanently restricted net assets		3,323,717	29	2,444,143
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,398,487,842	33	2,701,994,057
	34	Total liabilities and net assets/fund balances		4,106,291,245	34	4,533,308,720

Part XI Reconciliation of Net AssetsCheck 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	4,279,104,311
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,105,988,086
3	Revenue less expenses Subtract line 2 from line 1	3	173,116,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,398,487,842
5	Net unrealized gains (losses) on investments	5	132,877,067
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,487,077
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,701,994,057

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

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

Form 990 (2017)

Form 990, Part III, Line 4a:

PROVIDING MEDICAL SERVICESHOSPITAL, MEDICAL AND OTHER HEALTH CARE SERVICESALLINA HEALTH DELIVERS HIGH QUALITY HOSPITAL, MEDICAL AND OTHER HEALTH CARE SERVICES TO PATIENTS IN MINNESOTA AND WESTERN WISCONSIN AS A MISSION-DRIVEN ORGANIZATION, ALLINA HEALTH IS COMMITTED TO IMPROVING THE LIFELONG HEALTH OF THE COMMUNITIES IT SERVES ALLINA HEALTH PROVIDES THESE SERVICES TO THE COMMUNITY THROUGH ITS FAMILY OF HOSPITALS WHICH INCLUDE ABBOTT NORTHWESTERN HOSPITAL - MINNEAPOLIS, MINNESOTALOCATED IN SOUTH MINNEAPOLIS, ABBOTT NORTHWESTERN HOSPITAL IS THE TWIN CITIES' LARGEST NOT-FOR-PROFIT HOSPITAL ABBOTT NORTHWESTERN IS KNOWN AROUND THE REGION AND ACROSS THE UNITED STATES FOR ITS CENTERS OF EXCELLENCE CANCER CARE THROUGH THE VIRGINIA PIPER CANCER INSTITUTE, CARDIOVASCULAR SERVICES IN PARTNERSHIP WITH THE MINNEAPOLIS HEART INSTITUTE, THE SPINE INSTITUTE, NEUROSCIENCE INSTITUTE, ORTHOPAEDIC INSTITUTE, PERINATOLOGY, OBSTETRICS AND GYNECOLOGY THROUGH WOMENCARE AND PHYSICAL REHABILITATION THROUGH COURAGE KENNY REHABILITATION INSTITUTE BUFFALO HOSPITAL - BUFFALO, MINNESOTALOCATED IN THE WESTERN METROPOLITAN COMMUNITY OF BUFFALO, BUFFALO HOSPITAL IS RECOGNIZED AS ONE OF THE NATION'S 100 TOP HOSPITALS ACCORDING TO THOMSON REUTERS BUFFALO HOSPITAL PROVIDES HIGH QUALITY, PERSONAL CARE IN PRIVATE ROOMS THE HOSPITAL PROVIDES MANY SPECIALTY SERVICES INCLUDING THE BIRTH CENTER, CARDIAC CENTER, EMERGENCY SERVICES, SLEEP CENTER, PHILLIPS EYE INSTITUTE, COURAGE KENNY REHABILITATION INSTITUTE AND VIRGINIA PIPER CANCER INSTITUTE CAMBRIDGE MEDICAL CENTER - CAMBRIDGE, MINNESOTALOCATED IN THE COMMUNITY OF CAMBRIDGE, CAMBRIDGE MEDICAL CENTER IS A REGIONAL HEALTH CARE FACILITY PROVIDING COMPREHENSIVE HEALTH CARE SERVICES TO RESIDENTS OF ISANTI COUNTY THE MEDICAL CENTER IS COMPRISED OF A LARGE MULTI-SPECIALTY CLINIC AND A HOSPITAL ON ONE LARGE CAMPUS DEDICATED TO MEETING THE NEEDS OF ITS PATIENTS, CAMBRIDGE MEDICAL CENTER PROVIDES AN ATMOSPHERE THAT PROMOTES HEALING AND COMFORT DISTRICT ONE HOSPITAL - FARIBAULT, MNLOCATED JUST SOUTH OF THE TWIN CITIES IN FARIBAULT, DISTRICT ONE HOSPITAL PROVIDES A BROAD RANGE OF HEALTH CARE SERVICES BIRTH CENTER, COURAGE KENNY REHABILITATION INSTITUTE, CARDIOPULMONARY REHABILITATION, DIAGNOSTIC IMAGING, EMERGENCY, GENERAL SURGERY, LABORATORY, PHARMACY, SLEEP STUDY AND VIRGINIA PIPER CANCER INSTITUTE THE DYNAMIC HEALTH CARE CAMPUS ALSO INCLUDES THE ALLINA HEALTH FARIBAULT CLINIC AND MAYO CLINIC HEALTH SYSTEM-FARIBAULT MERCY HOSPITAL - COON RAPIDS, MINNESOTALOCATED IN COON RAPIDS, MERCY HOSPITAL OFFERS NATIONALLY RECOGNIZED CLINICAL EXCELLENCE AND COMPASSIONATE HEALTH CARE SERVICES TO NORTH METRO COMMUNITIES AMONG THE SERVICES PROVIDING CUTTING-EDGE CARE ARE HEART & VASCULAR CENTER, CANCER CARE, THE MOTHER BABY CENTER, EMERGENCY SERVICES, MENTAL HEALTH SERVICES AND A WIDE RANGE OF HEALTH EDUCATION AND SUPPORT GROUPS THE UNITY CAMPUS OF MERCY, LOCATED IN FRIDLEY, ALSO PROVIDES A WIDE RANGE OF HEALTH CARE SERVICES TO THE NORTH METRO AREA, INCLUDING A RENOWNED BARIATRIC [SURGICAL WEIGHT LOSS] CENTER OTHER SERVICES INCLUDE MEDICAL SURGICAL CARE, CANCER CARE, EMERGENCY SERVICES AND MENTAL HEALTH AND ADDICTION SERVICES INCLUDING GERIATRIC MENTAL HEALTH UNITY ALSO OFFERS A COMPLETE ARRAY OF HEALTH EDUCATION AND SUPPORT GROUPS TO PATIENTS AND THE COMMUNITY NEW ULM MEDICAL CENTER - NEW ULM, MINNESOTALOCATED IN SOUTH CENTRAL MINNESOTA, NEW ULM MEDICAL CENTER (NUMC) CONSISTS OF A HOSPITAL AND CLINIC THAT SERVES THE REGION IN AND AROUND BROWN COUNTY NUMC OFFERS AN EXTENSIVE RANGE OF HEALTH CARE OPTIONS, INCLUDING FAMILY PRACTICE, INTERNAL MEDICINE, GENERAL SURGERY, PEDIATRICS, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, RADIOLOGY, EMERGENCY MEDICINE, PSYCHIATRY, PODIATRY, MENTAL HEALTH AND SUBSTANCE ABUSE, HOME CARE AND HOSPICE AS A FULLY INVOLVED MEMBER OF ITS COMMUNITY, NUMC CONTINUALLY FOSTERS AN ATMOSPHERE OF WELL BEING OUTSIDE ITS FOUR WALLS THROUGH A VARIETY OF COMMUNITY-FOCUSED INITIATIVES OWATONNA HOSPITAL - OWATONNA, MINNESOTALOCATED SOUTH OF THE TWIN CITIES METROPOLITAN AREA, OWATONNA HOSPITAL PROVIDES COMPREHENSIVE CARE TO PATIENTS IN AND AROUND STEELE COUNTY OWATONNA HOSPITAL HAS HELPED TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF ITS PATIENTS AND THE COMMUNITY FOR MORE THAN 110 YEARS THE 38-BED REPLACEMENT HOSPITAL THAT OPENED IN OCTOBER 2009 FEATURES INTERNATIONAL BEST PRACTICES IN CONTEMPORARY HOSPITAL DESIGN THE HOSPITAL OFFERS A FULL RANGE OF INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES PHILLIPS EYE INSTITUTE - MINNEAPOLIS, MINNESOTALOCATED IN MINNEAPOLIS, PHILLIPS EYE INSTITUTE IS THE THIRD LARGEST SPECIALTY EYE HOSPITAL IN THE U S , SPECIALIZING IN THE DIAGNOSIS, TREATMENT AND CARE OF EYE DISORDERS AND DISEASES PHILLIPS EYE INSTITUTE DRAWS PATIENTS FROM A FIVE-STATE REGION WITH AN EXTENSIVE ARRAY OF SERVICES, RANGING FROM DIAGNOSTIC TESTS AND VISION REHABILITATION TO LASER EYE TREATMENTS AND SPECIALIZED EYE SURGERY REGINA MEDICAL CENTER - HASTINGS, MNLOCATED IN HASTINGS, REGINA HOSPITAL PROVIDES HEALTH CARE SERVICES INCLUDING, PRIMARY CARE, INTERNAL MEDICINE, GENERAL SURGERY, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, PEDIATRICS, EMERGENCY MEDICINE, INPATIENT GERIATRIC MENTAL HEALTH, UROLOGY AND OCCUPATIONAL MEDICINE SINCE ITS FOUNDATION, REGINA HOSPITAL CONTINUES TO MAINTAIN ITS CATHOLIC HERITAGE FOCUSING ON SERVING THE WHOLE PERSON - MIND, BODY AND SPIRIT THE HASTINGS CAMPUS INCLUDES SENIOR LIVING FACILITIES, TWO ALLINA HEALTH CLINICS AND A SURGERY CENTER RIVER FALLS AREA HOSPITAL - RIVER FALLS, WISCONSINLOCATED IN WESTERN WISCONSIN, RIVER FALLS AREA HOSPITAL IS PART OF A SHARED MEDICAL CAMPUS THAT PROVIDES EASY ACCESS TO HOSPITAL SERVICES AS WELL AS PRIMARY CARE AND SPECIALTY CLINICS, A LONG-TERM CARE FACILITY AND A WELLNESS AND FITNESS CENTER RIVER FALLS AREA HOSPITAL PROVIDES HIGH QUALITY PATIENT FOCUSED CARE AT THEIR RIVERS CANCER CENTER, BIRTH CENTER AND SLEEP CENTER RIVER FALLS AREA HOSPITAL PROVIDES PATIENTS A FULL RANGE OF INPATIENT, OUTPATIENT AND EMERGENCY SERVICES INCLUDING SURGICAL, CARDIOVASCULAR AND REHABILITATION SERVICES UNITED HOSPITAL ST PAUL, MINNESOTALOCATED IN DOWNTOWN ST PAUL, UNITED HOSPITAL IS THE LARGEST HOSPITAL IN THE TWIN CITIES EAST METRO AREA UNITED HAS A REPUTATION FOR EXCELLENCE IN PATIENT CARE AND STATE-OF-THE-ART FACILITIES, WITH INNOVATIVE PROGRAMS SUCH AS CARDIOVASCULAR SERVICES (INCLUDING NASSEFF HEART CENTER, WOMEN'S HEART CENTER AND VASCULAR CENTER), NASSEFF NEUROSCIENCE CENTER, AND PSYCHIATRY, WOMEN'S HEALTH, SURGICAL, REHABILITATION AND EMERGENCY SERVICES ALLINA HEALTH ALSO PROVIDES SERVICES TO THE COMMUNITY THROUGH ITS FAMILY OF CLINICS WITH MORE THAN 90 CLINICS THROUGHOUT MINNESOTA AND WESTERN WISCONSIN, WE PROVIDE PRIMARY CARE, SPECIALTY CARE AND URGENT CARE SERVICES TO PEOPLE IN OVER 40 COMMUNITIES ALLINA AND ITS SUBSIDIARIES PROVIDE A FULL RANGE OF PRIMARY AND SPECIALTY HEALTH CARE SERVICES INCLUDING TECHNICALLY ADVANCED INPATIENT AND OUTPATIENT CARE, 24-HOUR EMERGENCY CARE, MEDICAL TRANSPORTATION, PHARMACY, LABORATORY, HOME CARE AND HOSPICE SERVICES MORE THAN 750 HEALTH CARE PRACTITIONERS HELP PATIENTS IDENTIFY HEALTH RISKS, MANAGE CHRONIC ILLNESS AND FIND THEIR PATH TO BETTER HEALTH ALLINA HEALTH ALSO OPERATES ADDITIONAL SERVICES WHICH INCLUDE HOME CARE, HOSPICE AND PALLIATIVE CAREHOME OXYGEN AND MEDICAL EQUIPMENTMEDICAL LABORATORIESMEDICAL TRANSPORTATION PHARMACYPHYSICAL REHABILITATIONIN 2017, ALLINA HEALTH EXPENDED OVER \$3 BILLION TO PROVIDE SERVICES TO PATIENTS THAT INCLUDED 4,800,000 CLINIC VISITS, 109,722 INPATIENT ADMISSIONS AND 1,500,000 HOSPITAL OUTPATIENT VISITS THERE WERE 336,019 EMERGENCY CARE VISITS, 376,686 HOMECARE AND HOSPICE VISITS, AND OVER 15,300 BIRTHS AT ALLINA HEALTH HOSPITALS FOR MORE INFORMATION PLEASE VISIT HTTP //WWW.ALLINAHEALTH.ORG SUBSIDIZED HEALTH SERVICESALLINA HEALTH SUBSIDIZES CERTAIN NECESSARY HEALTH CARE SERVICES, WHICH INCLUDE 24-HOUR EMERGENCY SERVICES TO THE COMMUNITY, ESPECIALLY THOSE LOCATED IN MEDICALLY UNDERSERVED OR HIGH-NEED AREAS, AND MENTAL HEALTH SERVICES IN 2017, ALLINA HEALTH EXPENDED \$7,685,180 TO MAKE AVAILABLE AND PROVIDE THESE SERVICES TO THE COMMUNITIES WE SERVE

Form 990, Part III, Line 4b:

COST OF PARTICIPATING IN GOVERNMENT PROGRAMS ALLINA HEALTH IS COMMITTED TO SERVING ALL PERSONS IN NEED, REGARDLESS OF RACE, CREED, SEX, NATIONALITY, RELIGION, DISABILITY, AGE, OR ABILITY TO PAY TO PROMOTE ACCESS TO CARE FOR ALL INDIVIDUALS, ALLINA HEALTH PARTICIPATES IN THE FOLLOWING PUBLIC HEALTH CARE PROGRAMS MEDICARE, MEDICAID, MINNESOTACARE, AND GENERAL ASSISTANCE PAYMENTS FROM THESE PROGRAMS FREQUENTLY DO NOT COVER THE COSTS ALLINA HEALTH INCURS TO SERVE PROGRAM BENEFICIARIES IN 2017, ALLINA HEALTH PROVIDED \$375,417,282 IN HEALTH CARE SERVICES IN EXCESS OF THE REIMBURSEMENT RECEIVED BY PUBLIC PROGRAMS AND SURCHARGES, TAXES AND FEES RELATED TO THESE PROGRAMS THE FOLLOWING IS A BREAKDOWN ON COSTS RELATED TO THESE PROGRAMS, SERVICES AND ADDITIONAL TAXES AND FEES COSTS IN EXCESS OF MEDICARE AND MEDICAID PAYMENTS ALLINA HEALTH PROVIDES SERVICES TO PUBLIC PROGRAM ENROLLEES SUCH PUBLIC PROGRAMS HAVE HISTORICALLY BEEN REIMBURSED AT AMOUNTS LESS THAN COST IN 2017, ALLINA HEALTH EXPENDED \$255,887,705 BEYOND REIMBURSEMENTS TO PROVIDE CARE FOR MEDICARE PATIENTS AND AN ADDITIONAL \$38,502,196 BEYOND REIMBURSEMENTS FOR MEDICAID PATIENTS MEDICAID SURCHARGE ALLINA HEALTH IS A PARTICIPANT IN THE MEDICAID SURCHARGE PROGRAM THE CURRENT PROGRAM INCLUDES A 1.56% SURCHARGE ON A HOSPITAL'S NET PATIENT SERVICE REVENUE (EXCLUDING MEDICARE REVENUE) REPORTED AMOUNTS ARE NET OF ANY DISPROPORTIONATE SHARE ADJUSTMENTS IN 2017, ALLINA HEALTH PAID \$25,386,614 FOR THE MEDICAID SURCHARGE MINNESOTACARE TAX ALLINA HEALTH ALSO PARTICIPATES IN THE FUNDING OF MEDICAL CARE FOR THE UNINSURED THROUGH A MINNESOTACARE TAX OF 2% ON CERTAIN NET REVENUE PATIENTS WHO ARE UNABLE TO GET INSURANCE THROUGH THEIR EMPLOYER ARE ELIGIBLE TO PARTICIPATE IN MINNESOTACARE IF THEY MEET RESIDENCY AND INCOME GUIDELINES ALLINA HEALTH PAID \$51,076,136 FOR THE MINNESOTACARE TAX IN 2017 TAXES AND FEES ALLINA HEALTH PAYS PROPERTY TAXES TO LOCAL AND STATE GOVERNMENT USED IN FUNDING CIVIL AND EDUCATION SERVICES TO THE COMMUNITY IN TOTAL, ALLINA HEALTH PAID \$4,564,631 IN TAXES AND FEES IN 2017

Form 990, Part III, Line 4c:

UNCOMPENSATED CARE CHARITY CARE ALLINA HEALTH PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COST TO RESIDENTS OF THE COMMUNITIES THAT IT SERVES THROUGH THE PROVISION OF CHARITY CARE OUR PARTNERS CARE WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MEDICAL ASSISTANCE SUCH AS MEDICAID AND WHOSE ANNUAL INCOMES ARE AT OR BELOW 275% OF THE FEDERAL POVERTY LEVEL CHARITY CARE DOES NOT INCLUDE BAD DEBT (CHARGES WRITTEN OFF FOR PROVIDING SERVICES TO PERSONS ABLE, BUT UNWILLING, TO PAY FOR THESE SERVICES) THROUGH THIS PROGRAM, ALLINA HEALTH STRIVES TO ENSURE THAT ALL MEMBERS OF THE COMMUNITY RECEIVE QUALITY MEDICAL CARE, REGARDLESS OF ABILITY TO PAY IN 2017, ALLINA HEALTH PROVIDED \$20,657,443 IN CHARITY CARE UNINSURED DISCOUNT PROGRAM FOR UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MEDICAID OR MEET THE FINANCIAL THRESHOLD FOR CHARITY CARE, BUT REQUIRE SOME FINANCIAL ASSISTANCE, ALLINA HEALTH PROVIDES A SLIDING SCALE DISCOUNT ALL UNINSURED PATIENTS ARE ELIGIBLE FOR A MINIMUM OF A 24 PERCENT DISCOUNT ON BILLED CHARGES AND MAY QUALIFY FOR DISCOUNTS UP TO 43 PERCENT BASED ON ELIGIBILITY CRITERIA IN 2017, ALLINA HEALTH PROVIDED \$35,597,810 IN SUCH DISCOUNTS TO LOW-INCOME, UNINSURED INDIVIDUALS BAD DEBT - BAD DEBT WILL BE REPORTED AS A REDUCTION TO REVENUE ALLINA HEALTH PROVIDES MEDICAL CARE TO ALL IN NEED THERE ARE TIMES WHEN PATIENT ACCOUNT BALANCES GO UNPAID, KNOWN AS BAD DEBT THESE BAD DEBT AMOUNTS IN 2017 TOTALED \$118,271,586

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			
CLAY AHRENS DIRECTOR	2 00 0 00	X						10,000	0	0
JOHN ALLEN MD DIRECTOR	2 00 0 00	X						14,000	0	0
JENNIFER ALSTAD DIRECTOR	2 00 0 00	X						0	0	0
GARY BHOJWANI DIRECTOR	2 00 0 00	X						10,000	0	0
BARBARA BUTTS WILLIAMS DIRECTOR	2 00 0 00	X						10,000	0	0
JOHN CHURCHCHAIRMAN DIRECTOR	2 00 0 00	X						20,000	0	0
LAURA GILLUND DIRECTOR	2 00 0 00	X						14,000	0	0
JOSEPH GOSWITZ MD DIRECTOR	2 00 0 00	X						0	0	0
GREG HEINEMANN DIRECTOR	2 00 0 00	X						10,000	0	0
LOUIS KING II DIRECTOR	2 00 0 00	X						15,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID KUPLIC DIRECTOR	2 00 0 00	X						10,000	0	0
STEVE LACROIX DIRECTOR	2 00 0 00	X						12,500	0	0
HUGH NIERENGARTEN DIRECTOR	2 00 0 00	X						19,450	0	0
SAHRA NOOR DIRECTOR	2 00 0 00	X						10,000	0	0
BRIAN ROSENBERG DIRECTOR	2 00 0 00	X						10,000	0	0
DEBBRA SCHONEMAN DIRECTOR	2 00 0 00	X						15,000	0	0
THOMAS SCHREIER DIRECTOR/VICE CHAIR	2 00 0 00	X						0	0	0
ABIR SEN DIRECTOR	2 00 0 00	X						10,000	0	0
SALLY SMITH DIRECTOR	2 00 0 00	X						14,000	0	0
DARRELL TUKUA DIRECTOR	2 00 0 00	X						10,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM WELSH DIRECTOR	2 00 0 00	X						0	0	0
PENNY WHEELER MD DIRECTOR/PRESIDENT/CEO	40 00 2 00	X		X				1,884,165	0	744,983
BEN BACHE-WIIG MD EVP AHG CHIEF CLINICAL OFF	40 00 2 00			X				869,432	0	254,226
MARY BEAR-DUKES VP-REVENUE CYCLE MGMT	40 00 0 00			X				306,759	0	70,284
CHRISTINE BENT EVP-ALLINA HEALTH GROUP	40 00 0 00			X				847,168	0	294,646
SARA CRIGER SVP, PRES MERCY HOSP	40 00 2 00			X				912,266	0	228,136
MARGARET HASBROUCK VP, PAYOR CONTRACT/REIMB	40 00 0 00			X				390,306	0	84,325
SUSAN HEICHERT SVP, CHIEF INFORMATION OFF	40 00 0 00			X				318,350	0	20,594
CORRINE KROEHLER VP FINANCE/SUPPLY CHAIN	40 00 0 00			X				364,387	0	80,111
RICHARD MAGNUSON EVP/CFO/TREASURER	40 00 2 00			X				651,816	0	170,586

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			
CHRISTINE MOORE SVP, CHIEF HR OFFICER	40 00 0 00			X				498,152	0	148,909
THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP	40 00 4 00			X				969,590	0	272,506
LISA SHANNON EVP, CHIEF OPERATING OFF	40 00 0 00			X				568,238	0	55,243
JONATHAN SHOEMAKER SVP CHIEF INFO OFFICER	40 00 0 00			X				329,753	0	86,943
TIMOTHY SIELAFF SVP-AHG-SPEC CARE & RESEA	40 00 0 00			X				863,911	0	271,404
DAVID SLOWINSKE SVP, AHG OPERATIONS	40 00 0 00			X				444,826	0	110,311
HELEN STRIKE PRESIDENT-UNITY HOSPITAL	40 00 0 00			X				404,225	0	2,526
KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF	40 00 0 00			X				404,194	0	106,986
ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN COUN	40 00 0 00			X				773,239	0	233,565
ROBERT WIELAND MD SVP CHIEF STRATEGY OFFICER	40 00 0 00			X				811,268	0	288,763

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			
DANIEL BUSS MD PHYSICIAN	40 00 0 00					X		1,344,882	0	113,076
MICHAEL FREEHILL MD PHYSICIAN	40 00 0 00					X		1,332,506	0	112,118
MARK HELLER MD PHYSICIAN	40 00 0 00					X		1,388,722	0	105,925
TODD HESS MD PHYSICIAN	40 00 0 00					X		1,215,382	0	103,968
LEROY MCCARTY MD PHYSICIAN	40 00 0 00					X		1,270,458	0	108,101
DUNCAN GALLAGHER FORMER TREASURER/EVP/CFO	40 00 2 00						X	584,817	0	25,162
RODNEY CHRISTENSEN FORMER SVP AND PRES AHC	40 00 0 00						X	527,438	0	157,401
KENNETH PAULUS FORMER PRESIDENT/CEO	0 00 0 00						X	228,309	0	0
ELIZABETH SMITH MD FORMER INTERIM SVP AHG-PRIMARY CARE	40 00 0 00						X	489,754	0	96,333

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

ALLINA HEALTH SYSTEM

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

2017

Open to Public Inspection

Employer identification number

36-3261413

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization ALLINA HEALTH SYSTEM	Employer identification number 36-3261413
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		5,776
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		525,001
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			530,777
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317018888	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization ALLINA HEALTH SYSTEM				Employer identification number 36-3261413	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>					
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	94,600,833	90,703,126	94,260,855	92,547,888	77,016,918
b Contributions	113,190	262,589	344,252	377,018	12,716,764
c Net investment earnings, gains, and losses	10,942,048	6,502,830	-1,885,276	3,371,089	7,060,767
d Grants or scholarships	5,000	7,615	6,000	4,500	26,704
e Other expenditures for facilities and programs	3,057,008	2,860,097	2,747,357	2,030,640	5,773,999
f Administrative expenses					
g End of year balance	102,594,063	94,600,833	89,966,474	94,260,855	90,993,746

2

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

a

Board designated or quasi-endowment

2 000 %

b

Permanent endowment

53 210 %

c

Temporarily restricted endowment

44 790 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		96,312,125		96,312,125
b Buildings		1,468,257,179	763,757,437	704,499,742
c Leasehold improvements		165,217,682	92,574,671	72,643,011
d Equipment		1,625,052,873	1,314,869,304	310,183,569
e Other		54,473,551	18,604,880	35,868,671
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,219,507,118

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) CASH AND CASH EQUIVALENTS	111,366,723	F
(B) MONEY MARKET COLLECTIVE FUND	44,170,758	F
(C) FIXED INCOME	930,209,161	F
(D) SHORT-TERM FIXED INCOME	2,489,651	F
(E) EQUITY SECURITIES	184,478,461	F
(F) INVESTMENTS ACCOUNTED FOR AT NET ASSET VALUE	777,113,283	F
(G) INVESTMENTS IN JOINT VENTURES	121,764,905	F
(H) REAL RETURN MUTUAL FUNDS	130,559,864	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	2,302,152,806	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
OTHER LIABILITIES	227,061,499	
NET PENSION LIABILITY	9,990,632	
DEFERRED COMPENSATION	21,962,205	
INSURANCE CLAIMS PAYABLE	4,629,897	
MN CARE TAX PAYABLE	16,596,038	
CAPITALIZED LEASE OBLIGATIONS	7,329,583	
INCURRED BUT NOT REPORTED CLAIMS FOR EMPLOYEE BENEFIT PLAN	68,683,983	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	356,253,838	

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) CASH AND CASH EQUIVALENTS	111,366,723	F
(A) MONEY MARKET COLLECTIVE FUND	44,170,758	F
(B) FIXED INCOME	930,209,161	F
(C) SHORT-TERM FIXED INCOME	2,489,651	F
(D) EQUITY SECURITIES	184,478,461	F
(E) INVESTMENTS ACCOUNTED FOR AT NET ASSET VALUE	777,113,283	F
(F) INVESTMENTS IN JOINT VENTURES	121,764,905	F
(G) REAL RETURN MUTUAL FUNDS	130,559,864	F

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>ALLINA HEALTH SYSTEM CONSOLIDATED FIN 48 (ASC740) FOOTNOTE (AMOUNTS IN THOUSANDS) (17) TAXES THE SYSTEM HAS BEEN DETERMINED TO QUALIFY AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE SYSTEM HAS ALSO BEEN DETERMINED TO BE EXEMPT FROM FEDERAL AND STATE INCOME TAX ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE SECTION 290.05, SUBDIVISION 2 CERTAIN OF THE SYSTEM'S SUBSIDIARIES AND AFFILIATES QUALIFY AS TAX EXEMPT ORGANIZATIONS, WHILE OTHERS ARE TAXABLE THE SYSTEM AND ITS SUBSIDIARIES PAID TAXES OF \$2,868 AND \$1,861 IN 2017 AND 2016, RESPECTIVELY AS OF DECEMBER 31, 2017 AND 2016, THE TAXABLE SUBSIDIARIES OF THE SYSTEM'S CONTINUING OPERATIONS HAD A GROSS DEFERRED TAX ASSET OF \$48,863 AND \$69,881, RESPECTIVELY, RESULTING FROM NET OPERATING LOSS CARRYFORWARDS, EMPLOYEE COMPENSATION AND BENEFITS ACCRUALS, PROVISION FOR BAD DEBTS, AND LIMITATION OF CHARITABLE CONTRIBUTIONS, OFFSET BY VALUATION ALLOWANCES OF \$47,968 AND \$69,438, RESPECTIVELY, AND A GROSS DEFERRED TAX LIABILITY OF \$896 AND \$443, RESPECTIVELY, PRIMARILY ATTRIBUTABLE TO DEPRECIATION AND A CHANGE IN ACCOUNTING METHOD OF A TAXABLE SUBSIDIARY THE VALUATION ALLOWANCE DECREASED BY \$21,470 AND \$925 DURING 2017 AND 2016, RESPECTIVELY AS OF DECEMBER 31, 2017 AND 2016, THE CONTINUING OPERATIONS OF THE SYSTEM AND ITS SUBSIDIARIES HAD NET OPERATING LOSS CARRYFORWARDS OF \$112,217 AND \$119,264, RESPECTIVELY, FOR INCOME TAX PURPOSES, WHICH EXPIRE IN VARIOUS YEARS THROUGH 2037 THE SYSTEM HAS ANALYZED INCOME TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES THE SYSTEM BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2017 AND 2016, THE SYSTEM DOES NOT HAVE ANY SIGNIFICANT LIABILITIES FOR UNCERTAIN TAX BENEFITS THE FILINGS FOR THE YEARS ENDED 2013 TO 2016 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES H.R. 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT (THE ACT), WAS SIGNED INTO LAW ON DECEMBER 22, 2017 THE ACT IS EFFECTIVE FOR THE SYSTEM AS OF JANUARY 1, 2018 THE ACT CONTAINS VARIOUS PROVISIONS AFFECTING BOTH TAXABLE AND TAX-EXEMPT ENTITIES TAX-EXEMPT ENTITIES ARE IMPACTED IN PART BY THE INCLUSION OF A NEW EXCISE TAX ON EXCESS COMPENSATION FOR COVERED EMPLOYEES, CHANGES TO UNRELATED BUSINESS INCOME, CHANGES TO TAX RATES, AS WELL AS THEIR ABILITY TO ADVANCE REFUND BONDS IN ADDITION, TAX-EXEMPT ENTITIES MAY BE IMPACTED THROUGH CERTAIN FOR-PROFIT SUBSIDIARIES AND/OR JOINT VENTURES BASED ON THE ACT'S PROVISIONS FOR TAX RATES, ELIMINATION OF THE CORPORATE ALTERNATIVE MINIMUM TAX, CHANGES TO NET OPERATING LOSS UTILIZATION AND CARRYOVER/CARRYBACK PERIOD, AND MEASUREMENT OF DEFERRED TAXES AS WELL AS OTHER LIMITATIONS ON DEDUCTIONS THE ACT'S PROVISIONS MAY ALSO IMPACT DO</p>

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	NOR TAX INCENTIVES FOR CHARITABLE GIVING THE SYSTEM IS CURRENTLY ASSESSING THE OVERALL IM PACT OF THE ACT AND ITS IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V	THE 2017 ENDOWMENT FUND BALANCE FOR ALLINA HEALTH SYSTEM INCLUDES THE UNITED HOSPITAL FOUNDATION ENDOWMENTS THE 2016 ENDOWMENT FUND BALANCES FOR UNITED HOSPITAL FOUNDATION CHANGED DUE TO ADDITIONAL FUNDS THAT MEET THE FINANCIAL STATEMENT REPORTING REQUIREMENT THUS AFFECTING THE ALLINA HEALTH SYSTEM 2016 AND 2017 BALANCES IN ORDER TO BE CONSISTENT WITH THE PRESENTATION OF THE 2017 AUDITED FINANCIAL STATEMENTS, ENDOWMENTS ARE BEING INCLUDED IN SCHEDULE D, PART V OF THE FORM 990 FOR THE CURRENT YEAR THIS AMOUNT IS EQUAL TO \$ 1,123,915

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

36-3261413

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			316,681,700
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			316,681,700

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		290,165,575
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		26,516,125

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
36-3261413

Part I Fundraising Activities.

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

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

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1 3M CHAMPIONSHIP GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	Revenue				
	1 Gross receipts	6,293,577			6,293,577
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	6,293,577			6,293,577
Direct Expenses	4 Cash prizes	1,994,722			1,994,722
	5 Noncash prizes				
	6 Rent/facility costs	144,000			144,000
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,003,166			5,003,166
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				7,141,888
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-848,311

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

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

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

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ALLINA HEALTH SYSTEM

Employer identification number

36-3261413

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

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

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

No

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	20,657,441	0	20,657,441	0 500 %
b Medicaid (from Worksheet 3, column a)	0	0	63,888,808	0	63,888,808	1 560 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	51,076,136	0	51,076,136	1 240 %
d Total Financial Assistance and Means-Tested Government Programs			135,622,385		135,622,385	3 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	150	9,852,547	14,168,062	1,122,377	13,045,685	0 320 %
f Health professions education (from Worksheet 5)	47	4,284	29,294,576	9,718,598	19,575,978	0 480 %
g Subsidized health services (from Worksheet 6)	7	190	7,703,580	18,400	7,685,180	0 190 %
h Research (from Worksheet 7)	3	15,050	4,599,010	782,531	3,816,479	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	69	499,495	3,264,019	144,519	3,119,500	0 070 %
j Total. Other Benefits	276	10,371,566	59,029,247	11,786,425	47,242,822	1 150 %
k Total. Add lines 7d and 7j	276	10,371,566	194,651,632	11,786,425	182,865,207	4 450 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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	0	0	0	0		0 %
2 Economic development	3	1,160	10,427	0	10,427	0 %
3 Community support	11	1,657	103,470	0	103,470	0 %
4 Environmental improvements	1	100	122	0	122	0 %
5 Leadership development and training for community members	1	85	1,691	0	1,691	0 %
6 Coalition building	14	1,855	71,495	0	71,495	0 %
7 Community health improvement advocacy	7	1,015	47,086	47,086		0 %
8 Workforce development	7	904	140,187	0	140,187	0 %
9 Other	0	0	0	0		0 %
10 Total	44	6,776	374,478	47,086	327,392	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1

Yes

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

2

71,889,911

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

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

792,560,052

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

6

818,433,670

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

7

-25,873,618

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

(a) Name of entity <small>(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)</small>	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 MOBILE IMAGING SERVICES LLC	DIAGNOSTIC IMAGING	50 000 %		50 000 %
2 2 MAGNETO LEASING LLC	EQUIPMENT LEASING	50 000 %		50 000 %
3 3 SUBURBAN IMAGING LLC	OUTPATIENT RADIOLOGY SERVICES	50 000 %		50 000 %
4 4 APPLE VALLEY BUILDING ASSOCIATES LLC	BUILDING	50 000 %		50 000 %
5 5 CROSBY CARDIOVASCULAR SERVICES LLC	CARDIOLOGY DIAGNOSTIC SERVICES	50 000 %		50 000 %
6 6 NORTHSTAR SLEEP CENTER LLC	SLEEP MEDICINE	49 000 %		51 000 %
7 7 GERIATRIC SERVICES OF MINNESOTA LLC	LONG TERM CARE FOR THE ELDERLY	50 000 %		50 000 %
8 8 WOODBURY AMBULATORY SURGERY CENTER LLC	OUTPATIENT SERVICES	50 000 %		50 000 %
9 9 HEALTHCARE CAMPUS IMAGING ONE LLC	DIAGNOSTIC IMAGING	50 000 %		25 000 %
10 10 REHAB ONE CENTER LLC	REHABILITATION SERVICES	34 600 %		48 700 %
11 11 PET EQUIPMENT LEASING LLC	EQUIPMENT LEASING	25 000 %		25 000 %
12 12 TWIN CITIES MEDICAL IMAGING LLC	DIAGNOSTIC IMAGING	58 000 %		42 000 %
13 13 WESTHEALTH SURGERY CENTER LLC	OUTPATIENT SERVICES	51 000 %		49 000 %

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

11

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP - A**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
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	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSM</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>HTTPS //WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-</u>	10	Yes
a	If "Yes" (list url) <u>ASSESSM</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>275 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>0 000000000000</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.ALLINAHEALTH.ORG</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.ALLINAHEALTH.ORG</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.ALLINAHEALTH.ORG</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24	Yes	

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? **8**

Name and address	Type of Facility (describe)
1 1 - ALLINA HEALTH CLINICS-65 LOCATIONS PO BOX 43 INTERNAL ZIP 10890 MINNEAPOLIS, MN 55440	INPATIENT AND OUTPATIENT SERVICES
2 2 - ALLINA HEALTH LABORATORIES 800 E 28TH STREET MINNEAPOLIS, MN 55407	LABORATORY SERVICES
3 3 - ALLINA HEALTH EMERGENCY MEDICAL SERVICE 167 GRAND AVENUE ST PAUL, MN 55102	AMBULANCE AND MEDICAL TRANSPORTATION
4 4 - ALLINA HEALTH PHARMACIES-15 LOCATIONS 800 E 28TH STREET MINNEAPOLIS, MN 55407	PHARMACY SERVICES
5 5 - WESTHEALTH SURGERY CENTER LLC PO BOX 43 INTERNAL ZIP 10890 MINNEAPOLIS, MN 55440	OUTPATIENT SURGERY CENTER
6 6 - SOUTHWEST SURGICAL CENTER LLC 920 EAST 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407	OUTPATIENT SURGERY CENTER
7 7 - NORTHSTAR SLEEP CENTER LLC 3800 COON RAPIDS BOULEVARD SUITE 3800 COON RAPIDS, MN 55433	OUTPATIENT SERVICES
8 8 - WOODBURY AMBULATORY SURGERY CENER LLC 8675 VALLEY CREEK RD ST PAUL, MN 55125	OUTPATIENT SURGERY CENTER
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	<p>CHARITY CARE PROGRAM- ALLINA PARTNERS CARE PROGRAM A KEY COMPONENT OF ALLINA'S MISSION IS TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ADVOCATE FOR THOSE WITH LIMITED FINANCIAL MEANS ALLINA STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING MEDICAL CARE THEREFORE, ALLINA HAS SEVERAL FINANCIAL ASSISTANCE PROGRAMS INCLUDING A ROBUST CHARITY CARE PROGRAM KNOWN AS THE ALLINA PARTNERS CARE PROGRAM WHICH PROVIDES FREE CARE TO ALL PERSONS AT OR BELOW 275 PERCENT OF THE FEDERAL POVERTY GUIDELINES AS PUBLISHED ANNUALLY IN THE FEDERAL REGISTRAR THE CHARITY CARE PROGRAM ALSO PROVIDES FOR THE CONSIDERATION OF SPECIAL CIRCUMSTANCES FOR THE "MEDICALLY INDIGENT" THE ORGANIZATION EXTENDS THE CHARITY CARE PROGRAM IN INSTANCES THE ORGANIZATION HAS DETERMINED THE PATIENT IS UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS DUE TO CATASTROPHIC CIRCUMSTANCES EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERALLY APPLICABLE ELIGIBILITY CRITERIA FOR THE FREE CARE PROGRAM OR THE DISCOUNTED CARE PROGRAM (DESCRIBED BELOW) UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM GUIDELINES DISCOUNTED CARE PROGRAM - UNINSURED DISCOUNT PROGRAM ALLINA ALSO HAS A FINANCIAL ASSISTANCE PROGRAM KNOWN AS THE UNINSURED DISCOUNT PROGRAM THAT PROVIDES A DISCOUNT ON BILLED CHARGES TO UNINSURED PATIENTS, AND INSURED PATIENTS WHO RECEIVE UNINSURED TREATMENT, FOR MEDICALLY NECESSARY CARE RECEIVED FROM ANY ALLINA HOSPITAL, HOSPITAL BASED CLINIC AND WHOLLY-OWNED AMBULATORY SURGERY CENTERS THE UNINSURED DISCOUNT PROGRAM DOES NOT USE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY INSTEAD, UNINSURED PATIENTS AND INSURED PATIENTS WHO RECEIVE UNINSURED TREATMENT ARE ELIGIBLE FOR A DISCOUNT BASED UPON THEIR INCOME LEVEL AND THE LOCATION OF THE SERVICES PROVIDED ALL PATIENTS WITH AN ANNUAL INCOME AT OR BELOW \$125,000 ARE ELIGIBLE FOR A DISCOUNT THE DISCOUNT IS ALSO GENERALLY EXTENDED TO PATIENTS WITH AN ANNUAL INCOME ABOVE \$125,000 THERE ARE THREE DISCOUNTS LEVELS ESTABLISHED, ONE FOR METRO HOSPITALS, ONE FOR REGIONAL HOSPITALS, AND ONE FOR HOSPITAL BASED CLINICS WITHIN THE ALLINA SYSTEM ALLINA HEALTH'S UNINSURED DISCOUNT PROGRAM PROVIDES A SUBSTANTIAL DISCOUNT TO BILLED CHARGES FOR UNINSURED PATIENTS THE DISCOUNT IS UPDATED ANNUALLY AND IS BASED ON THE REIMBURSEMENT RATE OF THE NON-GOVERNMENTAL THIRD PARTY PAYER WHICH PROVIDED ALLINA HEALTH THE MOST REVENUE DURING THE PREVIOUS YEAR</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>COMMUNITY-BUILDING ACTIVITIESUNDERSTANDING THAT GOOD HEALTH IS DEPENDENT ON SOCIETAL, COMMUNITY, AND FAMILY ENVIRONMENTS AS WELL AS INDIVIDUAL CHOICES, AND IS BIGGER THAN THE PROVISION OF HEALTH CARE, ALLINA ENGAGES IN COMMUNITY-BUILDING ACTIVITIES BELOW ARE EXAMPLES OF WAYS THAT OUR HOSPITALS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES IN 2017</p> <p>WORKFORCE DEVELOPMENTMANY OF ALLINA HEALTH HOSPITALS HAVE TRAIN-TO-WORK PROGRAMS AS A MEANS TO BUILD A FUTURE WORKFORCE WITHIN AND OUTSIDE OF OUR ORGANIZATION BY FOCUSING ON BUILDING THE WORKFORCE, THE GOAL IS THAT THERE WILL BE AN INCREASE IN PERSONAL EMPLOYMENT AND ECONOMIC AND WORKFORCE STABILITY MULTIPLE ALLINA HEALTH HOSPITALS HAVE DEVELOPED PARTNERSHIPS WITH LOCAL SCHOOLS AND COMMUNITY ORGANIZATIONS IN THE PROCESS SEVERAL HOSPITALS AND THE CORPORATE OFFICE HOST CAREER DAYS FOR HIGH SCHOOL STUDENTS RIVER FALLS AREA HOSPITAL ALSO HAS SIGNIFICANT INVESTMENTS IN TRAIN TO WORK PROGRAMS, IN PARTICULAR THROUGH AN INTERNATIONAL PROGRAM CALLED PROJECT SEARCH THIS PROGRAM PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES STUDENTS SPEND NINE MONTHS GAINING REAL-LIFE, TRANSFERRABLE SKILLS AT THE HOSPITAL COMMUNITY COALITIONSALL ALLINA HEALTH HOSPITALS PARTICIPATE ON LOCAL COMMUNITY COALITIONS, SUCH AS COMMUNITY HEALTH ADVISORY COUNCILS, AS A WAY TO RESPOND TO COMMUNITY NEEDS THROUGH COLLABORATION AND PARTNERSHIP THESE COALITIONS PROVIDE THE HOSPITALS THE OPPORTUNITIES TO BUILD RELATIONSHIPS AND DETERMINE HOW BEST TO LEVERAGE LOCAL RESOURCES TO ADDRESS COMMUNITY NEEDS THAT EXIST OUTSIDE THE TRADITIONAL REALM OF HEALTH CARE ALLINA HEALTH HOSPITALS ARE PRESENT AT THOSE DISCUSSIONS TO DETERMINE THE ROLE HEALTH CARE CAN PLAY ONE EXAMPLE OF THIS IS THE STATEWIDE HEALTH IMPROVEMENT PLAN (SHIP), WHICH HAS LOCAL COALITIONS THROUGHOUT THE STATE VIA LOCAL PUBLIC HEALTH AGENCIES TO WORK ON NUTRITION, PHYSICAL ACTIVITY AND TOBACCO USE IN ADDITION, MANY OF OUR LEADERS SERVE ON LOCAL COMMUNITY ORGANIZATION LEADERSHIP TEAMS, SUCH AS VOLUNTEER BOARDS, TO ADVANCE COMMUNITY WORK DISASTER PREPAREDNESSIN ADDITION TO COMMUNITY-BUILDING ACTIVITIES THAT RELATED TO ROOT CAUSES OF HEALTH, ALLINA HEALTH HOSPITALS ENGAGED IN AND LED DISASTER PREPAREDNESS PLANNING TO ENSURE SAFETY, EFFICIENCY AND EXCELLENT HEALTH CARE DURING TIMES OF TRAGEDY AND/OR UPSET THIS INCLUDED PLANNING MEETINGS AND COMMUNITY MEETINGS/TRAININGS, AMONG OTHER THINGS IN 2017, SIGNIFICANT EFFORT WAS NEEDED AT ABBOTT NORTHWESTERN HOSPITAL AND WITH LOCAL GOVERNMENT AGENCIES AND OTHER HEALTH SYSTEMS IN PREPARATION OF THE 2018 SUPERBOWL, WHICH WAS HELD IN MINNEAPOLIS THESE PROGRAMS AND SERVICES, AMONG OTHERS, PROVIDE THE HOSPITALS WITHIN OUR SYSTEM THE OPPORTUNITY TO IMPACT COMMUNITY HEALTH BEFORE IT BECOMES PROBLEMATIC AND EXPENSIVE IN ADDITION, THIS IMPORTANT WORK IS SUPPORTED BY THE MISSION OF OUR ORGANIZATION AND IS OUR RESPONSIBILITY AS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION WE WILL CONTINUE TO CONTRIBUTE TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH THE PROMOTION OF COMMUNITY HEALTH</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	<p>SCH H, PART III, SECTION A, LINES 2 & 3THE ORGANIZATION HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION [HFMA] STATEMENT NO 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL HEALTHCARE PROVIDERS (STATEMENT 15) AS DISCLOSED IN THE FOOTNOTES TO THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS IN RESPONSE TO PART III, LINE 4, THE PROVISIONS FOR BAD DEBT AND CHARITY CARE ARE BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS THEREFORE, THE BAD DEBT AMOUNT STATED FOR FINANCIAL REPORTING PURPOSES IS REPORTED "NET" OF ANY ANTICIPATED PATIENT DISCOUNTS TO WHICH THE PATIENT MAY BE ELIGIBLE INCLUDING, BUT NOT LIMITED TO, THE UNINSURED DISCOUNT PROGRAM (DISCUSSED ABOVE) AND REFLECTS THE ESTIMATED AMOUNT REPORTED AS "NET PATIENT SERVICE REVENUE" DURING THE CURRENT PERIOD OR ANY PREVIOUS PERIOD THIS DOES NOT NECESSARILY EQUAL THE "COST" TO PROVIDE THE MEDICAL SERVICES ALSO, NOTE THAT AMOUNTS RELATED TO PATIENTS WHO HAVE QUALIFIED UNDER THE CHARITY CARE PROGRAM ARE NOT INCLUDED IN EITHER NET PATIENT REVENUE OR IN BAD DEBT EXPENSE IN OTHER WORDS, THE BAD DEBT EXPENSE REPORTED AS A REDUCTION TO PATIENT SERVICE REVENUE IN THE REVENUE SECTION OF THE FINANCIAL STATEMENTS OF THE FORM 990 DOES NOT INCLUDE AMOUNTS RELATED TO QUALIFIED CHARITY CARE PATIENTS AND IS STATED AT THE "NET" EXPECTED OR ANTICIPATED COLLECTION AMOUNT WHICH MAY BE SIGNIFICANTLY DIFFERENT THAN PATIENT CHARGES DUE TO THE APPLICATION OF DISCOUNTS SUCH AS THOSE PROVIDED UNDER THE UNINSURED DISCOUNT PROGRAM THIS AMOUNT ALSO CONSTITUTES A DIFFERENT AMOUNT THAN THE ORGANIZATION'S ACTUAL COST TO PROVIDE THE MEDICAL SERVICES TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 2 BAD DEBT "AT COST", THE ORGANIZATION HAS APPLIED A RATIO OF PATIENT CARE COST TO CHARGES (COST TO CHARGE RATIO) TO THE ESTIMATED PATIENT CHARGE AMOUNT INCLUDED IN BAD DEBT AFTER REMOVING THE ANTICIPATED DISCOUNTS THE COST TO CHARGE RATIO IS CALCULATED INDEPENDENTLY FOR EACH HOSPITAL OR OPERATING UNIT THE RESULTING BAD DEBT (AT COST) AMOUNT FOR EACH HOSPITAL AND OPERATING UNIT IS THEN AGGREGATED TO ARRIVE AT THE BAD DEBT (AT COST) REPORTED ON LINE 2 THIS PROCESS PROVIDES A VERY CONSERVATIVE ESTIMATE OF THE ORGANIZATION'S BAD DEBT (AT COST) THE ORGANIZATION HAS A ROBUST PROCESS FOR ADMINISTERING THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS INCLUDING THE CHARITY CARE AND UNINSURED DISCOUNT PROGRAM DESCRIBED IN FURTHER DETAIL IN PART VI, LINE 3 EACH PATIENT IS PROVIDED NUMEROUS OPPORTUNITIES TO APPLY TO THE COMMUNITY CARE PROGRAM AND TO PARTICIPATE, IF QUALIFIED, TO RECEIVE FREE OR DISCOUNTED MEDICAL CARE OR BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM UNDER THE ORGANIZATIONS VARIOUS FINANCIAL ASSISTANCE PROGRAMS THE ADMINISTRATIVE PROCESS INCLUDES IDENTIFYING ANY PATIENT WITH A FINANCIAL CONCERN, AS WELL AS INFORMING, COUNSELING, QUALIFYING AND ASSISTING PATIENTS TO APPLY FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS ALTHOUGH EACH PATIENT IS PROVIDED NUMEROUS OPPORTUNITIES TO RECEIVE FINANCIAL ASSISTANCE AND INFORMED MULTIPLE TIMES OF THE CHARITY CARE PROGRAM PRIOR TO OUR CLASSIFYING THE AMOUNTS AS BAD DEBT, IT IS POSSIBLE THAT PATIENTS WHO WOULD QUALIFY FOR CHARITY CARE DO NOT COMPLETE THE APPLICATION THIS AMOUNT IS NOT REASONABLY ESTIMABLE AS A TAX-EXEMPT HOSPITAL ORGANIZATION WE ARE REQUIRED TO PROVIDE NECESSARY MEDICAL CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES PROVIDED DUE TO CIRCUMSTANCES BEYOND OUR CONTROL, A PERSON WHO WOULD OTHERWISE QUALIFY UNDER THE CHARITY CARE PROGRAM MAY NOT PROVIDE US THE NECESSARY INFORMATION, QUALIFY FOR THE PROGRAM, AND RECEIVE FREE CARE ALLOWING US TO CLASSIFY AND QUANTIFY IT ACCORDINGLY AND AS SUCH ULTIMATELY, THOSE AMOUNTS ARE WRITTEN-OFF AND REPORTED AS BAD DEBT EXPENSE ANY METHODOLOGY WE COULD USE TO QUANTIFY AND PROVIDE AN ESTIMATE OF HOW MUCH BAD DEBT (AT COST AND IF ANY) REPORTED ON LINE 2 REASONABLY COULD BE ATTRIBUTABLE TO PERSONS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY AND FOR US TO PROVIDE AN ESTIMATE OF WHAT PORTION OF BAD DEBT, IF ANY, THE ORGANIZATION BELIEVES SHOULD CONSTITUTE COMMUNITY BENEFIT WOULD BE PURELY SPECULATIVE, IMPRECISE AND SUBJECT TO INHERENT METHODOLOGY FLAWS WHILE WE FIRMLY BELIEVE, FOR THE REASONS STATED ABOVE, THAT SOME COMPONENT OF OUR REPORTED BAD DEBT EXPENSE (AT COST) ON LINE 2 CONSTITUTES AMOUNTS RELATED TO PERSONS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE PROGRAM, WE CANNOT REASONABLY QUANTIFY THE AMOUNT AND RESPECTFULLY DECLINE THE OPPORTUNITY TO PROVIDE AN AMOUNT THEREFORE, WE HAVE REPORTED ZERO OR NONE FOR FORM 990, SCHEDULE H, PART III, LINE 3</p>

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Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTES TO AUDITED FINANCIAL STATEMENT THAT DESCRIBE BAD DEBT EXPENSE ARE AS FOLLOWS FOOTNOTE 2(O) NET PATIENT SERVICE REVENUE THE PROVISIONS FOR BAD DEBTS AND CHARITY CARE ARE BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE SYSTEM

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Form and Line Reference	Explanation
PART III, LINE 8	<p>THE ORGANIZATION HAS MORE THAN ONE MEDICARE PROVIDER NUMBER AND THEREFORE AGGREGATED THE AMOUNTS REPORTED IN THE MEDICARE COST REPORTS AS THE SOURCE FOR THE AMOUNTS REPORTED ON PART III, LINES 5 & 6 AS OUTLINED IN THE FORM 990, SCHEDULE H INSTRUCTIONS FOR MEDICARE COST REPORTS, ALLINA USES A RATIO OF PATIENT CARE COSTS TO CHARGES (COST TO CHARGE RATIO) TO DETERMINE MEDICARE ALLOWABLE COSTS. GENERALLY, THE RATIO IS CALCULATED AS THE TOTAL MEDICARE ALLOWABLE PATIENT COSTS OVER THE TOTAL PATIENT CHARGES. MEDICARE CHARGES MULTIPLIED BY THIS RATIO EQUALS THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORTS. THE COST TO CHARGE RATIO IS CALCULATED INDEPENDENTLY FOR EACH MEDICARE COST REPORT/PROVIDER NUMBER. ALLINA BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. ALLINA'S PROVIDING OF THESE SERVICES CLEARLY LESSENS THE BURDENS OF GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES. AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINE 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM. THE TRUE COMMUNITY BENEFIT FOR OUR PARTICIPATION IN THE CURRENT MEDICARE PROGRAM IS DEPENDENT ON HOW EFFICIENTLY AND COST EFFECTIVELY THE FEDERAL GOVERNMENT COULD OPERATE A DIRECT MEDICAL CARE MEDICARE PROGRAM OR ALTERNATIVELY THE COST TO THE GOVERNMENT TO CONTRACT OUT SUCH SERVICES THROUGH A COMPETITIVE BIDDING PROCESS IN THE OPEN MARKETS FOR THE SAME OR SIMILAR SERVICES FACTORING IN ITEMS SUCH AS QUALITY OF CARE, OUTCOMES AND SIMILAR IMPORTANT FACTORS AS COMPARED TO ALLINA'S ACTUAL COSTS OF PROVIDING THE MEDICAL CARE. THE MEDICARE SHORTFALL CALCULATION ON THE FORM 990, SCHEDULE H, PART III, LINE 7 SIGNIFICANTLY UNDERSTATES ALLINA'S ACTUAL MEDICARE SHORTFALL FOR TWO REASONS. FIRST, ALLINA INCURS SIGNIFICANT COSTS IN EXCESS OF PAYMENTS UNDER THE MEDICARE PROGRAM FOR PROVIDING CERTAIN SERVICES THAT ARE NOT SUBJECT TO MEDICARE COST REPORTING AND THEREFORE NOT REFLECTED IN OUR COST AMOUNTS ON LINE 6. SECOND, THE LINE 6 LIMITS OUR REPORTED COSTS TO ONLY MEDICARE "ALLOWABLE COSTS" AS SOLELY DETERMINED BY THE FEDERAL GOVERNMENT MEDICARE PROGRAM. FOR THESE TWO REASONS, THE MEDICARE SHORTFALL REPORTED ON LINE 7 SIGNIFICANTLY UNDERSTATES ALLINA'S ACTUAL MEDICARE SHORTFALL AND THE ACTUAL COST OF PROVIDING MEDICAL CARE TO MEDICARE PROGRAM PARTICIPANTS. WE ESTIMATE THESE TWO ITEMS UNDERSTATE ALLINA'S REPORTED MEDICARE SHORTFALL BY OVER \$230 MILLION. WE BELIEVE A DIRECT MEDICAL SERVICE MEDICARE PROGRAM OPERATED BY THE FEDERAL GOVERNMENT AND THE COST TO THE GOVERNMENT TO CONTRACT OUT THE SERVICES UNDER A COMPETITIVE BIDDING PROCESS MAY EVEN PROVE TO BE MORE EXPENSIVE TO THE FEDERAL GOVERNMENT THAN ALLINA'S REPORTED MEDICARE "ALLOWABLE COSTS" ON LINE 6 GIVEN OUR QUALITY OF CARE, SUCCESSFUL OUTCOMES AND THE SIGNIFICANT DIFFERENCE BETWEEN ACTUAL COSTS WE INCUR AND MEDICARE "ALLOWABLE COSTS" IN PROVIDING CARE UNDER THE MEDICARE PROGRAM. THEREFORE, WE FIRMLY BELIEVE THAT THERE IS A TRUE COMMUNITY BENEFIT COMPONENT TO OUR PARTICIPATION IN THE FEDERAL MEDICARE PROGRAM.</p>

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

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Form and Line Reference	Explanation
PART V, SECTION A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS HTTPS //WWW ALLINAHEALTH ORG/MERCY-HOSPITAL/ HTTPS //WWW ALLINAHEALTH ORG/UNITY-HOSPITAL/

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PART VI, LINE 2	<p>IN 2016, ALLINA HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR EACH OF THE HOSPITALS IN THE SYSTEM. THE NEEDS ASSESSMENT PURPOSE WAS TO IDENTIFY THREE LOCAL PRIORITIES FOR EACH HOSPITAL AS WELL AS OVER-ARCHING THEMES FOR THE HEALTH SYSTEM TO ADDRESS FOR FY 2017-2019. THIS IMPLEMENTATION PLAN IS CURRENTLY IN PROGRESS AND THE NEXT PHASE OF PLANNING WILL COMMENCE IN LATE 2018. THE PROCESS RELIED PRIMARILY ON EXISTING PUBLIC DATA, DIRECTLY ENGAGE COMMUNITY STAKEHOLDERS AND COLLABORATE WITH LOCAL PUBLIC HEALTH AND OTHER HEALTH PROVIDERS. THERE WERE THREE STAGES INVOLVED DURING THE NEEDS ASSESSMENT: DATA REVIEW AND SETTING PRIORITIES, COMMUNITY HEALTH DIALOGUES, AND ACTION PLANNING. IN THE FIRST PHASE, IN FALL 2015, COMMITTEES WERE FORMED AT EACH HOSPITAL TO REVIEW EXISTING HEALTH-RELATED DATA. DIVERSE STAKEHOLDERS REVIEWED EXISTING DATASETS AND THEN DEVELOPED AN INITIAL LIST OF COMMUNITY HEALTH ISSUES. ASSESSMENT STAKEHOLDERS USED THE HANLON METHOD, A SYSTEMATIC PRIORITIZATION PROCESS, TO RANK THE HEALTH-RELATED ISSUES BASED ON THREE CRITERIA: SIZE OF THE PROBLEM, SERIOUSNESS OF THE PROBLEM, AND ESTIMATED EFFECTIVENESS OF THE SOLUTION AND WERE THEN ASKED TO CONSIDER THE NUMERICAL RANKINGS GIVEN TO EACH ISSUE ALONG WITH A SET OF DISCUSSION QUESTIONS TO CHOOSE THE FINAL PRIORITY ISSUES. IN THE SECOND PHASE DURING EARLY 2016, SEVERAL HUNDRED LOCAL RESIDENTS AND STAKEHOLDERS FROM EIGHT ALLINA HEALTH REGIONS PARTICIPATED IN COMMUNITY HEALTH DIALOGUES FACILITATED BY AN EXTERNAL AGENCY. STAKEHOLDERS WERE DIVERSE IN AGE, RACE/ETHNICITY, AND EMPLOYMENT AND REPRESENTED SECTORS SUCH AS SCHOOLS, BUSINESS, FAITH-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND ADVOCACY ORGANIZATIONS. A NUMBER OF STAKEHOLDERS IDENTIFIED THEMSELVES AS HAVING EXPERTISE IN HEALTH-RELATED AREAS. THE DIALOGUES USED A WORLD CAFE MODEL OF DISCUSSION, WHICH ALLOWED PARTICIPANTS TO DISCUSS UP TO THREE TOPICS IDENTIFIED AS IMPORTANT HEALTH CONCERNS IN THEIR REGION. KEY THEMES FROM THE DIALOGUES WERE IDENTIFIED THROUGH ANALYSIS OF INDIVIDUAL DISCUSSION GUIDES AND SMALL GROUP NOTES. EACH REGION RECEIVED A SUMMARY AND ACTION IDEAS IN THE FINAL PHASE DURING SUMMER 2016, EACH FACILITY ENGAGED IN ACTION PLANNING SPECIFIC TO THE ISSUES AND PRIORITIES IDENTIFIED IN THEIR CHNA PROCESS. IN TOTAL, MORE THAN 400 DIVERSE STAKEHOLDERS WERE ENGAGED IN DATA REVIEW, PRIORITIZATION OR COMMUNITY DIALOGUES AS A HEALTH SYSTEM. TWO COMMON THEMES WERE IDENTIFIED ACROSS THE SYSTEM FOR COLLECTIVE ACTION DURING 2017-2019, THE SAME AS IN 2014-2016: HEALTHY EATING/ ACTIVE LIVING AND MENTAL HEALTH/ WELLNESS. ALL ALLINA HEALTH ASSESSMENTS AND ACTION PLANS WERE APPROVED BY LOCAL FACILITIES AND THE ALLINA HEALTH BOARD OF DIRECTORS BY DECEMBER 2016. COPIES OF EACH FACILITY'S NEEDS ASSESSMENT REPORT AND ACTION PLAN CAN BE FOUND AT: HTTPS://WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSMENTS/2017-2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLANS. ONCE IMPLEMENTATION PLANS ARE CREATED, MORE DETAILED PLANNING CONTINUES WITH STAKEHOLDER TO DEVELOP AND DELIVER SPECIFIC PROGRAMS, SERVICES AND ACTIVITIES EITHER LOCALLY OR SYSTEM-WIDE.</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>A KEY COMPONENT OF ALLINA'S MISSION IS TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ADVOCATE FOR THOSE WITH LIMITED FINANCIAL MEANS ALLINA STRIVE S TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT P REVENT THEM FROM SEEKING OR RECEIVING MEDICAL CARE PROVIDING CONVENIENT ACCESS TO NECESSA RY MEDICAL CARE REGARDLESS OF ONE'S ABILITY TO PAY FOR THOSE SERVICES IS IMPORTANT TO US ALLINA HAS ESTABLISHED THE FOLLOWING FINANCIAL ASSISTANCE PROGRAMS - ALLINA PARTNERS CARE PROGRAM (CHARITY CARE)- UNINSURED DISCOUNT PROGRAM- SPECIAL CIRCUMSTANCES- MEDELIGIBLE SER VICES- MEDCREDIT FINANCIAL SERVICES- PAYMENT PLANSOUR CARE GOES BEYOND MEDICAL CARE ASSIST ANCE WE ALSO HELP PEOPLE GET FOOD STAMPS, WIC (WOMEN, INFANTS AND CHILDREN, A FEDERAL PRO GRAM THAT SUPPLIES NUTRITIOUS FOODS) OR HEATING ASSISTANCE - ALL OF WHICH ARE VITALLY IMPO RTANT TO A PATIENT'S RECOVERY, HEALTH AND WELL-BEING YOU MAY VISIT WWW.ALLINAHEALTH.ORG A ND CLICK ON THE FINANCIAL ASSISTANCE LINK CHARITY CARE PROGRAM - ALLINA PARTNERS CARE PRO GRAM THE ALLINA PARTNERS CARE PROGRAM PROVIDES FREE MEDICALLY NECESSARY CARE TO ALL PERSONS AT OR BELOW 275 PERCENT OF THE FEDERAL POVERTY GUIDELINES AS PUBLISHED ANNUALLY IN THE FE DERAL REGISTRAR THE PROGRAM WAS ESTABLISHED TO ASSIST PATIENTS WHO DO NOT QUALIFY FOR MED ICAL ASSISTANCE OR MINNESOTA CARE AND WHOSE ANNUAL INCOMES ARE AT OR BELOW 275 PERCENT OF THE FEDERAL POVERTY LEVEL THE APPLICATION IS BRIEF AND ASKS FOR INFORMATION ON FAMILY SIZ E, EMPLOYMENT, INCOME, BANKING AND INSURANCE IF PATIENTS MEET THE PROGRAM ELIGIBILITY GUI DELINES, THEIR TOTAL ALLINA BALANCE WILL BE ZERO THEY WILL RECEIVE FREE MEDICAL CARE AN ELIGIBLE INDIVIDUAL WILL BE COVERED BY THE PROGRAM FOR UP TO ONE YEAR BARRING ANY SIGNIFIC ANT CHANGE IN INCOME PATIENTS MAY BE ASKED TO APPLY FOR MEDICAL ASSISTANCE AND MINNESOTA CARE AND BE FOUND INELIGIBLE FOR THOSE PROGRAMS BEFORE THEY QUALIFY FOR THE ALLINA PARTNER S CARE UNINSURED DISCOUNT PROGRAM - THE UNINSURED DISCOUNT PROGRAM PROVIDES A DISCOUNT ON BILLED CHARGES TO UNINSURED PATIENTS, AND INSURED PATIENTS WHO RECEIVE UNINSURED TREATMEN T, FOR MEDICALLY NECESSARY CARE RECEIVED FROM ANY ALLINA HOSPITAL, HOSPITAL BASED CLINIC A ND WHOLLY- OWNED AMBULATORY SURGERY CENTERS UNINSURED PATIENTS AND INSURED PATIENTS WHO RE CEIVE UNINSURED TREATMENT ARE ELIGIBLE FOR A DISCOUNT BASED UPON THEIR INCOME LEVEL AND TH E LOCATION OF THE SERVICES PROVIDED ALL PATIENTS WITH AN ANNUAL INCOME AT OR BELOW \$125,0 00 ARE ELIGIBLE FOR A DISCOUNT THE DISCOUNT IS ALSO GENERALLY EXTENDED TO PATIENTS WITH A N ANNUAL INCOME ABOVE \$125,000 THERE ARE THREE DISCOUNTS LEVELS ESTABLISHED, ONE FOR METR O HOSPITALS , ONE FOR REGIONAL HOSPITALS, AND ONE FOR HOSPITAL BASED CLINICS WITHIN THE AL LINA SYSTEM SPECIAL CIRCUMSTANCES ASSISTANCE (ON INDIVIDUAL CASE BY CASE BASIS) - THE ORG ANIZATION PROVIDES FOR THE CONSIDERATION OF SPECIAL CIRCUMSTANCES FOR THE "MEDICALLY INDIG ENT" THE ORGANIZATION EXTENDS THE CHARITY CARE PROGRAM IN INSTANCES THE ORGANIZATION HAS DETERMINED THE PATIENT IS UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS DUE TO CATASTRO PHIC CIRCUMSTANCES EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERA LLY APPLICABLE ELIGIBILITY CRITERIA FOR THE FREE CARE PROGRAM OR THE DISCOUNTED CARE PROGR AM UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM GUIDELINES FINANCIAL ASSISTANCE SERVICES WILL PROVIDE AN EVALUATION OF PATIENTS WITH SPECIAL CIRCUMSTANCES THERE MAY BE A CIRCUMSTANCE WHERE PATIENTS EXPERIENCE A CATASTROPHIC EVENT THAT PUTS THEM IN A DEVASTATI NG FINANCIAL POSITION WHEREBY THE PROGRAM REPRESENTATIVES WILL DETERMINE HOW TO BEST SUPPO RT THEM FINANCIALLY MEDELIGIBLE SERVICES - MEDELIGIBLE SERVICES PROVIDES ADVOCACY SUPPORT TO PATIENTS WHO HAVE DIFFICULTY PAYING THEIR MEDICAL BILLS THEY CAN ASSIST PATIENTS WITH APPLYING FOR FEDERAL, STATE AND COUNTY BENEFIT PROGRAMS THE MEDELIGIBLE SERVICES PERSONNE L ARE ADVOCATES WHO EDUCATE PATIENTS AND FAMILIES ABOUT THE ADVANTAGE OF PROGRAMS AND ASSI ST THEM WITH GETTING HELP PERSONNEL CAN PROVIDE ASSISTANCE WITH MEDICAID AND MEDICARE, SO CIAL SECURITY, VETERAN'S ADMINISTRATION, FOOD STAMPS, EMERGENCY FOOD, AND SHELTER MEDCRED IT FINANCIAL SERVICES - MEDCREDIT FINANCIAL SERVICES PROVIDES FINANCIAL LOANS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR MEDICAL BILLS THE PATIENT CAN CONSOLIDATE ALL MEDICAL EXPE NSES FROM PARTICIPATING PROVIDERS SUCH THAT THE PATIENT HAS ONLY ONE MONTHLY PAYMENT THER E IS NO CREDIT APPLICATION REQUIRED AND NO ANNUAL FEES OR DUES THE ANNUAL PERCENTAGE INTE REST RATE IS 8 PERCENT ONCE A PATIENT HAS ESTABLISHED A MEDCREDIT ACCOUNT, AMOUNTS CAN BE ADDED ON ANY ADDITIONAL MEDICAL EXPENSES FOR THEMSELVES AND THEIR FAMILY PAYMENT PLANS - IF A PATIENT INDICATES THEY ARE UNABLE OR UNWILLING TO PAY THE BALANCE IN FULL, ALLINA OF FERS A PAYMENT PLAN WHICH CANNOT EXCEED TWELVE MONTHS AND CANNOT BE LESS THAN THIRTY DOLLA RS PER MONTH IF THE PATIENT IS UNABLE TO MEET THE</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>SE PARAMETERS, MEDCREDIT IS OFFERED TO THEM THE FINANCIAL ASSISTANCE SERVICES INFORMATION AND EDUCATION METHODS - ALLINA HAS ROBUST METHODS TO INFORM AND EDUCATE PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS INCLUDING ITS CHARITY CARE PROGRAM AND ALSO ABOUT GOVERNMENT PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE TO RECEIVE BENEFITS. EACH PATIENT BILLING STATEMENT CONTAINS INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDES CONTACT INFORMATION. THE ALLINA WEBSITE HOMEPAGE AT WWW.ALLINAHEALTH.ORG PROMINENTLY CONTAINS A LINK TO THE FINANCIAL ASSISTANCE SERVICES PAGE WHICH DESCRIBES THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS AND INCLUDES CONTACT INFORMATION. THE ORGANIZATION POSTS SUMMARIES OF ITS FINANCIAL ASSISTANCE PROGRAMS IN BROCHURES IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZATIONS FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT. THE BROCHURES CONTAIN SUMMARIES OF THE FINANCIAL ASSISTANCE PROGRAMS AND INCLUDE CONTACT INFORMATION FOR THE PROGRAMS. THIS INFORMATION IS ALSO AVAILABLE IN SOMALI AND SPANISH. REGISTRATION, ADMISSIONS AND INTAKE PERSONNEL ARE TRAINED TO PROVIDE FINANCIAL ASSISTANCE PROGRAM INFORMATION TO ANYONE EXPRESSING A CONCERN ABOUT THEIR ABILITY TO PAY FOR SERVICES. ALL "SELF-PAY" PATIENTS (THE PATIENT IS NOT COVERED BY INSURANCE OR A GOVERNMENT PROGRAM) THAT COMES TO ONE OF THE ORGANIZATION'S EMERGENCY ROOMS RECEIVES A PACKET OF INFORMATION CONTAINING EVERYTHING NECESSARY TO APPLY FOR THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS AND CERTAIN GOVERNMENT PROGRAMS. THERE IS CONTACT INFORMATION AND TELEPHONE NUMBERS THEY CAN CALL WITH ANY QUESTIONS OR TO RECEIVE ASSISTANCE IN COMPLETING APPLICATIONS. FINANCIAL ASSISTANCE PROGRAM PERSONNEL ALSO MEET DIRECTLY WITH ANY SELF-PAY PATIENT ADMITTED TO THE HOSPITAL. PERSONNEL WILL MEET WITH PATIENTS WHEREVER IT IS MOST CONVENIENT FOR THE PATIENT SUCH AS THE HOSPITAL, A CLINIC, THE ORGANIZATION'S OFFICES OR THE PATIENT'S HOME. ALLINA HAS A SYSTEM-WIDE INTERPRETER SERVICES TEAM THAT PROVIDES INTERPRETERS TO PATIENTS, COMPANIONS AND FAMILIES WHO HAVE LIMITED ENGLISH PROFICIENCY (LEP) OR ARE DEAF OR HARD OF HEARING (DHH). THIS SERVICE IS PROVIDED AT NO COST TO THE PATIENT. LEP AND DHH PERSONNEL ARE TRAINED TO INFORM AND EDUCATE PATIENTS ABOUT THE FINANCIAL ASSISTANCE PROGRAMS. ALL PERSONNEL RESPONSIBLE FOR THE ORGANIZATIONS COLLECTION ACTIVITIES ARE EXTENSIVELY TRAINED ON THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAMS. ANY TIME A PATIENT EXPRESSES A CONCERN REGARDING THEIR ABILITY TO PAY FOR SERVICES, THE PERSONNEL EXPLAIN THE FINANCIAL ASSISTANCE PROGRAMS, ASK CERTAIN QUESTIONS TO OBTAIN INFORMATION AND TO DETERMINE WHICH FINANCIAL ASSISTANCE PROGRAMS THE PATIENT MAY QUALIFY AND BEST FITS THE PATIENTS' NEEDS.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>ALLINA HEALTH SYSTEM (ALLINA HEALTH) IS A NOT-FOR-PROFIT SYSTEM OF CLINICS, HOSPITALS AND OTHER HEALTH CARE SERVICES. ALLINA HEALTH OWNS AND OPERATES 11 HOSPITALS, APPROXIMATELY 100 CLINICS AND HEALTH CARE SERVICES, INCLUDING HOME CARE, HOSPICE CARE, PALLIATIVE CARE, OXYGEN AND MEDICAL EQUIPMENT, PHARMACIES AND EMERGENCY MEDICAL TRANSPORTATION IN OPERATION WITHIN MINNESOTA AND WESTERN WISCONSIN. NEARLY ALL ALLINA HOSPITAL PATIENTS COME FROM MINNESOTA AND WISCONSIN, THE MAJORITY OF WHICH COME FROM COUNTIES IN AND SURROUNDING THE METROPOLITAN AREAS OF MINNEAPOLIS AND ST. PAUL. COMMUNITIES SERVED BY ALLINA HEALTH ARE ASSIGNED INTO ONE OF NINE REGIONS AND EACH REGION INCLUDES AT LEAST ONE HOSPITAL WITHIN OUR SYSTEM. COMMUNITY ENGAGEMENT LEADS ARE ASSIGNED TO EACH REGION TO ENGAGE COMMUNITY IN COMMUNITY BENEFIT ACTIVITIES. WEST METRO: THE WEST METRO REGION INCLUDES ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE AND SERVES MOST COMMUNITIES WITHIN HENNEPIN COUNTY, THE LARGEST COUNTY IN MINNESOTA. THE CITY OF MINNEAPOLIS IS ITS LARGEST CITY AND THE COUNTY SEAT. THE WEST METRO REGION SERVES BOTH URBAN AND SUBURBAN COMMUNITIES AND INCLUDES A RANGE OF SOCIOECONOMIC STATUSES AS WELL AS A BROAD REPRESENTATION OF RACES AND ETHNICITIES. EAST METRO: THE EAST METRO REGION INCLUDES UNITED HOSPITAL AND REGINA HOSPITAL AND SERVES RAMSEY, WASHINGTON AND DAKOTA COUNTIES. THIS REGION SPANS THE EASTERN EDGE OF MINNESOTA INTO THE METRO AREA SURROUNDING THE CITY OF ST. PAUL, THE CAPITAL AND SECOND-MOST POPULOUS CITY IN THE STATE. THE EAST METRO REGION IS HIGHLY DIVERSE, GEOGRAPHICALLY, SOCIOECONOMICALLY AND RACIALLY. NORTHWEST METRO: THE NORTHWEST METRO REGION INCLUDES MERCY HOSPITAL AND ITS UNITY CAMPUS AND PRIMARILY SERVES COMMUNITIES WITHIN ANOKA COUNTY, BUT ALSO INCLUDES AREAS WITHIN SHERBURNE AND HENNEPIN COUNTIES. ANOKA COUNTY IS THE FOURTH-MOST POPULOUS COUNTY IN THE STATE OF MINNESOTA AND INCLUDES THE NORTHWEST METROPOLITAN AREA THAT IS PREDOMINANTLY SUBURBAN IN NATURE. SOUTH METRO: THE SOUTH METRO REGION INCLUDES ST. FRANCIS REGIONAL MEDICAL CENTER, A PARTIALLY-OWNED HOSPITAL WITHIN THE ALLINA SYSTEM, AND PRIMARILY SERVES SCOTT AND CARVER COUNTIES, BUT ALSO INCLUDES COMMUNITIES IN SIBLEY, LE SUEUR, DAKOTA AND HENNEPIN COUNTIES. THIS REGION INCLUDES BOTH SUBURBAN AND SMALL COMMUNITIES IN THE SOUTHWEST AREA OF THE MINNEAPOLIS-ST. PAUL METROPOLITAN AREA. NORTHWEST REGIONAL: THE NORTHWEST REGIONAL AREA INCLUDES BUFFALO HOSPITAL AND IS LOCATED WEST OF THE METROPOLITAN AREA OF MINNEAPOLIS AND ST. PAUL. THIS REGION PRIMARILY SERVES WEST OF THE COUNTY, BUT ALSO SERVES COMMUNITIES WITHIN STEARNS, MEEKER AND HENNEPIN COUNTIES. THIS REGION IS MADE UP OF BOTH SMALL AND RURAL COMMUNITIES. NORTH REGIONAL: THE NORTH REGIONAL AREA INCLUDES CAMBRIDGE MEDICAL CENTER AND SERVES SMALL AND RURAL COMMUNITIES WITHIN ISANTI, CHISAGO, KANABEC AND PINE COUNTIES NORTH OF THE METROPOLITAN AREA OF MINNEAPOLIS AND ST. PAUL. SOUTHWEST REGIONAL: THE SOUTHWEST REGIONAL AREA IS LOCATED IN SOUTH CENTRAL MINNESOTA AND INCLUDES NEW ULM MEDICAL CENTER. THE REGION SERVES COMMUNITIES AND RURAL AREAS IN AND AROUND BROWN COUNTY AND COMMUNITIES WITHIN SIBLEY AND NICOLLET COUNTIES. SOUTH REGIONAL: ALLOCATED SOUTH OF THE TWIN CITIES METROPOLITAN AREA, THE SOUTH REGIONAL REGION SERVES SMALL AND RURAL COMMUNITIES IN AND AROUND DAKOTA, RICE, STEELE, WASECA, DODGE, AND GOODHUE COUNTIES. OWATONNA HOSPITAL AND DISTRICT ONE HOSPITALS SERVE THESE AREAS. WESTERN WISCONSIN: LOCATED IN WESTERN WISCONSIN, THIS REGION INCLUDES SMALL AND RURAL COMMUNITIES WITHIN PIERCE AND ST. CROIX COUNTIES. RIVER FALLS AREA HOSPITAL (RFAH) IS LOCATED IN THIS REGION.</p>

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Form and Line Reference	Explanation
PART VI, LINE 5	<p>GOVERNING BODYTHE ALLINA HEALTH BOARD OF DIRECTORS HAS OVERSIGHT FOR COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT FUNCTIONS. ACCORDING TO ITS CHARTER, THE QUALITY AND POPULATION HEALTH COMMITTEE OF THE BOARD PROVIDES GOVERNANCE OVERSIGHT OF ALLINA'S POPULATION HEALTH AND COMMUNITY BENEFIT AND ENGAGEMENT STRATEGIES, THE QUALITY OF CARE AND SERVICE AT ALLINA HOSPITALS AND CLINICS, AND THE SYNERGIES AND LESSONS AT THE INTERFACE. THE COMMITTEE ASSISTS THE ALLINA BOARD OF DIRECTORS ("BOARD") TO DELIVER ON ITS PURPOSES OF IMPROVING THE COORDINATION AND INTEGRATION OF CLINICAL CARE, ENHANCING ACCESS TO QUALITY HEALTH CARE FOR THE PEOPLE IT SERVES, IMPROVING THE COST EFFECTIVENESS OF THE HEALTH CARE SERVICES IT DELIVERS, IMPROVING THE PATIENT EXPERIENCE FOR INDIVIDUALS RECEIVING SUCH HEALTH CARE SERVICES, AND IMPROVING HEALTH STATUS INDICATORS BROADLY FOR THE LARGER POPULATION OF RESIDENTS IN OUR COMMUNITIES TO ENSURE THAT THE BOARD OF DIRECTORS REPRESENTS THE COMMUNITIES SERVED BY ALLINA HEALTH, THE BY-LAWS STATE THAT A MAJORITY OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS SHALL AT ALL TIMES BE INDEPENDENT CIVIC LEADERS. IN FURTHERANCE OF THIS REQUIREMENT, AND SUBJECT TO VACANCIES THAT MAY OCCUR FROM TIME TO TIME, NO MORE THAN ONE-THIRD (1/3) OF THE DIRECTORS (INCLUDING ANY EX-OFFICIO DIRECTORS WITH VOTE) MAY BE INTERESTED DIRECTORS. INTERESTED DIRECTORS SHALL INCLUDE PERSONS WHO ARE NOT ON THE BOARD OF DIRECTORS BUT SERVE ON COMMITTEES OR OTHERWISE PARTICIPATE IN THE AFFAIRS OF THE CORPORATION AND WOULD BE DEEMED INTERESTED DIRECTORS IF THEY WERE ON THE BOARD OF DIRECTORS. "INTERESTED DIRECTORS" ARE (1) ANY MEMBERS OF THE CORPORATION'S MANAGEMENT WHO SERVE AS DIRECTORS, AND (2) ANY PHYSICIAN DIRECTORS WHO PROVIDE SERVICES IN CONJUNCTION WITH THE ORGANIZATION OR ANY OF ITS HOSPITALS OR CLINICS, INCLUDING WITHOUT LIMITATION SERVICES UNDER A CONTRACT WITH ANY OF THE ORGANIZATION'S HOSPITALS OR CLINICS, AS A PHYSICIAN EMPLOYEE OF ONE OF THE ORGANIZATION'S CLINICS OR AS A MEDICAL STAFF MEMBER OF ONE OF THE ORGANIZATION'S HOSPITALS. IN ADDITION TO THESE BY-LAWS PROVISIONS, THE BOARD'S GOVERNANCE AND NOMINATING COMMITTEE ACTIVELY ENSURES DIVERSITY OF DIRECTORS AND KEY SUBSTANTIVE AND STRATEGIC COMPETENCIES IN RECRUITING BOARD MEMBERS. THE COMMITTEE HAS CHOSEN SEVERAL CURRENT MEMBERS WHO REPRESENT THE PATIENT PERSPECTIVE AND COMMUNITY LEADERS. RECRUITMENT EFFORTS IN THE PAST SEVERAL YEARS HAVE FOCUSED ON ENHANCING THE MEMBERSHIP OF THE BOARD TO INCLUDE DIRECTORS AND COMMITTEE MEMBERS WITH STRATEGIC COMPETENCIES TO SUPPORT ALLINA IN THE NEW PAYMENT AND HEALTH REFORM ENVIRONMENT. OPEN MEDICAL STAFF THE MEDICAL STAFFS WITHIN ALLINA HEALTH ARE OPEN, WITH THE EXCEPTION OF CERTAIN DEPARTMENTS (SUCH AS RADIOLOGY, PATHOLOGY, EMERGENCY, AND CARDIOLOGY) AS TO WHICH SOME HOSPITALS HAVE ENTERED INTO EXCLUSIVE CONTRACTS WITH PARTICULAR MEDICAL GROUPS. THE HOSPITALS ENTER INTO THESE CONTRACTS WHEN THEY DETERMINE SUCH ARRANGEMENTS WILL IMPROVE CARE AND OPERATIONS IN THE HOSPITAL BY, FOR EXAMPLE, IMPROVING THE QUALITY OF PATIENT CARE, ASSURING THE AVAILABILITY OF SPECIFIC SERVICES, REDUCING THE COSTS OF PROVIDING HEALTH CARE, ALLOCATING HOSPITAL RESOURCES MORE EFFICIENTLY, SECURING GREATER PATIENT SATISFACTION, OR FACILITATING THE ORDERLY OPERATIONS OF THE HOSPITAL. IT DOES NOT ENTER INTO THESE ARRANGEMENTS SOLELY TO BENEFIT OR EXCLUDE SPECIFIC PROVIDERS OR TO RESTRAIN COMPETITION.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>ALLINA HEALTH SYSTEM ("ALLINA HEALTH"), DOING BUSINESS AS ALLINA HEALTH, IS A MINNESOTA NONPROFIT CORPORATION THAT DELIVERS HEALTH CARE SERVICES TO PATIENTS IN MINNESOTA AND WESTERN WISCONSIN AS A MISSION-DRIVEN ORGANIZATION, ALLINA HEALTH IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES WITH APPROXIMATELY 27,500 FULL AND PART-TIME EMPLOYEES, ALLINA HEALTH IS ONE OF THE LARGEST EMPLOYERS IN MINNESOTA AS AN INTEGRATED HEALTH SYSTEM THAT INCLUDES HOSPITALS, EMERGENCY, AMBULATORY, HOMECARE AND HOSPICE SERVICES, AN AUTOMATED ELECTRONIC MEDICAL RECORD SYSTEM, AND OVER 1,420 EMPLOYED PHYSICIANS, ALLINA HEALTH IS UNIQUELY POSITIONED AS A LEADER IN HEALTHCARE IN THE MINNEAPOLIS/ST. PAUL AREA AND IS WELL POSITIONED FOR HEALTH CARE REFORM ALLINA HEALTH OWNS AND OPERATES ELEVEN HOSPITALS AND JOINTLY OWNS AND OPERATES ONE OTHER HOSPITAL THESE INCLUDE URBAN TERTIARY CARE, SUBURBAN COMMUNITY AND RURAL HOSPITALS ALLINA HEALTH HOSPITALS PROVIDED OVER 103,600 INPATIENT ADMISSIONS AND NEARLY 1,426,200 OUTPATIENT VISITS DURING THE YEAR ENDED DECEMBER 31, 2017 AS OF YEAR-END, ALLINA HEALTH HOSPITALS HAD LICENSED BED CAPACITY OF 2,451 ACUTE CARE BEDS, 1,718 OF WHICH WERE STAFFED FOR INPATIENT SERVICES ALLINA HEALTH PROVIDES CLINICAL SERVICES THROUGH ITS ALLINA HEALTH GROUP AND HOSPITAL-BASED PHYSICIANS ALLINA HEALTH GROUP CONTROLS AND OPERATES 65 ALLINA HEALTH CLINICS, OPERATES THE CLINICAL SERVICES LINES, THREE HOSPITALIST PROGRAMS ON THE ABBOTT NORTHWESTERN, UNITED AND MERCY HOSPITAL CAMPUSES, AND EMPLOYS APPROXIMATELY 790 PHYSICIANS AND 210 HOSPITALISTS ALLINA SPECIALTY ASSOCIATES, INC ("ASA"), OPERATING UNDER THE NAME MINNEAPOLIS HEART INSTITUTE, EMPLOYS APPROXIMATELY 90 PHYSICIANS, CONSISTING OF CARDIOLOGISTS, CARDIOTHORACIC AND VASCULAR SURGEONS IN ADDITION, ALLINA HEALTH HOSPITALS DIRECTLY EMPLOY APPROXIMATELY 330 SPECIALTY PHYSICIANS INCLUDING INTENSIVISTS, PERINATOLOGISTS, AND PSYCHIATRISTS ALLINA HEALTH PHYSICIANS AND ALLIED PROFESSIONALS GENERATED NEARLY 7,869,700 WORK RVU'S DURING THE YEAR ENDED DECEMBER 31, 2017 THE ALLINA INTEGRATED MEDICAL ("AIM") NETWORK ALIGNS ALLINA HEALTH PHYSICIANS, 1,875 INDEPENDENT MEDICAL PHYSICIANS, AND OVER 20 HOSPITALS TO DELIVER MARKET-LEADING QUALITY AND EFFICIENCY IN PATIENT CARE ALLINA HEALTH IS A COMPREHENSIVE HEALTH CARE SYSTEM AND HAS ONE OF THE LARGEST PHYSICIAN NETWORKS IN MINNESOTA ALLINA'S HEALTH HOME CARE SERVICES DIVISION PROVIDES HOME HEALTH, HOME OXYGEN AND MEDICAL EQUIPMENT, HOSPICE, PALLIATIVE CARE AND SENIORCARE TRANSITIONS A LEADER AND INNOVATOR IN PRE-HOSPITAL EMERGENCY MEDICAL DEVICES, ALLINA HEALTH EMERGENCY MEDICAL SERVICES IS DEVOTED TO PROVIDING SKILLED AND COMPASSIONATE ADVANCED LIFE SUPPORT, BASIC LIFE SUPPORT AND SCHEDULED TRANSPORT IN MORE THAN 120 MINNESOTA COMMUNITIES MORE THAN 570 PARAMEDICS, EMERGENCY MEDICAL TECHNICIANS, DISPATCHERS, SPECIAL TRANSPORTATION DRIVERS, MAINTENANCE AND ADMINISTRATIVE AND SUPPORT PERSONNEL WORK TOGETHER TO PROVIDE SERVICE TO AN AREA OF APPROXIMATELY 1,800 SQUARE MILES, REACHING OVER ONE MILLION PEOPLE IN ADDITION TO THE AMOUNTS DISCLOSED ON THIS SCHEDULE H, ALLINA AND AFFILIATED ORGANIZATIONS INCURRED COSTS FOR PARTICIPATION IN GOVERNMENT MEDICAL CARE PROGRAMS IN EXCESS OF GOVERNMENT REIMBURSEMENTS IN THE AMOUNT OF \$209,356,646 IN 2017 ALLINA PARTNERS WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL TO PROVIDE PHYSICIAN RESIDENCY PROGRAMS FOR FAMILY PRACTICE AND INTERNAL MEDICINE RESIDENT PHYSICIANS ALLINA CONTROLS AND OPERATES SEVEN (7) AFFILIATED FOUNDATIONS THAT PROVIDE PHILANTHROPIC FUNDING SUPPORT FOR ALLINA PROGRAMS AND NUMEROUS COMMUNITY PROGRAMS AND INITIATIVES INCLUDING A FEDERALLY QUALIFIED HEALTH CENTER SEE SCHEDULE R AND SCHEDULE H, PART IV FOR A LIST OF RELATED ORGANIZATIONS AND JOINT VENTURES INCLUDING THE PRIMARY ACTIVITY OF THE AFFILIATED ORGANIZATION ALLINA AND ITS AFFILIATES ALSO ROUTINELY COOPERATE AND INNOVATE WITH OTHER ORGANIZATIONS INCLUDING HEALTH CARE AND SOCIAL WELFARE ORGANIZATIONS, COMMUNITY GROUPS, GOVERNMENT AGENCIES AND HEALTH CARE PROVIDERS TO PREVENT ILLNESS, PROMOTE AND RESTORE HEALTH TO THE COMMUNITIES WE SERVE AND BEYOND</p>

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

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

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>11</u>											
Name, address, primary website address, and state license number											
1	ABBOTT NORTHWESTERN HOSPITAL 800 E 28TH STREET MINNEAPOLIS, MN 55407 HTTP //WWW ALLINAHEALTH ORG/ABBOTT-NO 380749	X	X		X		X	X			A
2	MERCY HOSPITAL 4050 COON RAPIDS BLVD COON RAPIDS, MN 55433 HTTP //WWW ALLINAHEALTH ORG/MERCY-HOS 380186	X	X		X		X	X		INCLUDING MERCY HOSPITAL - UNITY CAMPUS	A
3	UNITED HOSPITAL 333 NORTH SMITH AVENUE ST PAUL, MN 55102 HTTP //WWW ALLINAHEALTH ORG/UNITED-HO 380867	X	X		X		X	X			A
4	CAMBRIDGE MEDICAL CENTER 701 S DELLWOOD STREET CAMBRIDGE, MN 55008 HTTP //WWW ALLINAHEALTH ORG/CAMBRIDGE 380755	X	X					X			A
5	BUFFALO HOSPITAL 303 CATLIN STREET BUFFALO, MN 55313 HTTP //WWW ALLINAHEALTH ORG/BUFFALO-H 380521	X	X					X			A

Section A. Hospital Facilities		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
<p>(list in order of size from largest to smallest—see instructions)</p> <p>How many hospital facilities did the organization operate during the tax year?</p> <p>11</p> <p>Name, address, primary website address, and state license number</p>											
6	<p>NEW ULM MEDICAL CENTER</p> <p>1324 FIFTH NORTH STREET</p> <p>NEW ULM, MN 56073</p> <p>HTTP://WWW.ALLINAHEALTH.ORG/NEW-ULM-M-380578</p>	X	X			X		X			A
7	<p>OWATONNA HOSPITAL</p> <p>903 S OAK AVE</p> <p>OWATONNA, MN 55060</p> <p>HTTP://WWW.ALLINAHEALTH.ORG/OWATONNA-379989</p>	X	X					X			A
8	<p>REGINA HOSPITAL</p> <p>1175 NININGER ROAD</p> <p>HASTINGS, MN 55033</p> <p>HTTP://WWW.ALLINAHEALTH.ORG/REGINA-HO-379870</p>	X	X					X			A
9	<p>DISTRICT ONE HOSPITAL</p> <p>200 STATE AVENUE</p> <p>FARIBAULT, MN 54022</p> <p>HTTP://WWW.ALLINAHEALTH.ORG/DISTRICT-380648</p>	X	X					X			A
10	<p>RIVER FALLS AREA HOSPITAL</p> <p>1629 EAST DIVISION STREET</p> <p>RIVER FALLS, WI 55404</p> <p>HTTP://WWW.ALLINAHEALTH.ORG/RIVER-FAL-1054</p>	X	X			X		X			A

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
11	PHILLIPS EYE INSTITUTE 2215 PARK AVENUE MINNEAPOLIS, MN 55021 HTTP //WWW.ALLINAHEALTH.ORG/PHILLIPS-380441	X					X				A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 ABBOTT NORTHWESTERN HOSPITAL, - FACILITY 2 MERCY HOSPITAL, - FACILITY 3 UNITED HOSPITAL, - FACILITY 4 CAMBRIDGE MEDICAL CENTER, - FACILITY 5 BUFFALO HOSPITAL, - FACILITY 6 NEW ULM MEDICAL CENTER, - FACILITY 7 OWATONNA HOSPITAL, - FACILITY 8 REGINA HOSPITAL, - FACILITY 9 DISTRICT ONE HOSPITAL, - FACILITY 10 RIVER FALLS AREA HOSPITAL, - FACILITY 11 PHILLIPS EYE INSTITUTE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY-APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS ABBOTT NORTHWESTERN HOSPITAL GOAL 1 REDUCE OVERWEIGHT AND OBESITY BY IMPROVIN G NUTRITION AND PHYSICAL ACTIVITY LEVELS ABBOTT NORTHWESTERN HOSPITAL (ANW) CONTINUES TO P ROVIDE EDUCATION ON HEALTHY EATING HABITS THROUGH BOTH PROGRAM SUPPORT AND COMMUNITY OUTRE ACH THROUGH NUMEROUS PROGRAMS, SUCH AS THE MEET YOUR VEGETABLES PARTNERSHIP WITH THE MILL CITY FARMER'S MARKET THE PURPOSE OF THIS PROGRAM IS TO CREATE RECIPES THAT FEATURE SEASON AL VEGETABLES, AND THEN DISTRIBUTE SAMPLES AND RECIPE CARDS AT A LOCAL FARMERS MARKET WHER E ANW/ALLINA HEALTH STAFF ARE ALSO PRESENT PROVIDING COMMUNITY HEALTH EDUCATION ANW ALSO PROVIDED MORE THAN \$60,000 IN CHARITABLE CONTRIBUTION FUNDING TO 10 DIFFERENT LOCAL FARMER 'S MARKETS, FOODSHELVES AND COMMUNITY-BASED FOOD DISTRIBUTION PROGRAMS TO SUPPORT THE IMPO RTANT WORK OF OUR COMMUNITY PARTNERS OPPORTUNITIES TO INCREASE PHYSICAL ACTIVITY LEVELS AR E ANOTHER IMPORTANT COMPONENT OF ANW'S COMMUNITY OUTREACH WORK IN 2017, ANW DISTRIBUTED M ORE THAN 400 BICYCLES TO LOW-INCOME CHILDREN AND TEENS WHO LIVE IN THE NEIGHBORHOODS AROUND ANW GIVING CHILDREN, MANY OF WHOM HAD NEVER RIDDEN A BICYCLE, AN OPPORTUNITY AND A BIKE ARE AN IMPORTANT PART OF ANW'S COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITIES THAT WE SERVE GOAL 2 PROMOTE MENTAL HEALTH BY INCREASING ACCESS TO MENTAL HEALTH SERVICES AN D PROVIDE OPPORTUNITIES FOR INCREASED SOCIAL CONNECTIONS THE MAIN FOCUS OF ANW'S PROMOTION OF MENTAL HEALTH SERVICES AND OPPORTUNITIES HAS FOCUSED ON THE ROLL-OUT OF THE CHANGE TO CHILL PROGRAM, AS WELL AS BUILDING COMMUNITY PARTNERSHIPS TO IMPROVE MENTAL WELLBEING ACRO SS HENNEPIN COUNTY CHANGE TO CHILL IS AN ONLINE RESOURCE DESIGNED FOR HIGH SCHOOL-AGE STU DENTS TO ENCOURAGE MINDFULNESS, STRESS REDUCTION AND RESILIENCY ANW'S SCHOOL DISTRICT PAR TNERS FREQUENTLY MENTION THEIR CONCERN ABOUT THE RAPIDLY INCREASING RATES OF ANXIETY AND D EPRESSION AMONGST THEIR STUDENTS, SO THE NEED FOR PROGRAM'S SUCH AS CHANGE TO CHILL HAS BE EN GROWING IN 2017, THREE HENNEPIN COUNTY SCHOOL DISTRICTS WERE ACTIVELY USING CHANGE TO CHILL WITH THEIR STUDENT POPULATIONS IN EFFORT TO FURTHER THIS WORK, ANW ALSO ASSUMED A LE ADERSHIP ROLE IN THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) AFTE R A COMMUNITY ASSESSMENT PROCESS, CHIP DECIDED TO ADDRESS WAYS TO IMPROVE THE MENTAL WELLB EING OF COMMUNITY, AND IDENTIFY AND SUPPORT THE ROLE THAT HOUSING PLAYS IN OVERALL MENTAL HEALTH OF RESIDENTS IN COLLABORATION WITH HENNEPIN COUNTY PUBLIC HEALTH LEADERSHIP, ANW S TAFF HAVE LEAD THE CHIP COALITION THROUGH THE ASSESSMENT AND STRATEGIC PLANNING PROCESS TO LAY OUT THE FOUNDATION FOR PARTNERSHIP-BASED STRATEGIES OVER THE NEXT FIVE YEARS GOAL 3 IMPROVE GENERAL POPULATION HEALTH BY INCREASING ACCESS TO HEALTH CARE PROVIDERS AND HEALTH -RELATED RESOURCES ANW STAFF H

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 11	AVE BEEN WORKING EXTENSIVELY WITH COMMUNITY-BASED PARTNERS TO IDENTIFY UNIQUE OPPORTUNITIES FOR COLLABORATION TO PROVIDE HEALTH SERVICES IN COMMUNITY MENTAL HEALTH HAS BECOME THE FOCUS OF NEED FOR COMMUNITY-BASED RESOURCES, SO ANW STAFF HAVE PARTNERED WITH HENNEPIN COUNTY HUMAN SERVICES LEADERSHIP TO PROVIDE TELE-PSYCHIATRY WITHIN A NEW MENTAL HEALTH URGENT CARE-TYPE FACILITY NEAR THE HOSPITAL ANW STAFF HAVE ALSO WORKED WITH LOCAL SCHOOL DISTRICTS TO ASSIST IN THE HIRING OF PROVIDERS AND IMPLEMENTATION OF SCHOOL-BASED MENTAL HEALTH PROGRAMS ACROSS THE COUNTY TO ENSURE THAT ALL STUDENTS HAVE ACCESS TO HIGH-QUALITY MENTAL HEALTHCARE IN A SUPPORTIVE, FAMILIAR ENVIRONMENT

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS MERCY HOSPITAL (INCLUDES UNITY CAMPUS) GOAL 1 PROMOTE EFFECTIVE STRATEGIES FOR PREVENTION, DETECTION, TREATMENT AND MANAGEMENT OF CHRONIC DISEASEA TOTAL OF 17 COMMUNITY HEALTH SCREENINGS AND 11 FREE FLU VACCINATION CLINICS WERE HELD IN THE COMMUNITY THESE PROVIDED OPPORTUNITIES TO PRESENT HEALTH EDUCATION TO COMMUNITY MEMBERS THAT ARE MORE DIFFICULT TO REACH, IN ADDITION TO PROVIDING SCREENINGS AND VACCINATIONS IN TOTAL, 628 PEOPLE WERE SERVED AT THE HEALTH SCREENINGS, AND 149 AT THE VACCINATION CLINICS A PARTNERSHIP WITH THE YMCA ALSO CONTINUES, WHICH AIMS AT INCREASING HEALTH AND HEALTH KNOWLEDGE FOR OLDER ADULTS THESE SCREENINGS ARE IN ADDITION TO THE 2323 STUDENTS THAT WERE SCREENED THROUGH THEIR SCHOOLS AND MENTIONED UNDER "GOAL 2" BELOW WE ALSO OFFER EDUCATION ON THE IMPACT OF TOBACCO USE, AS WELL AS ELECTRONIC NICOTINE DELIVERY SYSTEMS, TO STUDENTS THROUGH OUR SCHOOL DISTRICTS THIS PAST YEAR WE PROVIDED EDUCATION ON TOBACCO TO 2707 STUDENTS IN OUR COMMUNITY ADDITIONALLY, HEALTH CLINICS FOR THE HOMELESS CONTINUE IN COLLABORATION WITH STEPPING STONE HOMELESS SHELTER THESE INCLUDED RESOURCE AND LIFESTYLE INFO FROM PHYSICIANS, NURSES, PHARMACISTS, AND CHEMICAL DEPENDENCY/MENTAL HEALTH COUNSELORS THESE CLINICS HAVE BEEN ONGOING AND A TOTAL OF 210 PEOPLE HAVE BEEN SERVED GOAL 2 REDUCE RISK FACTORS FOR CHILDHOOD OBESITY PARTNERSHIPS WITH LOCAL SCHOOLS WERE DEVELOPED TO HELP TARGET YOUTH OBESITY WORK WITH PARK BROOK ELEMENTARY WAS DONE TO ADVANCE HEALTHY EATING AND HEALTHY STUDENT ACTIVITIES AT THE ELEMENTARY-AGE LEVEL THE HEALTHY STUDENT PARTNERSHIP WAS EXPANDED TO INCLUDE 6 HIGH SCHOOLS WITHIN THE ANOKA HENNEPIN SCHOOL DISTRICT, AS WELL AS THE HIGH SCHOOLS IN THE FRIDLEY AND ST FRANCIS SCHOOL DISTRICTS THE PARTNERSHIPS INCLUDE BIOMETRIC SCREENINGS AND CORRESPONDING EDUCATION OF STUDENTS THROUGH THEIR HEALTH CLASSES THE EDUCATION AND SCREENINGS INCLUDE BMI AND WEIGHT EDUCATION AND A TOTAL OF 2323 STUDENTS PARTICIPATED HEALTH POWERED KIDS PROGRAM WAS BROADLY PROMOTED, REACHING OVER 1000 STUDENTS THROUGH THESE EFFORTS A YOUTH OBESITY FOCUS HAS ALSO BEEN ADDED TO THE FAITH COMMUNITY NURSE PROGRAM AND THE WELLNESS PROGRAM

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- MERCY HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS UNITED HOSPITAL GOAL 1 IMPROVE MENTAL HEALTH AND WELL-BEING OF TEENS, ADULTS AND SENIORS IN RAMSEY COUNTY CONTINUED SUPPORTING EAST METRO MENTAL HEALTH CRISIS ALLIANCE WITH REGULAR PARTICIPATION OF ALLINA HEALTH MENTAL HEALTH PROVIDERS AND WITH A \$18,500 CHARITABLE CONTRIBUTION ALSO CONTINUED SUPPORTING MENTAL HEALTH DRUG ASSISTANCE PROGRAM WITH A \$30,000 CHARITABLE CONTRIBUTION TO PROVIDE SUPPORT FOR MINDFULNESS AND STRESS-MANAGEMENT WORKSHOPS TO THE COMMUNITY, WOODBURY CLINIC OFFERED TEEN RESILIENCY FOR TEENS AND EAGAN CLINIC OFFERED MINDFULNESS BASED STRESS REDUCTION FOR TEENS UNITED ALSO PROMOTED CHANGE TO CHILL WITH ST PAUL PUBLIC SCHOOLS, AT WOODBURY THRIVES COMMUNITY MEETINGS, FOREST LAKE HEALTH UP, AND WASHINGTON COUNTY PUBLIC HEALTH MEETINGS, INCLUDING STILLWATER GOAL 2 DECREASE THE PERCENTAGE OF THE POPULATION WHO IS OVERWEIGHT OR OBESE -PROMOTED EMPLOYEE-LED VOLUNTEER OPPORTUNITIES, WHICH INCLUDES HEALTH POWERED KIDS -PROVIDED HEALTH POWERED KIDS MATERIALS FOR ST PAUL PUBLIC SCHOOLS, HIGHLAND FRIENDSHIP CLUB, WASHINGTON COUNTY'S FAMILY MEAL TIME AND ST PAUL PUBLIC HOUSING AGENCY'S JULY WALK WITH A DOC -GAVE AWAY HEALTH POWERED KIDS BOOKMARKS AND STICKERS AS PART OF HIGHLAND PARK ELEMENTARY WALK TO SCHOOL EVENT -PROMOTED THE NEIGHBORHOOD HEALTH CONNECTION GRANT PROGRAM TO COMMUNITY PARTNERS -WORKED WITH THE GUILD AND ST PAUL PUBLIC HOUSING AGENCY ON DEVELOPING THEIR NEIGHBORHOOD HEALTH CONNECTION PROGRAMS GOAL 3 INCREASE PERCENTAGE OF POPULATION WITH ACCESS TO HEALTHY FOOD -HOSTED A HEALTHY FOOD DRIVE IN SUPPORT OF THE FOOD GROUP -CHARITABLE CONTRIBUTIONS WERE MADE TO GROWING WEST SIDE, URBAN ROOTS, INTERFAITH ACTION OF GREATER ST PAUL, AND OUR COMMUNITY KITCHEN-PROMOTED ACCESS TO HEALTHY FOOD FLIER LISTING VOLUNTEER OPPORTUNITIES WITH LOCAL NONPROFIT ORGANIZATIONS -CONTINUED TO SUPPORT TWIN CITIES MOBILE MARKET WITH A \$10,000 CHARITABLE CONTRIBUTION -CONTINUED TO SUPPORT NEIGHBORHOOD HOUSE FOOD MARKET WITH VOLUNTEER SUPPORT AND A \$5,000 CHARITABLE CONTRIBUTION -CONTINUED TO SUPPORT KEYSTONE SERVICES FOOD BANKS WITH VOLUNTEER SUPPORT AND A \$5,000 CHARITABLE CONTRIBUTION

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 5	<p>IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES. WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS. NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016. THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES. MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH. THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS. WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL. IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES. DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM. SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL-ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES. INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE. SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS. THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED.</p>

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 11	<p>BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS CAMBRIDGE MEDICAL CENTER GOAL 1 IMPROVE MENTAL HEALTH AND WELLNESS FOR COMMUNITY THROUGH INCREASED ACCESS TO CARE, PROGRAMS AND SERVICES- MORE THAN 240 STUDENTS WERE OFFERED IN-PERSON CHANGE TO CHILL SESSIONS AT FOUR DIFFERENT SCHOOLS -NUMEROUS PROMOTE HEALTH AND HAPPINESS EVENTS WERE HELD INCLUDING 157 PEOPLE REACHED THROUGH CAMBRIDGE ISANTI SCHOOL EMPLOYEES AND MN VOLUNTEERS GOAL 2 INCREASE AWARENESS AMONG COMMUNITY MEMBERS OF ALL AGES ABOUT THE NEGATIVE HEALTH IMPACTS OF USE OF TOBACCO/E-CIGARETTES, ALCOHOL AND OTHER DRUGS A SNAPSHOT OF ACTIVITIES FOR THIS GOAL INCLUDE -ADDED ANOTHER DROP BOX AT THE JAIL THAT IS OPEN 24/7 AND HELPED SUPPORT THE SOCIAL HOST ORDINANCES WITH SOCIAL MEDIA CAMPAIGN SINCE APRIL 2014 WHEN THE FIRST DROP BOX WAS INSTALLED ISANTI COUNTY HAS COLLECTED ALMOST 4,000 LBS OF PRESCRIPTION DRUGS -SUPPORTED DRUG TAKE BACK DAY IN APRIL THAT COLLECTED OVER 50 LBS THAT DAY, AND 50 RESOURCE BAGS WERE HANDED OUT -STAFF PERSON WAS TRAINED IN FREEDOM FROM SMOKING COURSE AND ALSO RECEIVED THE CURRICULUM FOR MH/SA POPULATIONS & ADOLESCENTS WHO USE TOBACCO FIVE MANUALS WERE GIVEN TO CMC MH/SA UNITS ON "LEARNING ABOUT HEALTHY LIVING TOBACCO AND YOU" TO USE WITH PATIENTS -IN MARCH, T21 (TOBACCO 21) TRAINING WAS OFFERED FOR PROVIDERS AND PHYSICIANS - DR JULIE ANDERSON WAS GUEST SPEAKER TO PROMOTE SUPPORT AND RAISE AWARENESS OF INCREASING THE AGE TO 21 FOR PURCHASE OF TOBACCO GOAL 3 IMPROVE HEALTHY EATING AND ACTIVE LIVING IN COMMUNITIES SERVED BY CAMBRIDGE MEDICAL CENTER, A PART OF ALLINA HEALTH AS PART OF THIS GOAL, THE NATIONAL DIABETES PREVENTION PROGRAM WAS OFFERED FEBRUARY-JUNE AND AUGUST-DEC 2017, WITH 18 AND 22 PARTICIPANTS RESPECTIVELY FOR THE NDPP CORE CLASS ENDING DEC 2017, STATS INCLUDE TOTAL WEIGHT LOST 223 4 POUNDS, 48% OF PARTICIPANTS LOST 5% OR GREATER OF THEIR STARTING WEIGHT (PROGRAM GOAL IS 5-7% WEIGHT LOSS), THOSE WHO ATTENDED AT LEAST 1/2 THE 16 SESSIONS LOST 206 1 POUNDS (AVG OF 11 5, 5% LOST), AND 2 PARTICIPANTS LOST 10% OF THEIR BODY WEIGHT A HEALTHY EATING COOKING CLASS FOR EFCE PARENTS AT CAMBRIDGE ISANTI AND ST FRANCIS SCHOOL DISTRICTS WAS HELD IN SPRING 2017, REACHING 47 PARTICIPANTS VARIOUS COMMUNITY HEALTHY EATING EVENTS WERE ALSO HELD, SUCH AS AT CHISAGO COUNTY AND ISANTI COUNTY EMPLOYEES LUNCH AND LEARNS REACHING 35 PEOPLE FINALLY, A HEALTHY EATING COOKING CLASS FOR EFCE STAFF THROUGH THE NHC GRANT WAS OFFERED IN APRIL</p>

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS BUFFALO HOSPITAL GOAL 1 SUPPORT MENTAL WELLNESS IN WRIGHT COUNTY BY IDENTIFYING AND EXPANDING THE OFFERING OF COMMUNITY MENTAL AND BEHAVIORAL HEALTH AND WELLNESS RESOURCES AND STRENGTHENING SOCIAL CONNECTIONS AND RELATIONSHIPS TO ACTIVELY ENGAGE PROVIDERS IN PUBLIC DISCUSSIONS AROUND MENTAL HEALTH TOPICS TO DECREASE STIGMA, BUFFALO HOSPITAL WAS ACTIVE IN THE BE THE CHANGE CAMPAIGN, BUFFALO HOSPITAL BECAME A HOST FOR MONTHLY MDH MENTAL WELL-BEING AND RESILIENCE LEARNING COMMUNITY WEBINAR SERIES - FACILITATED ON-SITE AND VIA WEBINAR COMMUNITY MEMBERS AND LEADERS INVITED TO PARTICIPATE AND DISCUSS MENTAL HEALTH AND WELLNESS RESOURCES AND ISSUES IN OUR COMMUNITY IN ADDITION, BE THE CHANGE CHAMPION COMMUNICATION, MONTHLY BE THE CHANGE STEERING COMMITTEE MEETINGS, ADDITIONAL BE THE CHANGE TRAININGS ON-SITE WERE PROVIDED BE THE CHANGE PROFILED AT THE HOSPITAL EMPLOYEE SAFETY FAIR TO STRENGTHEN COLLABORATION AROUND LINKING POPULATION TO THE AVAILABLE RESOURCE IN THE COMMUNITY, BUFFALO HELD MONTHLY INTERNAL MENTAL HEALTH COMMITTEE MEETINGS, SUPPORTED CHILD HOOD MENTAL HEALTH SUMMIT IN BUFFALO, AND BECAME A HOST FOR MONTHLY MENTAL WELL-BEING AND RESILIENCE LEARNING COMMUNITY WEBINAR SERIES PROVIDED BY MDH- FACILITATED ON-SITE AND VIA WEBINAR IN ORDER TO EXPAND MENTAL HEALTH AND WELLNESS NETWORK IN THE COMMUNITY, THERE WAS COLLABORATION WITH PHYSICIANS, SAVE, WCPH AND COMMUNITY ORGANIZATIONS (SPONSOR AND PROMOTE SAVE WALK/RUN, ATOZ WALK/RUN, SUICIDE PREVENTION INITIATIVES IN THE COMMUNITY, MENTAL WELLNESS WORK AND REFERRALS FROM PROVIDES TO WELLNESS COACHING FOR MEDITATION/RELAXATION, MINDFULNESS AND STRESS MANAGEMENT SERIES AT CMMHC, MUSIC THERAPY AT CMMHC) BUFFALO ALSO PARTNERED WITH AND SUPPORTED THE NEWLY OFFERED PENNY GEORGE INSTITUTE FOR HEALTH AND HEALING IN PROVIDING ALTERNATIVE INTEGRATIVE CARE AT BUFFALO HOSPITAL TO PROMOTE A VARIETY OF MENTAL WELLNESS OPTIONS AND OPENED PGHH IN BUFFALO HOSPITAL - OFFERING TELEHEALTH INTEGRATIVE PROVIDER VISITS AND ACUPUNCTURE, AS WELL AS PROMOTING AND OFFERING PGHH SERVICES AND CLASSES GOAL 2 REDUCE OR MAINTAIN THE LEVEL OF OBESITY AND INCREASE PHYSICAL ACTIVITY AMONG THE POPULATION OF WRIGHT COUNTY THROUGH EDUCATIONAL PROGRAMMING, ACTIVITIES AND POLICIES THAT PROMOTE AND SUPPORT HEALTHY LIFESTYLE CONTINUED IMPLEMENTATION OF EVIDENCE-BASED PROGRAMMING AND ALLINA DEVELOPED WELLNESS PROGRAMMING IN THE COMMUNITY SUCH AS WELLNESS COACHING ON-SITE AT WORKSITES, AT THE HOSPITAL AND TELEPHONIC OPTIONS - ONGOING, HEALTHY EATING FOR BETTER HEALTH CLASSES FOR COMMUNITY (FIVE 4 WEEK CLASSES IN 2017), DIABETES PREVENTION PROGRAM (TWO GROUPS OFFERED IN 2017 - ONE YEAR LONG COURSE), LET'S TALK WELLNESS CLASSES AT THE HOSPITAL AND IN THE COMMUNITY (12 OFFERINGS IN 2017) WORKED WITH SCHOOLS AND COMMUNITY ORGANIZATIONS (ECFE, TIMBERLAKE)

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 11	Y, ETC) TO PROVIDE SUPPORT AND EDUCATION TO MINORS AND PARENTS GROUPS AROUND HEALTHY CHOICES AND PHYSICAL ACTIVITY COOKING CLASSES WERE OFFERED AT TIMBERBAY FOR MIDDLE SCHOOL AND HIGH SCHOOL CHILDREN (4/17), LTW SERIES AT PHOENIX LEARNING CENTER (4/12-6/7), AND COOKING AND MINDFULNESS SERIES FOR SOBRIETY CLUB AT PHOENIX LEARNING CENTER (4/19-5/24) GOAL 3 SUPPORT COMMUNITY ACCESS TO CLINICAL AND NON-CLINICAL SERVICES IN WRIGHT COUNTY BY ENGAGING PROVIDERS AND COMMUNITY PARTNERS IN COLLABORATIVE NETWORK AND RESOURCE SHARING TO CREATE OPTIONS FOR PATIENTS UNABLE TO ACCESS SERVICES DUE TO TRANSPORTATION CONCERNS, BUFFALO HAS WORKED CLOSELY WITH THE LOCAL NETWORK OF VOLUNTEER DRIVERS AND WITH FAITH-BASED COMMUNITY TO ADDRESS THE NEED FOR DETECTING PARTICIPANTS UNABLE TO ACCESS SERVICES DUE TO TRANSPORTATION CONCERNS THEY HAVE CREATED COMPREHENSIVE LIST OF AVAILABLE TRANSPORTATION OPTIONS IN THE COMMUNITY - TRAILBLAZER TRANSIT SCHEDULE, VOLUNTEER DRIVER RESOURCES WORK WITH CARE COORDINATORS, SOCIAL WORKERS, LOCAL MINISTRY TEAMS TO PROVIDE THE INFORMATION TO PARTICIPANTS IN NEED

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS NEW ULM MEDICAL CENTER GOAL 1 SUPPORT EDUCATIONAL PROGRAMS, ACTIVITIES AND POLICIES THAT HELP INDIVIDUALS INCREASE ACCESS TO PHYSICAL ACTIVITY AND HEALTHFUL FOODS, AS WELL AS SUPPORT EATING WELL AND ACTIVE LIVING ONE OBJECTIVE WAS TO PROVIDE QUARTERLY WORKPLACE WELLNESS TRAININGS FOUR EVENTS WERE HELD AND REACHED 140 PEOPLE, AS FOLLOWS -JANUARY "WHAT WORKSITE WELLNESS EFFORTS ARE SUCCEEDING IN NEW ULM"-APRIL "PROOF POSITIVE ASSESSMENT AND EVALUATION CAN SAVE YOU TIME AND MONEY "-JULY "WORKSITES ON THE MOVE SURE-FIRE WAYS TO HELP EMPLOYEES BE ACTIVE"-OCTOBER "THANKSGIVING JUST A DAY OR A LIFESTYLE" GOAL 2 REDUCE THE BURDEN OF MENTAL HEALTH BY REDUCING STIGMA, IMPROVING EARLY IDENTIFICATION AND OFFERING RESILIENCY PROGRAMMING FOCUSED ON MENTAL HEALTH CONDITIONS -MAKE IT OK INFO WAS PUT INTO THE MAY OCCUPATIONAL HEALTH NEWSLETTER SENT TO INDUSTRIES-BROWN COUNTY LOCAL ADVISORY COUNCIL ON MENTAL HEALTH OFFERS MONTHLY BROWN BAG LUNCHEONS ON MENTAL HEALTH TOPICS -GROUPS ARE OFFERED MONTHLY AT NUMC -CHANGE TO CHILL RESOURCES WERE SENT TO LOCAL TEACHERS AT THE BEGINNING OF THE 2017-18 SCHOOL YEAR TO GIVE THEM GUIDANCE ON HOW TO IMPLEMENT THE PROGRAM IN THEIR CLASSROOM GOAL 3 SUPPORT EDUCATIONAL PROGRAMS, ACTIVITIES AND POLICIES THAT INCREASES AWARENESS REGARDING ADDICTION AND USE OF LEGAL AND ILLEGAL SUBSTANCE USE -THE FOLLOWING INDUSTRIES REQUESTED AND RECEIVED THE AMERICAN LUNG TOBACCO FREE WORKSITE TOOLKIT BOOKS FROM SHIP NU TELECOM, FIRMENICH, WINDINGS, MLC, CHRISTENSEN FARMS, CITY OF NEW ULM, HARVEST LAND, UNITED FARMERS CO-OP, AND KEMSKE -THE HEART OF NEW ULM LEADERSHIP TEAM AND THE SHIP PROGRAM ARE FOLLOWING THE TOBACCO 21 DISCUSSIONS IN NORTH MANKATO AND MANKATO TO HELP DETERMINE NEXT STEPS

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

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

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 5	<p>IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES. WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS. NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016. THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES. MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH. THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS. WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL. IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES. DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM. SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL-ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES. INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE. SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS. THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED.</p>

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS OWATONNA HOSPITAL PRIORITY ONE MENTAL HEALTH AND ADDICTION THE HOSPITAL HOSTED A TRAINING FOR STAFF AND COMMUNITY PARTNERS ON ADDRESSING THE UNIQUE MENTAL HEALTH NEEDS OF LGBTQ COMMUNITY MEMBERS CHANGE TO CHILL PROGRAMMING WAS PROVIDED AT THE LOCAL MIDDLE SCHOOL AND BE THE CHANGE CHAMPIONS PROVIDED OUTREACH TO HOSPITAL STAFF THROUGH PRESENTATIONS AT STAFF MEETINGS AND SPECIAL EVENTS ON CAMPUS MENTAL HEALTH INPATIENT UNIT AT THE HOSPITAL HIRED ADDITIONAL STAFF AND AN ASSESSMENT ON THE EXPANSION OF THE UNIT FROM A 10 BED TO A 12 BED FACILITY ALSO BEGAN PRIORITY TWO PREVENTION AND MANAGEMENT OF CHRONIC DISEASE THE HOSPITAL CONTINUED TO OFFER LIVING WELL WITH CHRONIC CONDITIONS CLASSES FOR THE COMMUNITY AND THEY WERE WELL ATTENDED EDUCATION AND OUTREACH ON MAKING HEALTHY CHOICES AT ALL AGES WAS A THEME FOR THE STEELE COUNTY FAIR BOOTH THE HOSPITAL PROVIDED FUNDING TO SEVERAL COMMUNITY ORGANIZATIONS TO OFFER COOKING CLASSES, ESTABLISH COMMUNITY GARDENS, AND HOST EDUCATIONAL CLASSES FOR PEOPLE DIAGNOSED WITH DIABETES THE HOSPITAL ALSO WORKED WITH THE OWATONNA FARMERS MARKET TO BEGIN ACCEPTING ALLINA HEALTH BUCKS TOWARDS THE PURCHASES OF FRESH FRUITS AND VEGETABLES PRIORITY THREE HEALTHY AGING FOR ADULTS 50+ THE HOSPITAL BEGAN A COMPREHENSIVE ADVANCE CARE PLANNING PROGRAM CALLED HONORING CHOICES OF FARIBAULT AND OWATONNA WHICH IS FOCUSED ON ENGAGING OLDER ADULTS IN COMPLETING THEIR HEALTH CARE DIRECTIVES A PROGRAM COORDINATOR WAS HIRED AND 18 FACILITATORS WERE TRAINED IN ADVANCE CARE PLANNING OVER 50 SPECIAL EVENTS, CLASSES AND TRAININGS WERE HELD TO ENGAGE THE COMMUNITY AS THEY BEGAN THINKING ABOUT, TALKING ABOUT AND PLANNING FOR THEIR LATER-IN-LIFE HEALTH CARE WISHES CHURCHES, EMPLOYERS, AND SENIOR CENTERS ALONG WITH HEALTH CARE PROVIDERS ARE KEY PARTNERS IN HELPING ENGAGE ADULTS AGES 50 AND OLDER IN HONORING CHOICES

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

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

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS REGINA HOSPITAL GOAL 1 IMPROVE MENTAL WELL-BEING OF TEENS, ADULTS AND SENIORS IN DAKOTA COUNTY CONTINUED SUPPORTING THE HASTINGS HIGH SCHOOL PEER HELPERS PROGRAM (REAC HING 1,400 STUDENTS) WITH ANNUAL CHARITABLE CONTRIBUTIONS, CHANGE TO CHILL WORKSHOPS AND O THER SIMILAR OPPORTUNITIES ALSO OFFERED CTC MATERIALS AND TOOLS AT FINALS WEEK "STRESS LE SS" BOOTH AT HASTINGS HIGH SCHOOL REGINA ALSO OFFERED MINDFULNESS AND STRESS-MANAGEMENT WO RKSHOPS TO COMMUNITY PARTNERS, SUCH AS HASTINGS CITY EMPLOYEES IN NOVEMBER 2017 AND STRESS MANAGEMENT FOR THE HOLIDAYS IN OCTOBER 2017 TO GENERAL COMMUNITY MEMBERS REGINA DEVELOPED A PARTNERSHIP WITH DAKOTA COUNTY PUBLIC HEALTH RELATED TO THEIR WORK ON MENTAL HEALTH AND ELIMINATING STIGMA SERVE ON QUARTERLY COUNTY MENTAL HEALTH ACTION TEAM AND OFFERED MAKE IT OKAY PROGRAM TO HASTINGS MIDDLE SCHOOL 8TH GRADERS AS WELL AS A FOREVER WELL CLASS AT T HE YMCA IN MAY, 2017 GOAL 2 DECREASE THE PERCENTAGE OF THE POPULATION WHO IS OVERWEIGHT O R OBESE ONE PRIMARY OBJECTIVE UNDER THIS GOAL IS TO IMPROVE ACCESS TO HEALTHY FOOD THROUGH CHARITABLE CONTRIBUTIONS, EMPLOYEE VOLUNTEER OPPORTUNITIES AND INNOVATIVE COMMUNITY PARTN ERSHIPS IN 2017, THIS WORK WAS ADVANCED BY -PARTICIPATING IN DAKOTA COUNTY PUBLIC HEALTH INITIATIVE RELATED TO COUNTY FOOD SHELF NETWORK, EXPLORE OPPORTUNITIES TO ASSIST IN INCREA SING NUTRITIOUS OFFERINGS AT FOOD SHELVES AND TO ASSIST IN FOOD SHELF REDESIGN INITIATIVES -PARTICIPATING IN CITY HASTINGS COMPREHENSIVE PLAN DEVELOPMENT PROCESS THROUGH 2018 AS IT RELATES TO SOCIAL DETERMINANTS OF HEALTH, INCLUDING IMPROVED ACCESS TO HEALTHY FOOD, DEVE LOPMENT OF PHYSICAL INFRASTRUCTURE IN SUPPORT OF PHYSICAL ACTIVITIES, DEVELOPMENT OF AFFOR DABLE, ACCESSIBLE HOUSING, AND OTHER HEALTH-RELATED POLICIES, SYSTEMS AND ENVIRONMENT -PRO MOTED AND MANAGED GARDENS ON REGINA HOSPITAL CAMPUS, INCLUDING DISTRIBUTION OF HEALTHY REC IPES AND OPPORTUNITIES TO EXCHANGE HEALTHY COOKING IDEAS A REDESIGN IS PLANNED FOR 2018 T O IMPROVE THE SPACE -DIRECTED CHARITABLE CONTRIBUTIONS TOWARD MOBILE MARKETS, FOOD SHELVES , NUTRITION EDUCATION, COMMUNITY GARDENS AND OTHER SIMILAR OPPORTUNITIES TO IMPROVE ACCESS TO HEALTHY FOOD, SUCH AS HASTINGS FAMILY SERVICE -PROMOTED VOLUNTEER OPPORTUNITIES IN SUP PORT OF LOCAL FOOD SHELVES AND COMMUNITY NUTRITION EDUCATION INITIATIVES, SUCH AS FOOD4KID S IN MAY AND NOVEMBER AND HEALTHY FOOD DRIVE IN MARCH GOAL 3 BROADEN THE ARRAY OF PROGRAM S AND SERVICES AVAILABLE TO SUPPORT THE AGING CONTINUUM THE OBJECTIVE FOR THIS GOAL IS TO IMPROVE AVAILABILITY AND COMMUNITY AWARENESS OF PROGRAMS AVAILABLE TO AGING POPULATION AND CARE PROVIDERS ACTIVITIES IN 2017 INCLUDED -INFORMAL AUDIT OF EXISTING SUPPORT SERVICES IN THE HASTINGS COMMUNITY AVAILABLE FOR CARE PROVIDERS, WITH ASSISTANCE OF HASTINGS COMMUN ITY HEALTH ADVISORY GROUP, DAR

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 11	TS AND OTHER COMMUNITY PARTNERS AND DETERMINE GAPS IN SERVICES -ACTIVELY PARTICIPATED IN N EWLY FORMED HASTINGS TRANSPORTATION OPTION ADVISORY BOARD- PARTNERED HASTINGS COMMUNITY CEN TER IN SUPPORT OF FURTHER DEVELOPING PROGRAMS FOR AGING INDIVIDUALS, NAMELY HONORING CHOIC ES -OFFERED MATTER OF BALANCE TRAINING TO EMPLOYEE WHO CAN OFFER THIS CLASS TO PATIENTS A ND COMMUNITY

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

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

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- REGINA HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS DISTRICT ONE HOSPITAL PRIORITY ONE MENTAL HEALTH AND ADDICTION THE HOSPITAL IS A KEY PARTNER IN THE RICE COUNTY CHEMICAL AND MENTAL HEALTH COALITION WITH STAFF SERVING ON THE ADVISORY BOARD AND SEVERAL ACTION TEAMS A MENTAL HEALTH AND ADDICTION COMMITTEE WAS DEVELOPED AND IS CHAIRED BY THE CHIEF OF MEDICAL STAFF, DR AMY ELLIOTT THE GROUP HELD ITS FIRST ANNUAL "MENTAL HEALTH AND ADDICTION RESOURCE FAIR AND HAD OVER 15 VENDORS AND WAS WELL ATTENDED STAFF HELPED PLAN AND IMPLEMENT "PROJECT SHARE SOMALI HEALTH ARTISTIC RENEWAL & EXPRESSION" IN COLLABORATION WITH MULTIPLE COMMUNITY PARTNERS PROJECT SHARE ENGAGED SOMALI COMMUNITY MEMBERS IN USING ART TO EXPRESS THEIR FEELINGS CAUSED BY PREVIOUS TRAUMATIC EVENTS PRIORITY TWO HEALTHY AGING IN ADULTS 50+ THE HOSPITAL BEGAN A COMPREHENSIVE ADVANCE CARE PLANNING PROGRAM CALLED HONORING CHOICES OF FARIBAULT AND OWATONNA WHICH IS FOCUSED ON ENGAGING OLDER ADULTS IN COMPLETING THEIR HEALTH CARE DIRECTIVES A PROGRAM COORDINATOR WAS HIRED AND 18 FACILITATORS WERE TRAINED IN ADVANCE CARE PLANNING OVER 50 SPECIAL EVENTS, CLASSES AND TRAININGS WERE HELD TO ENGAGE THE COMMUNITY AS THEY BEGAN THINKING ABOUT, TALKING ABOUT AND PLANNING FOR THEIR LATER-IN-LIFE HEALTH CARE WISHES CHURCHES, EMPLOYERS, AND SENIOR CENTERS ALONG WITH HEALTH CARE PROVIDERS ARE KEY PARTNERS IN HELPING ENGAGE ADULTS AGES 50 AND OLDER IN HONORING CHOICES PRIORITY THREE COMMUNITY BASED ACCESS TO CARE THE HOSPITAL DEEPENED ITS RELATIONSHIP WITH HEALTHFINDERS COLLABORATIVE, A COMMUNITY-BASED HEALTH CARE PROVIDER SERVING UNINSURED AND UNDER-INSURED IN RICE COUNTY, BY PROVIDING ADDITIONAL FINANCIAL AND IN-KIND OPERATIONAL SUPPORTS A FULL-TIME SOMALI INTERPRETER WAS HIRED AND ENVIRONMENTAL CHANGES BEGAN TAKING PLACE SUCH AS PROVIDING HALAL MEAL OPTIONS AND CONTAINERS OF WATER IN RESTROOMS FOR MUSLIM SPIRITUAL CLEANSING ALLINA HEALTH STAFF ALSO PARTICIPATE IN THE FARIBAULT COMMUNITY SCHOOL AND HAVE OFFERED HEALTH PROGRAMMING AND SCREENINGS IN THOSE SETTINGS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 24	NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE ARE A, SUCH AS RIVER FALLS AREA HOSPITAL (HEALTHIER TOGETHER) GOAL 1 REDUCE ALCOHOL ABUSE OF RESIDENTS OF PIERCE AND ST CROIX COUNTIESWORK IN 2017 FOCUSED ON THE COMMUNITY OF RIVER F ALLS, WHICH HAS A POLICE CHIEF VERY SUPPORTIVE OF POLICY AND ENVIRONMENTAL STRATEGIES TO H ELP REDUCE ALCOHOL USE AND ABUSE WHILE WE HAD INTENDED TO FOCUS MOST OF OUR ENERGY ON A F ULL IMPLEMENTATION OF PARENTS WHO HOST, CONVERSATIONS WITH COMMUNITY STAKEHOLDERS LED US T O TAKE A DIFFERENT APPROACH, FOCUSING INSTEAD ON INVENTORYING THE ALCOHOL PREVENTION WORK THAT SCHOOLS ARE ALREADY DOING AND LOOKING FOR WAYS WE CAN SUPPORT THAT WORK AND/OR FILL I DENTIFIED GAPS WE PARTNERED WITH A LOCAL SUPERINTENDENT TO SEND A SURVEY TO ALL DISTRICT SUPERINTENDENTS IN THE TWO-COUNTY AREA AND WILL BE DEVELOPING AN ACTION PLAN FOR 2018 BASE D ON THE RESULTS OF THAT SURVEY AT THE SAME TIME, ALLINA HEALTH PROVIDED FUNDING TO THE R FPD FOR A HIGH-TECH ID SCANNER THAT WILL BE USED STRATEGICALLY IN THE COMMUNITY, BOTH AT L ARGE COMMUNITY EVENTS AND TO SUPPORT LOCAL RETAILERS WHOSE SCANNERS ARE NOT CATCHING THE F AKE IDS THAT ARE NOW VERY EASY TO SECURE ONLINE IN ADDITION, WORKING IN PARTNERSHIP WITH THE PIERCE COUNTY PARTNERSHIP FOR YOUTH, WE CONDUCTED A COMMUNITY READINESS INVENTORY OF T HE COMMUNITY OF RIVER FALLS, ASKING QUESTIONS SPECIFIC TO YOUTH ALCOHOL USE RESULTS OF TH OSE INTERVIEWS SCORED RIVER FALLS AT STAGE 2 (DENIAL), AND WE ARE NOW WORKING TO DETERMINE NEXT STEPS BASED ON THE STAGE-SPECIFIC RECOMMENDATIONS PROVIDED ONE OF THOSE "NEXT STEPS " WILL BE A SCREENING OF THE "CHURCH OF FELONS" DOCUMENTARY IN THE NEARBY COMMUNITY OF HUDSON, THE INTENTION OF THIS SCREENING IS TO RAISE AWARENESS OF THE EXTENT TO WHICH ALCOHOL USE IS A PROBLEM IN OUR REGION IF THE SCREENING IS SUCCESSFUL, WE WILL CONSIDER ADDITIONA L SCREENINGS IN OTHER COMMUNITIES WE ARE EXPLORING THE POSSIBILITY OF STARTING AN ALATEEN GROUP AT HUDSON HIGH SCHOOL WE FIRST NEED TO IDENTIFY A CERTIFIED ALATEEN SPONSOR TO FACI LITATE THE GROUP IF THAT PERSON IS IDENTIFIED, WE WILL WORK WITH THE SCHOOL DISTRICT ON O THER LOGISTICAL ISSUES GOAL 2 IMPROVE MENTAL HEALTH STATUS OF RESIDENTS OF PIERCE AND ST CROIX COUNTIES NEARLY 300 MAKE IT OK AMBASSADORS HAVE BEEN TRAINED THROUGHOUT THE TWO-COU NTY REGION, REACHING NEARLY 3000 INDIVIDUALS THROUGH OUTREACH ACTIVITIES COMMUNITY-WIDE K ICK-OFF EVENTS WERE HOSTED IN HUDSON AND BALDWIN, PLANNING IS UNDERWAY FOR KICK-OFF EVENTS IN RIVER FALLS AND ELLSWORTH IN 2018 A GRANT FROM THE FIRST NATIONAL BANK OF RIVER FALLS FUNDED A MAKE IT OK BILLBOARD WEST OF ELLSWORTH, A GRANT FROM ALLINA HEALTH PROVIDED OUTR EACH MATERIALS FOR A BOOTH AT THE PIERCE COUNTY FAIR HEALTHIER TOGETHER, WITH STRONG ADMIN ISTRATIVE SUPPORT FROM THE LOCAL UNITED WAY, IS HOSTING A MENTAL HEALTH FIRST AID (MHFA) F ACILITATOR TRAINING IN LATE JA

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 11	<p>NUARY THE WEEK-LONG TRAINING WILL RESULT IN 30 TRAINED INDIVIDUALS FROM ACROSS PIERCE, PO LK AND ST CROIX COUNTIES, THESE INDIVIDUALS WILL THEN PROVIDE THE 8-HOUR MHFA TRAINING AT LOCATIONS THROUGHOUT THE THREE-COUNTY REGION THE \$36K COST FOR THE TRAINING IS BEING COV ERED BY A WIDE RANGE OF PARTNERS, INCLUDING \$5K FROM ALLINA HEALTH, \$5K FROM WESTERN WISCO NSIN HEALTH, \$4K FROM HEALTHPARTNERS AND \$2K FROM ST CROIX COUNTY HHS WE ARE WORKING ON A N INVENTORY EXISTING SERVICES AND RESOURCES THROUGH SCHOOL DISTRICTS IN THE TWO-COUNTY REG ION WE PARTNERED WITH A LOCAL SUPERINTENDENT TO SEND A SURVEY TO ALL DISTRICT SUPERINTEND ENTS AND WILL BE DEVELOPING AN ACTION PLAN FOR 2018 BASED ON THE RESULTS OF THAT SURVEY GOAL 3 DECREASE THE PERCENTAGE OF THE POPULATION THAT'S OVERWEIGHT OR OBESE IN PIERCE AND ST CROIX COUNTIESIN 2017, THE UNITED WAY ST CROIX VALLEY ASSUMES LEADERSHIP OF THE FOOD INSECURITY ACTION TEAM THEY ARE WORKING WITH FOOD PANTRIES THROUGHOUT THE TWO-COUNTY REGI ON TO BOTH (1) PROVIDE HEALTHIER FOOD THROUGH THEIR FOOD AND RESOURCE CENTER AND (2) BUILD RELATIONSHIPS WITH PANTRY LEADERS TO SUPPORT CHANGES TO PANTRY OPERATIONS IN 2018 AND BEY OND A NEIGHBORHOOD HEALTH CONNECTION GRANT FROM ALLINA HEALTH FUNDED A "GARDEN IN A BOX" PROGRAM THIS SUMMER, ENABLING THE FOOD RESOURCE CENTER TO PROVIDE BOX GARDENS TO LOCAL PAN TRIES THE FOOD INSECURITY ACTION TEAM IS ALSO WORKING WITH SECOND HARVEST HEARTLAND, WHIC H HAS RECENTLY HIRED A STAFF MEMBER TO DO SNAP OUTREACH IN WESTERN WISCONSIN, TO DEVELOP B ASELINES AND MEASURES FOR SNAP ENROLLMENT IN OUR REGION ALSO IN 2017, HEALTHIER TOGETHER C OMPLETED THE ACTIVE SCHOOLS CORE 4+ GRANT IN 10 OUT OF THE 12 SCHOOL DISTRICTS IN PIERCE & ST CROIX COUNTIES SCHOOLS WILL CONTINUE WITH BRAIN BREAKS, ACTIVE RECESS KITS, AND AFTE R SCHOOL FAMILY PROGRAMMING EXPLORING GRANT OPPORTUNITIES TO CONTINUE ACTIVE SCHOOLS CORE 4+ PARTNERED WITH PRESCOTT SCHOOL DISTRICT IN THE CHANGE AND UPDATE OF THEIR SCHOOL WELL NESS POLICY A HEALTHIER TOGETHER RESOURCE ACTION TEAM WILL DETERMINE BEST WAY TO MOVE FORW ARD TO DISSEMINATE RESOURCES RELATED TO ALL THREE PRIORITY AREAS WE ARE ALSO USING THE HE ALTHIER TOGETHER FACEBOOK PAGE TO SHARE INFORMATION ABOUT THE THREE HEALTH PRIORITIES, INC LUDING LOCAL EVENTS AND RESOURCES</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

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

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 5	IN 2016, WE FIRST PUBLICIZED AN ONLINE SURVEY ON OUR INTERNAL AND EXTERNAL WEBSITE AND SOCIAL MEDIA AS WELL AS THROUGH DIRECT EMAILS IN ORDER TO GATHER GENERAL INPUT ABOUT COMMUNITY HEALTH PRIORITIES WE RECEIVED MORE THAN 1,000 RESPONSES TO THIS SURVEY- APPROXIMATELY 900 EMPLOYEES AND 100 COMMUNITY MEMBERS NEXT, WE HELD TWENTY-TWO COMMUNITY DIALOGUES OR FOCUS GROUPS ACROSS THE GEOGRAPHY SERVED BY THE HEALTH SYSTEM FROM FEBRUARY-APRIL 2016 THE DIALOGUES WERE FACILITATED AND ORGANIZED BY A THIRD-PARTY VENDOR (THE IMPROVE GROUP) WITH EXPERTISE IN COMMUNITY-BASED RESEARCH TO ENGAGE STAKEHOLDERS IN DISCUSSIONS OF KEY HEALTH ISSUES MORE THAN 400 COMMUNITY MEMBERS ATTENDED THE DIALOGUES/FOCUS GROUPS, PLANNING TEAMS THAT REVIEWED DATA AND COMMUNITY INPUT, OR BOTH THE ATTENDEES WERE DIVERSE IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS AND SPECIAL EFFORT WAS MADE TO REACH UNDERREPRESENTED COMMUNITIES THROUGH OUTREACH TO COMMUNITY-BASED ORGANIZATIONS WE HELD ONE FOCUS GROUP FOR THE SOMALI COMMUNITY, WITH INTERPRETATION, NEAR OUR DISTRICT ONE HOSPITAL AND ANOTHER FOCUS GROUP SPECIFIC TO THE LIBERIAN COMMUNITY NEAR MERCY HOSPITAL IN ADDITION, INFORMAL AND FORMAL INTERPRETERS WERE USED AS NEEDED IN OUR EAST METRO AND SOUTH METRO DIALOGUES DIALOGUES WERE ALSO HELD AT LOCATIONS CONVENIENT TO THE COMMUNITY, INCLUDING ONE HELD AT A PUBLIC HOUSING SITE IN ITS COMMUNITY ROOM SOME COMMUNITY DIALOGUES WERE WELL-ATTENDED BY REPRESENTATIVES OF ORGANIZATIONS IN THE COMMUNITY THAT SERVE DIVERSE INTERESTS AND PERSPECTIVES, WHILE OTHERS WERE WELL- ATTENDED BY RESIDENTS THEMSELVES, WITHOUT ANY SPECIFIC COMMUNITY ORGANIZATION TIES INVITATIONS WERE BROADLY SHARED TO GATHER AS MUCH DIVERSE INPUT AS POSSIBLE SOME DIALOGUES WERE REPEATED OR RESCHEDULED IN ORDER TO ENSURE THAT SUFFICIENT AND APPROPRIATE REPRESENTATIVES WERE INCLUDED, IF WEATHER OR OTHER FACTORS CONTRIBUTED TO LOW ATTENDANCE/RSVPS THERE WERE NO INSTANCES OF SPECIFIC INPUT THAT WAS SOUGHT BUT NOT SUCCESSFULLY RECEIVED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 6A	IN JANUARY 2017, MERCY AND UNITY HOSPITALS BECAME ONE HOSPITAL WITH TWO CAMPUSES IN COON RAPIDS AND FRIDLEY BOTH LOCATIONS SHARE THE SINGLE NAME MERCY HOSPITAL UNITY HOSPITAL IS NOW MERCY HOSPITAL - UNITY CAMPUS THE 11 ALLINA HEALTH HOSPITALS - ABBOTT NORTHWESTERN HOSPITAL, UNITED HOSPITAL, MERCY HOSPITAL (INCLUDING UNITY CAMPUS), CAMBRIDGE MEDICAL CENTER, BUFFALO HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, REGINA HOSPITAL, DISTRICT ONE HOSPITAL, RIVER FALLS AREA HOSPITAL AND PHILLIPS EYE INSTITUTE USE A COORDINATED APPROACH AND CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ON A GEOGRAPHIC REGIONAL COMMUNITY BASIS EACH REGIONAL CHNA CONTAINED ONLY ONE ALLINA HOSPITAL FACILITY WITH THE FOLLOWING EXCEPTIONS - ABBOTT NORTHWESTERN HOSPITAL AND PHILLIPS EYE INSTITUTE WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - MERCY HOSPITAL AND MERCY HOSPITAL - UNITY CAMPUS WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY - REGINA HOSPITAL AND UNITED HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 6B	ST FRANCIS REGIONAL MEDICAL CENTER (SFRMC), A RELATED ORGANIZATION OF ALLINA HEALTH SYSTEM (AHS) WAS INCLUDED IN THE AHS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE SOUTH METRO REGION AND ALSO THE PUBLIC HEALTH DEPARTMENTS MENTIONED BELOW MINNESOTA ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS WISCONSIN PIERCE COUNTY PUBLIC HEALTH DEPARTMENT IN SOME CASES, THE CHNA IS CONSIDERED A JOINT PRODUCT THROUGH FORMAL COLLABORATIVE EFFORTS SUCH AS THE HEALTHIER TOGETHER PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 11	BEYOND SYSTEM-WIDE ACTIVITIES, EACH HOSPITAL IS ADDRESSING THE COLLECTIVE NEEDS IDENTIFIED ACROSS THE SYSTEM AS WELL AS ANY ADDITIONAL NEEDS DOCUMENTED FOR THIS PRIMARY SERVICE AREA, SUCH AS PHILIPS EYE INSTITUTE GOAL 1 INCREASE CHILDHOOD READINESS FOR SCHOOL PEI PROVIDES THE EARLY YOUTH EYE CARE (E Y E) VISION SCREENING PROGRAM FOR ALL CHILDREN IN THE MINNEAPOLIS AND ST PAUL PUBLIC SCHOOLS THE GOAL IS TO ENSURE THAT ALL CHILDREN IN GRADES K, 2, 4, 6 AND 8TH RECEIVE A SCHOOL-BASED VISION SCREENING LAST YEAR, 28,000 ELEMENTARY-AGED CHILDREN RECEIVED A VISION SCREENING THROUGH THIS PROGRAM, AND 350 CHILDREN WERE REFERRED FOR FURTHER VISION ASSESSMENT AND TREATMENT THESE CHILDREN ARE TREATED THROUGH THE KIRBY PUCKETT EYE MOBILE, WHERE THEY RECEIVED EYE EXAMS, GLASSES, FOLLOW-UP CARE AND SURGERY (IF NEEDED) AT NO COST TO THE CHILD OR THEIR FAMILY GOAL 2 INCREASE ACCESS TO HEALTHCARE SERVICES PEI PROVIDES FREE TRANSPORTATION FOR PHILLIPS EYE INSTITUTE PATIENTS TO ACCESS THEIR VISION CARE SERVICES ABOUT 6,500 PATIENTS RECEIVE FREE TRANSPORTATION EVERY YEAR PROVIDING TRANSPORTATION AS A WAY TO INCREASE ACCESS TO HEALTHCARE SERVICES HAS BECOME A CORE COMPONENT OF PEI'S WORK AS 25% OF THEIR PATIENTS REQUIRE THIS SERVICE, MOST OF WHOM ARE ELDERLY AND LOW-INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 13B	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 24	NON-MEDICALLY NECESSARY OR RETAIL/COSMETIC PROCEDURES WOULD NOT QUALIFY FOR THE UNINSURED DISCOUNT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 7 A	HOSPITAL FACILITY WEBSITE URL -HTTPS //WWW ALLINAHEALTH ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/NEED-ASSESSMENTS/2017-2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLANS/

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	THE FOLLOWING ARE SYSTEM WIDE INITIATIVES THAT APPLY TO ELEVEN ALLINA HEALTH HOSPITALS PL PLEASE REFER TO PART V SECTION B LINE 11 EXPLANATION FOR EACH HOSPITAL FACILITY FOR ADDITION AL NEEDS ADDRESSED AT THE HOSPITAL LEVEL ALLINA HEALTH LAST ASSESSED COMMUNITY HEALTH THR OUGH THIS FORMAL PROCESS IN 2016 ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS ARE N OW BEING ADDRESSED 2017-2019 HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/WEELLNESS EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE CHANGE TO CHI LL (CTC) IS A FREE, ONLINE RESOURCE THAT PROVIDES STRESS REDUCTION TIPS, LIFE BALANCE TECH Niques AND HEALTH EDUCATION SERVICES FOR TEENS IN 2017, CTC REACHED MORE THAN 14,000 NEW VISITORS TO ITS WEBSITE SOME OF THE USERS ARE TEACHERS WHO USE IT IN THEIR CLASSROOMS, TE ENS WHO USE IT IN SOCIAL GROUPS AND PARENTS LOOKING FOR WAYS TO HELP THEIR CHILD STRESS LE SS ALLINA HEALTH CONTINUED TO OFFER THE IN-PERSON DELIVERY MODEL PILOTED IN 2016 TWENTY- FIVE HIGH SCHOOLS, MIDDLE SCHOOLS AND ALTERNATIVE LEARNING CENTERS ACROSS ALLINA HEALTH SE RVICE AREAS PARTICIPATED, REPRESENTING 1,485 STUDENTS ALSO IN 2017, ALLINA HEALTH BEGAN I MPLEMENTING A TRAIN THE TRAINER MODEL TO EDUCATE SCHOOL AND COMMUNITY STAFF ON THE RESOURC ES AND CURRICULUM OFFERED BY CTC IN 2017, EIGHT SCHOOLS COMPLETED THE TRAINING WHICH RESU LTED IN OVER FIFTY EDUCATORS BEING TRAINED IN THE CTC CURRICULUM OVERALL, THE TRAINING WA S WELL-RECEIVED BY BOTH PARTICIPANTS AND MANY PARTICIPANTS REPORTED THEY INTENDED TO USE W HAT THEY LEARNED IN THE CLASSROOM OR IN THE CAPACITY THAT THEY WORK WITH TEENS BE THE CHA NGE--AS THE LARGEST PROVIDER OF MENTAL HEALTH AND ADDICTION CARE IN THE STATE, ALLINA HEAL TH BELIEVES IT SHOULD LEAD THE WAY IN ELIMINATING STIGMA WITHIN THE INDUSTRY TO THIS END, BE THE CHANGE, IS AN EFFORT TO ELIMINATE STIGMA AROUND MENTAL HEALTH CONDITIONS AND ADDIC TION AT ALLINA HEALTH AND ENSURE THAT ALL PATIENTS RECEIVE THE SAME CONSISTENT, EXCEPTIONA L CARE MORE THAN 500 ALLINA HEALTH EMPLOYEES VOLUNTEERED TO LEAD THIS EFFORT AS TRAINED B E THE CHANGE CHAMPIONS AND HELP EDUCATE AND GENERATE AWARENESS AMONG THEIR COLLEAGUES ABOU T MENTAL HEALTH CONDITIONS AND ADDICTIONS IN 2016, CHAMPIONS PRESENTED AT 629 MEETINGS TH ROUGHOUT THE ORGANIZATION AND REACHED 13,955, OR 52%, OF EMPLOYEES IN 2017, AN ADDITIONAL 65 ALLINA HEALTH EMPLOYEES WERE TRAINED AS CHAMPIONS AND 3,090 MORE EMPLOYEES WERE EDUCAT ED THROUGH 97 BE THE CHANGE ACTIVITIES SINCE ITS LAUNCH THE EFFORT HAS REACHED OVER 17,04 5 EMPLOYEES, OR 63% OF EMPLOYEES THE EFFORT IS ONGOING AND THE CAMPAIGN'S GOAL IS TO REAC H ALL ALLINA HEALTH EMPLOYEES AN INITIAL AND FOLLOW-UP EMPLOYEE SURVEY REVEALED THAT THE CAMPAIGN IMPROVED EMPLOYEE'S PERCEPTION OF ALLINA HEALTH'S SUPPORT OF PEOPLE WITH MENTAL H EALTH OR ADDICTION CONDITIONS, COMFORT WORKING WITH OR INTERACTING WITH PEOPLE WITH MENTAL HEALTH OR ADDICTION CONDITIONS, AND KNOWLEDGE OF MENTAL HEALTH RESOURCES NEIGHBORHOOD HEA LTH CONNECTION (NHC) IS A COMM

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>UNITY GRANTS PROGRAM THAT AIMS TO IMPROVE THE HEALTH OF COMMUNITIES BY BUILDING SOCIAL CON NECTIONS THROUGH HEALTHY EATING AND PHYSICAL ACTIVITY EACH YEAR, ALLINA HEALTH AWARDS OVE R 50 NEIGHBORHOOD HEALTH CONNECTION GRANTS, RANGING IN SIZE FROM \$500-\$10,000, TO LOCAL NO NPROFITS AND GOVERNMENT AGENCIES IN MINNESOTA AND WESTERN WISCONSIN THE 68 ACTIVITIES OFF ERED IN 2017 REACHED ALMOST 4,000 PARTICIPANTS EVALUATIONS OF THE NHC PROGRAM FIND THAT T HE MAJORITY OF PEOPLE WHO PARTICIPATE IN NHC-FUNDED PROGRAMS INCREASE THEIR SOCIAL CONNECT IONS AND MAKE POSITIVE CHANGES IN THEIR PHYSICAL ACTIVITY AND HEALTHY EATING BEHAVIOR FUR THER, FOLLOW-UP DATA HAS REVEALED THAT THESE POSITIVE CHANGES ARE MAINTAINED SIX MONTHS LA TER AND THE MAJORITY OF PARTICIPANTS CONTINUE TO PARTICIPATE IN THE NHC ACTIVITY AFTER THE GRANT PERIOD ENDS HEALTH POWERED KIDS (HPK), LAUNCHED IN 2012, IS A FREE COMMUNITY EDUCAT ION PROGRAM DESIGNED TO EMPOWER CHILDREN AGES 3 TO 14 YEARS TO MAKE HEALTHIER CHOICES ABOU T EATING, EXERCISE, KEEPING CLEAN AND MANAGING STRESS IN 2017, THERE WERE MORE THAN 27,00 0 NEW VISITORS TO THE HPK WEBSITE IN ADDITION, 90% OF RESPONDENTS TO A USER SURVEY DESCRI BED HPK AS HELPFUL OR VERY HELPFUL TO IMPROVING HEALTH AT THEIR HOME, SCHOOL OR ORGANIZATI ON AND MOST AGREED OR STRONGLY AGREED THAT THE WEBSITE HAS HIGH QUALITY RESOURCES, IS ENGA GING AND MEETS THE NEEDS OF YOUNG PEOPLE, AND HAS INCREASED THE KNOWLEDGE OF HEALTH AND WE LLNESS AMONG BOTH YOUNG PEOPLE AND THE ADULTS WHO WORK WITH THEM THESE RESULTS WERE SIMIL AR TO THOSE ACHIEVED IN 2016 CHARITABLE CONTRIBUTIONS-IN 2017 ALLINA HEALTH SYSTEM OFFICE MADE THE FOLLOWING CONTRIBUTIONS BY FOCUS AREA, \$16,000 (8%) FOR ACTIVE LIVING, \$57,600 (2 9%) FOR HEALTHY EATING, \$65,000 (33%) FOR IMPROVING ACCESS TO HEALTH CARE SERVICES, \$22,00 0 (11%) TO MENTAL WELLNESS, \$40,500 (20%) FOR OTHER HEALTH-RELATED PURPOSES AND \$500 FOR N ON-HEALTH RELATED PURPOSES TO SUPPORT ACTIVE LIVING, ALLINA HEALTH SPONSORED THE SANNEH F OUNDATION'S FREE COMMUNITY CAMPS AT THE \$5,000 LEVEL THIS FUNDING SUPPORTED CULTURALLY RE LEVANT OUT OF SCHOOL TIME FREE COMMUNITY CAMPS TO UNDER-SERVED YOUTH IN THE SUMMER OF 2017 FOR THE FOCUS AREA, HEALTHY EATING, ALLINA HEALTH GAVE THE FOOD GROUP A CONTRIBUTION OF \$10,000 TO SUPPORT ITS CULTURAL EQUITY PROGRAM WHICH SEEKS TO INCREASE ACCESS TO NUTRITIOU S AND SPECIFIC FOODS FOR DIVERSE MEMBERS OF OUR COMMUNITY THAT ARE EXPERIENCING HUNGER TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ALLINA HEALTH SPONSORED THE CARONDELET GALA AT TH E \$25,000 LEVEL, WHICH RAISED FUNDS FOR ST MARY'S HEALTH CLINICS (SMHC) SMHC SERVES LOW- INCOME, UNINSURED INDIVIDUALS, FAMILIES AND CHILDREN, BY PROVIDING FREE CULTURALLY AND LIN GUISTICALLY APPROPRIATE HEALTH CARE SERVICES FOR OTHER HEALTH-RELATED PURPOSES ALLINA HEA LTH SUPPORTED MINNESOTA PUBLIC HEALTH ASSOCIATION WITH A \$5,000 CONTRIBUTION TO INCREASE I TS CAPACITY TO ACT AS AN INDEPENDENT VOICE OF PUBLIC HEALTH IN MINNESOTA OUT OF THE 2017 BUDGET ALLINA HEALTH SPONSORED</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	THE 2018 MARTIN LUTHER KING JR BREAKFAST AT THE \$500 LEVEL, BENEFITING UNCF FOR A NON-HE ALTH RELATED PURPOSE

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

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

Complete if the organization answered "Yes," 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

2017

Open to Public
Inspection

Employer identification number
36-3261413

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 99

3 Enter total number of other organizations listed in the line 1 table 9

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS TO STUDENTS AT VARIOUS COLLEGES AND UNIVERSITIES	59	99,600			
(2) HOUSING AND LIVING ASSISTANCE	198	95,712			
(3) BIKE HELMETS	8644		79,957	FMV	HELMETS DISTRIBUTION AT VARIOUS BIKE EVENTS
(4) BIKES	400		10,000	FMV	BIKE DISTRIBUTION AT KIDS EVENT
(5) MEDICAL ASSISTANCE	3279	741,075			
(6) T-SHIRTS	4057		35,567	FMV	T-SHIRT DISTRIBUTION AT BIKE EVENTS
(7) FUNERAL	3	1,500			
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE BIKES 4 KIDZ PO BOX 007 LONG LAKE, MN 55356	27-1199089	501C3	76,400				SPONSORSHIP FOR BIKE DISTRIBUTION
REGIONS HOSPITAL FOUNDATION 640 JACKSON STREET ST PAUL, MN 55101	41-1888902	501C3	30,000				SUPPORT MENTAL HEALTH DRUG ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF ST JOSEPH OF CARONDELET MINISTRIES FOUNDATION 1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1765361	501C3	55,000				SPONSOR 2017 CARONDELET GALA
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 28TH STREET SUITE 100 MINNEAPOLIS, MN 55407	41-1426406	501C3	28,900				SPONSOR GALA, GLOBAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAUL PUBLIC SCHOOLS 360 COLBORNE ST ST PAUL, MN 55102	41-0901311		25,000				SUPPORT WELLNESS INITIATIVE
METRO MEALS ON WHEELS INC 1200 WASHINGTON AVE S SUITE 380 MINNEAPOLIS, MN 55415	31-1501057	501C3	25,300				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 4701 W 77TH ST EDINA, MN 55435	13-5613797	501C3	21,300				SPONSOR GALA, HEART WALK
THE SAINT PAUL FOUNDATION 101 FIFTH STREET EAST SUITE 2400 ST PAUL, MN 55101	41-6031510	501C3	18,000				SUPPORT ITASCA PROJECT 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
NAMI MINNESOTA 800 TRANSFER ROAD 31 ST PAUL, MN 55114	41-1317030	501C3	32,400				GENERAL SUPPORT
FIREFLY SISTERHOOD 5775 WAYZATA BLVD SUITE 700 MINNEAPOLIS, MN 55416	46-4874051	501C3	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON HOPE INC 1400 ENERGY PARK DRIVE ST PAUL, MN 55108	41-1560297	501C3	14,700				GENERAL SUPPORT
SOUTH WASHINGTON COUNTY SCHOOL DISTRICT 833 8400 EAST POINT DOUGLAS ROAD SO COTTAGE GROVE, MN 55016	41-6007788		10,500				SUPPORT FAMILY MEALTIME CHALLENGE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE ST PAUL, MN 55102	20-3000282	501C3	14,200				SUPPORT FOR OUTREACH PROGRAMS
RIDGEVIEW FOUNDATION 500 SOUTH MAPLE STREET WACONIA, MN 55387	41-1328097	501C3	12,500				SPONSOR 2017 RIDGEVIEW GOLF & TASTE CELEBRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS REGIONAL MEDICAL CENTER 1455 ST FRANCIS AVENUE SHAKOPEE, MN 55379	41-0907986	501C3	10,000				GENERAL SUPPORT
MILL CITY FARMERS MARKET CHARITABLE FUND 2105 FIRST AVENUE SOUTH MINNEAPOLIS, MN 55404	81-4420781	501C3	20,000				SUPPORT MEET YOUR VEGETABLES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 55454	53-0196605	501C3	11,600				SPONSOR GALA, GENERAL SUPPORT
THE FOOD GROUP MINNESOTA INC 8501 54TH AVENUE NORTH NEW HOPE, MN 55428	41-1246504	501C3	10,538				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTER 7005 OXFORD STREET ST LOUIS PARK, MN 55426	37-1441658	501C3	10,380				SPONSOR 2017 NIGHT TO MATTER GALA
PEOPLE INCORPORATED 2060 CENTRE POINTE BLVD SUITE 3 MENDOTA HEIGHTS, MN 55120	41-0962296	501C3	10,100				SPONSOR SPECIAL EVENT

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
VITAL AGING NETWORK 2365 MCKINIGHT ROAD ST PAUL, MN 55109	27-2884329	501C3	10,000				SUPPORT WELLNESS PROGRAM
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST PAUL, MN 55104	41-0693889	501C3	15,000				SUPPORT TWIN CITIES MOBILE MARKET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVENUE ST PAUL, MN 55104	41-0693924	501C3	10,200				SUPPORT HEALTH AND WELLNESS SERVICES, GENERAL SUPPORT
PEOPLE SERVING PEOPLE INC CHARITIES 614 3RD STREET SOUTH MINNEAPOLIS, MN 55415	41-1965067	501C3	10,200				SUPPORT ANNUAL GALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN ARMS OF MINNESOTA INC 2500 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404	41-1681317	501C3	11,500				GENERAL SUPPORT
HASTINGS INDEPENDENT SCHOOL DISTRICT 200 200 GENERAL SIEBEN DRIVE HASTINGS, MN 55033	41-6000810		8,030				SUPPORT PEER HELPER PROGRAM, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	41-0711618	501C3	7,500				SPONSOR WASHBURN GAMES
COMMUNIDADES LATINAS UNIDAS EN SERVICIO 797 EAST 7TH STREET ST PAUL, MN 55106	41-1386986	501C3	15,300				SUPPORT OF HEALTH AND FAMILY WELL-BEING DIVISION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE COMMUNITY INC 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1292817	501C3	7,500				HEALTHY FOODS, STRONG COMMUNITY PROGRAM
CAMP FIRE MINNESOTA 4829 MINNETONKA BLVD SUITE 202 ST LOUIS PARK, MN 55416	41-0706116	501C3	7,500				SUPPORT MENTAL WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BREAST MILK FOR BABIES PO BOX 734 ROGERS, MN 55374	46-0845657	501C3	7,500				GENERAL SUPPORT
MG CHARITIES 434 HALE AVE N SUITE 160 OAKDALE, MN 55128	46-4057749	501C3	7,310				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MINNESOTA RECOVERY CONNECTION 822 S 3RD ST SUITE 101 MINNEAPOLIS, MN 55415	41-1948764	501C3	7,500				GENERAL SUPPORT
SOLE CARE FOR SOULS 4190 VINEWOOD LANE NORTH SUITE 111-301 PLYMOUTH, MN 55442	26-3300002	501C3	6,800				SUPPORT TO PURCHASE MEDICAL SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ANOKA RAMSEY COMMUNITY COLLEGE FOUNDATION 11200 MISSISSIPPI BLVD W COON RAPIDS, MN 55433	41-1574797	501C3	15,500				SPONSOR EVENTS, FUND SCHOLARSHIPS
PHILLIPS WEST NEIGHBORHOOD ORGANIZATION 2400 PARK AVENUE SOUTH SUITE 337 MINNEAPOLIS, MN 55404	90-0122796	501C3	6,000				SUPPORT OF MIDTOWN SAFETY CENTER

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
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693891	501C3	5,100				SPONSOR CIRCLE OF WOMEN LUNCHEON
JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST INC 1800 WHITE BEAR AVENUE NORTH MAPLEWOOD, MN 55109	41-1424988	501C3	5,600				SPONSOR HALL OF FAME EVENT & BIG BOWL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RAINBOW HEALTH INITIATIVE 2021 HENNEPIN AVE E 220 MINNEAPOLIS, MN 55413	30-0012420	501C3	10,000				SPONSOR OPPORTUNITY CONFERENCE
THE FAMILY PARTNERSHIP 4123 EAST LAKE STREET MINNEAPOLIS, MN 55406	41-0693858	501C3	10,000				SPONSOR BETTER TOGETHER LUNCHEON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANOKA-HENNEPIN TECHNICAL COLLEGE FOUNDATION 1355 WEST HIGHWAY 10 ANOKA, MN 55303	36-3494697	501C3	7,000				SPONSOR SCHOLARSHIPS, GENERAL SUPPORT
ALEXANDRA HOUSE INC 10065 3RD ST NE BLAINE, MN 55434	41-1309977	501C3	6,658				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THREE RIVERS PARK DISTRICT FOUNDATION INC 3000 XENIUM LANE N PLYMOUTH, MN 55441	41-1579104	501C3	10,000				SUPPORT RECREATIONAL ACTIVITIES
AMERICAN DIABETES ASSOCIATION INC 8000 W 78TH ST SUITE 175 EDINA, MN 55439	13-1623888	501C3	5,650				SPONSOR TOUR DE CURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST PAUL, MN 55109	23-7417654	501C3	5,700				SPONSOR DISH CUISINE FOR CHANGE, GENERAL SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC INC MINNESOTA-NORTH DAKO 7900 WEST 78TH STREET 100 MINNEAPOLIS, MN 55439	41-1361624	501C3	10,850				SPONSOR WALK, CONFERENCE AND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CARS FOR NEIGHBORS INC 1201 89TH AVE NE SUITE 230 BLAINE, MN 55434	41-1964516	501C3	7,500				GENERAL SUPPORT
COMMUNITY EMERGENCY ASSISTANCE PROGRAM INC 7051 BROOKLYN BLVD BROOKLYN CENTER, MN 55429	41-0990340	501C3	7,898				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ANOKA COUNTY BROTHERHOOD COUNCIL INC PO BOX 774 ANOKA, MN 55303	51-0155191	501C3	8,100				GENERAL SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55403	41-1302487	501C3	53,400				SUPPORT HOLISTIC MEDICAL RESPITE CARE SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PHILLIPS NEIGHBORHOOD CLINIC 2742 15TH AVENUE SOUTH MINNEAPOLIS, MN 55407	41-6027707	501C3	5,100				SUPPORT HEALTH CARE SERVICES FOR PHILLIPS NEIGHBORHOOD
DARTS 1645 MARTHALER AVENUE W ST PAUL, MN 55118	41-1326631	501C3	10,000				SUPPORT CAREGIVER OUTREACH, LOOP TRANSPORTATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HASTINGS FAMILY SERVICE 301 2ND STREET EAST HASTINGS, MN 55033	23-7083534	501C3	7,700				GENERAL SUPPORT
SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD S SHAKOPEE, MN 55379	41-0903890	501C3	13,800				SUPPORT MOBILE FOOD SHELF, FUND CRISIS NURSERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ARTHRITIS FOUNDATION INC 1876 MINNEHAHA AVE W ST PAUL, MN 55104	58-1341679	501C3	7,000				SPONSOR JINGLE BELL RUN, GENERAL SUPPORT
HOPE 4 YOUTH 2665 4TH AVE N ANOKA, MN 55303	46-1626500	501C3	7,300				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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360 COMMUNITIES 501 E HIGHWAY 13 SUITE 102 BURNSVILLE, MN 55337	41-0987708	501C3	7,000				SUPPORT HEALTHY EATING INITIATIVE
SINAPI FOUNDATION INC PO BOX 2531 DAVIDSON, NC 28036	46-0653354	501C3	5,754				GLOBAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FOUNDATION FIGHTING BLINDNESS INC 977 LAKEVIEW PARKWAY SUITE 140 VERNON HILLS, IL 60061	23-7135845	501C3	7,750				SPONSOR DINING IN THE DARK AND VISION WALK
ST ANDREWS EVANGELICAL LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115	41-0880458	501C3	10,580				GLOBAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COURAGE KENNY FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55440	41-1952989	501C3		81,231	FMV	MEDICAL AND SPORTS EQUIPMENT	GENERAL SUPPORT
PHILLIPS EYE INSTITUTE FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55440	41-1613017	501C3		292,753	FMV	EYE GLASS FRAMES AND LENS	EYE COMMUNITY INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVENUE MINNEAPOLIS, MN 55404	41-1920740	501C3	300,000				INTENSIVE RESIDENTIAL TREATMENT SERVICES CONTRUCTION DONATION
CHILDRENS HEALTH CARE FOUNDATION 2525 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1814223	501C3	10,100				SPONSOR STAR GALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTURY COLLEGE FOUNDATION 3300 CENTURY AVENUE WHITE BEAR LAKE, MN 55110	23-7401534	501C3	5,500				SPONSOR SCHOLARSHIP AND EVENT
MINNESOTA EMERGENCY CARE ASSOCIATION INC PO BOX 823 ST CLOUD, MN 56302	41-1295369	501C3	6,700				SPONSOR STARS OF LIFE EVENT AND CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHERIDAN STORY 2723 PATTON ROAD ROSEVILLE, MN 55113	80-0919680	501C3	5,700				GENERAL SUPPORT
URBAN VENTURES LEADERSHIP FOUNDATION 2924 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55408	36-3558710	501C3	5,100				SUPPORT CITYKID FOOD PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STEPPING STONE EMERGENCY HOUSING 3300 4TH AVE N CRONIN BLDG 14 ANOKA, MN 55303	20-3226868	501C3	5,200				GENERAL SUPPORT
VEAP INC (VOLUNTEERS ENLISTED TO ASSIST PEOPLE) 9600 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55420	41-6175999	501C3	5,400				SUPPORT FOOD PROGRAMS

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
AVIVO (FORMERLY RESOURCE INC) 1900 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41-0828779	501C3	5,100				GENERAL SUPPORT
INTERFAITH ACTION OF GREATER SAINT PAUL 1671 SUMMIT AVENUE ST PAUL, MN 55105	41-0694741	501C3	5,300				SUPPORT FOOD SHELF SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE SOUTH MINNEAPOLIS, MN 55419	41-1379021	501C3	5,400				SUPPORT FORMULA FOR HOPE EVENT, GENERAL SUPPORT
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVENUE SUITE 550 CHICAGO, IL 60631	23-7286648	501C3	5,100				SUPPORT 2017 BT5K TWIN CITIES

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
CORNERHOUSE-INTERAGENCY CHILD 2502 10TH AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1640731	501C3	5,100				GENERAL SUPPORT
INTERFAITH OUTREACH AND COMMUNITY PARTNERS 1605 CO ROAD 101 N PLYMOUTH, MN 55447	36-3482724	501C3	5,100				SPONSOR CARING FOR KIDS FUNDRAISING BREAKFAST

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
VOSH-SOUTHEAST INC 2348 SIERRA LANE MAITLAND, FL 32750	59-3346009	501C3	5,560				GLOBAL FUND
HEALTHFINDERS COLLABORATIVE INC 223 CENTRAL AVE NORTH FARIBAULT, MN 55021	20-1805262	501C3	40,400				COMMUNITY ENGAGEMENT, HEALTH AND WELLNESS ACCESS

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
PRO-KINSHIP FOR KIDS 1400 S STATE STREET NEW ULM, MN 56073	41-1247116	501C3	10,000				SUPPORT KIDS FAMILY CONNECTION TIME
CITY OF SOUTH ST PAUL 125-3RD AVENUE NORTH SOUTH ST PAUL, MN 55075	41-6005520		10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GRACE PLACE COLLABORATIVE INC 320 CENTER AVE S MONTROSE, MN 55373	81-4558603	501C3	10,000				SUPPORT GRACE PLACE SLOW COOKER CLASSES
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC 400 ROBERT STREET SOUTH ST PAUL, MN 55107	41-0693910	501C3	14,500				SUPPORT HEALTHY LIVING PROGRAM, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE CARLSON CENTER FOR MENTAL HEALTH AND WELL-BEING 7954 UNIVERSITY AVE FRIDLEY, MN 55432	41-1354967	501C3	14,200				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
CENTER SCHOOL INC 2421 BLOOMINGTON AVE MINNEAPOLIS, MN 55404	36-3591386	501C3	8,354				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVENUE MINNEAPOLIS, MN 55411	41-0851980		8,330				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1760632	501C3	9,064				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
BRIDGE FOR HUDSON YOUTH INC 651 BRAKKE DRIVE HUDSON, WI 54016	90-0178808	501C3	7,724				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
UNITED WAY ST CROIX VALLEY INC 516 SECOND STREET HUDSON, WI 54016	39-1372545	501C3	13,088				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
CENTER CLINIC- INCORPORATED 308 8TH STREET NW DODGE CENTER, MN 55927	20-0756495	501C3	7,577				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
ANGEL FOUNDATION 1155 CENTRE POINT DRIVE SUITE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501C3	8,750				SPONSOR GALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARIBAULT PUBLIC SCHOOLS COMMUNITY EDUCATION 340 9TH AVE SW FARIBAULT, MN 55021	41-6003618		7,652				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
A TO Z MENTAL HEALTH SCHOLARSHIP FOUNDATION 480 WILLIAM AVENUE EAST DASSEL, MN 55325	82-1948209		6,830				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
CHISAGO COUNTY MASTERS GARDENERS 30840 CEDAR CREST TRAIL NE NORTH BRANCH, MN 55056	01-0754483		6,712				2018 NEIGHBORHOOD HEALTH CONNECTION GRANT
CITY OF PLYMOUTH PARKS AND RECREATION 3400 PLYMOUTH BLVD PLYMOUTH, MN 55447	41-6008936		6,250				SPONSOR PARKS AND RECREATION EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	22,954				2017 HEALTH CONNECTION GRANT, SPONSOR LECTURE SERIES AND CONFERENCE
SCOTT COUNTY HEALTH AND HUMAN SERVICES 753 CANTERBURY ROAD S SHAKOPEE, MN 55379	41-6005892	501C3	5,950				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
ADAPTIVE RECREATIONAL SERVICES INC 600 N GERMAN STREET NEW ULM, MN 56073	41-1433197	501C3	5,500				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
GUILD INCORPORATED 130 SOUTH WABASHA ST SUITE 90 ROSEVILLE, MN 55107	41-1669233	501C3	10,478				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
ONE YOGA 721 WEST 26TH STREET MINNEAPOLIS, MN 55405	68-0605274	501C3	5,361				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
AMERICAN CANCER SOCIETY INC 950 BLUE GENTIAN RD SUITE 100 EAGAN, MN 55121	13-1788491	501C3	16,945				SPONSOR RELAY FOR LIFE, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD DEVELOPMENT CENTER INC 663 UNIVERSITY AVENUE SUITE 200 ST PAUL, MN 55105	41-1738791	501C3	10,000				SPONSOR MIDTOWN GLOBAL MARKERT MUSIC FESTIVAL
YOUNG MENS CHRISTIAN ASSOCIATION OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVENUE MINNEAPOLIS, MN 55413	45-2563299	501C3	16,435				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
NORTHFIELD HEALTHY COMMUNITY INITIATIVE 1651 JEFFERSON PARKWAY NORTHFIELD, MN 55057	26-2852506	501C3	5,250				SUPPORT RICE COUNTY MENTAL HEALTH COLLECTIVE
FREE CLINIC OF STEELE COUNTY 132 SOUTHVIEW STREET OWATONNA, MN 55060	46-1795200	501C3	7,800				FUND FREE CLINIC DENTAL SERVICES, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA CARE FACILITIES 1100 1ST AVENUE SOUTH SLEEPY EYE, MN 56085	41-0965829	501C3	8,500				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT
BUFFALO HANOVER MONTROSE SCHOOL DISTRICT # 877 877 BISON BLVD BUFFALO, MN 55313	41-6004776	501C3	8,890				2017 NEIGHBORHOOD HEALTH CONNECTION GRANT

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
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501C3	8,600				GENERAL SUPPORT
PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266	33-0841281	501C3	5,650				GENERAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
SCHOLARSHIPS TO STUDENTS AT VARIOUS COLLEGES AND UNIVERSITIES	59	99,600			
HOUSING AND LIVING ASSISTANCE	198	95,712			
BIKE HELMETS	8644		79,957	FMV	HELMETS DISTRIBUTION AT VARIOUS BIKE EVENTS
BIKES	400		10,000	FMV	BIKE DISTRIBUTION AT KIDS EVENT
MEDICAL ASSISTANCE	3279	741,075			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
T-SHIRTS	4057		35,567	FMV	T-SHIRT DISTRIBUTION AT BIKE EVENTS
FUNERAL	3	1,500			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number

36-3261413

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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 Yes

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 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 Yes

b Any related organization?

6b Yes

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 nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8 Yes

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9 Yes

For each individual whose compensation must be reported 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.

See Additional Data Table

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	EXPLANATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ALLINA HEALTH SYSTEM PROVIDES THIS TYPE OF PAYMENT AS IT RELATES TO TAXABLE MOVING EXPENSE REIMBURSEMENTS ON CERTAIN EXECUTIVES LISA SHANNON - \$139,053
PART I, LINES 4A-B	4(A) HELEN STRIKE - \$241,893, KENNETH PAULUS - \$228,309 4(B) PENNY WHEELER - \$79,693, MARY BEAR DUKES - \$18,257, CHRISTINE BENT - \$60,875, SARA CRIGER - \$102,908, DUNCAN GALLAGHER - \$105,382, MARGARET HASBROUCK - \$30,580, SUSAN HEICHERT - \$59,495, CORRINE KROEHLER - \$22,899, CHRISTINE MOORE - \$19,524, THOMAS O'CONNOR - \$67,744, TIMOTHY SIELAFF, MD - \$81,953, DAVID SLOWINSKE - \$28,497, HELEN STRIKE - \$68,086, KATHERINE TARVESTAD - \$14,108, ELIZABETH TRUESDELL SMITH - \$57,144, DANIEL BUSS, MD - \$83,537, MICHAEL FREEHILL, MD - \$69,949, MARK HELLER MD - \$47,215, TODD HESS, MD - \$51,315, LEROY MCCARTY, MD - \$63,472
PART I, LINE 6	DEFERRED COMPENSATION PLANS TERMS AND CONDITIONS MANAGEMENT INCENTIVE PLAN (MIP) ALLINA PROVIDES AN ANNUAL INCENTIVE COMPENSATION OPPORTUNITY TO MOST MANAGERS, SOME HIGH-LEVEL INDIVIDUAL CONTRIBUTORS AND EXECUTIVES UNDER THIS PLAN, THE TARGET AWARD IS EXPRESSED AS A FUNCTION OF THE PARTICIPANT'S SALARY PAID DURING THE CALENDAR YEAR AND REQUIRES AT LEAST FOUR MONTHS OF SERVICE IN AN ELIGIBLE POSITION DURING THE YEAR ACTUAL AWARDS CAN RANGE FROM 0% TO 150% OF THE TARGET AWARD, BASED ON ALLINA'S PERFORMANCE OVER THE CALENDAR YEAR PERFORMANCE MEASURES INCLUDE FINANCIAL PERFORMANCE, HOSPITAL AND CLINIC CARE MEASURES AND HOSPITAL AND CLINIC PATIENT EXPERIENCE MEASURES NO AWARDS ARE PROVIDED UNLESS THRESHOLD FINANCIAL PERFORMANCE IS ACHIEVED PARTICIPANTS WHO HAVE LEFT EMPLOYMENT PRIOR TO THE END OF THE YEAR AS THE RESULT OF VOLUNTARY TERMINATION OR TERMINATION FOR POOR PERFORMANCE ARE NOT ELIGIBLE FOR AN AWARD LONG-TERM INCENTIVE PLAN (LTIP) ALLINA HAS A LONG-TERM INCENTIVE PLAN THAT PROVIDES A CASH AWARD OPPORTUNITY TO A SMALL NUMBER OF TOP EXECUTIVES APPROVED FOR PARTICIPATION BY THE COMPENSATION COMMITTEE OF THE BOARD THE AWARD OPPORTUNITY IS BASED ON ALLINA PERFORMANCE DURING OVERLAPPING THREE-YEAR CYCLES PERFORMANCE MEASURES AND TARGETS ARE DEFINED BY THE COMMITTEE FOR EACH THREE-YEAR PERIOD AND CAN VARY FROM ONE PERIOD TO ANOTHER DEPENDING ON THE COMMITTEE'S JUDGMENT OF THE MOST IMPORTANT MEASURES OF SUCCESS ACTUAL AWARDS CAN RANGE FROM 0% TO 150% OF TARGET AWARD, BASED ON ALLINA'S PERFORMANCE OVER THE PERFORMANCE PERIOD
PART I, LINE 8	CERTAIN AMOUNTS REPORTED ON FORM 990, PART VII WERE PAID OR ACCRUED PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGULATION SECTION 53.4958-4(A)(3) FROM TIME TO TIME, ALLINA HEALTH SYSTEM ENTERS INTO CONTRACTUAL ARRANGEMENTS THAT MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION BASED ON THE TERMS AND UNDERSTANDINGS OF THE CONTRACTUAL AGREEMENTS
SCHEDULE J, LINE 4(A) & (B)	ADDITIONAL DISCLOSURES DEFERRED COMPENSATION PLANS - TERMS AND CONDITIONS ALLINA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THIS PLAN WAS AMENDED EFFECTIVE DECEMBER 31, 2008, SUCH THAT NO FUTURE BENEFITS ACCRUE FOR SERVICE AFTER THAT DATE ELIGIBLE ALLINA EXECUTIVES PARTICIPATED IN A DEFINED CONTRIBUTION SERP EMPLOYER CREDITS WERE MADE EACH YEAR TO THEIR SERP BALANCE ACCORDING TO THE FOLLOWING SCHEDULE EXEC YRS OF SERVICE CONTRIBUTION % OF PENSIONABLE EARNINGS 0-5 2 75% 6-10 3 50% 11+ 4 75% EXECUTIVES WERE ALSO CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE PENSION ACCOUNT PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE PENSION ACCOUNT PLAN CREDITING RATE AS DECLARED BY ALLINA THE CURRENT RATE IS 4% THE PARTICIPANT VESTS AFTER THREE YEARS OF EXECUTIVE SERVICE PROVIDED THAT IF THE PARTICIPANT TERMINATES EMPLOYMENT WITH ALLINA PRIOR TO AGE 65 FOR ANY REASON OTHER THAN ELIMINATION OF POSITION, THE PARTICIPANT MUST FULFILL THE TERMS OF A COVENANT NOT TO COMPETE BENEFITS ARE PAID AS A SINGLE LUMP-SUM AMOUNT UPON AGE 65, RETIREMENT, OR JOB ELIMINATION IN THE CASE OF OTHER VOLUNTARY TERMINATIONS, PAYMENT IS DELAYED UNTIL COMPLETION OF THE TWO-YEAR NON-COMPETE PERIOD THE SERP IS PAYABLE FROM ALLINA'S GENERAL ASSETS IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS ALLINA EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN ELIGIBLE ALLINA EXECUTIVES PARTICIPATE IN A DEFERRED COMPENSATION RETIREMENT PLAN EXECUTIVES ARE CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE ALLINA RETIREMENT SAVINGS PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS EMPLOYER CREDITS ARE MADE EACH YEAR TO THEIR ACCOUNT BALANCE ACCORDING TO THE FOLLOWING SCHEDULE AS OF THE END OF THE PLAN YEAR PARTICIPANT'S YEARS OF VESTING SERVICE APPLICABLE PERCENTAGE LESS THAN 1 0% 1-5 5 0% 6-10 5 5% 11-15 6 0% 16 OR MORE 6 5% DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE INVESTMENT OPTIONS SELECTED BY THE PARTICIPANT WHICH ARE THE SAME OPTIONS AVAILABLE UNDER THE QUALIFIED PLAN A PARTICIPANT WHO HAS COMPLETED AT LEAST TWO YEARS OF SERVICE BECOMES VESTED IN THE PORTION OF HIS OR HER ACCOUNT ATTRIBUTABLE TO THE ANNUAL CREDIT FOR A PARTICULAR YEAR AS OF JANUARY 15 OF THE YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE ANNUAL CREDIT IS EARNED IN THE EVENT OF TERMINATION (OTHER THAN BECAUSE OF DEATH) PRIOR TO AGE 67, THE DISTRIBUTION DATE SHALL BE AS SOON AS ADMINISTRATIVELY POSSIBLE AFTER TERMINATION IN THE FORM OF A LUMP SUM PAYMENT THE PLAN IS PAYABLE FROM ALLINA'S GENERAL ASSETS IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS THIS PLAN WAS EFFECTIVE JANUARY 1, 2009 EXECUTIVE MUTUAL FUND ACCOUNT PLAN PHYSICIAN MUTUAL FUND ACCOUNT PLAN THESE ACCOUNTS GIVE THE PARTICIPANT THE OPPORTUNITY FOR CAPITAL ACCUMULATION NOT FULLY AVAILABLE TO THEM THROUGH SOCIAL SECURITY OR THE GENERAL EMPLOYEE RETIREMENT PLANS BECAUSE OF MAXIMUMS PLACED ON COMPENSATION THAT CAN BE RECOGNIZED UNDER FEDERAL LAW FOR PURPOSES OF CONTRIBUTIONS THEY ALSO SERVE AS AN IMPORTANT NON-COMPETE INCENTIVE TO PARTICIPANTS PRIOR TO THE YEAR IN WHICH CONTRIBUTIONS ARE MADE, THE PARTICIPANT MUST DESIGNATE A VESTING/PAYOUT DATE CONSISTENT WITH THE CONSTRAINTS OF THE PLANS AND FEDERAL DEFERRED COMPENSATION REGULATIONS AFTER THE CONTRIBUTIONS ARE MADE, THE PARTICIPANT HAS A ONE-TIME LIMITED OPPORTUNITY TO EXTEND THE ELECTED PAYMENT DATE FOR AT LEAST FIVE YEARS ONCE THE VESTING/PAYOUT DATE HAS BEEN REACHED, ALLINA WILL WITHHOLD THE APPROPRIATE TAXES AND THE BALANCE WILL BE PAID TO THE PARTICIPANT ON THEIR PAYCHECK AS SOON AS ADMINISTRATIVELY FEASIBLE IF THE PARTICIPANT TERMINATES EMPLOYMENT VOLUNTARILY BEFORE AN AMOUNT IS PAID, PAYMENT WILL BE SUBJECT TO THE PARTICIPANT'S COMPLIANCE WITH A NON-COMPETE AGREEMENT WITH ALLINA FOR TWO YEARS AFTER TERMINATION THE PARTICIPANT MAY ELECT FROM AMONG INVESTMENT ALTERNATIVES THAT ARE SIMILAR TO THOSE AVAILABLE IN THE RETIREMENT SAVINGS PLAN UNLIKE THE RETIREMENT SAVINGS PLAN, THE PARTICIPANT HAS THE STATUS OF AN UNSECURED CREDITOR OF ALLINA AND WILL NOT HAVE A PREFERRED CLAIM TO PAYMENT IN THE CASE OF THE COMPANY'S INABILITY TO PAY HOWEVER, THE COMPANY DOES SET ASIDE ASSETS FOR ITS OBLIGATIONS BY ACTUALLY INVESTING THE PROMISED ASSETS CONSISTENT WITH PARTICIPANT ELECTIONS EXECUTIVE SEVERANCE PLAN ALLINA PROVIDES SALARY CONTINUATION FOR EXECUTIVES WHOSE EMPLOYMENT HAS BEEN INVOLUNTARILY TERMINATED FOR REASONS OTHER THAN CAUSE OR POOR PERFORMANCE THE LENGTH OF THE SEVERANCE PAY PERIOD IS DEFINED BY THE PLAN AND DEPENDS ON THE LEVEL OF THE EXECUTIVE POSITION UNDER THE PLAN THE SEVERED EXECUTIVE ALSO COULD CONTINUE CERTAIN BENEFITS FOR A LIMITED PERIOD OF TIME IN 2009 THE PLAN WAS AMENDED TO FURTHER RESTRICT SEVERANCE BENEFITS IN THE CASE THAT THE EXECUTIVE OBTAINS OTHER EMPLOYMENT DURING THE SEVERANCE PERIOD ALLINA HEALTH PHYSICIAN DEFERRED AWARD PLAN (PDAP) ALLINA HEALTH ESTABLISHED THIS EMPLOYEE BENEFIT PLAN TO PROVIDE DESIGNATED PHYSICIANS WITH ADDITIONAL DEFERRED COMPENSATION TO PROVIDE LONG TERM INCENTIVES TO REMAIN WITH THE COMPANY AND CONTRIBUTE TO ITS' SUCCESSFUL PERFORMANCE SELECT PHYSICIANS ARE ELIGIBLE TO PARTICIPATE AFTER ONE FULL CALENDAR YEAR OF EMPLOYMENT AND BE WORKING A 5 FTE OR GREATER AS OF THE DECEMBER 31ST OF THE PLAN YEAR FOR WHICH THE CONTRIBUTION IS PROVIDED THE PLAN ANNUAL FUNDING AWARD POOL IS DISCRETIONARY AND WILL BE DETERMINED AT THE END OF THE PLAN YEAR AND MUST BE APPROVED BY THE ALLINA HEALTH BOARD COMPENSATION COMMITTEE ONCE THE AWARD POOL IS DETERMINED, THE AMOUNTS WILL BE ALLOCATED EQUALLY WITH ADJUSTMENTS MADE BASED ON THE PARTICIPANT'S FTE STATUS A PARTICIPANT'S ACCOUNT SHALL BECOME VESTED AND NON-FORFEITABLE UPON THE EARLIEST OF THE FOLLOWING THE DATE THE PARTICIPANT HAS ATTAINED AGE 65 THE DATE A TERMINATED PARTICIPANT HAS REACHED AGE 55, COMPLETED TEN YEARS OF VESTING SERVICE AND SATISFIED A TWO-YEAR NON-COMPETE RESTRICTION THE DATE OF THE PARTICIPANT'S DEATH LUMP SUM DISTRIBUTIONS WILL OCCUR UPON VESTING AND ALL APPLICABLE TAXES WILL BE TAKEN FOR ACTIVE PARTICIPANTS AGE 65 OR OLDER, NO FURTHER CONTRIBUTIONS WILL BE APPLIED TO THEIR ACCOUNT INSTEAD, PARTICIPANTS OVER AGE 65 WILL RECEIVE A LUMP SUM PAYMENT OF THE PARTICIPANT'S PORTION OF THE AWARD POOL EACH PLAN YEAR THIS WILL BE PAID DIRECTLY TO THE PARTICIPANT AS OF THE DATE THE AMOUNT WOULD OTHERWISE BE CREDITED TO THEIR ACCOUNT AND ALL APPLICABLE TAXES WILL BE TAKEN

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PENNY WHEELER MD DIRECTOR/PRESIDENT/CEO	(i)	1,033,985	661,777	188,403	722,522	22,461	2,629,148	376,166
	(ii)	0	0	0	0	0	0	0
1BEN BACHE-WIIG MD EVP AHG CHIEF CLINICAL OFF	(i)	558,591	251,482	59,359	235,966	18,260	1,123,658	139,148
	(ii)	0	0	0	0	0	0	0
2MARY BEAR-DUKES VP-REVENUE CYCLE MGMT	(i)	235,429	48,706	22,624	45,720	24,564	377,043	17,754
	(ii)	0	0	0	0	0	0	0
3CHRISTINE BENT EVP-ALLINA HEALTH GROUP	(i)	513,318	223,304	110,546	261,856	32,790	1,141,814	180,518
	(ii)	0	0	0	0	0	0	0
4SARA CRIGER SVP, PRES MERCY HOSP	(i)	521,731	229,733	160,802	221,419	6,717	1,140,402	211,942
	(ii)	0	0	0	0	0	0	0
5MARGARET HASBROUCK VP, PAYOR CONTRACT/REIMB	(i)	269,882	59,878	60,546	59,065	25,260	474,631	34,390
	(ii)	0	0	0	0	0	0	0
6SUSAN HEICHERT SVP, CHIEF INFORMATION OFF	(i)	14,795	202,597	100,958	19,740	854	338,944	0
	(ii)	0	0	0	0	0	0	0
7CORRINE KROEHLER VP FINANCE/SUPPLY CHAIN	(i)	259,674	55,156	49,557	54,416	25,695	444,498	25,037
	(ii)	0	0	0	0	0	0	0
8RICHARD MAGNUSON EVP/CFO/TREASURER	(i)	535,410	86,194	30,212	154,327	16,259	822,402	5,275
	(ii)	0	0	0	0	0	0	0
9CHRISTINE MOORE SVP, CHIEF HR OFFICER	(i)	357,968	91,049	49,135	117,639	31,270	647,061	23,783
	(ii)	0	0	0	0	0	0	0
10THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP	(i)	609,283	233,459	126,848	244,766	27,740	1,242,096	200,232
	(ii)	0	0	0	0	0	0	0
11LISA SHANNON EVP, CHIEF OPERATING OFF	(i)	315,728	110,000	142,510	43,171	12,072	623,481	0
	(ii)	0	0	0	0	0	0	0
12JONATHAN SHOEMAKER SVP CHIEF INFO OFFICER	(i)	292,579	30,761	6,413	75,481	11,462	416,696	0
	(ii)	0	0	0	0	0	0	0
13TIMOTHY SIELAFF SVP-AHG-SPEC CARE & RESEA	(i)	577,225	144,764	141,922	242,942	28,462	1,135,315	105,417
	(ii)	0	0	0	0	0	0	0
14DAVID SLOWINSKE SVP, AHG OPERATIONS	(i)	315,859	80,150	48,817	84,222	26,089	555,137	5,713
	(ii)	0	0	0	0	0	0	0
15HELEN STRIKE PRESIDENT-UNITY HOSPITAL	(i)	5,363	61,640	337,222	2,018	508	406,751	63,784
	(ii)	0	0	0	0	0	0	0
16KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF	(i)	284,932	76,683	42,579	77,501	29,485	511,180	15,614
	(ii)	0	0	0	0	0	0	0
17ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN COUN	(i)	482,595	201,525	89,119	208,325	25,240	1,006,804	168,437
	(ii)	0	0	0	0	0	0	0
18ROBERT WIELAND MD SVP CHIEF STRATEGY OFFICER	(i)	497,605	254,697	58,966	256,793	31,970	1,100,031	161,805
	(ii)	0	0	0	0	0	0	0
19DANIEL BUSS MD PHYSICIAN	(i)	1,232,361	0	112,521	80,702	32,374	1,457,958	76,031
	(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				
21MICHAEL FREEHILL MD PHYSICIAN	(i)	1,238,475	0	94,031	80,948	31,170	1,444,624	68,421
	(ii)	0	0	0	0	0	0	0
1MARK HELLER MD PHYSICIAN	(i)	1,335,725	0	52,997	80,685	25,240	1,494,647	0
	(ii)	0	0	0	0	0	0	0
2TODD HESS MD PHYSICIAN	(i)	1,150,587	0	64,795	74,594	29,374	1,319,350	0
	(ii)	0	0	0	0	0	0	0
3LEROY MCCARTY MD PHYSICIAN	(i)	1,183,036	0	87,422	76,831	31,270	1,378,559	61,327
	(ii)	0	0	0	0	0	0	0
4DUNCAN GALLAGHER FORMER TREASURER/EVP/CFO	(i)	42,110	369,335	173,372	22,712	2,450	609,979	326,501
	(ii)	0	0	0	0	0	0	0
5RODNEY CHRISTENSEN FORMER SVP AND PRES AHC	(i)	386,647	85,597	55,194	126,438	30,963	684,839	16,095
	(ii)	0	0	0	0	0	0	0
6KENNETH PAULUS FORMER PRESIDENT/CEO	(i)	0	0	228,309	0	0	228,309	0
	(ii)	0	0	0	0	0	0	0
7ELIZABETH SMITH MD FORMER INTERIM SVP AHG- PRIMARY CARE	(i)	374,314	80,943	34,497	68,593	27,740	586,087	10,490
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
ALLINA HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
36-3261413

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL	41-6005375	792909DV2	04-13-2017	77,845,000	REFUND ISSUE DATED 10/09/2007		X		X		X
B CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL	41-6005375	603695JC2	04-13-2017	92,779,168	REFUND ISSUE DATED 11/15/2009		X		X		X
C CITY OF MINNEAPOLIS	41-6005375	NONEAVAIL	12-04-2014	20,165,000	REFUND ISSUE DATED 12/22/2010		X		X		X
D CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL	41-6005375	792909BJ1	11-10-2009	348,409,221	REFUNDING OF 2007B & A PORTION OF 1998A, CONSTRUCTION, REMODELING, RENOVATION		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired								2,455,000		98,390,000	
2	Amount of bonds legally defeased											
3	Total proceeds of issue				77,845,000		92,779,168		20,165,000		348,795,795	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows						88,365,761					
7	Issuance costs from proceeds				135,000		830,328		200,000		3,332,390	
8	Credit enhancement from proceeds										222,216	
9	Working capital expenditures from proceeds						6,508					
10	Capital expenditures from proceeds										49,893,780	
11	Other spent proceeds				77,710,000		3,576,571		19,965,000		295,092,023	
12	Other unspent proceeds											
13	Year of substantial completion								2010		2014	
					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?	X		X		X		X	
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 ▶	1 600 %		2 700 %		0 %		2 300 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	1 600 %		2 700 %		0 %		2 300 %	
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							JP MORGANWELLS FARGO	
c Term of hedge							2580 0000000000 %	
d Was the hedge superintegrated?							X	
e Was the hedge terminated?								X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		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).

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

Return Reference	Explanation
PART I, COLUMN B EXPLANATION	ENTITY 1, BONDS A, B, & D ISSUER EIN CITY OF MINNEAPOLIS - 41-6005375 HRA CITY OF ST PAUL - 52-1440935 ENTITY 2, BOND A ISSUER EIN CITY OF MINNEAPOLIS - 41-6005375 HRA CITY OF ST PAUL - 41-6005521

Return Reference	Explanation
PART II, LINE 3 EXPLANATION	ENTITY 1 BOND D - THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS ON THE PROJECT FUND ENTITY 2 BOND A - THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND AND REFUNDING ACCOUNTS

Return Reference	Explanation
PART II, LINE 11 EXPLANATION	ENTITY 1 BONDS A, B, C & D - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS NO LONGER IN ESCROW

Schedule K
(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL	41-6005375	792909BH5	10-17-2007	482,877,003	REFUNDING OF 1993A AND ADVANCED REFUNDING OF 2002A BONDS,REMODELING&RENOVATE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	355,370,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	488,622,085							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,717,494							
8	Credit enhancement from proceeds	6,787,000							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	126,922,772							
11	Other spent proceeds	352,194,819							
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		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 ▶	3 400 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6 Total of lines 4 and 5	3 400 %							
7 Does the bond issue meet the private security or payment test?		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						
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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	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							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	US BANK							
c Term of hedge	2480 0000000000 %							
d Was the hedge superintegrated?	X							
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	MBIA							
c Term of GIC	80 0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	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							

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

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

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CAROLYN ALLEN	FAMILY MEMBER OF JOHN ALLEN, BOARD MEMBER	36,961	EMPLOYMENT		No
(2) CAROL ROSENBERG	FAMILY MEMBER OF BRIAN ROSENBERG, BOARD MEMBER	157,069	EMPLOYMENT		No
(3) ADA SMITH	FAMILY MEMBER OF ELIZABETH TRUESDELL SMITH, SECRETARY/SVP GEN COUN	40,929	EMPLOYMENT		No
(4) DUNCAN GALLAGHER	FORMER OFFICER	13,250	CONSULTING ARRANGEMENT WITH DONNEGAL ADVISORY SVCS, LLC IN WHICH DUNCAN GALLAGHER HAS AN OWNERSHIP INTEREST		No
(5) SARAH CORNICK	FAMILY MEMBER OF BEN BACHE-WIIG	25,078	EMPLOYMENT		No
(6) NAJMA OMAR	FAMILY MEMBER OF SAHRA NOOR	18,407	EMPLOYMENT		No

Part V Supplemental Information

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

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

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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶Attach to Form 990.

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

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	3,983	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (2700 FRAMES)	X	1	233,550	FAIR MARKET VALUE
26 Other ▶ (EQUIPMENT)	X	94	81,231	FAIR MARKET VALUE
27 Other ▶ (548 LENSES)	X	1	59,203	FAIR MARKET VALUE
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				30a No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a Yes
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

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

Cat No 51227J

Schedule M (Form 990) (2017)

Part II **Supplemental Information.**

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLINA HEALTH SYSTEM

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

2017

Open to Public Inspection

Employer identification number

36-3261413

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIP - DIRECTORS SALLY SMITH AND GARY BHOJWANI IN ADDITION TO SERVING TOGETHER ON THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS, SALLY SMITH AND GARY BHOJWANI ALSO SERVE ON THE HORMEL FOODS CORPORATION [NYSE HRL] BOARD OF DIRECTORS BUSINESS RELATIONSHIP - RICHARD MAGNUSON, ROBERT WIELAND, M D AND BEN BACHE-WIIG, M D ARE DIRECTORS OF THE BOARD OF (1) ALLINA HEALTH AND AETNA INSURANCE COMPANY, A MINNESOTA CORPORATION, AND (2) ALLINA HEALTH AND AETNA INSURANCE HOLDING COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY BUSINESS RELATIONSHIP - CORRINE KROEHLER AND ELIZABETH TRUESDELL SMITH ARE BOARD MEMBERS AND RICHARD MAGNUSON IS A BOARD MEMBER AND BOARD OFFICER OF FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY, SPC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5	<p>IN MAY, 2017 ALLINA BECAME AWARE OF AN EMPLOYEE EMBEZZLEMENT CASE CONSTITUTING A SIGNIFICANT DIVERSION OF ITS ASSETS. ALLINA HEALTH PERFORMED AN EXHAUSTIVE INTERNAL INVESTIGATION REVEALING THAT BEGINNING IN 2004 THROUGH APRIL 2017, A LONG-TERM EMPLOYEE OF THE ORGANIZATION EMBEZZLED OVER \$776,000 THROUGH AN ELABORATE SCHEME OF FALSIFIED EXPENSE REPORTS, FRAUDULENT MILEAGE REIMBURSEMENT CLAIMS AND INAPPROPRIATE PERSONAL PURCHASES ON A COMPANY CREDIT CARD. THE INDIVIDUAL'S EMPLOYMENT WITH ALLINA HEALTH WAS TERMINATED AND THE MATTER WAS REFERRED TO LAW ENFORCEMENT AND THE HENNEPIN COUNTY MINNESOTA ATTORNEY'S OFFICE FOR CRIMINAL PROSECUTION. THE MINNESOTA DEPARTMENT OF COMMERCE FRAUD BUREAU CONDUCTED AN INVESTIGATION AND THE HENNEPIN COUNTY, MINNESOTA ATTORNEY'S OFFICE FILED FELONY THEFT-BY-SWINDLE CRIMINAL CHARGES AGAINST THE FORMER EMPLOYEE IN A CRIMINAL COMPLAINT. THE FORMER EMPLOYEE SUBSEQUENTLY PLED GUILTY IN HENNEPIN COUNTY MINNESOTA DISTRICT COURT TO FELONY THEFT-BY-SWINDLE CRIMINAL CHARGES AND WAS SENTENCED TO SERVE 45 MONTHS IN CORRECTIONAL CUSTODY, ORDERED BY THE COURT TO PAY A MONETARY FINE AND RESTITUTION TO THE VICTIM, ALLINA HEALTH. ALLINA HEALTH MAINTAINED AN INSURANCE POLICY FOR SUCH FRAUD AND WILL RECOVER MOST OF THE MONETARY IMPACT OF THE THEFT VIA INSURANCE PROCEEDS AND THE COURT ORDERED RESTITUTION. ALLINA HEALTH HAS TAKEN MANY ADDITIONAL ACTIONS TO HELP DETECT AND DETER SUCH CRIMINAL ACTIVITY FROM OCCURRING AGAIN. ALLINA HEALTH ENGAGED OUTSIDE EXPERTS TO REVIEW OUR POLICIES, PROCESSES, PRACTICES, AND PROCEDURES AND REQUESTED RECOMMENDATIONS TO STRENGTHEN OUR FRAUD PREVENTION AND DETECTION CONTROLS. ALLINA INSTITUTED NUMEROUS CHANGES BASED ON THE EXPERT'S FINDINGS AND RECOMMENDATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>THE ALLINA HEALTH SYSTEM FORM 990 WAS PREPARED BY THE TAX SERVICES FUNCTION OF ALLINA HEALTH SYSTEM. THE FORM 990 FILING WAS SUBJECTED TO A RIGOROUS REVIEW PROCESS BY ALLINA'S TAX MANAGER AND TAX DIRECTOR. ALLINA'S VICE PRESIDENT OF FINANCE AND SUPPLY CHAIN, AND ALLINA'S CHIEF FINANCIAL OFFICER ALSO PERFORMED AN EXECUTIVE REVIEW OF THE FORM 990. AFTER THE MANAGEMENT REVIEW PROCESS DESCRIBED ABOVE WAS COMPLETED, THE FINAL FORM 990, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE [IRS], WAS PROVIDED TO EACH VOTING MEMBER OF THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS. AN ALLINA HEALTH SYSTEM BOARD OF DIRECTORS MEETING WAS HELD ON NOVEMBER 1, 2018 TO REVIEW AND DISCUSS THE FORM 990 FILING. THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS VOTED ON AND APPROVED A RESOLUTION APPROVING THE FORM 990, THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS. THE BOARD OF DIRECTORS RESOLUTION ALSO DIRECTED OFFICERS TO FILE THE FORM 990 WITH THE IRS, THE CHARITABLE ANNUAL REPORT WITH THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS. THE ABOVE STATED REVIEW AND APPROVAL PROCESS OCCURRED PRIOR TO FILING THE ALLINA HEALTH SYSTEM FORM 990 WITH THE IRS, THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE MINNESOTA ATTORNEY GENERAL AND THE WISCONSIN CHARITABLE ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A EXPLANATION	FORM 990, PART VII, SECTION A ALLINA HEALTH SYSTEM PROVIDES COMPENSATION TO THE BOARD OF DIRECTORS FOR SERVING ON THE BOARD AND FOR SERVING ON CERTAIN COMMITTEES THE FOLLOWING COMPENSATION WAS PAID BY ALLINA HEALTH SYSTEM FOR SERVICES PROVIDED TO US AND NOT DISCLOSED ON PART VII OR SCHEDULE J \$14,000 PAID TO HOSPITAL PATHOLOGY ASSOCIATES FOR THE SERVICES OF JOSEPH GOSWITZ \$10,000 PAID TO BSWING FOR THE SERVICES OF JENNIFER ALSTAD \$14,000 DONATED TO COURAGE KENNY FOUNDATION FOR THE SERVICES OF THOMAS SCHREIER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENTS -772,923 WESTHEALTH SURGERY CENTER LLC JOINT VENTURE CONSOL IDATION -1,347,030 DISTRICT ONE HOSPITAL EMPLOYEE DONATIONS TO EMPLOYEE FUND 6,013 DISTR IBUTION TO MEMBERS-MICC -373,137

990 Schedule O, Supplemental Information

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

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

2017

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACCOUNTS RECEIVABLE SERVICES LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 55-0811834	DEBT COLLECTION	MN	11,869,753	22,897,981	ALLINA HEALTH SYSTEM
(2) AXIS HEALTHCARE LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1855603	HEALTHCARE SERVICES	MN	120,508	1,365,295	ALLINA HEALTH SYSTEM
(3) ALLINA HEALTH PIONEER ACO LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 61-1726509	HEALTHCARE SERVICES	MN	0	0	ALLINA HEALTH SYSTEM
(4) SOUTHWEST SURGICAL CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-2013700	SURGICAL SERVICES	MN	7,189,762	2,769,716	ALLINA HEALTH SYSTEM

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HEALTHSPAN SERVICES COMPANY PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1249999	DEBT COLLECTION	MN	ALLINA HEALTH SYSTEM	C			100 000 %		No
(2) ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	9,659,404	67,147,761	100 000 %		No
(3) ALLINA HEALTH SYSTEM TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988	TRUST	PA	ALLINA HEALTH SYSTEM	T	32,891,712		100 000 %		No
(4) ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST 500 GRANT STREET SUITE 625 PITTSBURGH, PA 15258 37-6520273	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %		No
(5) LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860	TRUST	MN	ALLINA HEALTH SYSTEM	T	92,500		100 000 %		No
(6) ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	2,043,739	10,690,588	100 000 %		No
(7) FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC PO BOX 1085 GRAND CAYMAN KY1-1102 CJ 98-1366132	CAPTIVE INSURANCE	CJ	ALLINA HEALTH SYSTEM	C	582,073	3,330,753	100 000 %		No

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

Yes

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2017

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 04-3643816	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 30-0086426	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1613017	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1952989	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 23-7420998	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-4116873	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 45-4078371	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1987372	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-0907986	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
APPLE VALLEY BUILDING ASSOCIATES LLC 14655 GALAXIE AVENUE APPLE VALLEY, MN 55124 41-1677072	RENTAL REAL ESTATE	MN	ALLINA HEALTH SYSTEM	RELATED	9,904,295	317,128		No		Yes		50 000 %
METROPOLITAN INTEGRATED CANCER CENTER LLC PO BOX 819067 DALLAS, TX 75381 20-5068485	RADIOLOGY	DE	ALLINA HEALTH SYSTEM	UNRELATED	-872,062	3,732,792		No		Yes		80 000 %
MAGNETO LEASING LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 20-1582501	RENTAL EQUIPMENT	MN	ALLINA HEALTH SYSTEM	RELATED	29,204	12,854		No		Yes		50 000 %
ASPEN SLEEP CENTER LLC 1010 BANDANA BOULEVARD WEST ST PAUL, MN 55108 26-1850227	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	471,832	521,242		No			No	65 000 %
GERIATRIC SERVICES OF MINNESOTA LLC 3433 BROADWAY STREET NE SUITE 300 MINNEAPOLIS, MN 55413 45-3357936	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	1,039,876	789,932		No		Yes		50 000 %
NORTHSTAR SLEEP CENTER LLC 920 EAST 28TH STREET SUITE 700 MINNEAPOLIS, MN 55407 45-2532456	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	710,205	321,036		No		Yes		49 000 %
CROSBY CARDIOVASCULAR SERVICES LLC 920 E 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 41-2010368	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	-27,132	849,515		No		Yes		50 000 %
MOBILE IMAGING SERVICES LLC 7505 METRO BOULEVARD SUITE 400 EDINA, MN 55439 41-1883212	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	64,540	250,702		No		Yes		50 000 %
BPA HEALTH LLC 2845 HAMLINE AVENUE NORTH ROSEVILLE, MN 55113 35-2490984	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED		3,145		No		Yes		33 330 %
TWIN CITIES MEDICAL IMAGING LLC 7505 METRO BOULEVARD SUITE 400 EDINA, MN 55439 46-3959737	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	-161,148	908,544		No		Yes		58 000 %
WESTHEALTH SURGERY CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 37-1763155	SURGICAL SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	829,139	3,788,354		No		Yes		51 000 %
CT ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 26-1187480	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	196,220	169,041		No		Yes		75 190 %
HEALTHCARE CAMPUS IMAGING ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 52-2401657	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	274,554	91,155		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HEALTHSPAN SERVICES COMPANY PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1249999	DEBT COLLECTION	MN	ALLINA HEALTH SYSTEM	C			100 000 %		No
ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	9,659,404	67,147,761	100 000 %		No
ALLINA HEALTH SYSTEM TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988	TRUST	PA	ALLINA HEALTH SYSTEM	T	32,891,712		100 000 %		No
ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST 500 GRANT STREET SUITE 625 PITTSBURGH, PA 15258 37-6520273	TRUST	PA	ALLINA HEALTH SYSTEM	T			100 000 %		No
LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860	TRUST	MN	ALLINA HEALTH SYSTEM	T	92,500		100 000 %		No
ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	2,043,739	10,690,588	100 000 %		No
FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC PO BOX 1085 GRAND CAYMAN KY1-1102 CJ 98-1366132	CAPTIVE INSURANCE	CJ	ALLINA HEALTH SYSTEM	C	582,073	3,330,753	100 000 %		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	C	10,473,596	CASH
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	B	2,209,914	COST
COURAGE KENNY FOUNDATION	P	3,043,437	CASH
MERCY & UNITY HOSPITALS FOUNDATION	C	1,776,698	CASH
MERCY & UNITY HOSPITALS FOUNDATION	B	954,645	COST
PHILLIPS EYE INSTITUTE FOUNDATION	C	927,599	CASH AND FMV
PHILLIPS EYE INSTITUTE FOUNDATION	B	156,980	COST
COURAGE KENNY FOUNDATION	C	11,683,153	CASH AND FMV
UNITED HOSPITAL FOUNDATION	C	4,443,550	CASH
UNITED HOSPITAL FOUNDATION	B	1,266,564	COST
ALLINA ASSOCIATED FOUNDATION	C	2,261,398	CASH
ALLINA ASSOCIATED FOUNDATION	B	1,316,533	COST
ALLINA SPECIALTY ASSOCIATES INC	B	305,409	COST
APPLE VALLEY BUILDING ASSOCIATES LLC	C	6,081,994	CASH
SOUTHWEST SURGICAL CENTER LLC	C	3,166,667	CASH
SOUTHWEST SURGICAL CENTER LLC	B	415,572	COST
ASPEN SLEEP CENTER LLC	C	478,400	CASH
NORTHSTAR SLEEP CENTER LLC	C	343,000	CASH
METROPOLITAN INTEGRATED CANCER CARE LLC	C	504,218	CASH
GERIATRIC SERVICES OF MINNESOTA LLC	C	305,000	CASH
ALLINA INTEGRATED MEDICAL NETWORK	M	5,781,858	COST
CT ONE LLC	C	112,782	CASH
HEALTHCARE CAMPUS IMAGING ONE LLC	C	290,000	CASH
ST FRANCIS REGIONAL MEDICAL CENTER	Q	19,904,765	CASH
ST FRANCIS REGIONAL MEDICAL CENTER	S	9,001,250	CASH

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
REGINA FOUNDATION	B	124,212	COST
WESTHEALTH SURGERY CENTER LLC	C	907,800	CASH
METROPOLITAN INTEGRATED CANCER CARE LLC	B	2,508,551	COST
FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC	B	3,378,700	COST