

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

Part III

Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:

OUR MISSIONWE SERVE OUR COMMUNITIES BY PROVIDING EXCEPTIONAL CARE, AS WE PREVENT ILLNESS, RESTORE HEALTH AND PROVIDE COMFORT TO ALL WHO ENTRUST US WITH THEIR CARE.OUR VISIONWE WILL: PUT THE PATIENT FIRST; MAKE A DIFFERENCE IN PEOPLES LIVES BY PROVIDING EXCEPTIONAL CARE AND SERVICE; CREATE A HEALING ENVIRONMENT WHERE PASSIONATE PEOPLE THRIVE AND EXCEL; AND LEAD COLLABORATIVE EFFORTS THAT SOLVE OUR COMMUNITY'S HEALTH CARE CHALLENGES.OUR VALUESINTEGRITY, RESPECT, TRUST, COMPASSION AND STEWARDSHIP
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 3,396,199,192 including grants of \$ 7,517,022) (Revenue \$ 4,681,072,546) See Additional Data
4b	(Code:) (Expenses \$ 397,121,972 including grants of \$) (Revenue \$) See Additional Data
4c	(Code:) (Expenses \$ 71,221,913 including grants of \$) (Revenue \$ -127,677,457) See Additional Data
	(Code:) (Expenses \$ 43,575,365 including grants of \$) (Revenue \$) COMMUNITY SERVICES:IN 2019, ALLINA HEALTH CONTRIBUTED \$43,575,365 TO COMMUNITY PROGRAMS AND SERVICES TO ADVANCE THE HEALTH OF THE BROADER COMMUNITY. BELOW ARE EXAMPLES OF PROGRAMS AND SERVICES ALLINA HEALTH PROVIDES WITHIN THE COMMUNITIES WE SERVE THAT OFFER COMMUNITY BENEFIT.COMMUNITY HEALTH IMPROVEMENT SERVICESACCORDING TO 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 2019, MORE THAN 70,000 USERS VISITED THE HPK WEBSITE.CHANGE TO CHILL (CTC) IS A FREE, ONLINE RESOURCE THAT PROVIDES STRESS REDUCTION TIPS, LIFE BALANCE TECHNIQUES AND HEALTH EDUCATION SERVICES FOR TEENS. IN ADDITION TO THE EXISTING RESOURCES, CHANGE TO CHILL ADDED A MENTAL HEALTH AND VAPING SECTION TO THE WEBSITE IN 2019 IN RESPONSE TO THE RISING VAPING EPIDEMIC. FROM MINNESOTA ALONE, MORE THAN 30,000 USERS VISITED THE CHANGE TO CHILL WEBSITE IN 2019. SOME OF THE USERS ARE 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. ALSO IN 2019, CTC CONTINUED ITS CHANGE TO CHILL SCHOOL PARTNERSHIP (CTCSP) THAT WAS LAUNCHED IN 2018. THE GOAL OF CTCSP IS TO PROMOTE AND SUPPORT A CULTURE OF MENTAL WELL-BEING IN LOCAL HIGH SCHOOLS. DURING THE 2019-2020 SCHOOL YEAR, ALLINA HEALTH PARTNERED WITH SIXTEEN HIGH SCHOOLS THROUGH CTCSP. COMPONENTS OF CTCSP INCLUDE STAFF TRAINING ON CTC, CTC MESSAGING FOR PARENTS, A PAID STUDENT INTERNSHIP AND FUNDING FOR A "CHILL ZONE" - A DESIGNATED SPACE FOR STUDENTS AND STAFF TO PRACTICE SELF-CARE. MORE THAN 1,100 HEALTH AND EDUCATION PROFESSIONALS WERE TRAINED ON HOW TO USE THE CHANGE TO CHILL RESOURCES AND CURRICULUMS AS PART OF CTCSP. THIRTY-FOUR CHILL CHAMPION INTERNS LED STRESS REDUCTION ACTIVITIES WITHIN THEIR SCHOOL PARTNERSHIP SCHOOL. INITIAL EVALUATIONS OF CTCSP HAVE SHOWN INCREASES IN CONFIDENCE IN ABILITY TO COPE WITH STRESS AMONG STUDENTS WHO PARTICIPATE IN PROGRAM COMPONENTS.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. IN 2019, NEIGHBORHOOD HEALTH CONNECTION GAVE \$270,000 TO 68 ORGANIZATIONS. THESE ORGANIZATIONS REACHED MORE THAN 3,600 PEOPLE. 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. CENTER FOR MEDICARE AND MEDICAID SERVICES ACCOUNTABLE HEALTH COMMUNITIES COOPERATIVE AGREEMENT - IN MAY 2017, ALLINA HEALTH WAS AWARDED AN ACCOUNTABLE HEALTH COMMUNITIES (AHC) COOPERATIVE AGREEMENT WITH THE CENTERS FOR MEDICARE & MEDICAID SERVICES. THROUGH THE AHC MODEL, CARE TEAMS IN 79 ALLINA HEALTH SITES SCREENED PATIENTS WITH MEDICARE AND/OR MEDICAID INSURANCE FOR FIVE HEALTH-RELATED SOCIAL NEEDS: HOUSING INSTABILITY, FOOD INSECURITY, ACCESS TO TRANSPORTATION, DIFFICULTY PAYING FOR HEAT, ELECTRICITY OR OTHER UTILITIES, AND CONCERNS ABOUT INTERPERSONAL SAFETY. IF A PATIENT IDENTIFIES A NEED, THE CARE TEAM PROVIDES A LIST OF COMMUNITY RESOURCES TAILORED TO THE PATIENT'S UNIQUE NEEDS. IN ADDITION, SOME HIGH-RISK PATIENTS RECEIVE CARE TEAM ASSISTANCE NAVIGATING TO COMMUNITY RESOURCES.IN 2019, NEARLY 180,000 SCREENINGS FOR SOCIAL NEEDS WERE OFFERED TO PATIENTS; MORE THAN 76,000 ALLINA HEALTH PATIENTS COMPLETED AN AHC SCREENING. TWENTY-FOUR PERCENT OF PATIENTS SCREENED IDENTIFIED AT LEAST ONE NEED, WITH THE MOST FREQUENTLY IDENTIFIED NEED BEING FOOD ACCESS FOLLOWED BY HOUSING INSTABILITY. ADDITIONALLY, MORE THAN 580 PATIENTS IDENTIFYING NEEDS RECEIVED SUPPORT FROM A NAVIGATOR IN CONNECTING TO COMMUNITY RESOURCES. ALLINA HEALTH INVESTED MORE THAN \$65,000 IN STAFF TIME IN 2019 TO IMPLEMENT THE AHC MODEL, BEYOND WHAT WAS PROVIDED FOR BY THE COOPERATIVE AGREEMENT. HEALTH PROFESSIONS EDUCATION ALLINA HEALTH ACTIVELY SUPPORTS NUMEROUS MEDICAL EDUCATION ACTIVITIES FOR PROVIDERS, HEALTH CARE STUDENTS AND OTHER HEALTH PROFESSIONALS. IN 2019, ALLINA HEALTH INVESTED OVER \$21 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 \$4,163,331 TOWARD THIS RESEARCH IN 2019. FINANCIAL AND IN-KIND CONTRIBUTIONSALLINA HEALTH PROVIDES NUMEROUS IN-KIND AND MONETARY CONTRIBUTIONS TO INDIVIDUALS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT COMMUNITY NEEDS. IN 2019, ALLINA HEALTH FUNDED MORE THAN \$5.2 MILLION FOR DONATIONS OF EQUIPMENT, SUPPLIES, FREE MEALS, STAFF TIME AND SPONSORSHIP OF VARIOUS CIVIC AWARDS, COMMUNITY PROGRAMS AND EVENTS. COMMUNITY-BUILDING ACTIVITIESALLINA HEALTH AND ITS EMPLOYEES ARE ACTIVE PARTICIPANTS IN VARIOUS COMMUNITY ACTIVITIES THAT TARGET THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL ISSUES. EXAMPLES INCLUDE COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT, PARTICIPATING IN VARIOUS COMMUNITY COALITIONS AND DISASTER PREPAREDNESS PLANNING. AWARDSIN 2019, ALLINA HEALTH AND ITS FACILITIES WERE THE RECIPIENT OF NUMEROUS AWARDS, FOR ATTRIBUTES SUCH AS SAFETY, PATIENT EXPERIENCE AND QUALITY. A LOCAL EXAMPLE THAT PERTAINS TO COMMUNITY BENEFIT WAS THE HEART OF NEW ULM PROJECT (IN WHICH NEW ULM MEDICAL CENTER IS A LEADER) BEING AWARDED THE 2019 BROWN COUNTY PUBLIC HEALTH PARTNERSHIP AWARD RECIPIENT. THE ANNUAL AWARD RECOGNIZES AND HONORS THE CONTRIBUTIONS OF CITIZENS OR ORGANIZATIONS IN BROWN COUNTY WHO DEVOTE THEIR TIME, ENERGY AND TALENTS TO HELP ACCOMPLISH THE PUBLIC HEALTH MISSION OF BRINGING PEOPLE TOGETHER TO CREATE A HEALTHY FUTURE FOR ALL COUNTY CITIZENS.COMMUNITY BENEFIT OPERATIONSALLINA HEALTH USES DEDICATED STAFF FOR THE ASSESSMENT AND MANAGEMENT OF COMMUNITY BENEFIT PROGRAMS AND NEEDS. FOR MORE, PLEASE VISIT: HTTP://WWW.ALLINAHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/ .
4d	Other program services (Describe in Schedule O.) (Expenses \$ 43,575,365 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,908,118,442

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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	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)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax 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	1,809	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 32,461			
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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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?				
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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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

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

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

See instructions for the order in which to list the persons above.

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

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	22,670,974	0	2,272,298

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 ▶ 4,091

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MA MORTENSON COMPANY 700 MEADOW LANE NORTH MINNEAPOLIS, MN 55422	CONSTRUCTION	33,794,040
METROPOLITAN CARDIOLOGY CONSULTANTS PA 4040 COON RAPIDS BLVD NW SUITE 120 COON RAPIDS, CA 55433	PROFESSIONAL SERVICES - MEDICAL	23,138,924
DELOITTE CONSULTING LLP 30 ROCKEFELLER PLAZA - 41ST FLOOR NEW YORK, NY 101120015	PROFESSIONAL SERVICES - CONSULTING	16,447,539
JE DUNN CONSTRUCTION 800 WASHINGTON AVE N SUITE 600 MINNEAPOLIS, MN 55401	CONSTRUCTION	14,557,128
PHYSICIANS GROUP OF NEW ULM LTD 1324 5TH NORTH STREET NEW ULM, MN 56073	PROFESSIONAL SERVICES - MEDICAL	14,461,520

<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 ► 237</p>	
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Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	26,322,557									
	e Government grants (contributions)		1e	9,084,668									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	210,508									
	g Noncash contributions included in lines 1a - 1f:\$		1g	245,149									
	h Total. Add lines 1a-1f		35,617,733										
Program Service Revenue			Business Code										
	2a PROG.SERV.REVENUE-RELATED-990		621990	4,635,665,693		4,635,665,693							
	b PATIENT BAD DEBT		621990	-127,677,457		-127,677,457							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		4,507,988,236										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			47,903,915						47,903,915			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	9,206,964									
	b Less: rental expenses		6b	0									
	c Rental income or (loss)		6c	9,206,964									
	d Net rental income or (loss)				9,206,964				9,206,964				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	1,218,443,356	14,918,227								
	b Less: cost or other basis and sales expenses		7b	1,212,097,004	11,949,884								
	c Gain or (loss)		7c	6,346,352	2,968,343								
	d Net gain or (loss)				9,314,695				9,314,695				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10aGross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11aREFERENCE LAB			621500		12,514,979		12,514,979						
b RETAIL PHARMACY			446110		9,875,246		9,875,246						
c ST FRANCIS MEDICAL CENTER			621990		9,040,233		9,040,233						
d All other revenue					13,976,395		-201,247		14,177,642				
e Total. Add lines 11a-11d					45,406,853								
12 Total revenue. See instructions					4,655,438,396		4,516,827,222		36,567,867				
									66,425,574				

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,846,521	6,846,521		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	670,501	670,501		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,264,994		14,264,994	
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	2,196,348,156	1,939,894,035	250,186,272	6,267,849
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	120,504,495	105,747,109	14,415,714	341,672
9 Other employee benefits	308,217,404	270,472,065	36,871,437	873,902
10 Payroll taxes	142,684,545	125,210,916	17,069,069	404,560
11 Fees for services (non-employees):				
a Management	30,527,959	23,459,139	7,051,047	17,773
b Legal	8,945,358		8,945,358	
c Accounting	913,547		913,547	
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.)	420,157,740	279,897,259	139,472,505	787,976
12 Advertising and promotion	4,596,477	1,663,124	2,668,696	264,657
13 Office expenses	716,625,233	687,693,174	28,556,276	375,783
14 Information technology	67,623,009	47,640,381	19,927,551	55,077
15 Royalties				
16 Occupancy	140,541,634	112,462,469	27,941,447	137,718
17 Travel	6,982,149	5,916,901	1,029,110	36,138
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,880,862	5,122,874	750,143	7,845
20 Interest	36,080,322	36,080,322		
21 Payments to affiliates	227,858	227,858		
22 Depreciation, depletion, and amortization	190,879,874	151,905,337	38,853,398	121,139
23 Insurance	9,913,760	9,755,923	157,837	
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	54,943,542	54,943,542		
b MEDICAID SURCHARGE	26,557,071	26,557,071		
c COMMUNITY OUTREACH	1,228,087	157,507	1,064,949	5,631
d INCOME TAX - UBI	-379,606		-379,606	
e All other expenses	27,134,192	15,794,414	10,952,703	387,075
25 Total functional expenses. Add lines 1 through 24e	4,538,915,684	3,908,118,442	620,712,447	10,084,795
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		19,237,314	1	21,726,361	
	2	Savings and temporary cash investments		7,162,618	2	7,958,443	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		795,349,446	4	820,113,226	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		2,001	7	0	
	8	Inventories for sale or use		72,444,308	8	75,170,778	
	9	Prepaid expenses and deferred charges		20,699,926	9	19,645,959	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,764,468,536			
	b	Less: accumulated depreciation	10b	2,271,987,563	1,223,778,740	10c	1,492,480,973
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		2,270,930,572	12	2,783,531,408	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		33,094,803	14	31,301,835	
	15	Other assets. See Part IV, line 11		102,642,983	15	86,761,942	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,545,342,711	16	5,338,690,925		
Liabilities	17	Accounts payable and accrued expenses		488,883,939	17	518,456,208	
	18	Grants payable			18		
	19	Deferred revenue		30,315,871	19	27,609,480	
	20	Tax-exempt bond liabilities		948,490,944	20	1,225,573,462	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	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		331,990,961	25	508,596,256	
	26	Total liabilities. Add lines 17 through 25		1,799,681,715	26	2,280,235,406	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		2,737,463,132	27	3,048,834,715	
	28	Net assets with donor restrictions		8,197,864	28	9,620,804	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		2,745,660,996	32	3,058,455,519	
33	Total liabilities and net assets/fund balances		4,545,342,711	33	5,338,690,925		

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	4,655,438,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,538,915,684
3	Revenue less expenses. Subtract line 2 from line 1	3	116,522,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,745,660,996
5	Net unrealized gains (losses) on investments	5	194,559,644
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	1,712,167
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,058,455,519

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	

Additional Data

Software ID:

Software Version:

EIN: 36-3261413

Name: ALLINA HEALTH SYSTEM

Form 990 (2019)

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 TO 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, PENNY GEORGE INSTITUTE FOR HEALTH AND HEALING, 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. A SAME DAY CLINIC, RETAIL PHARMACY, AND EYE CARE CENTER ARE ALSO LOCATED IN THE FACILITY.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 THE 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. IN AUGUST, 2019, PHILLIPS EYE INSTITUTE BECAME A CAMPUS AND CLINICAL PROGRAM OF ABBOTT NORTHWESTERN HOSPITAL.REGINA MEDICAL CENTER-HASTINGS, MNLOCATED IN HASTINGS, REGINA HOSPITAL PROVIDES HEALTH CARE SERVICES INCLUDING, PRIMARY CARE, INTERNAL MEDICINE, GENERAL SURGERY, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, ONCOLOGY, 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 VIRGINIA PIPER CANCER CENTER BIRTH CENTER AND SLEEP CENTER. RIVER FALLS AREA HOSPITAL PROVIDES PATIENTS A FULL RANGE OF INPATIENT, OUTPATIENT, CANCER AND EMERGENCY SERVICES INCLUDING SURGICAL, CARDIOVASCULAR AND REHABILITATION SERVICES.UNITED HOSPITAL - ST. PAUL, MINNESOTALOCATED IN DOWNTOWN ST. PAUL, UNITED HOSPITAL IS AMONG LARGEST HOSPITALS 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 MORE THAN 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 PRACTITIONER'S 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 2019, ALLINA HEALTH EXPENDED OVER \$3 BILLION TO PROVIDE SERVICES TO PATIENTS THAT INCLUDED 5,000,000 CLINIC VISITS, 111,101 INPATIENT ADMISSIONS AND 1,500,000 HOSPITAL OUTPATIENT VISITS. THERE WERE 344,843 EMERGENCY CARE VISITS, 413,983 HOMECARE AND HOSPICE VISITS, AND 14,637 BIRTHS AT ALLINA HEALTH HOSPITALS. FOR MORE INFORMATION PLEASE VISIT [HTTP://WWW.ALLINAHEALTH.ORG](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 2019, ALLINA HEALTH EXPENDED \$11,982,781 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 2019, ALLINA HEALTH PROVIDED \$397,121,972 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 2019, ALLINA HEALTH EXPENDED \$269,064,924 BEYOND REIMBURSEMENTS TO PROVIDE CARE FOR MEDICARE PATIENTS AND AN ADDITIONAL \$41,752,818 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 2019, ALLINA HEALTH PAID \$26,557,071 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 \$54,943,542 FOR THE MINNESOTACARE TAX IN 2019. 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 \$4,803,617 IN TAXES AND FEES IN 2019.

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 2019, ALLINA HEALTH PROVIDED \$23,442,084 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 25 PERCENT DISCOUNT ON BILLED CHARGES AND MAY QUALIFY FOR DISCOUNTS UP TO 44 PERCENT BASED ON ELIGIBILITY CRITERIA. IN 2019, ALLINA HEALTH PROVIDED \$47,779,829 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 2019 TOTALED \$127,677,457.

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			
RAYMOND CLAY AHRENS DIRECTOR	2.00 0.00	X						10,000	0	0
JOHN ALLEN MD DIRECTOR	2.00 0.00	X						1,448	0	0
JENNIFER ALSTAD DIRECTOR	2.00 0.00	X						0	0	0
GARY BHOJWANI DIRECTOR	2.00 0.00	X						0	0	0
BARBARA BUTTS WILLIAMS DIRECTOR	2.00 0.00	X						10,000	0	0
JOHN CHURCHCHAIRMAN DIRECTOR	2.00 0.00	X						10,000	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
MARYKAO HANG PHD DIRECTOR	2.00 0.00	X						0	0	0
GREGORY HEINEMANN 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			
LOUIS KING II DIRECTOR	2.00 0.00	X						10,000	0	0
ANDERS KNUTZEN MD DIRECTOR	2.00 0.00	X						0	0	0
DAVID KUPLIC DIRECTOR	2.00 0.00	X						14,000	0	0
STEVEN LACROIX DIRECTOR	2.00 0.00	X						10,000	0	0
HUGH NIERENGARTEN DIRECTOR	2.00 0.00	X						0	0	0
BRIAN ROSENBERG DIRECTOR	2.00 0.00	X						10,000	0	0
DEBBRA SCHONEMAN DIRECTOR/VICE CHAIR	2.00 0.00	X						18,000	0	0
THOMAS SCHREIER DIRECTOR/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

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			
DARRELL TUKUA DIRECTOR	2.00 0.00	X						10,000	0	0
TIMOTHY WELSH DIRECTOR	2.00 0.00	X						0	0	0
VICKI YANISCH RASMUSEN DIRECTOR	2.00 0.00	X						10,000	0	0
PENNY WHEELER MD DIRECTOR/PRESIDENT/CEO	40.00 2.00	X		X				2,202,831	0	463,169
BEN BACHE-WIIG MD EVP CHIEF POPULATION HEALT	40.00 0.00			X				1,139,114	0	13,712
CHRISTINE BENT EVP-ALLINA HEALTH GROUP	40.00 0.00			X				1,008,411	0	45,860
SARA CRIGER SVP, PRES. MERCY HOSP.	40.00 2.00			X				1,011,157	0	147,959
PETER HOFRENNING SVP INTERIM CHIEF COMP. OFFICER	40.00 0.00			X				254,589	0	46,172
RICHARD MAGNUSON EVP/CFO/TREASURER	40.00 2.00			X				922,036	0	179,926
CHRISTINE MOORE SVP, CHIEF HR OFFICER	40.00 0.00			X				678,058	0	121,942

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			
THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP	40.00 2.00			X				1,086,047	0	13,132
ANN MADDEN RICE SVP/PRESIDENT ANW	40.00 2.00			X				897,865	0	92,011
LISA SHANNON EVP, CHIEF OPERATING OFF.	40.00 0.00			X				1,116,771	0	169,371
JONATHAN SHOEMAKER SVP CHIEF INFO & IMPRV OFF	40.00 0.00			X				615,424	0	112,621
JEFFREY SHOEMATE SVP CHIEF MARKETING OFFICE	40.00 0.00			X				347,755	0	73,995
TIMOTHY SIELAFF SVP-AHG-SPEC. CARE/CMO	40.00 0.00			X				978,983	0	148,881
DAVID SLOWINSKE SVP, AHG OPERATIONS	40.00 0.00			X				566,949	0	113,453
KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF	40.00 0.00			X				241,337	0	21,251
ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN. COUN.	40.00 0.00			X				814,059	0	131,044
NICHOLAS MENDYKA VP SYSTEM FINANCE OP.	40.00 0.00				X			222,161	0	17,794

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		1,441,176	0	51,345
MICHAEL FREEHILL MD PHYSICIAN	40.00 0.00					X		1,302,603	0	49,901
TILOK GHOSE MD PHYSICIAN	40.00 0.00					X		1,272,417	0	35,497
MARK HELLER MD PHYSICIAN	40.00 0.00					X		1,470,632	0	42,183
TODD HESS MD PHYSICIAN	40.00 0.00					X		1,520,696	0	48,148
MARY BEAR-DUKES FORMER VP-REV CYCLE	40.00 0.00						X	342,898	0	45,128
CORRINE KROEHLER FORMER/VP FINANCE/SUPPLY CHAIN	40.00 0.00						X	394,985	0	43,795
DUNCAN GALLAGHER FORMER EVP/CFO/TREASURER	40.00 0.00						X	130,958	0	0
HELEN STRIKE FORMER PRESIDENT-UNITY HOSP.	40.00 2.00						X	220,192	0	14,016
RODNEY CHRISTENSEN FORMER VP MEDICAL OPERATIONS	40.00 0.00						X	309,422	0	29,992

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ALLINA HEALTH SYSTEM

Employer identification number

36-3261413

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

The organization is not a private foundation because it is: (For lines 1 through 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						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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>		
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>		
1		
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?		
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>		
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>		
1		
2		
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>		Yes	No
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>			
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>			
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>			
2a			
2b			
3a			
3b			

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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		<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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		5,098
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		435,135
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			440,233
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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	93,936,959	102,594,063	94,600,833	90,703,126	94,260,855
b Contributions	149,082	131,724	113,190	262,589	344,252
c Net investment earnings, gains, and losses	15,316,040	-4,679,140	10,942,048	6,502,830	-1,885,276
d Grants or scholarships	12,549	-41,015	5,000	7,615	6,000
e Other expenditures for facilities and programs	3,921,190	4,068,672	3,057,008	2,860,097	2,747,357
f Administrative expenses					
g End of year balance	105,468,342	93,936,959	102,594,063	94,600,833	89,966,474

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(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		100,950,842		100,950,842
b Buildings		1,584,648,607	866,697,082	717,951,525
c Leasehold improvements		417,104,623	134,047,348	283,057,275
d Equipment		1,558,124,859	1,249,587,966	308,536,893
e Other		103,639,605	21,655,167	81,984,438
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,492,480,973

Schedule D (Form 990) 2019

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	140,523,336	F
(B) MONEY MARKET COLLECTIVE FUND	87,592,273	F
(C) FIXED INCOME	1,158,546,279	F
(D) SHORT-TERM FIXED INCOME	550,663	F
(E) EQUITY SECURITIES	415,752,965	F
(F) INVESTMENTS ACCOUNTED FOR AT NET ASSET VALUE	731,378,173	F
(G) INVESTMENTS IN JOINT VENTURES	95,172,083	F
(H) REAL RETURN MUTUAL FUNDS	154,015,636	F
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,783,531,408	

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	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	508,596,256

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
CASH AND CASH EQUIVALENTS	140,523,336	F
MONEY MARKET COLLECTIVE FUND	87,592,273	F
FIXED INCOME	1,158,546,279	F
SHORT-TERM FIXED INCOME	550,663	F
EQUITY SECURITIES	415,752,965	F
INVESTMENTS ACCOUNTED FOR AT NET ASSET VALUE	731,378,173	F
INVESTMENTS IN JOINT VENTURES	95,172,083	F
REAL RETURN MUTUAL FUNDS	154,015,636	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 \$2,320 AND \$2,696 IN 2019 AND 2018, RESPECTIVELY. AS OF DECEMBER 31, 2019 AND 2018, THE TAXABLE SUBSIDIARIES OF THE SYSTEM'S CONTINUING OPERATIONS HAD A GROSS DEFERRED TAX ASSET OF \$ 47,845 AND \$48,966, RESULTING FROM NET OPERATING LOSS CARRYFORWARDS, EMPLOYEE COMPENSATION AND BENEFITS ACCRUALS, AND DEPRECIATION, OFFSET BY VALUATION ALLOWANCES OF \$34,302 AND \$34,509, RESPECTIVELY, AND A GROSS DEFERRED TAX LIABILITY OF \$824 AND \$897, RESPECTIVELY, RESULTING FROM JOINT VENTURE INVESTMENTS AND EMPLOYEE COMPENSATION AND BENEFITS. AS OF DECEMBER 31, 2019 AND 2018, THE CONTINUING OPERATIONS OF THE SYSTEM AND ITS SUBSIDIARIES HAD NET OPERATING LOSS CARRYFORWARDS OF \$95,780 AND \$102,589, RESPECTIVELY, FOR INCOME TAX PURPOSES, WHICH EXPIRE IN VARIOUS YEARS THROUGH 2029 WITH \$1,389 HAVING AN INDEFINITE CARRYOVER PERIOD. 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, 2019 AND 2018, THE SYSTEM DOES NOT HAVE ANY SIGNIFICANT LIABILITIES FOR UNCERTAIN TAX BENEFITS. THE FILINGS FOR THE YEARS ENDED 2015 TO 2018 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.</p>

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART V	<p>THE 2019 ENDOWMENT FUND BALANCE FOR ALLINA HEALTH SYSTEM INCLUDES THE UNITED HOSPITAL FOUNDATION ENDOWMENTS. THE 2016 ENDOWMENT FUND BALANCES FOR UNITED HOSPITAL FOUNDATION CHANGED</p> <p>DUE TO ADDITIONAL FUNDS THAT MEET THE FINANCIAL STATEMENT REPORTING REQUIREMENT THUS AFFECTING THE ALLINA HEALTH SYSTEM 2016, 2017, 2018 AND 2019 BALANCES. IN ORDER TO BE CONSISTENT WITH THE PRESENTATION OF THE 2019 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.</p>

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			326,845,016
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			326,845,016

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

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; don't 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; don't 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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		296,137,063
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		30,707,953

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>27500.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes	
		3b		No
		4	Yes	
		5a	Yes	
		5b	Yes	
		5c		No
		6a	Yes	
		6b	Yes	

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	23,442,086	0	23,442,086	0.520 %
b Medicaid (from Worksheet 3, column a)	0	0	68,309,888	0	68,309,888	1.500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	54,943,813	0	54,943,813	1.210 %
d Total Financial Assistance and Means-Tested Government Programs			146,695,787		146,695,787	3.230 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	136	2,900,848	14,496,355	1,674,803	12,821,552	0.280 %
f Health professions education (from Worksheet 5)	47	7,326	30,509,332	9,431,459	21,077,873	0.460 %
g Subsidized health services (from Worksheet 6)	4	105	11,991,981	9,200	11,982,781	0.260 %
h Research (from Worksheet 7)	2	17,050	4,163,331	0	4,163,331	0.090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	68	423,673	5,431,358	177,608	5,253,750	0.120 %
j Total. Other Benefits	257	3,349,002	66,592,357	11,293,070	55,299,287	1.210 %
k Total. Add lines 7d and 7j	257	3,349,002	213,288,144	11,293,070	201,995,074	4.440 %

Part III

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	2	1,230	6,588	0	6,588	0 %
3 Community support	9	890	72,556	0	72,556	0 %
4 Environmental improvements	0	0	0	0		0 %
5 Leadership development and training for community members	2	60	1,888	0	1,888	0 %
6 Coalition building	13	1,700	62,371	0	62,371	0 %
7 Community health improvement advocacy	0	0	0	0		0 %
8 Workforce development	7	661	115,457	0	115,457	0.010 %
9 Other	0	0	0	0		0 %
10 Total	33	4,541	258,860		258,860	0.010 %

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

58,363,836

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

686,268,315

6

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

6

713,226,155

7

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

7

-26,957,840

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	(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 9 HEALTHCARE CAMPUS IMAGING ONE LLC	DIAGNOSTIC IMAGING	50.000 %		25.000 %
9 10 REHAB ONE CENTER LLC	REHABILITATION SERVICES	34.600 %		48.700 %
10 11 PET EQUIPMENT LEASING LLC	EQUIPMENT LEASING	25.000 %		25.000 %
11				
12				
13				

Schedule H (Form 990) 2019

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

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

How many hospital facilities did the organization operate during the tax year?
11

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

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

Section B. Facility Policies and Practices

FACILITY REPORTING GROUP - A

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

Schedule H (Form 990) 2019

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/FINANCIALASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.ALLINAHEALTH.ORG/FINANCIALASSISTANCE</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/FINANCIALASSISTANCE</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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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
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, 20a, 20b, 20c, 20d, 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? 9

Name and address	Type of Facility (describe)
1 1 - ALLINA HEALTH CLINICS-69 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 PHARMACIES-15 LOCATIONS 800 E 28TH STREET MINNEAPOLIS, MN 55407	PHARMACY SERVICES
4 4 - ALLINA HEALTH EMERGENCY MEDICAL SERVICE 167 GRAND AVENUE ST PAUL, MN 55102	AMBULANCE AND MEDICAL TRANSPORTATION
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 - ASPEN SLEEP CENTER 1010 BANDANA BOULEVARD WEST ST PAUL, MN 55108	OUTPATIENT SERVICES
9 9 - MOBILE IMAGING SERVICES 7505 METRO BOULEVARD SUITE 400 EDINA, MN 55439	MOBILE RADIOLOGY
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>

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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.

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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.

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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>COMMUNITY-BUILDING ACTIVITIESUNDERSTANDING THAT GOOD HEALTH IS DEPENDENT ON SOCIETAL, COMMUNITY, AND FAMILY ENVIRONMENTS AS WELL AS INDIVIDUAL CHOICES, AND IS BIGGER THAN THE PROVISION OF HEALTH CARE, ALLINA ENGAGES IN COMMUNITY-BUILDING ACTIVITIES. BELOW ARE EXAMPLES OF WAYS THAT OUR HOSPITALS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES IN 2019: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 AND CIVIC GROUPS, SUCH AS COMMUNITY HEALTH ADVISORY COUNCILS AND LOCAL CHAMBERS OF COMMERCE, 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.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>

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Form and Line Reference	Explanation
PART III, LINE 2:	<p>SCH H, PART III, SECTION A, LINES 2 & 3 THE ORGANIZATION HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION [HFMA] STATEMENT NO. 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE, IMPLICIT PRICE CONCESSIONS AND BAD DEBTS BY INSTITUTIONAL HEALTHCARE PROVIDERS (STATEMENT 15). THE BAD DEBT AMOUNT STATED FOR FINANCIAL REPORTING PURPOSES IS REPORTED "NET" OF ANY ANTICIPATED PATIENT DISCOUNTS OR IMPLICIT PRICE CONCESSIONS 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	FOOTNOTES TO AUDITED FINANCIAL STATEMENT THAT DESCRIBE BAD DEBT EXPENSE:SEE ATTACHED AUDIT, FOOTNOTE 2(T) ON PAGE 12

990 Schedule H, Supplemental Information

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 \$242 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>

990 Schedule H, Supplemental Information

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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>IN 2019, ALLINA HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR EACH OF THE HOSPITALS IN THE SYSTEM. THE PURPOSE WAS TO IDENTIFY LOCAL PRIORITIES FOR EACH HOSPITAL AS WELL AS OVER-ARCHING THEMES FOR THE HEALTH SYSTEM TO ADDRESS FOR FY 2020-2022. TO RESPOND TO LOCAL NEEDS AND RESOURCES, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. THE HOSPITALS WORKED CLOSELY WITH LOCAL PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. SOME ALSO COLLABORATED WITH OTHER HEALTH SYSTEMS AND COMMUNITY ORGANIZATIONS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. THE CHNA PROCESS OCCURRED IN THREE STEPS: DATA REVIEW AND PRIORITIZATION, COMMUNITY INPUT AND THE DEVELOPMENT OF A THREE-YEAR IMPLEMENTATION PLAN. MOST HOSPITALS USED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) COMMUNITY-DRIVEN STRATEGIC PLANNING PROCESS FOR IMPROVING COMMUNITY HEALTH. THE OFFICIAL CHNA PROCESS BEGAN IN JUNE 2018 AND WAS COMPLETED IN AUGUST 2019. EACH HOSPITAL'S CHNA TEAM REVIEWED COUNTY-SPECIFIC DATA RELATED TO DEMOGRAPHICS, SOCIAL AND ECONOMIC FACTORS, HEALTH BEHAVIORS, PREVALENCE OF HEALTH CONDITIONS AND HEALTH CARE ACCESS. SOURCES VARIED, BUT INCLUDED THE MINNESOTA STUDENT SURVEY, HEALTH SURVEYS CONDUCTED BY LOCAL PUBLIC HEALTH DEPARTMENTS, LOCAL RESEARCH STUDIES ON TOPICS SUCH AS HOUSING AND SECONDARY PUBLIC HEALTH DATA AVAILABLE THROUGH THE MINNESOTA DEPARTMENT OF HEALTH. ADDITIONALLY, TEAMS REVIEWED SELECT COUNTY-SPECIFIC ALLINA HEALTH PATIENT DATA. MANY HOSPITALS ALSO COLLECTED FEEDBACK ON PERCEIVED COMMUNITY HEALTH NEEDS FROM LOCAL STAKEHOLDERS THROUGH COMMUNITY DIALOGUES, INTERVIEWS AND SURVEYS. BASED ON THE DATA REVIEW AND COMMUNITY FEEDBACK, LOCAL CHNA TEAMS CHOSE CHNA PRIORITIES FOR THE 2020-2022 CYCLE. SPECIFIC PRIORITIZATION CRITERIA WAS DETERMINED LOCALLY, BUT SIZE AND SERIOUSNESS OF THE PROBLEM, IMPORTANCE TO THE COMMUNITY AND ORGANIZATIONAL CAPACITY TO ADDRESS THE NEED WERE ALL CONSIDERED. HOSPITAL PRIORITIES INCLUDE:- MENTAL HEALTH AND WELLNESS, INCLUDING SUBSTANCE USE- OBESITY, PHYSICAL ACTIVITY AND NUTRITION- ACCESS TO CARE- SOCIAL DETERMINANTS OF HEALTH- SOCIAL ISOLATION- VIOLENCE- DENTAL CARE- AGING SERVICES TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. FOCUSED OUTREACH OCCURRED TO HISTORICALLY UNDERSERVED COMMUNITIES WHO EXPERIENCE HEALTH DISPARITIES. IN FEBRUARY AND APRIL 2019, COMMUNITY ENGAGEMENT LEADERS FROM EACH OF ALLINA HEALTH'S HOSPITALS DISCUSSED THE RESULTS OF EACH HOSPITAL'S DATA REVIEW, PRIORITIZATION AND COMMUNITY INPUT PROCESSES. PRIORITIES AND COMMON THEMES FOR ACTION WERE IDENTIFIED ACROSS ALL GEOGRAPHIES. TOGETHER, THEY IDENTIFIED MENTAL HEALTH (INCLUDING SUBSTANCE USE) AND OBESITY CAUSED BY PHYSICAL INACTIVITY AND POOR NUTRITION AS PRIORITY NEEDS IN ALL ALLINA HEALTH GEOGRAPHIES. THEY ALSO IDENTIFIED SOCIAL DETERMINANTS OF HEALTH, PARTICULARLY ACCESS TO HEALTHY FOOD AND STABLE HOUSING, AS KEY FACTORS CONTRIBUTING TO HEALTH. ALL ALLINA HEALTH ASSESSMENTS AND ACTION PLANS WERE APPROVED BY LOCAL FACILITIES AND THE ALLINA HEALTH BOARD OF DIRECTORS BY DECEMBER 2019. 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/2020-2022-NEEDS-ASSESSMENTS-AND-IMPLEMENTATION-PLANSONCE 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 PROG RAM 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 CENTER. UNINSURED PATIENTS AND INSURED PATIENTS WHO REC EIVE 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 \$125,00 0 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 ALL INA SYSTEM. SPECIAL CIRCUMSTANCES ASSISTANCE (ON INDIVIDUAL CASE BY CASE BASIS) - THE ORGA NIZATION PROVIDES FOR THE CONSIDERATION OF SPECIAL CIRCUMSTANCES FOR THE "MEDICALLY INDIGE NT". THE ORGANIZATION EXTENDS THE CHARITY CARE PROGRAM IN INSTANCES THE ORGANIZATION HAS D ETERMINED THE PATIENT IS UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS DUE TO CATASTROP HIC CIRCUMSTANCES EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERAL LY APPLICABLE ELIGIBILITY CRITERIA FOR THE FREE CARE PROGRAM OR THE DISCOUNTED CARE PROGRA M UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM GUIDELINES. FINANCIAL ASSISTANCE S ERVICES 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 DEVASTATIN G FINANCIAL POSITION WHEREBY THE PROGRAM REPRESENTATIVES WILL DETERMINE HOW TO BEST SUPPOR T THEM FINANCIALLY.MEDELIGIBLE SERVICES - MEDELIGIBLE SERVICES PROVIDES ADVOCACY SUPPORT T O PATIENTS WHO HAVE DIFFICULTY PAYING THEIR MEDICAL BILLS. THEY CAN ASSIST PATIENTS WITH A PPLYING FOR FEDERAL, STATE AND COUNTY BENEFIT PROGRAMS. THE MEDELIGIBLE SERVICES PERSONNEL ARE ADVOCATES WHO EDUCATE PATIENTS AND FAMILIES ABOUT THE ADVANTAGE OF PROGRAMS AND ASSIS T THEM WITH GETTING HELP. PERSONNEL CAN PROVIDE ASSISTANCE WITH MEDICAID AND MEDICARE, SOC IAL SECURITY, VETERAN'S ADMINISTRATION, FOOD STAMPS, EMERGENCY FOOD, AND SHELTER. MEDCREDI T FINANCIAL SERVICES - MEDCREDIT FINANCIAL SERVICES PROVIDES FINANCIAL LOANS TO PATIENTS W HO CANNOT AFFORD TO PAY THEIR MEDICAL BILLS. THE PATIENT CAN CONSOLIDATE ALL MEDICAL EXPEN SES FROM PARTICIPATING PROVIDERS SUCH THAT THE PATIENT HAS ONLY ONE MONTHLY PAYMENT. THERE IS NO CREDIT APPLICATION REQUIRED AND NO ANNUAL FEES OR DUES. THE ANNUAL PERCENTAGE INTER EST 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 OFF ERS A PAYMENT PLAN WHICH CANNOT EXCEED TWELVE MONTHS AND CANNOT BE LESS THAN THIRTY DOLLAR S PER MONTH. IF THE PATIENT IS UNABLE TO MEET THES</p>

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>E 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>ALLINA HEALTH SYSTEM (ALLINA HEALTH) IS A NOT-FOR-PROFIT SYSTEM OF CLINICS, HOSPITALS AND OTHER HEALTH CARE SERVICES. ALLINA HEALTH OWNS AND OPERATES 11 HOSPITALS, MORE THAN 90 CLINICS AND HEALTH CARE SERVICES, INCLUDING HOME CARE, HOSPICE CARE, PALLIATIVE CARE, OXYGEN AND MEDICAL EQUIPMENT, PHARMACIES AND EMERGENCY MEDICAL TRANSPORTATION IN OPERATION WITHIN MINNESOTA AND WESTERN WISCONSIN. NEARLY ALL ALLINA HOSPITAL PATIENTS COME FROM MINNESOTA AND WISCONSIN, THE MAJORITY OF WHICH COME FROM THE COUNTIES SURROUNDING ITS HOSPITALS AND CLINICS, INCLUDING THE SEVEN-COUNTY TWIN CITIES METRO AND SUBURBAN AND RURAL COMMUNITIES IN WESTERN WISCONSIN, SOUTHERN MINNESOTA AND CENTRAL MINNESOTA. 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 SERVES RAMSEY, WASHINGTON AND DAKOTA COUNTIES. THIS REGION SPANS THE EASTERN EDGE OF THE TWIN CITIES METRO, INCLUDING THE CITY OF ST. PAUL AND ITS SURROUNDING COMMUNITIES. ST. PAUL IS 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 RAMSEY, 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. IT 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 WRIGHT 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 SOUTH REGIONAL AREA, THE SOUTH REGIONAL REGION PRIMARILY SERVES MID-SIZED SUBURBAN CITIES IN RICE, STEELE AND SOUTHERN DAKOTA COUNTIES AS WELL AS COMMUNITIES AND RURAL AREAS ACROSS DODGE, WASECA, AND GOODHUE COUNTIES. OWATONNA HOSPITAL AND DISTRICT ONE HOSPITALS SERVE THESE AREAS. EAST REGIONAL THE EAST REGIONAL REGION IS LOCATED EASTERN MINNESOTA AND WESTERN WISCONSIN. IT INCLUDES REGINA HOSPITAL AND RIVER FALLS AREA HOSPITALS, SERVING COMMUNITIES IN DAKOTA COUNTY IN MINNESOTA, AND PIERCE AND ST. CROIX COUNTIES IN WISCONSIN.</p>

990 Schedule H, Supplemental Information

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>

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Form and Line Reference	Explanation
PART VI, LINE 6:	<p>ALLINA HEALTH SYSTEM ("ALLINA HEALTH"), PRIMARILY DOING BUSINESS AS ALLINA HEALTH, IS A MINNESOTA NONPROFIT CORPORATION AND AN INTEGRATED HEALTH CARE DELIVERY NETWORK SERVING THE COMMUNITIES IN THE GREATER MINNEAPOLIS-ST. PAUL (THE "TWIN CITIES") METRO AREA, SPANNING THE COUNTIES FROM THE AREA WEST OF MINNEAPOLIS TO THE WESTERN PART OF WISCONSIN. ALLINA HEALTH IS ANCHORED BY THREE TWIN CITIES METRO AREA HOSPITALS AND IS SUPPORTED BY A NETWORK OF COMMUNITY HOSPITALS, INCLUDING TWO CRITICAL ACCESS HOSPITALS. ALLINA HEALTH IS STAFFED BY EMPLOYED PHYSICIANS AND A LARGE ALIGNED PROVIDER NETWORK. WITH MORE THAN 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 1,450 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 TEN HOSPITALS AND JOINTLY OWNS AND OPERATES ONE OTHER HOSPITAL. THESE INCLUDE URBAN TERTIARY CARE, SUBURBAN COMMUNITY AND RURAL HOSPITALS. ALLINA HEALTH HOSPITALS PROVIDED OVER 105,000 INPATIENT ADMISSIONS AND MORE THAN 1,414,000 OUTPATIENT VISITS DURING THE YEAR ENDED DECEMBER 31, 2019. AS OF YEAR-END, ALLINA HEALTH HOSPITALS HAD LICENSED BED CAPACITY OF 2,451 ACUTE CARE BEDS, 1,783 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 69 ALLINA HEALTH CLINICS, OPERATES THE CLINICAL SERVICES LINES; THREE HOSPITALIST PROGRAMS ON THE ABBOTT NORTHWESTERN, UNITED AND MERCY HOSPITAL CAMPUSES; AND EMPLOYS APPROXIMATELY 780 PHYSICIANS AND 250 HOSPITALISTS. ALLINA SPECIALTY ASSOCIATES, INC. ("ASA"), OPERATING UNDER THE NAME MINNEAPOLIS HEART INSTITUTE, EMPLOYS APPROXIMATELY 80 PHYSICIANS, CONSISTING OF CARDIOLOGISTS, CARDIOTHORACIC AND VASCULAR SURGEONS. IN ADDITION, ALLINA HEALTH HOSPITALS DIRECTLY EMPLOY APPROXIMATELY 340 SPECIALTY PHYSICIANS INCLUDING INTENSIVISTS, PERINATOLOGISTS, AND PSYCHIATRISTS. ALLINA HEALTH PHYSICIANS AND ALLIED PROFESSIONALS GENERATED MORE THAN 8,398,000 WORK RVU'S DURING THE YEAR ENDED DECEMBER 31, 2019. THE ALLINA INTEGRATED MEDICAL ("AIM") NETWORK ALIGNS ALLINA HEALTH PHYSICIANS, 2,000 INDEPENDENT MEDICAL PHYSICIANS, AND OVER 20 HOSPITALS TO DELIVER MARKET-LEADING QUALITY AND EFFICIENCY IN PATIENT CARE. ALLINA HEALTH IS A COMPREHENSIVE HEALTH CARE SYSTEM AND HAS ONE OF THE LARGEST PHYSICIAN NETWORKS IN MINNESOTA. ALLINA'S HEALTH HOME CARE SERVICES DIVISION PROVIDES HOME HEALTH, HOME OXYGEN AND MEDICAL EQUIPMENT, HOSPICE, PALLIATIVE CARE AND SENIORCARE TRANSITIONS. A LEADER AND INNOVATOR IN PRE-HOSPITAL EMERGENCY MEDICAL DEVICES, ALLINA HEALTH EMERGENCY MEDICAL SERVICES IS DEVOTED TO PROVIDING SKILLED AND COMPASSIONATE ADVANCED LIFE SUPPORT, BASIC LIFE SUPPORT AND SCHEDULED TRANSPORT IN MORE THAN 100 MINNESOTA COMMUNITIES. NEARLY 570 PARAMEDICS, EMERGENCY MEDICAL TECHNICIANS, DISPATCHERS, SPECIAL TRANSPORTATION DRIVERS, MAINTENANCE AND ADMINISTRATIVE AND SUPPORT PERSONNEL WORK TOGETHER TO PROVIDE SERVICE TO AN AREA OF APPROXIMATELY 1,200 SQUARE MILES, REACHING OVER ONE MILLION PEOPLE. IN ADDITION TO THE AMOUNTS DISCLOSED ON THIS SCHEDULE H, ALLINA AND AFFILIATED ION IN GOVERNMENT MEDICAL CARE PROGRAMS IN EXCESS OF GOVERNMENT REIMBURSEMENTS IN THE AMOUNT OF \$218,664,999 IN 2019. 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. PHILLIPS EYE INSTITUTE LEGALLY MERGED INTO ABBOTT NORTHWESTERN HOSPITAL ON 10/1/2019.</p>

990 Schedule H, Supplemental Information

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

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ABBOTT NORTHWESTERN HOSPITAL 800 E 28TH STREET MINNEAPOLIS, MN 55407 HTTP://WWW.ALLINAHEALTH.ORG/ABBOTT-NO 385390	X	X		X		X	X			A
2	MERCY HOSPITAL 4050 COON RAPIDS BLVD COON RAPIDS, MN 55433 HTTP://WWW.ALLINAHEALTH.ORG/MERCY-HOS 385123	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 384993	X	X		X		X	X			A
4	BUFFALO HOSPITAL 303 CATLIN STREET BUFFALO, MN 55313 HTTP://WWW.ALLINAHEALTH.ORG/BUFFALO-H 385336	X	X					X			A
5	NEW ULM MEDICAL CENTER 1324 FIFTH NORTH STREET NEW ULM, MN 56073 HTTP://WWW.ALLINAHEALTH.ORG/NEW-ULM-M 384708	X	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	CAMBRIDGE MEDICAL CENTER 701 S DELLWOOD STREET CAMBRIDGE, MN 55008 HTTP://WWW.ALLINAHEALTH.ORG/CAMBRIDGE 384707	X	X					X			A
7	REGINA HOSPITAL 1175 NININGER ROAD HASTINGS, MN 55033 HTTP://WWW.ALLINAHEALTH.ORG/REGINA- HO 384506	X	X					X			A
8	OWATONNA HOSPITAL 903 S OAK AVE OWATONNA, MN 55060 HTTP://WWW.ALLINAHEALTH.ORG/OWATONNA- 384920	X	X					X			A
9	DISTRICT ONE HOSPITAL 200 STATE AVENUE FARIBAULT, MN 54022 HTTP://WWW.ALLINAHEALTH.ORG/DISTRICT- 384658	X	X					X			A
10	RIVER FALLS AREA HOSPITAL 1629 EAST DIVISION STREET RIVER FALLS, WI 55404 HTTP://WWW.ALLINAHEALTH.ORG/RIVER- FAL 1054	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-384214	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: BUFFALO HOSPITAL, - FACILITY 5: NEW ULM MEDICAL CENTER, - FACILITY 6: CAMBRIDGE MEDICAL CENTER, - FACILITY 7: REGINA HOSPITAL, - FACILITY 8: OWATONNA 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:	<p>IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS: ABBOTT NORTHWESTERN HOSPITAL (INCLUDES PHILLIPS EYE INSTITUTE): PHILLIPS EYE INSTITUTE LEGALLY MERGED INTO ABBOTT NORTHWESTERN HOSPITAL ON 10/1/2019. ABBOTT NORTHWESTERN HOSPITAL DEVELOPED ITS CHNA WITH THE MINNEAPOLIS, HENNEPIN COUNTY AND BLOOMINGTON PUBLIC HEALTH DEPARTMENTS, WHICH WERE SIMULTANEOUSLY DEVELOPING A COMMUNITY HEALTH IMPROVEMENT PLAN FOR HENNEPIN COUNTY. THESE ENTITIES AND 50 NONPROFIT AND GOVERNMENT REPRESENTATIVES REVIEWED HOSPITAL, STATE AND LOCAL DATA AND CONDUCTED 23 KEY INFORMANT INTERVIEWS WITH INDIVIDUALS REPRESENTING VARIOUS CULTURAL GROUPS, BUSINESS AND ORGANIZATIONS. ABBOTT NORTHWESTERN IDENTIFIED ITS 2020-2022 PRIORITIES BASED ON THIS REVIEW. STAFF THEN CONDUCTED 10 KEY INFORMANT INTERVIEWS WITH STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS SUCH AS AN ADVOCACY ORGANIZATION SERVING LOCAL BUSINESSES, A FEDERALLY-QUALIFIED HEALTH CENTER, A HOUSING PROVIDER FOR PEOPLE LIVING WITH HIV/AIDS AND THE LOCAL PARKS SYSTEM, AMONG OTHERS, TO UPDATE ITS UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON THESE HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM. IN ADDITION, A LOCAL PUBLIC AFFAIRS CONSULTANT INTERVIEWED 25 HEALTH AND CIVIC LEADERS TO EXPLORE THEIR PERCEPTIONS OF HEALTH, HEALTHCARE, PUBLIC HEALTH AND THE HOSPITAL.</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 1 -- ABBOTT NORTHWESTERN HOSPITAL PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 IMPROVING NUTRITION AND PHYSICAL ACTIVITY LEVELS. IN 2019, ABBOTT NORTHWESTERN HOSPITAL (ANW) WORKED TO IMPROVE THE NUTRITION AND PHYSICAL ACTIVITY OPPORTUNITIES FOR THE RESIDENTS LIVING IN HENNEPIN COUNTY BY FOCUSING EFFORTS ON POPULATIONS THAT ARE FACING DISPARITIES. THE HOSPITAL WORKED WITH A LOCAL NON-PROFIT, THE SHERIDAN STORY, TO ENSURE THAT 175 CHILDREN AT A NEARBY ELEMENTARY SCHOOL HAD ONGOING ACCESS TO HEALTHY FOOD THROUGH THE WEEKEND FOOD BACKPACK PROGRAM. WE ALSO FUNDED AND WORKED CLOSELY WITH THE BACKYARD COMMUNITY HEALTH HUB AS THEY IMPLEMENTED WEEKLY DIABETES EDUCATION, YOGA AND HEALTHY EATING EDUCATION TO RESIDENTS LIVING IN THE PHILLIPS NEIGHBORHOOD. WE ALSO SENT OUR PHYSICIANS AND STAFF OUT INTO COMMUNITY TO PROVIDE HEALTH EDUCATION, INCLUDING AT THE MILL CITY FARMERS MARKET AND AT THE EBENEZER SENIOR LIVING COMPLEX. TO ENCOURAGE PHYSICAL ACTIVITY IN THE COMMUNITY, WE CONTINUED TO FUND AND IMPLEMENT PROGRAMS AIMED AT GETTING KIDS ON BIKES, ONTO CROSS-COUNTRY SKIS, ACTIVE IN THEIR LOCAL PARK PROGRAMS AND USING ADAPTIVE EQUIPMENT. GOAL 2: PROMOTE MENTAL HEALTH BY INCREASING ACCESS TO MENTAL HEALTH SERVICES AND PROVIDE OPPORTUNITIES FOR INCREASED SOCIAL CONNECTIONS. ANW CONTINUES TO PROMOTE AND IMPROVE ACCESS TO MENTAL HEALTH SERVICES WITH OUR CHANGE TO CHILL PROGRAM BEING IMPLEMENTED IN AT LEAST 8 HIGH SCHOOLS IN HENNEPIN COUNTY. ANW'S SCHOOL DISTRICT PARTNERS ARE USING THE ONLINE CURRICULUM WITH STUDENTS, TEACHERS, COACHES, CLUBS, SCHOOL-BASED MENTAL HEALTH CARE PROVIDERS AND OTHER COMMUNITY GROUPS. ANW STAFF ALSO CONTINUE TO CO-CHAIR THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP). CHIP IS A COLLECTIVE OF COMMUNITY PARTNERS, NON-PROFITS, HEALTHCARE PROVIDERS AND PUBLIC HEALTH WORKING TOGETHER TO ADDRESS WAYS TO IMPROVE THE MENTAL WELLBEING OF COMMUNITY, AND DETERMINE HOW TO RESPOND TO THE GROWING HOUSING CRISIS TAKING PART IN OUR COUNTY. THE FOCUS OF HENNEPIN COUNTY CHIP'S MENTAL WELLBEING WORK HAS MOVED TOWARDS THE PROMOTION OF SOCIAL CONNECTIONS AMONGST HENNEPIN COUNTY RESIDENTS BY FOCUSING ON CREATING AWARENESS ABOUT THE IMPORTANCE OF BEING TRAUMA-INFORMED WHEN INTERACTING WITH THE MOST VULNERABLE MEMBERS OF THE COMMUNITY. GOAL 3: IMPROVE GENERAL POPULATION HEALTH BY INCREASING ACCESS TO HEALTH CARE PROVIDERS AND HEALTH-RELATED RESOURCES. DURING THE CREATION OF THE 2017- 2019 CHNA, ONE THING ANW STAFF HEARD LOUD AND CLEAR WAS THAT PEOPLE WERE NOT ACCESSING THE HOSPITAL AS MUCH AS THEY WOULD LIKE BECAUSE THE FACILITY WAS TOO CONFUSING TO NAVIGATE. IN 2019, ANW ADDED AN INTERNAL WAYFINDING APP WHICH PROVIDES VISITORS AND THE PUBLIC WITH STEP-BY-STEP DIRECTIONS TO HELP THEM ACCESS THE SERVICES THEY NEED. ANW STAFF HAS ALSO BEEN WORKING WITH COMMUNITY-BASED

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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:	HEALTHCARE PARTNERS AND NEARBY FEDERALLY-QUALIFIED HEALTHCARE CENTERS TO IDENTIFY OPPORTUNITIES FOR COLLABORATION TO PROVIDE HEALTH SERVICES IN COMMUNITY. ONGOING PARTNERSHIPS AND COLLABORATIONS WITH OUR NEARBY FEDERALLY-QUALIFIED HEALTHCARE CLINICS HAS BEEN ESSENTIAL TO ENSURING THAT THESE CLINICS HAVE THE ABILITY TO PROVIDE COMMUNITY-BASED SERVICES TO RESIDENTS WHO MIGHT OTHERWISE NOT BE SEEKING NON-EMERGENT HEALTHCARE. ANW STAFF HAVE ALSO CONTINUED TO PARTNER WITH LOCAL GOVERNMENTS TO REDUCE BARRIERS TO TRANSPORTATION BY ACTIVELY ADVOCATING FOR THE METRO BLUE LINE EXTENSION LIGHT RAIL PROJECT IN THE NORTHWEST METRO, PARTNERING WITH METRO TRANSIT TO EXPAND TRANSIT ACCESS IN THE PHILLIPS NEIGHBORHOOD AND IMPROVING THE CHICAGO-LAKE TRANSIT STATION.

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 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS: MERCY HOSPITAL: MERCY HOSPITAL COLLABORATED WITH ANOKA COUNTY PUBLIC HEALTH TO ENGAGE REPRESENTATIVES FROM 20 AGENCIES IN A COMMITTEE THAT COMPLETED ITS CHNA. THE COMMITTEE REVIEWED HOSPITAL, STATE AND LOCAL DATA AND RESPONSES FROM INTERVIEWS WITH 14 COMMUNITY LEADERS AND DATA FROM 857 RESIDENT-RESPONSES ON A 2018 ANOKA COUNTY COMMUNITY HEALTH SURVEY. MERCY HOSPITAL IDENTIFIED ITS 2020-2022 PRIORITIES BASED ON THIS REVIEW. ADDITIONALLY, TO GAIN RESIDENTS' PERSPECTIVES ON THESE PRIORITIES, MERCY CONDUCTED COMMUNITY DIALOGUES WITH 64 PEOPLE REPRESENTING THE WEST AFRICAN COMMUNITY, THE ANOKA COUNTY HEAD START POLICY COUNCIL, ALEXANDRA HOUSE DOMESTIC AND SEXUAL ASSAULT CENTER AND THE NORTHWEST COMMUNITY HEALTH ADVISORY COUNCIL.

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:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 ARE A, SUCH AS: MERCY HOSPITAL: GOAL 1: PROMOTE MENTAL HEALTH AND WELLNESS SERVICES FOR INDIVIDUALS, YOUTH AND FAMILIES IN OUR COMMUNITIES. TO ADVOCATE AND PARTNER WITH COMMUNITIES TO DEVELOP A COMPREHENSIVE AND RELIABLE CONTINUUM OF MENTAL HEALTH AND ADDICTION CARE, MERCY HOSPITAL PRIORITIZED CHARITABLE GIVING TO ORGANIZATIONS THAT PROMOTE MENTAL HEALTH SERVICES OR AWARENESS. 2019 CONTRIBUTIONS WERE MADE TO THE ANOKA MENTAL HEALTH WELLNESS CAMPAIGN, LEE CARLSON CENTER, TOUCHSTONE MENTAL HEALTH, & MN MILITARY FAMILIES. ALLINA HEALTH'S MENTAL HEALTH CLINICAL SERVICE LINE STAFF PARTNERED WITH ANOKA COUNTY PUBLIC HEALTH AND COMMUNITY MENTAL HEALTH PROVIDERS TO IDENTIFY GAPS IN THE COMMUNITY'S INFRASTRUCTURE. A COMMON PROVIDER NETWORK WAS ESTABLISHED TO TIMELY ACCESS NEEDED CARE APPOINTMENTS. ADDITIONALLY, THE NW MENTAL HEALTH ROUNDTABLE WAS ESTABLISHED AND CO-CHAIRLED BY SARA CRIGER (MERCY PRESIDENT), RHONDA SIVARAJAH (ANOKA COUNTY BOARD CHAIR) AND DONNA ZIMMERMAN (HEALTH PARTNERS). WORK GROUPS HAVE BEEN FORMED TO ADDRESS: 1) EFFECTIVE COMMUNICATION AND CONNECTIONS ACROSS SERVICES/STAKEHOLDERS, 2) BETTER PUBLIC INFORMATION AND COMMUNICATION ABOUT RESOURCES, 3) IMPROVED RESOURCING AND FUNDING, AND 4) ASSURING A CONTINUUM OF SERVICES - INCLUDING CRISIS SERVICES - FOR THOSE IN NEED. FINALLY, WORKING GROUP THAT INCLUDES VARIOUS COMMUNITY STAKEHOLDERS AND PARTNERS WAS ESTABLISHED IN 2019 TO ADVANCE COMMUNITY EDUCATION AROUND EDUCATION ON MENTAL HEALTH AND ADDICTION AND STIGMA REDUCTION. THE HOSPITAL ALSO PARTNERED WITH THE ANOKA HENNEPIN SCHOOL DISTRICT TO DEVELOP, PROMOTE AND IMPROVE ACCESS TO COMMUNITY AND SCHOOL-BASED ACTIVITIES THAT ADDRESS ADOLESCENT MENTAL HEALTH AND RESILIENCY. KEY 2019 INITIATIVES INCLUDE BRINGING THE CHANGE TO CHILL INITIATIVES AND TOOLS TO COON RAPIDS, FRIDLEY AND BLAINE HIGH SCHOOLS. ADDITIONALLY, ANOKA COUNTY AND MERCY HOSPITAL CREATED A PARTNERSHIP TO COMPLETE A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT AND EXAMINE TEEN MENTAL HEALTH NEEDS/ISSUES. ALSO, COMMUNITY VERSION OF MAKE IT OK CAMPAIGN WAS SUCCESSFULLY OFFERED TO 10 FAITH COMMUNITY NURSES. GOAL 2: PROMOTE EVIDENCE-BASED STRATEGIES FOR PREVENTION, DETECTION, TREATMENT AND MANAGEMENT OF CHRONIC DISEASE 32 COMMUNITY HEALTH SCREENINGS (20 FOR ADULTS, 12 FOR ADOLESCENTS) 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. IN TOTAL, 1,610 PEOPLE WERE SERVED AT THE HEALTH SCREENINGS. MERCY'S FAITH COMMUNITY NURSE (FCN) PROGRAM PARTNERED WITH 35 FAITH COMMUNITIES TO OFFER ASSISTANCE IN HEALTHY PROGRAMMING THAT INCLUDES DISEASE PREVENTION AND EMPOWERING INDIVIDUALS AND CONGRÉGATIONS TO TAKE CHARGE OF THEIR OWN HEALTH. FCNS FOLLOW PEOPLE AFTER A HOSPITALIZATION AND ASSIST IN MONITORING THEIR

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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:	CARE PLAN IN ORDER TO PREVENT READMISSIONS. TO PROVIDE EDUCATIONAL OPPORTUNITIES ON THE HE ALTH IMPACTS OF VIOLENCE, MERCY CONTINUED ITS ONGOING PARTNERSHIP WITH THE ALEXANDRA HOUSE TO ASSIST SURVIVORS OF DOMESTIC VIOLENCE. ADDITIONALLY, OVER 1,000 COMMUNITY MEMBERS AND ALLINA HEALTH EMPLOYEES WERE REACHED BY EDUCATIONAL PROGRAMS ON THE IMPACT OF VIOLENCE ON HEALTH AND ITS PREVENTION, INCLUDING PROVIDING A DOMESTIC VIOLENCE ADVOCATE TRAINING TO TW O HOSPITALS, AND PARTNERING WITH ANOKA ELDER ABUSE INITIATIVE TO PROVIDE ELDER ABUSE EDUCATION TO THE PUBLIC AND STAFF. AN ADDITIONAL 300 COMMUNITY MEMBERS AND ALLINA HEALTH EMPLOY EES RECEIVED ADVERSE CHILDHOOD EVENT EDUCATION OFFERED THROUGH THE FAITH COMMUNITY NURSES PROGRAM. MERCY HOSPITAL WORKED WITH THE WEST AFRICAN POPULATION AND THE LIBERIAN HEALTH IN ITIATIVE TO OFFER HEALTH EDUCATION AND HEALTH SCREENINGS IN THEIR COMMUNITIES. ADDITIONALL Y, HEALTH SCREENINGS & EDUCATION FOR THE UNDERSERVED WERE OFFERED THROUGH OUR STEPPING STO NE FREE CLINIC (MONTHLY) AND THE COMMUNITY FAMILY TABLE (WEEKLY AND INCLUDES FOOD OFFERING S).IN 2019, CHARITABLE GIVING RELATED TO THIS GOAL INCLUDED CHARITABLE CONTRIBUTIONS TO ST EPPING STONE HOMELESS SHELTER, NORTH METRO PEDIATRICS, THE YMCA AND COMMUNITY EMERGENCY AS SISTANCE PROGRAM. GOAL 3: IMPROVE AND/OR MAINTAIN THE HEALTH OF SENIORS IN OUR COMMUNITIES (IN TERMS OF FUNCTIONAL, PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL HEALTH).THROUGH WORK W ITH OUR 35 FAITH COMMUNITY PARTNER NURSES, MAAA, THE YMCA AND MERCY TRAUMA DEPARTMENT OFFE RED FALLS-PREVENTION EDUCATION AND TRAINING. CLASSES OFFERED INCLUDED "STEPPING ON", "MATT ER OF BALANCE AND "TAI JI QUAN: MOVING FOR BETTER BALANCE AND WERE ATTENDED BY 160 MEMBERS IN THE COMMUNITY. ADDITIONAL WORK IN THIS AREA INCLUDED THE PROVISION OF THE "GATHERING", A FAITH-BASED VOLUNTEER RESPITE PROGRAM PROVIDED IN COLLABORATION WITH ANOKA COUNTY FAMIL Y CAREGIVER CONNECTION, TO 200 PARTICIPANTS. THERE ARE SIX GATHERING SITES WHICH PROVIDE E DUCATION, SUPPORT AND REFERRAL TO 24/7 CAREGIVERS. CARE RECIPIENTS RECEIVE COMPANION CARE AND SOCIALIZATION PROVIDED BY TRAINED VOLUNTEERS FROM FAITH COMMUNITIES. ADDITIONALLY, MER CY HOSPITAL PROMOTED FOOD SECURITY PROGRAMS THROUGH THE "FAMILY TABLE" WHICH PROVIDES MEAL S THROUGHOUT ANOKA COUNTY. OUR FCNP RN PROVIDES PERSONAL HEALTH COUNSELING & EDUCATION TO 250 MEMBERS OF THE COMMUNITY THAT ARE THE WORKING POOR, OR UNEMPLOYED, MANY HAVE MENTAL HE ALTH ISSUES AND DO NOT HAVE MUCH SOCIAL SUPPORT. FREE SCREENINGS ARE PROVIDED THROUGHOUT T HE YEAR, APPROPRIATE REFERRALS ARE MADE TO OTHER AGENCIES, ACCESS TO HEALTH CARE IS PROVID ED. ADVANCE CARE PLANNING AND "HONORING CHOICES" WAS OFFERED IN 2019 THROUGH SPECIFICALLY TRAINED PARISH NURSES TO 50 COMMUNITY MEMBERS.FINALLY, TO INCREASE AWARENESS OF, AND ACCES S TO, MENTAL HEALTH AND ADDICTION SERVICES FOR SENIORS THE NW MERCY HOSPITAL CONTINUED PAR TICIPATING IN MENTAL HEALTH ROUNDTABLE; OBJECTIVES INCLUDE DEVELOPMENT OF STRATEGIES TO AD DRESS SENIOR MENTAL HEALTH.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 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:	<p>IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS:UNITED HOSPITAL: UNITED HOSPITAL WORKED WITH THE CENTER FOR COMMUNITY HEALTH (CCH) EAST METRO CHNA COLLABORATIVE AND THE ST. PAUL-RAMSEY COUNTY STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP) COMMUNITY LEADERSHIP TEAM TO COMPLETE ITS CHNA. MEMBERSHIP IN THESE GROUPS INCLUDED OTHER LOCAL HEALTH CARE SYSTEMS, LOCAL PUBLIC HEALTH, COMMUNITY RESIDENTS AND STAFF FROM LOCAL UNIVERSITIES AND SOCIAL SERVICE AGENCIES. THE CHNA WAS INFLUENCED BY OTHER ORGANIZATIONS' DATA REVIEW AND COMMUNITY ENGAGEMENT ACTIVITIES. AS PART OF THESE GROUPS, UNITED HOSPITAL'S STAFF REVIEWED HOSPITAL, STATE AND LOCAL DATA AND FEEDBACK FROM 2,100 RAMSEY, WASHINGTON OR DAKOTA COUNTY RESIDENTS WHO SHARED THEIR PERSPECTIVES VIA A SURVEY CONDUCTED BY THE CCH EAST METRO CHNA COLLABORATIVE. THE HOSPITAL'S 2020-2022 PRIORITIES WERE BASED ON THIS REVIEW. TO FURTHER REFINE ITS PRIORITIES, UNITED HOSPITAL STAFF ATTENDED COMMUNITY DIALOGUES FACILITATED BY LOCAL PARTNERS AND ATTENDED BY APPROXIMATELY 60 COMMUNITY RESIDENTS INCLUDING PUBLIC HOUSING RESIDENTS, HALF-WAY HOUSE RESIDENTS, INDIVIDUALS EXPERIENCING HOMELESSNESS, SENIORS, PEOPLE WITH CRIMINAL RECORDS AND COMMUNITY ACTIVISTS. STAFF ALSO PARTICIPATED IN RAMSEY COUNTY EAST METRO MENTAL HEALTH CRISIS ALLIANCE MEETINGS AND CONDUCTED INTERVIEWS WITH SIX REPRESENTATIVES FROM HEALTH, PUBLIC HEALTH AND SOCIAL SERVICE AGENCIES.</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 3 -- UNITED HOSPITAL PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 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:UNITED HOSPITAL: GOAL 1: IMPROVE MENTAL HEALTH AND WELL-BEING OF TEENS, ADULTS AND SENIORS IN RAMSEY COUNTY.UNITED CONTINUED SUPPORTING THE EAST METRO MENTAL HEALTH CRIS IS ALLIANCE WITH REGULAR PARTICIPATION IN AND CHARITABLE CONTRIBUTIONS IN SUPPORT OF THE E AST METRO MENTAL HEALTH CRISES ALLIANCE AND THE EAST METRO MENTAL HEALTH ROUNDTABLE. CHARI TABLE CONTRIBUTIONS WERE MADE TO MINNESOTA COMMUNITY CARE (FOR SCHOOL-BASED, MENTAL-HEALTH PROGRAMS), YMCA (DOWNTOWN ST. PAUL, FOR MENTAL HEALTH SERVICES, YOGA, MINDFULNESS EDUCATI ON AND OTHER SIMILAR WORK), KIDS N KINSHIP, AND SEVERAL OTHER SIMILAR MENTAL HEALTH SERVICE E PROVIDERS.IN 2019, UNITED HOSPITAL DEVELOPED NEW AND/OR DEEPEINED PARTNERSHIPS WITH CATHO LIC CHARITIES, YOUTH SERVICES BUREAU, FAMILYMEANS, WOODBURY THRIVES (INCLUDING ANNUAL CHAR ITABLE SUPPORT OF FAMILY MEALTIME PROGRAM IN WOODBURY SCHOOLS), STILLWATER WASHINGTON COUN TY CONNECT, FOREST LAKE AREA PARTNERSHIP FOR FAMILIES, AND OTHER SIMILAR COMMUNITY-BASED M ENTAL-HEALTH SERVICE PROVIDERS.UNITED COLLABORATED WITH THE ST. PAUL PUBLIC HOUSING AGENCY ON MENTAL WELLNESS IN SEVERAL WAYS, INCLUDING TRAINING AND SUPPORT IN PILOTING A SIX-WEEK BOUNCE BACK PROJECT FOR YOUTH. THE HOSPITAL ALSO PROVIDED CHANGE TO CHILL TRAININGS AND T OOLS TO NUMEROUS COMMUNITY PARTNERS, INCLUDING PUBLIC SCHOOL SYSTEMS AND COUNTY PUBLIC HEA LTH DEPARTMENTS IN WASHINGTON, RAMSEY AND DAKOTA COUNTIES; PROVIDED CHANGE TO CHILL TRAINI NGS, MATERIALS AND TOOLS TO NUMEROUS COMMUNITY-BASED HEALTH INITIATIVES, INCLUDING WOODBUR Y THRIVES, FOREST LAKE HEALTH UP!, AND OTHER SIMILAR COMMUNITY PARTNERS AND COMMUNITY-BASE D, MENTAL HEALTH WELL-BEING INITIATIVES.TO INCREASE AWARENESS OF MENTAL HEALTH CONDITIONS AND ELIMINATE STIGMA AROUND MENTAL HEALTH CONDITIONS, UNITED CONTINUED TO PARTICIPATE IN C ENTER FOR COMMUNITY HEALTH COLLECTIVE ACTION WORK GROUP AND RELATED METRO-WIDE MENTAL HEAL TH STIGMA ELIMINATION INITIATIVES INCLUDING:- WORKING TO DEVELOP NEW "COLLECTIVE ACTION FO R COMMUNITY IMPACT" INITIATIVE RELATED TO SOCIAL CONNECTEDNESS.- PROMOTION OF THE MAKE IT OKAY PROGRAM (REDUCING STIGMA RELATED TO MENTAL HEALTH ISSUES);- PROMOTION OF, SUPPORT OF TRAININGS, AND DIRECT PROGRAM OFFERINGS OF MENTAL HEALTH FIRST AID KIT;- PROMOTION OF COMM UNITY TRAININGS FOR PSYCHOLOGICAL FIRST AID AND QPR (QUESTION, PERSUADE, REFER) PROGRAMS. ADDITIONALLY, IN 2019 THE HOSPITAL PROVIDED FINANCIAL AND VOLUNTEER SUPPORT FOR DEPRESSION SCREENING FOR ALL FOREST LAKE AREA SCHOOL'S NINTH AND TENTH GRADERS. GOAL 2. DECREASE THE PERCENTAGE OF THE POPULATION WHO IS OVERWEIGHT OR OBESE.UNITED HOSPITAL PROMOTED EMPLOYEE -LED VOLUNTEER OPPORTUNITIES RELATED TO PROMOTING HEALTHY EATING, INCLUDING OPPORTUNITIES TO DELIVER HEALTH POWERED KIDS MATERIALS IN THE COMMUNITY. ADDITIONALLY, THE HOSPITAL COLL ABORATED WITH HIGHLAND PARK CL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 11:	INIC AND HIGHLAND CATHOLIC SCHOOL TO HOST A WALK TO SCHOOL EVENT ON OCTOBER 2. HEALTH POWE RED KIDS MATERIALS WERE DISTRIBUTED AT THE EVENT.GOAL 3. INCREASE PERCENTAGE OF POPULATION WITH ACCESS TO HEALTHY FOOD.IN 2019, UNITED HOSPITAL HOSTED A HEALTHY FOOD DRIVE IN SUPPO RT OF THE FOOD GROUP. CHARITABLE CONTRIBUTIONS WERE MADE TO FROGTOWN FARMS, ST. PAUL PUBLI C SCHOOLS FOR SCHOOL GARDENS, HEALTHY EATING EDUCATION, AND HEALTHY MEALS. UNITED HOSPITAL ALSO PARTNERED WITH RAMSEY COUNTY PUBLIC HEALTH TO DEVELOP THEIR NEW "SCREEN AND REFER" I NITIATIVE HELPING LOW-INCOME FAMILIES ADDRESS FOOD INSECURITY. CHARITABLE CONTRIBUTIONS WE RE MADE TO URBAN ROOTS, INTERFAITH ACTION OF GREATER ST. PAUL, OPEN ARMS; ASSISTING RAMSEY COUNTY IN DEVELOPING PROPOSAL FOR CHARITABLE CONTRIBUTION REQUEST IN SUPPORT OF THEIR NEW SCREENING/REFERRAL INITIATIVE. THE HOSPITAL CONTINUED TO SUPPORT TWIN CITIES MOBILE MARKE T AND KEYSTONE SERVICES FOOD BANKS WITH ONGOING CHARITABLE CONTRIBUTIONS AND PROMOTING VOL UNTEER OPPORTUNITIES AT THESE PARTNER ORGANIZATIONS.

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.

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 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 5:	<p>IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS: BUFFALO HOSPITAL: BUFFALO HOSPITAL CONDUCTED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF THE WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE (WCCHC). WCCHC MEMBERS INCLUDE ALL WRIGHT COUNTY ORGANIZATIONS WHO ARE ENCOURAGED OR REQUIRED TO COMPLETE A CHNA: BUFFALO HOSPITAL, PART OF ALLINA HEALTH, CENTRACARE-MONTICELLO, WRIGHT COUNTY PUBLIC HEALTH AND WRIGHT COUNTY COMMUNITY ACTION. WCCHC MEMBERS REVIEWED HOSPITAL, STATE AND LOCAL DATA AND 2018 FINDINGS AND THREE-YEAR TRENDS FROM A COMMUNITY HEALTH SURVEY TO WHICH 2,039 PEOPLE RESPONDED. ADDITIONALLY, MEMBERS TALKED TO COMMUNITY MEMBERS AT WRIGHT COUNTY FAIR IN JULY 2018. FINALLY, WCCHC CONDUCTED KEY INFORMANT INTERVIEWS AND COMMUNITY MEETINGS WITH 150 RESIDENTS AND REPRESENTATIVES FROM 40 COMMUNITY ORGANIZATIONS, INCLUDING SENIORS, LOW-INCOME FAMILIES, REPRESENTATIVES FROM RACIAL/ETHNIC MINORITY POPULATIONS, AND ORGANIZATIONS SERVING PEOPLE LIVING ON LESS TO UNDERSTAND THE COMMUNITY'S PERSPECTIVE ON IDENTIFIED PRIORITIES.</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 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES

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 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 6B:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 -- 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 IDENTIFYI NG AND EXPANDING THE OFFERING OF COMMUNITY MENTAL AND BEHAVIORAL HEALTH AND WELLNESS RESOU RCES AND STRENGTHENING SOCIAL CONNECTIONS AND RELATIONSHIPS.TO ACTIVELY ENGAGE PROVIDERS I N PUBLIC DISCUSSIONS AROUND MENTAL HEALTH TOPICS TO DECREASE STIGMA, BUFFALO HOSPITAL CON INUED TO HOST MONTHLY MDH MENTAL WELL-BEING AND RESILIENCE LEARNING COMMUNITY WEBINAR SERI ES-FACILITATED ON-SITE AND VIA WEBINAR. COMMUNITY MEMBERS AND LEADERS WERE INVITED TO PART ICIPATE AND DISCUSS MENTAL HEALTH AND WELLNESS RESOURCES AND ISSUES IN OUR COMMUNITY. IN 2 019, BUFFALO HOSPITAL ALSO BECAME AN ACTIVE MEMBER OF MENTAL HEALTH ADVISORY COUNCIL. BUFFALO HOSPITAL WAS THE HOST SITE FOR MONTHLY MENTAL HEALTH MEETINGS, WHICH INCLUDED REPRESENTATIVES FROM ALLINA MENTAL HEALTH SERVICE LINE, EMERGENCY DEPARTMENT, COMMUNITY ENGAGEMENT , CARE MANAGEMENT, WRIGHT COUNTY HEALTH AND HUMAN SERVICES, LOCAL AND COUNTY LAW ENFORCEMENT, CENTRAL MN MENTAL HEALTH AND OTHERS AS APPROPRIATE.TO STRENGTHEN COLLABORATION AND LINK THE POPULATION TO AVAILABLE RESOURCES IN THE COMMUNITY, BUFFALO PROVIDED CHARITABLE CONTRIBUTION SUPPORT TO LOCAL INITIATIVES ADDRESSING MENTAL HEALTH ISSUES AND PARTNERED WITH LOCAL AND NATIONAL SUICIDE PREVENTION AND MENTAL HEALTH ORGANIZATIONS. THESE INCLUDED ATOZ AND SAVE. BUFFALO ALSO HOSTED THE "MENTAL WELLNESS AND ADDICTION: BEYOND STIGMA" EVENT IN PARTNERSHIP WITH SAVE. ADDITIONALLY, BUFFALO HOSPITAL CONTINUED TO WORK CLOSELY WITH COMMUNITY PARTNERS TO EXPAND ITS BOUNCE BACK PROGRAM INITIATIVE THROUGHOUT THE COMMUNITY. BOUNCE BACK IS A COMMUNITY-WIDE PROGRAM IN THE WRIGHT COUNTY AREA THAT PROMOTES HEALTH THROUGH HAPPINESS WITH A VARIETY OF TOOLS AND EVENTS INCLUDING RANDOM ACTS OF KINDNESS, SOCIAL CONNECTIONS, AND GRATITUDE LETTERS. BOUNCE BACK PROGRAM EXPANDED IN 2019 AND WAS PILOTED USING THREE GRASS ROOTS COMMUNITY TEAMS IN BUFFALO, ANNANDALE AND COKATO. IN 2019, 4,713 PARTICIPANTS WERE REACHED LOCALLY THROUGH IN-SCHOOL BOUNCE BACK PROGRAM OFFERINGS, ONE TIME PRESENTATIONS AND TRAIN-THE-TRAINER SESSIONS. THE CHANGE TO CHILL INITIATIVE WAS ROLLED OUT IN BUFFALO AND MONTICELLO HIGH SCHOOLS AND CONTINUED PARTNERSHIP WITH MAPLE LAKE HIGH SCHOOL. THE ROLL-OUT INCLUDED FINANCIAL AND OTHER RESOURCES TO HELP STUDENTS DEAL WITH STRESS AND ANXIETY ISSUES. FINALLY, BUFFALO CONTINUED TO PARTNER WITH AND SUPPORTED THE PENNY GEORGE INSTITUTE FOR HEALTH AND HEALING IN PROVIDING ALTERNATIVE INTEGRATIVE CARE AT BUFFALO HOSPITAL TO PROMOTE A VARIETY OF MENTAL WELLNESS OPTIONS SUCH AS MINDFULNESS CLASSES. PGHH PROGRAMS HAVE BEEN INCLUDED IN THE COMMUNITY WELLNESS OFFERINGS BROCHURE THAT IS SENT OUT TO HOUSEHOLDS, VARIOUS COMMUNITY GROUPS AND ORGANIZATIONS AS WELL AS PCPS IN AND AROUND THE WRIGHT COUNTY AREA. THEIR O

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 11:	FFERINGS ARE INCLUDED IN LOCAL COMMUNITY EDUCATION PUBLICATIONS. GOAL 2. REDUCE OR MAINTAI N THE LEVEL OF OBESITY AND INCREASE PHYSICAL ACTIVITY AMONG THE POPULATION OF WRIGHT COUNT Y THROUGH EDUCATIONAL PROGRAMMING, ACTIVITIES AND POLICIES THAT PROMOTE AND SUPPORT HEALTH Y LIFESTYLE.BUFFALO CONTINUED IMPLEMENTATION OF EVIDENCE-BASED AND ALLINA-DEVELOPED WELLNE SS PROGRAMMING, AND WELLNESS COACHING ON-SITE, AT THE HOSPITAL AND VIA TELEPHONE. EVIDENCE -BASED CLASSES OFFERED IN 2019 INCLUDE HEALTHY EATING FOR BETTER HEALTH CLASSES FOR THE CO MMUNITY (TWO 4 WEEK CLASSES IN 2019), DIABETES PREVENTION PROGRAM (THREE GROUPS OFFERED IN 2019 - ONE YEAR LONG COURSE), LET'S TALK WELLNESS CLASSES, AND GROCERY STORE TOURS. COOKI NG DEMOS WERE PART OF THE HEALTHY EATING FOR BETTER HEALTH AND LET'S TALK WELLNESS CURRICU LUM. THE HOSPITAL REACHED ALMOST 2,000 PEOPLE WITH THESE OFFERINGS IN JUST 2019. ADDITIONA LLY, THE HOSPITAL IMPLEMENTED THEIR FIRST PHYSICIAN REFERRAL PILOT FOR TWO OFFERINGS - DIA BETES PREVENTION PROGRAM AND LIVING WELL WITH CHRONIC PAIN PROGRAM. A DIRECT MAIL COMMUNIC ATION PROCESS WAS DEVELOPED WITH THE QUALIFYING PATIENT POPULATION. IN 2019, THE HOSPITAL HAD SUCCESSFUL ENROLLMENT AND ADDED ONE ADDITIONAL CLASS FOR EACH OFFERING.THE HOSPITAL WO RKED WITH SCHOOLS AND COMMUNITY ORGANIZATIONS (E.G. ECFE AND TIMBERBAY) TO PROVIDE SUPPORT AND EDUCATION TO MINORS AND PARENTS GROUPS AROUND HEALTHY CHOICES AND PHYSICAL ACTIVITY. IN COLLABORATION WITH TEACHERS AND LOCAL CHEFS, HANDS-ON COOKING CLASSES WERE TAUGHT VIA F AMILY DINNER NIGHTS HELD AT THE PHOENIX LEARNING CENTER. A 16-WEEK YOGA AND MINDFULNESS CO URSE WAS ALSO OFFERED AT THE PHOENIX LEARNING CENTER. BUFFALO PARTNERED WITH FARE FOR ALL, LOCAL FARMERS MARKETS, GROCERY STORES, LOCAL FOOD SELVES AND WRIGHT COUNTY CROW RIVER FOO D COUNCIL AROUND ACCESSIBILITY TO HEALTHY FOOD AT AFFORDABLE COST AND ADDRESSING FOOD INSE CURITIES. IN 2019, 2,386 FAMILIES WERE SERVED AT THE BUFFALO FARE FOR ALL EVENTS. THE ALLI NA HEALTH BUCKS PROGRAM SERVED 232 FAMILIES WITH \$2,320 WORTH OF PRODUCE PURCHASED. THE 'B UCKS' ARE USED JUST LIKE CASH, AND ARE GIVEN BY ALLINA HEALTH DOCTORS, CARE MANAGERS AND P UBLIC HEALTH NURSES TO PATIENTS WHO ARE FOOD INSECURE. \$8,410 IN CHARITABLE CONTRIBUTIONS WAS PROVIDED TO ALL AREA FOOD SHELVES AND FARMERS MARKET POP PROGRAMS. GOAL 3. SUPPORT COM MUNITY 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 FO R PATIENTS UNABLE TO ACCESS SERVICES DUE TO TRANSPORTATION CONCERNS, BUFFALO HAS WORKED CL OSELY WITH COMMUNITY PARTNERS, LOVEINC AND WRIGHT COUNTY COMMUNITY ACTION, WHO PROVIDE VOL UNTEER DRIVERS FOR MEMBER OF THE COMMUNITY WHO ARE UNABLE TO ACCESS CARE DUE TO TRANSPORTA TION CONCERNS. THE ALLINA HEALTH CLINIC ON WHEELS BEGAN THIS YEAR TO PROVIDE CLINIC VISITS IN AREAS OF THE COUNTY WHERE COMMUNITY MEMBERS HAVE LIMITED ACCESS TO A CLINIC IN THEIR C OMMUNITY. ADDITIONALLY, TO SUP

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 -- BUFFALO HOSPITAL PART V, SECTION B, LINE 11:	PORT ORGANIZATIONS WHOSE PRIMARY FOCUS IS IMPROVING ACCESS TO HEALTHCARE, BUFFALO MADE CHARITABLE CONTRIBUTIONS TO WCCA FOR EMERGENCY FOOD BOXES AND BEGAN STOCKING THOSE FOOD BOXES IN ALLINA HEALTH CLINICS IN THE WRIGHT COUNTY AREA AND THE BUFFALO HOSPITAL EMERGENCY DEPARTMENT. FINALLY, BUFFALO IS WORKING WITH COMMUNITY PARTNERS TO INCREASE THE AVAILABILITY OF RESOURCES THAT PROMOTE WELLNESS OUTSIDE OF THE HOSPITAL CLINICAL SETTING. EXAMPLE PROJECTS INCLUDE GIRL'S SUPPORT GROUP TO SUPPORT MENTAL WELLNESS AMONG AT RISK TEENS AT PHOENIX LEARNING CENTER AND BUFFALO HIGH SCHOOL PARTNERING WITH VARIOUS LOCAL EXPERTS TO LEAD A TOPIC AND LOCAL CHEFS TO HELP GIRLS PREP A MEAL. THE BOUNCE BACK PROJECT AND CHANGE TO CHILD PROGRAMS HAVE BEEN PROVIDED IN NUMEROUS LOCAL SCHOOLS AND THROUGHOUT THE BUFFALO HOSPITAL SERVICE AREA.

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 -- 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 4 -- 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 5 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 5:	IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS: NEW ULM MEDICAL CENTER: NEW ULM MEDICAL CENTER COLLABORATED WITH BROWN COUNTY PUBLIC HEALTH TO COMPLETE ITS CHNA TO ENGAGE REPRESENTATIVES FROM 15 AGENCIES IN A COMMITTEE THAT COMPLETED ITS CHNA. THE COMMITTEE REVIEWED HOSPITAL, STATE AND LOCAL DATA, SUCH AS THE 2016 BROWN COUNTY COMMUNITY HEALTH SURVEY. NEW ULM MEDICAL CENTER IDENTIFIED ITS 2020-2022 PRIORITIES BASED ON THIS REVIEW. TO GAIN COMMUNITY MEMBERS' PERSPECTIVES ON THESE PRIORITIES, THE MEDICAL CENTER HOSTED TWO COMMUNITY DIALOGUES IN OCTOBER 2018 THAT WERE ATTENDED BY 32 PEOPLE REPRESENTING 18 BROWN COUNTY ORGANIZATIONS SUCH AS EARLY CHILDHOOD FAMILY EDUCATION (ECFE), LOCAL FAITH COMMUNITIES, BROWN COUNTY UNITED WAY, NEW ULM PARK AND REC AND PUBLIC SCHOOLS, AND LOCAL SOCIAL SERVICE AGENCIES, AMONG OTHERS.

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 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 6B:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 -- 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 ARE A, SUCH AS:NEW ULM MEDICAL CENTER:GOAL 1: SUPPORT EDUCATIONAL PROGRAMS, ACTIVITIES AND POL ICIES THAT HELP INDIVIDUALS INCREASE ACCESS TO PHYSICAL ACTIVITY AND HEALTHFUL FOODS, ASWE LL AS SUPPORT EATING WELL AND ACTIVE LIVING.IN 2019, NEW ULM MEDICAL CENTER PROVIDED QUART ERLY WORKPLACE WELLNESSTRAININGS, AS FOLLOWS:- JANUARY: SMART GOAL SETTING- APRIL: COURAGE OUS CONVERSATIONS- JULY: WELLNESS CULTURENEW ULM MEDICAL CENTER CONTINUED TO MAINTAIN AND SUPPORT THE COALITION FOR ACTIVE, SAFE AND HEALTHY STREETS AND THE SAFE ROUTES TO SCHOOL A CTION TEAMS TO MAKE IMPROVEMENTS TO THE BUILT ENVIRONMENT IN NEW ULM BY DECEMBER2019. NUMC HELPED TO PROMOTE SAFETY STUDY IN LOCAL NEIGHBORHOODS TO IMPROVE FUNCTIONALITY OF THE ROA DS FOR SAFE WALKING AND BIKING PRACTICES(FOR EXAMPLE, NEW ROUNDABOUT WAS INSTALLED BECAUSE OF THE STUDY). HEART OF NEW ULM (HONU) LEADERSHIP TEAM CONTINUED TO EXPAND THE RESTAURANT RECOGNITION PROGRAM AND MAKE IT SUSTAINABLE BY THE ACTION TEAM. IN 2019, THE GROUP ASSESS ED 15 RESTAURANTS IN THE NEW RECOGNITION PROGRAM. EIGHT RESTAURANTS PASSED THE ASSESSMENT WITH THE GOLD AND SILVER STATUS.ADDITIONALLY, HONU CONTINUED TO PROMOTE COMMUNITY GARDENIN G. COMMUNITY GARDEN WAS NEARLY FULL IN 2019 WITH 74 PLOTS RENTED. LARGE COMPOST BIN, A NEW SHED, RAISED BEDS, BIKE FIX-IT STATION WERE ADDED AND ABOUT 450 POUNDS OF FOOD WERE DONAT ED TO THE FOOD SHELF.ADDITIONALLY, IN PARTNERSHIP WITH THE COMMUNITY CENTER, NEW ULM OFFER ED TEN STEPPING ON FALLS-PREVENTION CLASSES TO 124 PARTICIPANTS AND NEW ULM MEDICAL CENTER OFFERED COOKING CLASSES AT BRIDGE ON CENTER, NUMAS HOUSE, SUNSET APARTMENTS AND MRCI. GOA L 2. REDUCE THE BURDEN OF MENTAL HEALTH BY REDUCING STIGMA, IMPROVING EARLY IDENTIFICATION AND OFFERING RESILIENCY PROGRAMMING FOCUSED ON MENTAL HEALTH CONDITIONS.-CONTINUED COLLAB ORATING WITH LOCAL SHIP AND PUBLIC HEALTH DEPARTMENT ON MAKE IT OK CAMPAIGN. BILLBOARD IN OCTOBER, DOCUMENTARY SHARED INFORMATION WITH PARTNERS, LETTER TO THE EDITOR FROM THE ACTIO N TEAM.-BROWN COUNTY LOCAL ADVISORY COUNCIL ON MENTAL HEALTH OFFERS MONTHLY BROWN BAG LUNC HEONS ON MENTAL HEALTH TOPICS.-NUMC OFFERS MONTHLY SUPPORT GROUPS (PARKINSON'S SUPPORT, LO SS OF LOVEDONE, CANCER SUPPORT)-NUMC CONTINUED OFFERING AND PROMOTING CHANGE TO CHILL PROG RAM. IN 2019,NEW ULM HIGH SCHOOL, SPRINGFIELD HIGH SCHOOL AND SLEEPY EYE HIGH SCHOOL PARTI CIPATED IN THE CHANGE TO CHILL SCHOOL PARTNERSHIP. GOAL 3. SUPPORT EDUCATIONAL PROGRAMS, A CTIVITIES AND POLICIES THAT INCREASES AWARENESS REGARDING ADDICTION AND USE OF LEGAL AND I LLEGAL SUBSTANCE USE.-THE FOLLOWING INDUSTRIES REQUESTED AND RECEIVED THE AMERICAN LUNG TO BACCO FREE WORKSITE TOOLKIT BOOKS FROM SHIP: UVERA, FIRMENICH, WINDINGS, MLC, CHRISTENSEN FARMS, CITY OF NEW ULM, UNITED FARMERS CO-OP.-NEW ULM MEDICAL CENTER CURRENTLY SUPPORTS TH E UNDERAGE SUBSTANCE ABUSE COA

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 -- NEW ULM MEDICAL CENTER PART V, SECTION B, LINE 11:	LITION (USAC) TO INCREASE AWARENESS OF ALCOHOL AND TOBACCO USE AMONG YOUTH.-TOBACCO 21 ORD INANCE WAS PASSED IN DECEMBER 2019.

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 -- 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 5 -- NEW ULM 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 6 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 5:	IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS:CAMBRIDGE MEDICAL CENTER: CAMBRIDGE MEDICAL CENTER COLLABORATED WITH ISANTI COUNTY PUBLIC HEALTH TO ENGAGE REPRESENTATIVES FROM 20 AGENCIES IN A COMMITTEE THAT COMPLETED ITS CHNA. THE COMMITTEE MEMBERS REVIEWED PATIENT, STATE AND LOCAL DATA AND RESULTS FROM THE EAST CENTRAL REGIONAL SURVEY TO SELECT THEIR 2020-2022 PRIORITIES. ADDITIONALLY, TO UNDERSTAND COMMUNITY MEMBERS' PERSPECTIVES ON THESE HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, THE MAPP COMMITTEE CONDUCTED A ROOT CAUSE ANALYSIS AND DEVELOPED A CONVERSATION IN A BOX GUIDE THAT THE COMMUNITY GROUPS USED TO FACILITATE 13 DIALOGUES WITH A TOTAL OF 150 CLIENTS AND CONSTITUENTS FROM LOCAL SCHOOLS, SENIORS, THE LOCAL CHAMBER OF COMMERCE, EARLY CHILDHOOD PROGRAMS, SUBSTANCE USE PREVENTION AND RECOVERY PROGRAMS AND LOCAL SOCIAL SERVICE AGENCIES, AMONG OTHERS. AN ADDITIONAL 36 PEOPLE PROVIDED INPUT THROUGH AN ONLINE SURVEY.

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 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6A:	IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS:CAMBRIDGE MEDICAL CENTER: CAMBRIDGE MEDICAL CENTER COLLABORATED WITH ISANTI COUNTY PUBLIC HEALTH TO ENGAGE REPRESENTATIVES FROM 20 AGENCIES IN A COMMITTEE THAT COMPLETED ITS CHNA. THE COMMITTEE MEMBERS REVIEWED PATIENT, STATE AND LOCAL DATA AND RESULTS FROM THE EAST CENTRAL REGIONAL SURVEY TO SELECT THEIR 2020-2022 PRIORITIES. ADDITIONALLY, TO UNDERSTAND COMMUNITY MEMBERS' PERSPECTIVES ON THESE HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, THE MAPP COMMITTEE CONDUCTED A ROOT CAUSE ANALYSIS AND DEVELOPED A CONVERSATION IN A BOX GUIDE THAT THE COMMUNITY GROUPS USED TO FACILITATE 13 DIALOGUES WITH A TOTAL OF 150 CLIENTS AND CONSTITUENTS FROM LOCAL SCHOOLS, SENIORS, THE LOCAL CHAMBER OF COMMERCE, EARLY CHILDHOOD PROGRAMS, SUBSTANCE USE PREVENTION AND RECOVERY PROGRAMS AND LOCAL SOCIAL SERVICE AGENCIES, AMONG OTHERS. AN ADDITIONAL 36 PEOPLE PROVIDED INPUT THROUGH AN ONLINE SURVEY.

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 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 6B:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 -- CAMBRIDGE 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 ARE A, SUCH AS:CAMBRIDGE MEDICAL CENTER: GOAL 1: IMPROVE MENTAL HEALTH AND WELLNESS FOR COMMUN ITY THROUGH INCREASED ACCESS TO CARE, PROGRAMS AND SERVICESIN ADDITION TO IMPLEMENTING THE CHANGE TO CHILL SCHOOL PARTNERSHIP IN BRAHAM AREA HIGH SCHOOL, CAMBRIDGE MEDICAL CENTER C ONTINUED WORKING WITH MIDDLE AND HIGH-SCHOOL STUDENTS IN THE COMMUNITY THROUGH THE IN-PERS ON CHANGE TO CHILL LEAD A SERIES-CURRICULUM. ADDITIONALLY, THE MEDICAL CENTER PROMOTED HEA LTHY COPING SKILL-BUILDING AMONG ADULTS AND YOUTH BY PROVIDING PRESENTATIONS AND TRAINING TO SCHOOL DISTRICT NURSES, STUDENTS, CAREGIVER GROUPS, LOCAL COMMUNITY GROUPS AND BUSINESS ES. 1,160 ADULTS AND YOUTH WERE REACHED THROUGH THESE INITIATIVES. ADDITIONAL WELLNESS CLA SSES AND EVENTS OFFERED TO THE COMMUNITY INCLUDE STRESS 101 SERIES AND ANTI-STIGMA EVENTS OFFERED THROUGHOUT THE YEAR. GOAL 2. INCREASE AWARENESS AMONG COMMUNITY MEMBERS OF ALL AGE S ABOUT THE NEGATIVE HEALTH IMPACTS OF USE OF TOBACCO/E-CIGARETTES, ALCOHOL AND OTHER DRUG S.THROUGH A PARTNERSHIP BETWEEN CAMBRIDGE INTERMEDIATE SCHOOL AND CAMBRIDGE MEDICAL CENTER , FIFTH-GRADE STUDENTS CONTINUED TO TAKE PART IN AN INTERACTIVE CURRICULUM, TAR WARS, FOCU SED ON THE DANGERS OF SMOKING. THROUGH THE TAR WARS CURRICULUM, STUDENTS ARE TAUGHT ABOUT THE POWER OF ADVERTISING AND THE NEED FOR TOBACCO COMPANIES TO DESIGN ADS THAT ATTRACT A W IDE VARIETY OF PEOPLE. A SIMILAR CURRICULUM, TOBACCO 101, WAS PROVIDED TO LOCAL MIDDLE- AN D HIGH-SCHOOL STUDENTS THROUGHOUT THE YEAR. ALLINA PATIENT EDUCATION MATERIALS ON TOBACCO CESSATION/PREVENTION WERE PROVIDED TO LOCAL EMPLOYEE GROUPS. CAMBRIDGE MEDICAL CENTER ALSO SUPPORTED DRUG TAKE BACK DAY IN APRIL THAT COLLECTED OVER 70 POUNDS OF UNUSED PRESCRIPTIO N DRUGS THROUGHOUT ISANTI COUNTY. CMC PROVIDED CAMBRIDGE-ISANTI AND BRAHAM PUBLIC SCHOOLS, CAMBRIDGE CHRISTIAN SCHOOL AND THE ARTS AND SCIENCE ACADEMY WITH UP TO DATE INFORMATION A BOUT THE DANGERS OF ELECTRONIC CIGARETTES AND VAPING. ADDITIONALLY, INFORMATION ON DANGERS OF VAPING WAS PROVIDED THROUGH COFFEE CHATS AND LUNCH-N-LEARNS.TO DECREASE YOUTH ACCESS T O TOBACCO, IN 2019 CMC SUCCESSFULLY COLLABORATED WITH THE ISANTI COUNTY SUBSTANCE ABUSE PR EVENTION AND RECOVER COALITION TO PASS TOBACCO 21 ORDINANCE IN ISANTI COUNTY. GOAL 3. IMPR OVE HEALTHY EATING AND ACTIVE LIVING IN COMMUNITIES SERVED BY CAMBRIDGE MEDICAL CENTER.CAM BRIDGE MEDICAL CENTER CONTINUED TO OFFER ITS 16-WEEK PREVENT TYPE 2 (T2) DIABETES PROGRAM. FROM FEBRUARY THROUGH JUNE, SEVEN COMMUNITY MEMBERS PARTICIPATED IN THIS PROGRAM AND LOST A TOTAL OF 51 POUNDS. EXAMPLES OF ADDITIONAL HEALTHY EATING AND ACTIVE LIVING CLASSES OFF ERED TO CAMBRIDGE MEDICAL CENTER COMMUNITY MEMBERS IN 2019 INCLUDE:- CHARITABLE CONTRIBUTI ON AND FINANCIAL SUPPORT TO LOCAL ORGANIZATIONS AND INITIATIVES PROMOTING HEALTHY EATING A ND PHYSICAL ACTIVITY (TOTAL OF

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 -- CAMBRIDGE MEDICAL CENTER PART V, SECTION B, LINE 11:	\$13,950)- LET'S TALK WELLNESS HEALTHY EATING SESSION OFFERED TO 100 GRACEPOINT CROSSING E MPLOYEES;- VARIOUS HEALTHY EATING PRESENTATIONS TO LOCAL EMPLOYEE GROUPS;- MEMORY CAF AND NORTH BRANCH COMMUNITY GARDEN PRESENTATIONS ON NUTRITION.

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 -- 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 6 -- 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 7 -- REGINA HOSPITAL PART V, SECTION B, LINE 5:	IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS:REGINA HOSPITAL: REGINA HOSPITAL DEVELOPED ITS CHNA AS PART OF THE DAKOTA COUNTY PUBLIC HEALTH'S HEALTHY DAKOTA INITIATIVE, THE CENTER FOR COMMUNITY HEALTH (CCH) EAST METRO CHNA COLLABORATIVE AND THE HASTINGS EQUITY AND INCLUSION COMMITTEE. MEMBERS OF THE HEALTHY DAKOTA INITIATIVE REVIEWED STATE AND LOCAL DATA RESOURCES AND SURVEY RESPONSES FROM 1,244 RESIDENTS AND 46 ORGANIZATIONAL ASSESSMENTS. ADDITIONALLY, THEY CONDUCTED LISTENING SESSIONS WITH COMMUNITY REPRESENTATIVES FROM SOCIAL SERVICE AGENCIES, HOUSING ORGANIZATIONS AND LEGAL AND MENTAL HEALTH SERVICES. BASED ON THE DATA REVIEW, THE HEALTHY DAKOTA INITIATIVE STEERING COMMITTEE SELECTED 19 HEALTH PRIORITIES. REGINA STAFF NARROWED THE LIST BY REVIEWING ALLINA HEALTH PATIENT DATA AND HOLDING THREE DIALOGUES WITH MEMBERS OF THE HASTINGS EQUITY AND INCLUSION COMMITTEE. THIS GROUP INCLUDES REGINA HOSPITAL AND 50 OTHER MEMBERS, INCLUDING COMMUNITY RESIDENTS, BUSINESS OWNERS AND REPRESENTATIVES FROM GOVERNMENT AND NONPROFIT ORGANIZATIONS. ADDITIONALLY, TO GAIN RESIDENTS' PERSPECTIVES ON THESE PRIORITIES AND GATHER IDEAS FOR ADDRESSING THEM, REGINA STAFF INTERVIEWED REPRESENTATIVES FROM FIVE COMMUNITY ORGANIZATIONS SUCH AS LOCAL SOCIAL SERVICE AGENCIES AND THE LOCAL HIGH SCHOOL AND SENIOR CENTER.

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 -- REGINA HOSPITAL PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES

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 -- REGINA HOSPITAL PART V, SECTION B, LINE 6B:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

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 -- 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 AREA, SUCH AS:REGINA HOSPITAL: GOAL 1: IMPROVE MENTAL WELL-BEING OF TEENS, ADULTS AND SENIORS IN DAKOTA COUNTY.REGINA CONTINUED SUPPORTING HASTINGS HIGH SCHOOL WITH ANNUAL CHARITABLE CONTRIBUTIONS TO ITS HASTINGS HIGH SCHOOL PEER HELPERS PROGRAM, CHANGE TO CHILL MATERIALS, CHANGE TO CHILL SCHOOL PARTNERSHIP AND SIMILAR OPPORTUNITIES. CHANGE TO CHILL TRAININGS AND TOOLS WERE ALSO OFFERED TO NUMEROUS COMMUNITY PARTNERS, INCLUDING PUBLIC SCHOOL SYSTEMS AND COUNTY PUBLIC HEALTH DEPARTMENTS. REGINA HOSPITAL CONTINUED ITS' PARTNERSHIP WITH DAKOTA COUNTY PUBLIC HEALTH RELATED TO THEIR WORK ON MENTAL HEALTH AND ELIMINATING STIGMA IN THE COMMUNITY. REGINA PROMOTED MENTAL HEALTH FIRST AID OFFERINGS AND MAKE IT OK CAMPAIGN TRAININGS AND WORKSHOPS IN THE COMMUNITY. IN EARLY 2019, IN PARTNERSHIP WITH REGINA'S GRACE UNIT CODE GREEN FACILITATOR AND/OR ALLINA SECURITY TEAM, PROVIDED DE-ESCALATION TRAINING TO HASTINGS FAMILY SERVICES. REGINA HOSPITAL ALSO CONTINUED TO PARTICIPATE IN AND MAKE CHARITABLE CONTRIBUTIONS TO THE EAST METRO MENTAL HEALTH CRISES ALLIANCE AND THE EAST METRO MENTAL HEALTH ROUNDTABLE.GOAL 2. DECREASE THE PERCENTAGE OF THE POPULATION WHO IS OVERWEIGHT OR OBESE.ONE PRIMARY OBJECTIVE UNDER THIS GOAL IS TO IMPROVE ACCESS TO HEALTHY FOOD THROUGH CHARITABLE CONTRIBUTIONS, EMPLOYEE VOLUNTEER OPPORTUNITIES AND INNOVATIVE COMMUNITY PARTNERSHIPS. IN 2019, THIS WORK WAS ADVANCED BY:- PROMOTING AND MANAGING COMMUNITY GARDENS ON REGINA HOSPITAL CAMPUS, INCLUDING DISTRIBUTION OF HEALTHY RECIPES AND OPPORTUNITIES TO EXCHANGE HEALTHY COOKING IDEAS.- CHARITABLE CONTRIBUTIONS TO PRESCOTT FOOD PANTRY.- PROMOTING VOLUNTEER OPPORTUNITIES IN SUPPORT OF LOCAL FOOD SHELVES AND COMMUNITY NUTRITION INITIATIVES, INCLUDING OPPORTUNITIES WITH MARKETCART WHO DISTRIBUTES FOOD TO AREA SENIOR-LIVING APARTMENTS.GOAL 3. BROADEN THE ARRAY OF PROGRAMS AND SERVICES AVAILABLE TO SUPPORT THE AGING CONTINUUM.THE OBJECTIVE FOR THIS GOAL IS TO IMPROVE AVAILABILITY AND COMMUNITY AWARENESS OF PROGRAMS AVAILABLE TO THE AGING POPULATION AND CARE PROVIDERS. ACTIVITIES IN 2019 INCLUDED:- PROVIDED CHARITABLE CONTRIBUTION IN SUPPORT OF ORGANIZATIONS SERVING AGING POPULATION.- CONTINUED PARTICIPATION IN THE HASTINGS TRANSPORTATION OPTION ADVISORY BOARD. - PARTNERED WITH HASTINGS COMMUNITY CENTER IN SUPPORT OF FURTHER DEVELOPING PROGRAMS FOR AGING INDIVIDUALS, NAMELY 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 -- 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 7 -- 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 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 5:	<p>IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS:OWATONNA HOSPITAL & DISTRICT ONE HOSPITAL (JOINT): OWATONNA HOSPITAL AND DISTRICT ONE HOSPITAL CONDUCTED A JOINT CHNA IN COLLABORATION WITH TWO COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESSES: ONE CONDUCTED BY RICE COUNTY PUBLIC HEALTH AND THE OTHER CONDUCTED JOINTLY BY HEALTH DEPARTMENTS IN STEEL COUNTY AND DODGE COUNTY. BOTH GROUPS REVIEWED HOSPITAL, STATE AND LOCAL DATA. THE RICE COUNTY CHIP COMMITTEE MEMBERS ALSO REVIEWED RESPONSES FROM 639 PEOPLE ON A COMMUNITY HEALTH SURVEY CONDUCTED BY RICE COUNTY PUBLIC HEALTH. THE STEELE-DODGE CHIP COMMITTEE REVIEWED 27 RESPONSES TO AN ONLINE SURVEY OF KEY COMMUNITY PARTNERS' PERSPECTIVES ON PRIORITIES. OWATONNA AND DISTRICT ONE HOSPITALS' PRIORITIES WERE BASED ON THIS REVIEW. ADDITIONALLY, THE COMMITTEES HELD TWO CONVERSATIONS WITH MEMBERS OF FARIBAULT'S SOMALI AND LATINX COMMUNITIES AND CONDUCTED FOCUS GROUPS WITH THE STEELE AND DODGE COUNTIES' SHIP COMMUNITY LEADERSHIP TEAMS, MAYO CLINIC PRIMARY CARE PROVIDERS, OWATONNA HIGH SCHOOL STUDENTS AND RICE COUNTY SOCIAL SERVICE PROVIDERS. IN ADDITION, 80 RESIDENTS PARTICIPATED IN A COMMUNITY DIALOGUE.</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 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 6B:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 11:	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:DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL: DUE TO THEIR GEOGRAPHIC PROXIMITY AND TO EFFICIENTLY DISTRIBUTE THEIR SHARED STAFF RESOURCES, DISTRICT ONE HOSPITAL AND OWAT ONNA HOSPITAL COLLABORATED ON THEIR 2019 CHNA ACTIVITIES.MENTAL HEALTH- OWATONNA GOAL 1: I NCREASE KNOWLEDGE OF SYMPTOMS, TREATMENTS AND RESOURCES FOR MENTAL HEALTH AND ADDICTION CO NDITIONS AND REDUCE SOCIAL STIGMA OF MENTAL HEALTH AND ADDICTION ISSUES.OWATONNA AND DISTR ICT ONE HOSPITALS SUPPORTED YOUTH-LED MENTAL HEALTH ACTIVITIES THAT FOCUS ON BUILDING ASSE TS, INCLUDING PARTICIPATING IN THE FARIBAULT YOUTH INVESTMENT (FYI) ADVISORY COUNCIL AND P ROVIDING CHANGE TO CHILL SCHOOL PARTNERSHIP RESILIENCY PROGRAMMING, STAFF TRAINING AND FUN DING TO NORTHFIELD HIGH SCHOOL IN NORTHFIELD, MN. BOTH HOSPITALS ALSO CONTINUED TO ACTIVEL Y PARTICIPATE IN LOCAL MENTAL AND CHEMICAL HEALTH COALITIONS INCLUDING THE RICE COUNTY CHE MICAL AND MENTAL HEALTH COALITION ADVISORY COMMITTEE AND THE STEELE COUNTY SAFE AND DRUG F REE COMMUNITY BOARD. ADDITIONALLY, STAFF PARTNERED WITH STEELE COUNTY PUBLIC HEALTH, RICE COUNTY PUBLIC HEALTH AND RICE COUNTY CHEMICAL AND MENTAL HEALTH COALITION TO CREATE THE HE ALTH AND HAPPINESS PROJECT. THIS PROJECT IS A FREE MENTAL WELLNESS AND RESILIENCY INITIATI VE THAT WILL PROVIDE A MULTICULTURAL TOOLKIT WITH WELL-BEING ACTIVITIES SUCH AS GRATITUDE, MINDFULNESS AND SELF-CARE. IN PARTNERSHIP WITH HYVEE PHARMACY, THE HOSPITALS SUPPORTED SE VERAL COMMUNITY PRESENTATIONS ON NARCAN USE AND OPIATE OVERDOSE PREVENTION AND PARTNERED W ITH SEVERAL AREA NON-PROFITS, LOCAL PUBLIC HEALTH AND LAW ENFORCEMENT, IN THE DEVELOPMENT OF THE RICE COUNTY MOBILE OPIATE SUPPORT TEAM (MOST) PROGRAM.FINALLY, TO INCREASE ACCESS T O HEALTHCARE, HOSPITAL STAFF ADVOCATED FOR POLICIES AIMED AT INCREASING MENTAL HEALTH AND SUBSTANCE USE SERVICES AND ACCESS TO CARE, AND CONTINUED TO PROVIDE SIGNIFICANT CHARITABLE CONTRIBUTIONS, GRANTS AND IN-KIND SUPPORT TO SAFETY NET PROVIDERS (HEALTHFINDERS, CLINIC OF STEELE COUNTY AND CENTER CLINIC).GOAL 2 (SHARED): IMPROVE THE HEALTH, FUNCTION AND QUAL ITY OF LIFE FOR OLDER ADULTS AGES 50 AND OLDER.DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL CONTINUED THEIR COMPREHENSIVE ADVANCED CARE PLANNING INITIATIVE, HONORING CHOICES OF FARI BAULT AND OWATONNA. THIS INITIATIVE INCLUDES A FULL-TIME COORDINATOR AND ADVISORY COUNCIL OF 12 COMMUNITY LEADERS AND IS FOCUSED ON ENGAGING OLDER ADULTS IN COMPLETING THEIR HEALTH CARE DIRECTIVES. IN 2019, MORE THAN 20 VOLUNTEER FACILITATORS WERE TRAINED IN ADVANCED CA RE PLANNING, INCLUDING BILINGUAL/MULTI-CULTURAL STAFF. MORE THAN 50 COMMUNITY OUTREACH EVE NTS WERE OFFERED. THROUGH THE HONORING CHOICES INITIATIVE, MORE THAN 100 HEALTH CARE DIREC TIVES ARE COMPLETED ANNUALLY. THE HOSPITALS ALSO PROVIDED FINANCIAL SUPPORT TO HEALTHFINDE RS AND GROWING UP HEALTHY WHO

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 11:	REGULARLY HOST COMMUNITY CONNECTIONS/LEARNING GROUPS WITH DIVERSE GROUPS, INCLUDING ELDERLY COMMUNITIES OF COLOR. FINALLY, THE HOSPITALS ARE ACTIVE PARTICIPANTS AND/OR LEADERS IN NORTHFIELD ELDER CARE ADVISORY, THE RECENTLY DEVELOPED COMMUNITY CARE COORDINATION ADVISORY COUNCIL (OWATONNA/STEELE COUNTY) AND THE HEALTH CARE SUMMIT (FARIBAULT/RICE COUNTY), BOTH OF WHICH WORK ON ADDRESSING HEALTHY AGING AND CHRONIC DISEASE MANAGEMENT, INCLUDING SUPPORTING THE GROWING AGING POPULATION AND ASSESSING/SUPPORTING CARE COORDINATION AND SOCIAL DETERMINANTS OF HEALTH TO ADDRESS ACCESS ISSUES, TRANSPORTATION AND LIMITED FINANCIAL RESOURCES.OWATONNA GOAL 3: INCREASE KNOWLEDGE OF AND ADHERENCE TO EVIDENCE-BASED COMMUNITY RESOURCES RELATED TO THE PREVENTION AND SELF-MANAGEMENT OF CHRONIC DISEASES; SUPPORT POLICY, SYSTEM AND ENVIRONMENTAL CHANGES AIMED AT THE PREVENTION OF CHRONIC DISEASES.HOSPITAL STAFF CONTINUE TO WORK TO PREVENT CHRONIC DISEASE BY ACTIVELY CONTRIBUTING TO AND PARTICIPATING IN COMMUNITY COALITIONS AND PARTNERSHIPS RELATED TO HEALTHY EATING AND ACTIVE LIVING SUCH AS THE STEELE COUNTY HEALTHY EATING WORKGROUP AND BOTH THE RICE COUNTY & STEELE COUNTY STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP COMMUNITY LEADERSHIP TEAMS AND WORKSITE WELLNESS COALITIONS. HOSPITAL STAFF WERE ALSO INVOLVED WITH AREA CHAMBERS OF COMMERCE AT VARIOUS LEVELS FROM ATTENDING PUBLIC EVENTS TO BOARD OF DIRECTORS MEMBERSHIP.THE HOSPITALS CONTINUED THEIR WORK AROUND FOOD INSECURITY INCLUDING: PROVIDING SUPPLEMENTAL SNACKS FOR PATIENTS, VISITORS AND COMMUNITY MEMBERS EXPERIENCING HUNGER; OFFERING \$10,000 ANNUALLY IN ALLINA HEALTH BUCKS, WHICH MAKE HEALTHY, LOCALLY-GROWN FOODS MORE ACCESSIBLE AND AFFORDABLE; OFFERING DISCOUNT COUPONS FOR FOOD PROGRAMS SUCH AS FARE FOR ALL AND LOCAL CSAS TO COMMUNITY MEMBERS; CONDUCTING A HEALTHY FOODS DRIVE AND CHARITABLE GIVING TO LOCAL FOOD SHELVES. THE HOSPITALS ALSO WORKED TO IMPROVE INFANT HEALTH BY SUPPORTING LOCAL BREASTFEEDING-FRIENDLY POLICIES, NETWORKS AND PROGRAMS SUCH AS THE OWATONNA HOSPITAL BABY CAF, WHICH OPENED IN 2018.TO INCREASE ACCESS TO CARE AND REDUCE COMMUNITY HEALTH-RELATED SOCIAL NEEDS, FARIBAULT AND NORTHFIELD CLINICS PILOTED A TWO-WAY REFERRAL PROCESS IN 2019 WITH HEALTHFINDERS COLLABORATIVE, A LOCAL COMMUNITY-BASED ORGANIZATION. THIS WORK WAS FUNDED BY A 2018 GRANT FROM THE UCARE FOUNDATION OF MINNESOTA. CLINIC STAFF REFERRED HIGH-RISK ACCOUNTABLE HEALTH COMMUNITIES PATIENTS TO HEALTHFINDERS COLLABORATIVE, WHOSE CULTURALLY-CONNECTED COMMUNITY HEALTH WORKERS HELP PATIENTS NAVIGATE COMMUNITY SERVICES. FROM JUNE 1, 2019 THROUGH JANUARY 1, 2020, 58 PATIENTS WERE REFERRED TO HEALTHFINDERS COLLABORATIVE THROUGH THIS PROJECT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- OWATONNA HOSPITAL PART V, SECTION B, LINE 13B:	SEE RESPONSE TO FORM 990, SCHEDULE H, PART I, LINE 3C INCLUDED IN FORM 990, SCHEDULE H, PART VI FOR EXPLANATION OF CRITERIA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- 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.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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:	<p>IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS:OWATONNA HOSPITAL & DISTRICT ONE HOSPITAL (JOINT): OWATONNA HOSPITAL AND DISTRICT ONE HOSPITAL CONDUCTED A JOINT CHNA IN COLLABORATION WITH TWO COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESSES: ONE CONDUCTED BY RICE COUNTY PUBLIC HEALTH AND THE OTHER CONDUCTED JOINTLY BY HEALTH DEPARTMENTS IN STEEL COUNTY AND DODGE COUNTY. BOTH GROUPS REVIEWED HOSPITAL, STATE AND LOCAL DATA. THE RICE COUNTY CHIP COMMITTEE MEMBERS ALSO REVIEWED RESPONSES FROM 639 PEOPLE ON A COMMUNITY HEALTH SURVEY CONDUCTED BY RICE COUNTY PUBLIC HEALTH. THE STEELE-DODGE CHIP COMMITTEE REVIEWED 27 RESPONSES TO AN ONLINE SURVEY OF KEY COMMUNITY PARTNERS' PERSPECTIVES ON PRIORITIES. OWATONNA AND DISTRICT ONE HOSPITALS' PRIORITIES WERE BASED ON THIS REVIEW. ADDITIONALLY, THE COMMITTEES HELD TWO CONVERSATIONS WITH MEMBERS OF FARIBAUT'S SOMALI AND LATINX COMMUNITIES AND CONDUCTED FOCUS GROUPS WITH THE STEELE AND DODGE COUNTIES' SHIP COMMUNITY LEADERSHIP TEAMS, MAYO CLINIC PRIMARY CARE PROVIDERS, OWATONNA HIGH SCHOOL STUDENTS AND RICE COUNTY SOCIAL SERVICE PROVIDERS. IN ADDITION, 80 RESIDENTS PARTICIPATED IN A COMMUNITY DIALOGUE.</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 9 -- DISTRICT ONE HOSPITAL PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 ARE A, SUCH AS:DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL: DUE TO THEIR GEOGRAPHIC PROXIMITY AND TO EFFICIENTLY DISTRIBUTE THEIR SHARED STAFF RESOURCES, DISTRICT ONE HOSPITAL AND OWAT ONNA HOSPITAL COLLABORATED ON THEIR 2019 CHNA ACTIVITIES.MENTAL HEALTHDISTRICT ONE GOAL 1: IMPROVE ACCESS TO QUALITY, COMPREHENSIVE MENTAL HEALTH AND ADDICTION CARE AND SERVICES; R EDUCE SOCIAL STIGMA OF MENTAL HEALTH AND ADDICTION.OWATONNA AND DISTRICT ONE HOSPITALS SUP PORTED YOUTH-LED MENTAL HEALTH ACTIVITIES THAT FOCUS ON BUILDING ASSETS, INCLUDING PARTICI PATING IN THE FARIBAULT YOUTH INVESTMENT (FYI) ADVISORY COUNCIL AND PROVIDING CHANGE TO CH ILL SCHOOL PARTNERSHIP RESILIENCY PROGRAMMING, STAFF TRAINING AND FUNDING TO NORTHFIELD HI GH SCHOOL IN NORTHFIELD, MN. BOTH HOSPITALS ALSO CONTINUED TO ACTIVELY PARTICIPATE IN LOCA L MENTAL AND CHEMICAL HEALTH COALITIONS INCLUDING THE RICE COUNTY CHEMICAL AND MENTAL HEAL TH COALITION ADVISORY COMMITTEE AND THE STEELE COUNTY SAFE AND DRUG FREE COMMUNITY BOARD. ADDITIONALLY, STAFF PARTNERED WITH STEELE COUNTY PUBLIC HEALTH, RICE COUNTY PUBLIC HEALTH AND RICE COUNTY CHEMICAL AND MENTAL HEALTH COALITION TO CREATE THE HEALTH AND HAPPINESS PR OJECT. THIS PROJECT IS A FREE MENTAL WELLNESS AND RESILIENCY INITIATIVE THAT WILL PROVIDE A MULTICULTURAL TOOLKIT WITH WELL-BEING ACTIVITIES SUCH AS GRATITUDE, MINDFULNESS AND SELF -CARE. IN PARTNERSHIP WITH HYVEE PHARMACY, THE HOSPITALS SUPPORTED SEVERAL COMMUNITY PRESE NTATIONS ON NARCAN USE AND OPIATE OVERDOSE PREVENTION AND PARTNERED WITH SEVERAL AREA NON- PROFITS, LOCAL PUBLIC HEALTH AND LAW ENFORCEMENT, IN THE DEVELOPMENT OF THE RICE COUNTY MO BILE OPIATE SUPPORT TEAM (MOST) PROGRAM.FINALLY, TO INCREASE ACCESS TO HEALTHCARE, HOSPITA L STAFF ADVOCATED FOR POLICIES AIMED AT INCREASING MENTAL HEALTH AND SUBSTANCE USE SERVICE S AND ACCESS TO CARE, AND CONTINUED TO PROVIDE SIGNIFICANT CHARITABLE CONTRIBUTIONS, GRANT S AND IN-KIND SUPPORT TO SAFETY NET PROVIDERS (HEALTHFINDERS, CLINIC OF STEELE COUNTY AND CENTER CLINIC).GOAL 2 (SHARED): IMPROVE THE HEALTH, FUNCTION AND QUALITY OF LIFE FOR OLDER ADULTS AGES 50 AND OLDER.DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL CONTINUED THEIR COMP REHENSIVE ADVANCED CARE PLANNING INITIATIVE, HONORING CHOICES OF FARIBAULT AND OWATONNA. T HIS INITIATIVE INCLUDES A FULL-TIME COORDINATOR AND ADVISORY COUNCIL OF 12 COMMUNITY LEADE RS AND IS FOCUSED ON ENGAGING OLDER ADULTS IN COMPLETING THEIR HEALTH CARE DIRECTIVES. IN 2019, MORE THAN 20 VOLUNTEER FACILITATORS WERE TRAINED IN ADVANCED CARE PLANNING, INCLUDIN G BILINGUAL/MULTI-CULTURAL STAFF. MORE THAN 50 COMMUNITY OUTREACH EVENTS WERE OFFERED. THR OUGH THE HONORING CHOICES INITIATIVE, MORE THAN 100 HEALTH CARE DIRECTIVES ARE COMPLETED A NNUALLY. THE HOSPITALS ALSO PROVIDED FINANCIAL SUPPORT TO HEALTHFINDERS AND GROWING UP HEA LTHY WHO REGULARLY HOST COMMUN

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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:	ITY CONNECTIONS/LEARNING GROUPS WITH DIVERSE GROUPS, INCLUDING ELDERLY COMMUNITIES OF COLO R. FINALLY, THE HOSPITALS ARE ACTIVE PARTICIPANTS AND/OR LEADERS IN NORTHFIELD ELDER CARE ADVISORY, THE RECENTLY DEVELOPED COMMUNITY CARE COORDINATION ADVISORY COUNCIL (OWATONNA/ST EELE COUNTY) AND THE HEALTH CARE SUMMIT (FARIBAULT/RICE COUNTY), BOTH OF WHICH WORK ON ADD RESSING HEALTHY AGING AND CHRONIC DISEASE MANAGEMENT, INCLUDING SUPPORTING THE GROWING AGI NG POPULATION AND ASSESSING/SUPPORTING CARE COORDINATION AND SOCIAL DETERMINANTS OF HEALTH TO ADDRESS ACCESS ISSUES, TRANSPORTATION AND LIMITED FINANCIAL RESOURCES.DISTRICT ONE GOA L 3: IMPROVE HEALTH CARE ACCESS AND POPULATION HEALTH BY LINKING CLINICAL CARE WITH COMMUN ITY PREVENTION AND SUPPORTING POLICY, SYSTEM AND ENVIRONMENTAL CHANGES AIMED AT THE PREVEN TION OF CHRONIC DISEASE.HOSPITAL STAFF CONTINUE TO WORK TO PREVENT CHRONIC DISEASE BY ACTI VELY CONTRIBUTING TO AND PARTICIPATING IN COMMUNITY COALITIONS AND PARTNERSHIPS RELATED TO HEALTHY EATING AND ACTIVE LIVING SUCH AS THE STEELE COUNTY HEALTHY EATING WORKGROUP AND B OTH THE RICE COUNTY & STEELE COUNTY STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP COMMUNITY LEA DERSHIP TEAMS AND WORKSITE WELLNESS COALITIONS. HOSPITAL STAFF WERE ALSO INVOLVED WITH ARE A CHAMBERS OF COMMERCE AT VARIOUS LEVELS FROM ATTENDING PUBLIC EVENTS TO BOARD OF DIRECTOR S MEMBERSHIP.THE HOSPITALS CONTINUED THEIR WORK AROUND FOOD INSECURITY INCLUDING: PROVIDIN G SUPPLEMENTAL SNACKS FOR PATIENTS, VISITORS AND COMMUNITY MEMBERS EXPERIENCING HUNGER; OF FERIN G \$10,000 ANNUALLY IN ALLINA HEALTH BUCKS, WHICH MAKE HEALTHY, LOCALLY-GROWN FOODS MO RE ACCESSIBLE AND AFFORDABLE; OFFERING DISCOUNT COUPONS FOR FOOD PROGRAMS SUCH AS FARE FOR ALL AND LOCAL CSAS TO COMMUNITY MEMBERS; CONDUCTING A HEALTHY FOODS DRIVE AND CHARITABLE GIVING TO LOCAL FOOD SHELVES. THE HOSPITALS ALSO WORKED TO IMPROVE INFANT HEALTH BY SUPPOR TING LOCAL BREASTFEEDING-FRIENDLY POLICIES, NETWORKS AND PROGRAMS SUCH AS THE OWATONNA HOS PITAL BABY CAF, WHICH OPENED IN 2018.TO INCREASE ACCESS TO CARE AND REDUCE COMMUNITY HEALT H-RELATED SOCIAL NEEDS, FARIBAULT AND NORTHFIELD CLINICS PIOTED A TWO-WAY REFERRAL PROCES S IN 2019 WITH HEALTHFINDERS COLLABORATIVE, A LOCAL COMMUNITY-BASED ORGANIZATION. THIS WOR K WAS FUNDED BY A 2018 GRANT FROM THE UCARE FOUNDATION OF MINNESOTA. CLINIC STAFF REFERRED HIGH-RISK ACCOUNTABLE HEALTH COMMUNITIES PATIENTS TO HEALTHFINDERS COLLABORATIVE, WHOSE C ULTURALLY-CONNECTED COMMUNITY HEALTH WORKERS HELP PATIENTS NAVIGATE COMMUNITY SERVICES. FR OM JUNE 1, 2019 THROUGH JANUARY 1, 2020, 58 PATIENTS WERE REFERRED TO HEALTHFINDERS COLLAB ORATIVE THROUGH THIS PROJECT.

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.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 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 10 -- RIVER FALLS AREA HOSPITAL PART V, SECTION B, LINE 5:	<p>IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS: RIVER FALLS AREA HOSPITAL: RIVER FALLS AREA HOSPITAL IMPLEMENTED A JOINT CHNA AS PART OF HEALTHIER TOGETHER PIERCE & ST. CROIX COUNTIES (HEALTHIER TOGETHER) A COMMUNITY COALITION THAT INCLUDES STAFF FROM RIVER FALLS AREA HOSPITAL, HUDSON HOSPITAL & CLINIC, WESTERN WISCONSIN HEALTH, WESTFIELDS HOSPITAL & CLINIC, PIERCE COUNTY PUBLIC HEALTH, ST. CROIX COUNTY PUBLIC HEALTH AND THE UNITED WAY OF ST. CROIX VALLEY. HEALTHIER TOGETHER ENGAGED 39 ORGANIZATIONS TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND 1,072 RESIDENT RESPONSES TO A COMPREHENSIVE ONLINE/PAPER SURVEY. BASED ON THIS REVIEW, THE COALITION DEFINED ITS 2020-2022 PRIORITIES. ADDITIONALLY, TO UNDERSTAND RESIDENTS' PERSPECTIVES, HEALTHIER TOGETHER CONDUCTED SEVEN FOCUS GROUPS WITH 61 RESIDENTS INCLUDING FARMERS, SENIORS, YOUTH, PEOPLE IN MENTAL HEALTH OR SUBSTANCE USE RECOVERY, PROVIDERS AND PEOPLE WHO WORK WITH YOUTH.</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 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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 COUNTIES.TO DECREASE ADULT ALCOHOL ABUSE THROUGH CHANGES TO POLICY, SYSTEMS, ENVIRONMENT AND COMMUNITY SUPPORT, 2019 WORK FOCUSED ON THE COMMUNITY OF RIVER FALLS. THE POLICE CHIEF IS VERY SUPPORTIVE OF POLICY AND ENVIRONMENTAL STRATEGIE S TO HELP REDUCE ALCOHOL USE AND ABUSE. HUDSON, BALDWIN, AND NEW RICHMOND ARE PLANNING TO INITIATE THIS WORK (AND LEARN FROM RIVER FALLS) IN 2020 AND BEYOND.GOAL 2. IMPROVE MENTAL HEALTH STATUS OF RESIDENTS OF PIERCE AND ST. CROIX COUNTIES.THIRTY INDIVIDUALS COMPLETED T HE MENTAL HEALTH FIRST AID TRAIN THE TRAINER CERTIFICATION. THE INSTRUCTORS HAVE HAD A HUG E SUCCESS IN ADMINISTERING 73 MENTAL HEALTH FIRST AIDE TRAININGS THROUGHOUT PIERCE AND ST CROIX COUNTY, TRAINING 462 ADULTS. SUBSTANCE IMPAIRMENT TRAINING FOR SCHOOL DISTRICT STAFF AND COMMUNITY OFFERED BY HUDSON POLICE DEPARTMENT. ADDITIONALLY, HUDSON HIGH SCHOOL AND E LLSWORTH WERE CHOSEN AS A CHANGE TO CHILL PARTNERS FOR THE 2019-2020 SCHOOL YEAR. THIS PAR Tnership INCLUDES ACTIVITIES FOR STUDENTS AROUND MENTAL HEALTH, HOW TO REDUCE AND COPE WIT H STRESS, ACCEPTANCE OF OTHERS. PARENT COMMUNICATIONS, PRESENCE AT SCHOOL EVENTS (COLLEGE NIGHT/OPEN HOUSE) AND STAFF TRAININGS. SCHOOL ADMINISTRATORS, COUNTY LEADERS AND HEALTHIER TOGETHER LEADERSHIP CONDUCTED A MENTAL HEALTH COLLABORATION SESSION TO BETTER UNDERSTAND THE NEEDS OF SCHOOL AND CHALLENGES, NEXT STEPS ARE BEING REVIEWED.GOAL 3. DECREASE THE PER CENTAGE OF THE POPULATION THAT'S OVERWEIGHT OR OBESE IN PIERCE AND ST. CROIX COUNTIESMUCH OF THIS WORK FOCUSED ON INCREASING ACCESS TO HEALTHY FOODS IN THE COMMUNITY. FARE FOR ALL CONTINUED IN RIVER FALLS PROVIDING OVER 105 FAMILIES WITH FRESH FRUITS, VEGETABLES AND MEA T. CSA SHARES DISTRIBUTED 2.5 TONS OF FOOD EVERY OTHER WEEK TO LOCAL FOOD PANTRIES. UTILIZ ING THE CSA PRODUCE AND FOOD READILY AVAILABLE AT THE PANTRY, IN CONJUNCTION WITH THE UW E XTENSION OFFICE MEAL KITS WITH RECIPES WERE CREATED. UW EXTENSION AND HT ARE WORKING ON ED UCATIONAL TRAINING AND TOOLS FOR STAFF AND VOLUNTEERS AT FOOD PANTRIES. THROUGH AN ALLINA HEALTH GRANT TO ALIGN WITH THE SAFE AND HEALTHY FOOD PANTRIES PROJECT THE SPRING VALLEY FO OD PANTRY WAS AWARDED A GRANT TO REDESIGN THEIR PANTRY. ADDITIONALLY, TO INCREASE PHYSICAL ACTIVITY, CORE 4+ POWER POINT WAS CREATED AND DISTRIBUTED TO SCHOOLS AND ADDED TO HEALTHI ER TOGETHER WEBPAGE ALONG WITH OTHER SERVICES AVAILABLE SUCH AS WELLNESS POLICY ASSISTANCE . WALK TO SCHOOL DAY WAS A HUGE SUCCESS WITH OVER 1,700 STUDENTS PARTICIPATING. FINALLY, T HE PIERCE AND ST CROIX COUNTY FOOD RESOURCE DIRECTORIES WERE UPDATED TO REFLECT ANY CHANGE S IN RESOURCES. HEALTHIER TOGETHER FACEBOOK PAGE TO SHARE INFORMATION ABOUT THE THREE HEAL TH PRIORITIES, INCLUDING LOCAL

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If 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:	EVENTS AND RESOURCES. 2-1-1 PROVIDES LOCAL RESOURCE INFORMATION.

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:	<p>PHILLIPS EYE INSTITUTE LEGALLY MERGED INTO ABBOTT NORTHWESTERN HOSPITAL ON 10/1/2019. IN 2019, EACH ALLINA HEALTH HOSPITAL CONDUCTED ITS 2020-2022 CHNA INDEPENDENTLY. EACH HOSPITAL WORKED CLOSELY WITH LOCAL PUBLIC HEALTH TO COMPLETE ITS CHNA. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES: ANOKA COUNTY, BROWN COUNTY, CARVER COUNTY, DAKOTA COUNTY, HENNEPIN COUNTY, ISANTI COUNTY, RAMSEY COUNTY, STEELE COUNTY, SCOTT COUNTY, WASHINGTON COUNTY, WRIGHT COUNTY, AND PEIRCE COUNTY. AT A MINIMUM, LOCAL PUBLIC HEALTH WORKED WITH ALLINA HEALTH TO REVIEW HOSPITAL, STATE AND LOCAL DATA AND HELP DEFINE 2020-2022 CHNA PRIORITIES. ADDITIONALLY, TO INCREASE THEIR UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON IDENTIFIED HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM, STAFF SOLICITED INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SUCH AS STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS AND RESIDENTS. STAFF COLLECTED FEEDBACK THROUGH A RANGE OF METHODS, INCLUDING FOCUS GROUPS AND INTERVIEWS. COMMUNITY INPUT CAME FROM DIVERSE GROUPS IN TERMS OF AGE, RACE/ETHNICITY, CULTURAL GROUP, AND OTHER DEMOGRAPHICS. A SPECIAL EFFORT WAS MADE TO REACH HISTORICALLY UNDERSERVED COMMUNITIES INCLUDING, BUT NOT LIMITED TO: WEST AFRICAN, SOMALI, LATINX, LGBTQ, FARMING, AFRICAN AMERICAN, PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS, PEOPLE LIVING ON LESS AND LOW-INCOME HOUSING RESIDENTS. WHERE POSSIBLE, THE HOSPITAL ALIGNED THEIR PROCESS WITH ASSESSMENTS BEING CONDUCTED BY LOCAL PUBLIC HEALTH AND OTHER COMMUNITY AGENCIES. IN MANY CASES, THE HOSPITALS CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. DETAILS ON EACH HOSPITAL'S APPROACH ARE AS FOLLOWS: ABBOTT NORTHWESTERN HOSPITAL (INCLUDES PHILLIPS EYE INSTITUTE): ABBOTT NORTHWESTERN HOSPITAL DEVELOPED ITS CHNA WITH THE MINNEAPOLIS, HENNEPIN COUNTY AND BLOOMINGTON PUBLIC HEALTH DEPARTMENTS, WHICH WERE SIMULTANEOUSLY DEVELOPING A COMMUNITY HEALTH IMPROVEMENT PLAN FOR HENNEPIN COUNTY. THESE ENTITIES AND 50 NONPROFIT AND GOVERNMENT REPRESENTATIVES REVIEWED HOSPITAL, STATE AND LOCAL DATA AND CONDUCTED 23 KEY INFORMANT INTERVIEWS WITH INDIVIDUALS REPRESENTING VARIOUS CULTURAL GROUPS, BUSINESS AND ORGANIZATIONS. ABBOTT NORTHWESTERN IDENTIFIED ITS 2020-2022 PRIORITIES BASED ON THIS REVIEW. STAFF THEN CONDUCTED 10 KEY INFORMANT INTERVIEWS WITH STAFF FROM SOCIAL SERVICE AND PUBLIC HEALTH ORGANIZATIONS SUCH AS AN ADVOCACY ORGANIZATION SERVING LOCAL BUSINESSES, A FEDERALLY-QUALIFIED HEALTH CENTER, A HOUSING PROVIDER FOR PEOPLE LIVING WITH HIV/AIDS AND THE LOCAL PARKS SYSTEM, AMONG OTHERS, TO UPDATE ITS UNDERSTANDING OF COMMUNITY MEMBERS' PERSPECTIVES ON THESE HEALTH ISSUES AND IDEAS FOR ADDRESSING THEM. IN ADDITION, A LOCAL PUBLIC AFFAIRS CONSULTANT INTERVIEWED 25 HEALTH AND CIVIC LEADERS TO EXPLORE THEIR PERCEPTIONS OF HEALTH, HEALTHCARE, PUBLIC HEALTH AND THE HOSPITAL.</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 11 -- PHILLIPS EYE INSTITUTE PART V, SECTION B, LINE 6A:	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.- DISTRICT ONE HOSPITAL AND OWATONNA HOSPITAL WERE INCLUDED IN THE SAME REGIONAL CHNA DUE TO THEIR CLOSE GEOGRAPHIC PROXIMITY. - BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A JOINT, COLLABORATIVE EFFORT WITH OTHER ORGANIZATIONS, INCLUDING OTHER HOSPITAL FACILITIES.

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:	IN MOST CASES, THE HOSPITAL CONDUCTED THE CHNA JOINTLY WITH PARTNERS, WITH SHARED LEADERSHIP THROUGHOUT. CAMBRIDGE MEDICAL CENTER, MERCY HOSPITAL, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, AND DISTRICT ONE HOSPITAL CONDUCTED JOINT ASSESSMENTS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH. ABBOTT NORTHWESTERN HOSPITAL, PHILLIPS EYE INSTITUTE, UNITED HOSPITAL AND REGINA HOSPITAL ALSO DEVELOPED THEIR ASSESSMENT AS PART OF COLLABORATIONS WITH PUBLIC HEALTH. THESE INCLUDE REPRESENTATIVES FROM THESE COUNTIES:MINNESOTA:ANOKA, BROWN, CARVER, DAKOTA, HENNEPIN, ISANTI, RAMSEY, STEELE, SCOTT, WASHINGTON, AND WRIGHT COUNTY PUBLIC HEALTH DEPARTMENTS. WISCONSIN:PIERCE COUNTY PUBLIC HEALTH DEPARTMENT.BUFFALO HOSPITAL AND RIVER FALLS AREA HOSPITAL CONDUCTED THEIR CHNA AS A FORMAL COLLABORATIVE EFFORT - WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE AND HEALTHIER TOGETHER PIERCE AND ST. CROIX COUNTIES, RESPECTIVELY.

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:PHILLIPS EYE INSTITUTE (PEI)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, 25,375 ELEMENTARY-AGED CHILDREN RECEIVED A VISION SCREENING THROUGH THIS PROGRAM, 779 OF THESE CHILDREN RECEIVED A PAIR OF GLASSES AND 392 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 2,600 PATIENTS RECEIVED FREE TRANSPORTATION IN 2019. 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	<p>THE FOLLOWING ARE SYSTEM WIDE INITIATIVES THAT APPLY TO ELEVEN ALLINA HEALTH HOSPITALS. PLEASE REFER TO PART V SECTION B LINE 11 EXPLANATION FOR EACH HOSPITAL FACILITY FOR ADDITIONAL NEEDS ADDRESSED AT THE HOSPITAL LEVEL. ACROSS THE ALLINA HEALTH SYSTEM, TWO PRIMARY NEEDS, IDENTIFIED VIA THE 2016 CHNA, WERE ADDRESSED IN 2017-2019: HEALTHY WEIGHT (NUTRITION AND PHYSICAL ACTIVITY) AND MENTAL HEALTH/ WELLNESS. AT THE END OF 2019, ALLINA HEALTH COMPLETED A NEW COMMUNITY HEALTH NEEDS ASSESSMENT. THE 2019 ASSESSMENT IDENTIFIED HEALTHY EATING /ACTIVING LIVING, MENTAL HEALTH AND SUBSTANCE USE AND SOCIAL DETERMINANTS OF HEALTH AS PRIORITY NEEDS FOR 2020-2022 ACROSS ALL ALLINA HEALTH GEOGRAPHIES. EXAMPLES OF SYSTEM-WIDE INITIATIVES IN THESE AREAS INCLUDE: CHANGE TO CHILL (CTC) IS A FREE, ONLINE RESOURCE THAT PROVIDES STRESS REDUCTION TIPS, LIFE BALANCE TECHNIQUES AND HEALTH EDUCATION SERVICES FOR TEENS. IN ADDITION TO THE EXISTING RESOURCES, CHANGE TO CHILL ADDED A MENTAL HEALTH AND VAPING SECTION TO THE WEBSITE IN 2019 IN RESPONSE TO THE RISING VAPING EPIDEMIC. FROM MINNESOTA ALONE, MORE THAN 30,000 USERS VISITED THE CHANGE TO CHILL WEBSITE IN 2019. SOME OF THE USERS ARE 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. ALSO IN 2019, CTC CONTINUED ITS CHANGE TO CHILL SCHOOL PARTNERSHIP (CTCSP) THAT WAS LAUNCHED IN 2018. THE GOAL OF CTCSP IS TO PROMOTE AND SUPPORT A CULTURE OF MENTAL WELL-BEING IN LOCAL HIGH SCHOOLS. DURING THE 2019-2020 SCHOOL YEAR, ALLINA HEALTH PARTNERED WITH SIXTEEN HIGH SCHOOLS THROUGH CTCSP. COMPONENTS OF CTCSP INCLUDE STAFF TRAINING ON CTC, CTC MESSAGING FOR PARENTS, A PAID STUDENT IN TERNSHIP AND FUNDING FOR A "CHILL ZONE" - A DESIGNATED SPACE FOR STUDENTS AND STAFF TO PRACTICE SELF-CARE. MORE THAN 1,100 HEALTH AND EDUCATION PROFESSIONALS WERE TRAINED ON HOW TO USE THE CHANGE TO CHILL RESOURCES AND CURRICULUMS AS PART OF CTCSP. THIRTY-FOUR CHILL CHAMPION INTERNS LED STRESS REDUCTION ACTIVITIES WITHIN THEIR SCHOOL PARTNERSHIP SCHOOL. INITIAL EVALUATIONS OF CTCSP HAVE SHOWN INCREASES IN CONFIDENCE IN ABILITY TO COPE WITH STRESS AMONG STUDENTS WHO PARTICIPATE IN PROGRAM COMPONENTS. BE THE CHANGE - ALLINA HEALTH HAS BEEN A LEADER IN ELIMINATING STIGMA AROUND MENTAL HEALTH AND ADDICTION CONDITIONS WITHIN THE HEALTHCARE INDUSTRY. BE THE CHANGE, IS AN EFFORT TO ELIMINATE STIGMA AROUND MENTAL HEALTH AND ADDICTION CONDITIONS AT ALLINA HEALTH AND ENSURE ALL PATIENTS RECEIVE THE SAME CONSISTENT, EXCEPTIONAL CARE. AT THE CAMPAIGN'S LAUNCH, 500 ALLINA HEALTH EMPLOYEES VOLUNTEERED TO LEAD THE EFFORT AS TRAINED BE THE CHANGE CHAMPIONS AND HELP EDUCATE AND GENERATE AWARENESS AMONG THEIR COLLEAGUES ABOUT MENTAL HEALTH AND ADDICTION CONDITIONS. IN 2019, BE THE CHANGE CONTINUED TO SUPPORTED ANTI-STIGMA WORK IN THE COMMUNITY BY SPONSORING AND PROMOTING THE NAMI WALK AND WALK FOR RECOVERY. ADDITIONALLY, CHAMPIONS RECEIVED ANTI-STIGMA EDUCATION AND MATERIALS TO SHARE WITH</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	<p>THEIR COLLEAGUES THROUGH QUARTERLY COMMUNICATIONS, WITH ADDITIONAL RESOURCES SHARED IN MA Y FOR MENTAL HEALTH AWARENESS MONTH AND IN SEPTEMBER FOR RECOVERY MONTH. THROUGH PRESENTAT IONS AND EDUCATION EVENTS, BE THE CHANGE CHAMPIONS HAVE REACHED MORE THAN 18,140 EMPLOYEES SINCE THE INITIATIVE'S LAUNCH, OR APPROXIMATELY TWO-THIRDS OF EMPLOYEES. THE EFFORT IS ON GOING AND THE CAMPAIGN'S GOAL IS TO REACH ALL ALLINA HEALTH EMPLOYEES. AN INITIAL AND FOLL OW-UP EMPLOYEE SURVEY IN 2017 REVEALED THAT THE CAMPAIGN IMPROVED EMPLOYEE'S PERCEPTION OF ALLINA HEALTH'S SUPPORT OF PEOPLE WITH MENTAL HEALTH OR ADDICTION CONDITIONS, COMFORT WOR KING WITH OR INTERACTING WITH PEOPLE WITH MENTAL HEALTH OR ADDICTION CONDITIONS, AND KNOWL EDGE OF MENTAL HEALTH RESOURCES.NEIGHBORHOOD HEALTH CONNECTION (NHC) IS A COMMUNITY GRANTS PROGRAM THAT AIMS TO IMPROVE THE HEALTH OF COMMUNITIES BY BUILDING SOCIAL CONNECTIONS THR OUGH HEALTHY EATING AND PHYSICAL ACTIVITY. EACH YEAR, ALLINA HEALTH AWARDS OVER 50 NEIGHBO RHOOD HEALTH CONNECTION GRANTS, RANGING IN SIZE FROM \$500-\$10,000, TO LOCAL NONPROFITS AND GOVERNMENT AGENCIES IN MINNESOTA AND WESTERN WISCONSIN. IN 2019, NEIGHBORHOOD HEALTH CONN ECTION GAVE \$270,000 TO 68 ORGANIZATIONS. THESE ORGANIZATIONS REACHED MORE THAN 3,600 PEOP LE. 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 PHYS ICAL 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 CONTINU E TO PARTICIPATE IN THE NHC ACTIVITY AFTER THE GRANT PERIOD ENDS.HEALTH POWERED KIDS (HPK) , LAUNCHED IN 2012, IS A FREE COMMUNITY EDUCATION PROGRAM DESIGNED TO EMPOWER CHILDREN AGE S 3 TO 14 YEARS TO MAKE HEALTHIER CHOICES ABOUT EATING, EXERCISE, KEEPING CLEAN AND MANAGI NG STRESS. IN 2019, MORE THAN 70,000 USERS VISITED THE HPK WEBSITE.CHARITABLE CONTRIBUTION S- CHARITABLE CONTRIBUTIONS MADE BY ALLINA HEALTH INCLUDE A FOCUS ON HEALTH PRIORITIES IDE NTIFIED IN THE NEEDS ASSESSMENT PROCESS AND ON SUPPORTING SAFETY NET PROVIDERS IN THE COMM UNITY TO IMPROVE ACCESS TO CARE. IN 2019 ALLINA HEALTH SYSTEM OFFICE MADE THE FOLLOWING CO NTRIBUTIONS BY FOCUS AREA: \$86,000 (37%) FOR ACTIVE LIVING, \$35,250 (15%) FOR HEALTHY EATI NG, \$51,000 (22%) FOR IMPROVING ACCESS TO HEALTH CARE SERVICES, \$18,000 (8%) FOR MENTAL HE ALTH AND WELLNESS, \$35,100 (15%) FOR OTHER HEALTH-RELATED PURPOSES AND \$6,500 (3%) FOR NON -HEALTH RELATED PURPOSES. EXAMPLES OF SPECIFIC CONTRIBUTIONS ARE DESCRIBED BELOW. TO SUPPOR T ACTIVE LIVING, ALLINA HEALTH GAVE \$75,000 TO FREE BIKES 4 KIDZ. THIS CONTRIBUTION WAS PA RT OF NINE-YEAR PARTNERSHIP BETWEEN ALLINA HEALTH AND FREE BIKES 4 KIDZ. IN ADDITION TO TH E CONTRIBUTION, ALLINA HEALTH PARTNERS WITH FREE BIKES 4 KIDZ EACH YEAR TO COLLECT AND DIS TRIBUTE BICYCLES TO CHILDREN WHOSE FAMILIES COULD NOT OTHERWISE AFFORD ONE. FOR THE FOCUS AREA HEALTHY EATING, ALLINA HE</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	<p>ALTH GAVE THE FOOD GROUP A CONTRIBUTION OF \$10,000. THE FOOD GROUP FIGHTS HUNGER AND INCREASES ACCESS TO HEALTHY FOOD THROUGH A VARIETY OF PROGRAMS. A \$10,000 CONTRIBUTION WAS ALSO PROVIDED TO METRO MEALS ON WHEELS TO PROVIDE FOOD AND SOCIAL CONNECTIONS TO OLDER ADULTS AT RISK FOR HUNGER AND ISOLATION. TO IMPROVE MENTAL WELLNESS, ALLINA HEALTH SPONSORED THE CENTER FOR VICTIMS OF TORTURE RESTORING HOPE BREAKFAST AT THE \$3,000 LEVEL. THE CENTER FOR VICTIMS OF TORTURE IS AN INTERNATIONAL NONPROFIT DEDICATED TO HEALING SURVIVORS OF TORTURE AND VIOLENT CONFLICT THROUGH DIRECT CARE FOR THOSE WHO HAVE BEEN TORTURED, TRAINING PARTNERS WHO CAN PREVENT AND TREAT TORTURE AND ADVOCATING FOR HUMAN RIGHTS. TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ALLINA HEALTH SPONSORED THE CARONDELET GALA AT THE \$30,000 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 LINGUISTICALLY APPROPRIATE HEALTH CARE SERVICES. FOR OTHER HEALTH-RELATED PURPOSES ALLINA HEALTH SUPPORTED THE METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS (MCCD) WITH A CONTRIBUTION OF \$10,000. MCCD IS AN ASSOCIATION OF 47 NONPROFIT COMMUNITY DEVELOPMENT ORGANIZATIONS ENGAGED IN AFFORDABLE HOUSING, COMMERCIAL CORRIDOR REVITALIZATION AND SMALL BUSINESS DEVELOPMENT IN THE TWENTY CITIES METRO AREA. ALLINA HEALTH SPONSORED THE GENESYS WORKS TWIN CITIES CIO LUNCHEON AT \$5,000 AND THE UNITED NEGRO COLLEGE FUND MARTIN LUTHER KING JR. HOLIDAY BREAKFAST AT \$1,000 FOR NON-HEALTH RELATED PURPOSES. THROUGH THE AHC MODEL, CARE TEAMS IN 79 ALLINA HEALTH SITES SCREEN PATIENTS WITH MEDICARE AND/OR MEDICAID INSURANCE FOR FIVE HEALTH-RELATED SOCIAL NEEDS: HOUSING INSTABILITY (E.G. HOMELESSNESS, LOW HOUSING QUALITY), FOOD INSECURITY (E.G. LACK OF ACCESS TO FOOD), ACCESS TO TRANSPORTATION (E.G. LACK OF RELIABLE TRANSPORT OPTIONS), DIFFICULTY PAYING FOR HEAT, ELECTRICITY OR OTHER UTILITIES, AND CONCERNS ABOUT INTERPERSONAL SAFETY (E.G. INTIMATE PARTNER VIOLENCE, CHILD ABUSE, ELDER ABUSE). IF A PATIENT IDENTIFIES A NEED, THE CARE TEAM PROVIDES A LIST OF COMMUNITY RESOURCES TAILORED TO THE PATIENT'S UNIQUE NEEDS. IN ADDITION, SOME HIGH-RISK PATIENTS RECEIVE CARE TEAM ASSISTANCE NAVIGATING TO COMMUNITY RESOURCES. IN 2019, NEARLY 180,000 SCREENINGS FOR SOCIAL NEEDS WERE OFFERED TO PATIENTS; MORE THAN 76,000 ALLINA HEALTH PATIENTS COMPLETED AN AHC SCREENING. TWENTY-FOUR PERCENT OF PATIENTS SCREENED IDENTIFIED AT LEAST ONE NEED, WITH THE MOST FREQUENTLY IDENTIFIED NEED BEING FOOD ACCESS FOLLOWED BY HOUSING INSTABILITY. ADDITIONALLY, MORE THAN 580 PATIENTS IDENTIFYING NEEDS RECEIVED SUPPORT FROM A NAVIGATOR IN CONNECTING TO COMMUNITY RESOURCES.</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 77

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

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
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(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
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 28TH STREET SUITE 100 MINNEAPOLIS, MN 55407	41-1426406	501C3	2,044,000				SUPPORT FOR CARDIOVASCULAR RESEARCH AND EDUCATION
MINNESOTA COMMUNITY HEALTHCARE NETWORK 2351 GRAYS LANDING ROAD MINNETONKA, MN 55391	47-2590506	501C3	84,724				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
FREE BIKES 4 KIDZ PO BOX 007 LONG LAKE, MN 55356	27-1199089	501C3	77,282				SPONSORSHIP FOR BIKE DISTRIBUTION
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ST PAUL AND MPLS 1200 2ND AVENUE SOUTH MINNEAPOLIS, MN 55403	41-1302487	501C3	75,093				SUPPORT FOR RESPITE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEALTHFINDERS COLLABORATIVE INC 706 DIVISION STREET NORTHFIELD, MN 55057	20-1805262	501C3	62,357				GENERAL SUPPORT
END IN MIND PROJECT 370 WABASHA ST N SAINT PAUL, MN 55102	83-1091458	501C3	35,000				GENERAL SUPPORT

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ST PAUL PUBLIC SCHOOL 360 COLBORNE STREET ST PAUL, MN 55102	41-0901311	ISD 625	35,000				SUPPORT OF WELLNESS INITIATIVES AND PROGRAMS FOR THE 2019-2020 SCHOOL YEAR
RIVER FALLS BASEBALL COUNCIL INC W10607 566 AVENUE PRESCOTT, WI 54021	45-3536047	501C3	30,000				GENERAL SUPPORT

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ST JOSEPH OF CARONDELET MINISTRIES FOUNDATION 1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1765361	501C3	30,000				SPONSORSHIP FOR 2020 CARONDELETE GALA
NAMI MINNESOTA 1919 UNIVERSITY AVE W STE 400 ST PAUL, MN 55104	41-1317030	501C3	25,900				SUPPORT FOR THE CRISIS ALLIANCE'S WORK IN IMPROVING THE EAST METRO MENTAL HEALTH AND SUBSTANCE USE CRISIS 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
YOUNG MENS CHRISTIAN ASSOCIATION OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVENUE MINNEAPOLIS, MN 55413	45-2563299	501C3	25,880				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
MG CHARITIES 434 HALE AVE N SUITE 160 OAKDALE, MN 55128	46-4057749	501C3	25,000				SPONSORSHIP OF MIND OVER MATTER FUNDRAISER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REACH OUT AND READ INC 701 WASHINGTON AVENUE N SUITE 111-112 MINNEAPOLIS, MN 55401	81-1641189	501C3	25,000				SUPPORT FOR BOOKS FOR REACH OUT AND READ
REGIONS HOSPITAL FOUNDATION 640 JACKSON STREET MAIL STOP 11202C 11202C ST PAUL, MN 55101	41-1888902	501C3	25,000				DONATION TO LITTLE MOMENTS COUNT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY N ST PAUL, MN 55104	41-0693889	501C3	22,500				SUPPORT FOR PROVIDING CARE TO INCREASE ACCESS TO HEALTHY, AFFORDABLE FOOD FOR LOW-INCOME COMMUNITIES
AMERICAN CANCER SOCIETY 950 BLUE GENTIAN RD SUITE 100 EAGAN, MN 55417	52-2340031	501C3	22,450				SUPPORT OF ACS CAN 2019 RESEARCH AND COACHES VS CANCER

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VITAL AGING NETWORK 2365 N MCKNIGHT ROAD NORTH ST PAUL, MN 55109	27-2884329	501C3	22,000				SUPPORT OF VAN'S WASHINGTON COUNTY WELLNESS PROGRAM
THE ST PAUL FOUNDATION 101 FIFTH STREET EAST SUITE 2400 ST PAUL, MN 55101	41-6031510	501C3	20,000				CONTRIBUTION TO THE 2019 ITATSCA PROJECT

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
CULTURAL WELLNESS CENTER 2025 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1850859	501C3	16,667				GENERAL SUPPORT
RIDGEVIEW FOUNDATION 490 S MAPLE ST SUITE 110 WACONIA, MN 55387	41-1328097	501C3	15,000				SPONSORSHIP FOR RIDGEVIEW FOUNDATION'S BIG 3 CORPORATE SPONSORSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROCK FROM THE HEART 638 MONTROSE AVENUE DELANO, MN 55328	84-2009806	501C3	15,000				SPONSORSHIP FOR ROCK FROM THE HEART
BUFFALO-HANOVER-MONTROSE PUBLIC SCHOOL 214 1ST AVENUE NE BUFFALO, MN 55313	41-6004776	ISD 877	14,030				SUPPORT FOR BOUNCE BACK PROJECT PARTNERSHIP AND WAYFINDER CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VITREORETINAL SURGERY FOUNDATION 7760 FRANCE AVE S STE 310 MINNEAPOLIS, MN 55435	41-2122813	501C3	13,850				SUPPORT FOR SERVICES AND EXPENSES RELATED TO RETINAL DETACHMENT RESEARCH STUDY
THE FOOD GROUP MINNESOTA INC 8501 54TH AVENUE NORTH NEW HOPE, MN 55428	41-1246504	501C3	13,504				GENERAL SUPPORT

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	13,250				IN SUPPORT OF PROGRAMS AND SERVICES INCLUDING THE MARKET FOOD SHELF, EMERGENCY CLOTHING, EMERGENCY ASSISTANCE GRANTS AND TRANSPORTATION SCHOOL ASSISTANCE
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	41-1601449	501C3	13,100				GENERAL SUPPORT

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ST ANDREW'S EVANGELICAL LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115	41-0880458	501C3	13,000				SUPPORT FOR MISSION JAMAICA PROGRAM PARTICIPANTS
COMMON HOPE INC 1400 ENERGY PARK DRIVE SUITE 23 ST PAUL, MN 55108	41-1560297	501C3	12,300				GENERAL SUPPORT

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HASTINGS PUBLIC SCHOOLS 200 GENERAL SIEBEN DRIVE HASTINGS, MN 55033	41-6000810	ISD 200	12,100				IN SUPPORT OF THE PEER HELPER PROGRAM
ANOKA RAMSEY COMMUNITY COLLEGE FOUNDATION 11200 MISSISSIPPI BLVD NW COON RAPIDS, MN 55433	41-1574797	501C3	11,600				SPONSORSHIP FOR ANOKA RAMSEY NURSING PROGRAM

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SOUTH WASHINGTON COUNTY SCHOOLS 8400 EAST POINT DOUGLAS ROAD SOUTH COTTAGE GROVE, MN 55016	41-6007788	ISD 833	11,500				IN SUPPORT OF THE FAMILY MEALTIME CHALLENGE FOR THE 2019-2020 SCHOOL YEAR
COMMUNITY EMERGENCY ASSISTANCE PROGRAMS 7051 BROOKLYN BLVD BROOKLYN CENTER, MN 55429	41-0990340	501C3	10,700				GENERAL SUPPORT

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MILE IN MY SHOES PO BOX 583177 MINNEAPOLIS, MN 55458	47-2702026	501C3	10,400				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
KEYSTONE COMMUNITY SERVICES 2000 SAINT ANTHONY AVENUE ST PAUL, MN 55104	41-0693924	501C3	10,200				IN SUPPORT OF PROGRAMS AND SERVICES INCLUDING SENIOR EXERCISE PROGRAMS, WELLNESS SEMINARS AND DEPRESSIONS SCREENING

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THE SHERIDAN STORY 2723 PATTON RD ROSEVILLE, MN 55113	80-0919680	501C3	10,200				SUPPORT TO COVER COSTS OF THE WEEKEND FOOD PROGRAM
METRO MEALS ON WHEELS INC 1200 WASHINGTON AVE SOUTH SUITE 380 380 MINNEAPOLIS, MN 55415	31-1501057	501C3	10,100				GENERAL SUPPORT

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MILL CITY FARMER'S MARKET CHARITABLE FUND 704 SOUTH 2ND STREET MINNEAPOLIS, MN 55401	81-4420781	501C3	10,100				GENERAL SUPPORT
SOUTHSIDE COMMUNITY HEALTH SERVICES INC 4243 4TH AVENUE SOUTH MINNEAPOLIS, MN 55409	23-7113799	501C3	10,100				SUPPORT FOR A NEW GRANT FOR AFFORDABLE HOUSING IN SOUTH MINNEAPOLIS

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ANGEL FOUNDATION 1155 CENTRE POINT DRIVE SUITE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501C3	10,000				GENERAL SUPPORT
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 400 ST PAUL, MN 55103	36-3567366	501C3	10,000				GENERAL SUPPORT

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MENTAL HEALTH COLLECTIVE 3548 BRYANT AVE S MINNEAPOLIS, MN 55408	41-1946275	501C3	10,000				SUPPORT FOR SCHOOL BASED MENTAL HEALTH PROGRAM
METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS 3137 CHICAGO AVENUE MINNEAPOLIS, MN 55407	41-1658654	501C3	10,000				GENERAL SUPPORT

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OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE MINNEAPOLIS, MN 55404	23-7366680	501C3	11,500				SUPPORT FOR MEAL PREP AND DELIVERY PROGRAM
PEOPLE SERVING PEOPLE INC CHARITIES 614 3RD STREET SOUTH MINNEAPOLIS, MN 55415	41-1965067	501C3	10,000				SPONSORSHIP OF 2020 GALA

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UNITED WAY OF STEELE COUNTY 110 NORTH CEDAR AVE OWATONNA, MN 55060	23-7366680	501C3	10,000				GENERAL SUPPORT
FREE CLINIC OF PIERCE AND ST CROIX COUNTIES INC PO BOX 745 RIVER FALLS, WI 54022	20-5892220	501C3	9,800				GENERAL SUPPORT

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JUSTUS VENTURING 1895 BUSH AVENUE E ST PAUL, MN 55119	26-0371709	501C3	9,475				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
STEPPING STONE EMERGENCY HOUSING 3300 4TH AVE N CRONIN BLDG 14 ANOKA, MN 55303	20-3226868	501C3	8,800				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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CHRIST THE KING ASSEMBLY 4TH DEGREE KNIGHTS OF COLUMBUS ORGANIZATION 621 FIRST AVENUE SOUTH BUFFALO, MN 55323	41-1974622	501C3	8,440				GENERAL SUPPORT
THREE RIVERS PARK DISTRICT FOUNDATION INC 3000 XENIUM LANE N PLYMOUTH, MN 55441	41-1579104	501C3	7,800				SUPPORT FOR ALLINA AUTUMN WOODS CLASSIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INTERCONGREGATION COMMUNITIES ASSOCIATION INC 12990 SAINT DAVIDS ROAD MINNETONKA, MN 55305	41-0979010	501C3	7,600				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
ACTIVE KIDS ASSOCIATION OF SPORT 1850 105TH AVENUE NE BLAINE, MN 55449	03-0545137	501C3	7,500				GENERAL SUPPORT

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HOPE COMMUNITY INC 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1292817	501C3	7,500				SUPPORT OF THE HEALTHY FOODS, STRONG COMMUNITY PROGRAM
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE ST PAUL, MN 55102	20-3000282	501C3	7,500				GENERAL SUPPORT

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PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVENUE STE 200 MANHATTAN BEACH, CA 90266	33-0841281	501C3	7,500				SPONSORSHIP FOR PURPLE RIDE STRIDE MINNESOTA 2019
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-0711618	501C3	7,500				SPONSORSHIP FOR THE 10TH ANNIVERSARY WASHBURN GAMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WESTERN COMMUNITIES ACTION NETWORK INC 5213 SHORELINE DRIVE MINNEAPOLIS, MN 55364	41-1466409	501C3	7,500				GENERAL SUPPORT
ALL SQUARE 4047 MINNEHAHA AVENUE MINNEAPOLIS, MN 55007	81-3572476	501C3	7,300				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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BROOKLYN CENTER SCHOOL DISTRICT 6300 SHINGLE CREEK PARKWAY SUITE 286 BROOKLYN CENTER, MN 55430	41-6009038	ISD286	7,100				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
SOLE CARE FOR SOULS 4190 VINEWOOD LANE NORTH PLYMOUTH, MN 55442	26-3300002	501C3	7,000				GENERAL SUPPORT

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THE LOPPET FOUNDATION 1301 THEODORE WIRTH PKWY MINNEAPOLIS, MN 55422	41-1753882	501C3	7,000				SPONSORSHIP FOR MINNE-LOPPET PROGRAM
LINC MINISTRIES INTERNATIONAL INC 670 W WHEELLOCK PARKWAY ST PAUL, MN 55117	76-0683235	501C3	6,625				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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MINNEAPOLIS POLICE ACTIVITIES LEAGUE 4119 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55412	41-1719527	501C3	6,500				GENERAL SUPPORT
NORTH METRO PEDIATRICS PA 10081 DOGWOOD ST NW SUITE 100 COON RAPIDS, MN 55448	20-1773869	501C3	6,500				GENERAL SUPPORT

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CAP1 USA 5930 BROOKLYN BLVD BROOKLYN CENTER, MN 55429	41-1417198	501C3	6,372				SUPPORT FOR MACC HEALTHCARE PILOT COLLABORATIVE
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC 7900 W 78TH ST STE 100 MINNEAPOLIS, MN 55439	13-3039601	501C3	6,300				SUPPORT FOR WALK TO END ALZHEIMER'S

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

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PHILLIPS WEST NEIGHBORHOOD ORGANIZATION 2400 PARK AVENUE SOUTH SUITE 337 MINNEAPOLIS, MN 55404	90-0122796	501C3	6,250				GENERAL SUPPORT
GATEWAY ARTS CENTER W1422 WESTVIEW COURT SPRING VALLEY, WI 54767	47-4860760	501C3	6,235				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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CENTRO TYRONE GUZMAN 1915 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41-1290349	501C3	6,150				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
DAR-US-SALAM CULTURAL CENTER 190 S RIVER RIDGE CIRCLE BURNSVILLE, MN 55337	52-2410033	501C3	6,100				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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SCOTT COUNTY HUMAN SERVICES ADULT MENTAL HEALTH 752 CANTERBURY RD S SHAKOPEE, MN 55379	41-6005892	SCOTT COUNTY GOV.	6,100				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
CENTER CLINIC INCORPORATED PO BOX 67 DODGE CENTER, MN 55927	20-0756495	501C3	6,000				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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
CHASKA ROTARY FOUNDATION INC 729 CANTERBURY ROAD SUITE 211 SHAKOPEE, MN 55379	20-5272327	501C3	6,000				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
ISANTI COUNTY FAMILY SERVICES 1700 EAST RUM RIVER DRIVE SOUTH CAMBRIDGE, MN 55008	41-6005808	ISANTI COUNTY	6,000				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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
NEW ULM PARK AND RECREATION 122 S GARDEN STREET NEW ULM, MN 56073	41-6005412	CITY OF NEW ULM	6,000				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
VOLUNTEERS OF AMERICA CARE FACILITIES 1314 8TH STREET NORTH NEW ULM, MN 56073	41-0965829	501C3	6,000				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS 400 ROBERT STREET SOUTH ST PAUL, MN 55107	41-0693910	501C3	5,800				GENERAL SUPPORT
SPIRIT RIVER FOUNDATION 1321 HERITAGE BLVD PO BOX 158 ISANTI, MN 55040	81-1497245	501C3	5,786				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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	5,786				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
HASTINGS AREA CHAMBER OF COMMERCE AND TOURISM BUREAU 312 VERMILLION STREET SUITE 100 HASTINGS, MN 55033	41-0940039	501C6	5,540				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
NORTH EAST NEIGHBORHOODS LIVING AT HOME - BLOCK NURSE PROGRAM 1961 SHERWOOD AVENUE ST PAUL, MN 55119	14-1999180	501C3	5,430				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
SPRING VALLEY SENIORS STAYING PUT INC 5312 MCKAY AVENUE PO BOX 193 SPRING VALLEY, WI 54767	47-3511773	501C3	5,425				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR

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
FRIENDS OF THE PRESCOTT PUBLIC LIBRARY 800 BORNER STREET NORTH PRESCOTT, WI 54021	23-7088943	501C3	5,350				2019 NEIGHBORHOOD HEALTH CONNECTION GRANT TO INCREASE SOCIAL CONNECTIONS AND HEALTHY BEHAVIOR
MATTER 7005 OXFORD ST ST LOUIS PARK, MN 55426	37-1441658	501C3	5,330				SPONSORSHIP OF NIGHT TO MATTER GALA

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

SCHOLARSHIPS TO STUDENTS AT VARIOUS COLLEGES AND UNIVERSITIES	50	77,250			
SCHOLARSHIPS TO STUDENTS AT VARIOUS COLLEGES AND UNIVERSITIES	50	77,250			
HOUSING AND LIVING ASSISTANCE	30	18,873			
BIKES AND HELMETS	5612		60,095	FMV	BIKES AND HELMETS DISTRIBUTION AT VARIOUS BIKE EVENTS
MEDICAL ASSISTANCE	7296	150,000			
T-SHIRTS AND BAGS	9849		39,738	FMV	T-SHIRT AND BAG DISTRIBUTION AT BIKE EVENTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
DECALS	4001		1,241	FMV	DECALS DISTRIBUTED IN TEEN MENTAL HEALTH PROGRAM
DECALS	4001		1,241	FMV	DECALS DISTRIBUTED IN TEEN MENTAL HEALTH PROGRAM
TATTOOS	15000		1,587	FMV	TEMPORARY TATTOOS DISTRIBUTED IN TEEN MENTAL HEALTH PROGRAM
PINS	3000		3,450	FMV	PINS DISTRIBUTED IN TEEN MENTAL HEALTH PROGRAM
CARING FOR COLLEAGUES	188	318,267			

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization ALLINA HEALTH SYSTEM		Employer identification number 36-3261413

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.

[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 EXPENSE REIMBURSEMENTS ON CERTAIN EXECUTIVES. LISA SHANNON - \$22,310; HELEN STRIKE - \$35,101; NICHOLAS MENDYKA - \$58,538.98.
PART I, LINES 4A-B	4(A): BEN BACHE WIIG, MD - \$453,238; THOMAS O'CONNOR - \$369,076. 4(B): BEN BACHE WIIG, MD - \$341,686; CHRISTINE BENT - \$202,301; SARA CRIGER - \$72,222; RICHARD MAGNUSON - \$73,805; CHRISTINE MOORE - \$50,708; THOMAS O'CONNOR - \$332,021; LISA SHANNON - \$44,499; JONATHAN SHOEMAKER - \$38,852; TIMOTHY SIELAFF, MD - \$79,635; DAVID SLOWINSKE - \$43,765; KATHERINE TARVESTAD - \$41,736; ELIZABETH TRUESDELL SMITH - \$64,637; DANIEL BUSS, MD - \$60,334; MICHAEL FREEHILL, MD - \$64,128; TILOK GHOSE, MD \$180,009; MARK HELLER, MD - \$68,218; TODD HESS, MD - \$59,521; MARY BEAR DUKES - \$27,098; MARGARET HASBROUCK - \$33,500; DUNCAN GALLAGHER - \$130,958 - RODNEY CHRISTENSEN - \$24,267.
PART I, LINE 6	DEFERRED COMPENSATION PLANS TERMS AND CONDITIONS: ALLINA INCENTIVE PLAN ALLINA PROVIDES AN ANNUAL INCENTIVE COMPENSATION OPPORTUNITY FOR EXECUTIVES, MANAGEMENT AND KEY INDIVIDUAL CONTRIBUTOR STAFF. 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 FINANCIAL AND NON-FINANCIAL PERFORMANCE OVER THE CALENDAR YEAR. NON-FINANCIAL PERFORMANCE MEASURES INCLUDE PATIENT & EMPLOYEE SAFETY, QUALITY, PATIENT EXPERIENCE AND FINANCIAL HEALTH. 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 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 HUMAN RESOURCES & COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF ALLINA HEALTH ("THE COMMITTEE"). 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. AWARDS CAN RANGE FROM 0% TO 150% OF TARGET AWARDS.
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: 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. THE MUTUAL FUND PLANS TERMINATED EFFECTIVE DECEMBER 31, 2018. ALL MUTUAL FUND ACCOUNTS SHALL BE DISTRIBUTED IN A LUMP SUM NO LATER THAN JANUARY 2021, OR IF ELECTED BY THE PARTICIPANT IN DECEMBER 2018, IN THREE ANNUAL INSTALLMENTS WITH THE FIRST HAVING BEEN MADE FEBRUARY 2019 (33.33 PERCENT OF ACCOUNT BALANCE), THE SECOND MADE FEBRUARY 2020 (50 PERCENT OF REMAINING BALANCE), AND THE THIRD MADE JANUARY 2021 (REMAINING BALANCE). ALLINA DEFINED CONTRIBUTION SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ELIGIBLE ALLINA EXECUTIVES PARTICIPATED IN A DEFINED CONTRIBUTION SERP. THIS PLAN WAS AMENDED AND FROZEN EFFECTIVE DECEMBER 31, 2008, SUCH THAT NO FUTURE BENEFITS ACCRUE FOR SERVICE AFTER THAT DATE. THIS PLAN WAS REPLACED WITH THE EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN EFFECTIVE JANUARY 1, 2009, WHICH WAS ALSO FROZEN EFFECTIVE DECEMBER 31, 2018 EMPLOYER CREDITS WERE MADE EACH YEAR TO THEIR DC 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 POSITION ELIMINATION. IN THE CASE OF OTHER VOLUNTARY TERMINATIONS, PAYMENT IS DELAYED UNTIL COMPLETION OF THE TWO-YEAR NON-COMPETE PERIOD. THE SERP IS PAYABLE FROM ALLINA'S GENERAL ASSETS. IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS. ALLINA EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN ELIGIBLE ALLINA EXECUTIVES PARTICIPATE IN A DEFERRED COMPENSATION RETIREMENT PLAN. EXECUTIVES ARE CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE ALLINA RETIREMENT SAVINGS PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS. EMPLOYER CREDITS ARE MADE EACH YEAR TO THEIR ACCOUNT BALANCE ACCORDING TO THE FOLLOWING SCHEDULE AS OF THE END OF THE PLAN YEAR: PARTICIPANT'S YEARS OF VESTING SERVICE APPLICABLE PERCENTAGE LESS THAN 1 0% 1-5 5.0% 6-10 5.5% 11-15 6.0% 16 OR MORE 6.5% DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE INVESTMENT OPTIONS SELECTED BY THE PARTICIPANT WHICH ARE THE SAME OPTIONS AVAILABLE UNDER THE QUALIFIED PLAN. A PARTICIPANT WHO HAS COMPLETED AT LEAST TWO YEARS OF SERVICE BECOMES VESTED IN THE PORTION OF HIS OR HER ACCOUNT ATTRIBUTABLE TO THE ANNUAL CREDIT FOR A PARTICULAR YEAR AS OF JANUARY 15 OF THE YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE ANNUAL CREDIT IS EARNED. IN THE EVENT OF TERMINATION (OTHER THAN BECAUSE OF DEATH) PRIOR TO AGE 67, THE DISTRIBUTION DATE SHALL BE AS SOON AS ADMINISTRATIVELY POSSIBLE AFTER TERMINATION IN THE FORM OF A LUMP SUM PAYMENT. THE PLAN IS PAYABLE FROM ALLINA'S GENERAL ASSETS. IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS. THIS PLAN WAS EFFECTIVE JANUARY 1, 2009 AND FROZEN EFFECTIVE DECEMBER 31, 2018. EXECUTIVE SEVERANCE PLAN ALLINA PROVIDES SALARY CONTINUATION FOR EXECUTIVES WHO'S 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. SUPPLEMENTAL PHYSICIAN AND EXECUTIVE SAVINGS PLAN THIS PLAN'S PURPOSE IS TO PROVIDE A SELECT GROUP OF PHYSICIANS AND EXECUTIVES WITH ADDITIONAL DEFERRED COMPENSATION. AMOUNTS DEFERRED UNDER THE PLAN ARE INTENDED TO BE EXEMPT FROM CODE SECTION 409A AND 457(F). ANNUAL CONTRIBUTIONS ARE MADE EACH FEBRUARY AND ARE BASED ON PREVIOUS YEAR'S ELIGIBLE COMPENSATION. PARTICIPANT'S APPLICABLE CONTRIBUTION PERCENTAGE FOLLOWS: PARTICIPANT APPLICABLE PERCENTAGE PHYSICIANS 5% VP'S 12% SVP EVP 15% CEO 20% OF BASE SALARY + 10% OF BASE SALARY OVER IRS PAY LIMIT IF PARTICIPANT IS FULLY VESTED, THE CONTRIBUTION IS PAID DIRECTLY TO PARTICIPANT, LESS TAXES IN LATE JANUARY. IF PARTICIPANT IS UNVESTED, THE CONTRIBUTION IS DEPOSITED WITH FIDELITY. THE VESTING SCHEDULE FOR THIS PLAN FOLLOWS: FOR 2019 CONTRIBUTION, ONLY - IT WAS DEPOSITED IN FEBRUARY 2020, 50% VESTING AFTER 2 YEARS - I.E. 2021, PAID OUT 01/2021; AND, 50% VESTING IN 2022, PAID OUT 01/2022. FOR 2020 CONTRIBUTIONS AND AFTER - VESTING OCCURS AFTER 3 YEARS - I.E. 2020 CONTRIBUTION VESTS IN 2023, THE 2021 CONTRIBUTION VESTS IN 2024, ETC. PARTICIPANTS ARE 100% VESTED AT THE EARLIER OF AT LEAST AGE 60 WITH 7 YEARS OF SERVICE OR AGE 65. GRANDFATHERED PROVISION - FOR THOSE AGE 54 OR OLDER AND EMPLOYED AS OF 12/31/2018: EARLIER OF AT LEAST AGE 60 WITH 3 YEARS OF SERVICE OR AGE 65. THIS PLAN WAS EFFECTIVE JANUARY 1, 2019. A NON-COMPETE CLAUSE DOES NOT APPLY TO THIS PLAN. ALLINA HEALTH PHYSICIAN DEFERRED AWARD PLAN 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.

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)	1,281,812	784,552	136,467	440,624	22,545	2,666,000	527,271
	(ii)	0	0	0	0	0	0	0
1BEN BACHE-WIIG MD EVP CHIEF POPULATION HEALT	(i)	43,791	219,503	875,820	12,274	1,438	1,152,826	439,739
	(ii)	0	0	0	0	0	0	0
2CHRISTINE BENT EVP-ALLINA HEALTH GROUP	(i)	510,186	237,868	260,357	17,407	28,453	1,054,271	311,134
	(ii)	0	0	0	0	0	0	0
3SARA CRIGER SVP, PRES. MERCY HOSP.	(i)	653,787	224,927	132,443	122,243	25,716	1,159,116	218,767
	(ii)	0	0	0	0	0	0	0
4PETER HOFRENNING SVP INTERIM CHIEF COMP. OFFICER	(i)	207,040	25,184	22,365	13,245	32,927	300,761	0
	(ii)	0	0	0	0	0	0	0
5RICHARD MAGNUSON EVP/CFO/TREASURER	(i)	678,786	112,700	130,550	162,525	17,401	1,101,962	103,910
	(ii)	0	0	0	0	0	0	0
6CHRISTINE MOORE SVP, CHIEF HR OFFICER	(i)	438,332	153,212	86,514	89,891	32,051	800,000	138,024
	(ii)	0	0	0	0	0	0	0
7THOMAS O'CONNOR SVP, PRESIDENT UNITED HOSP	(i)	1,157	336,879	748,011	13,132	0	1,099,179	326,870
	(ii)	0	0	0	0	0	0	0
8ANN MADDEN RICE SVP/PRESIDENT ANW	(i)	761,609	100,000	36,256	81,667	10,344	989,876	0
	(ii)	0	0	0	0	0	0	0
9LISA SHANNON EVP, CHIEF OPERATING OFF.	(i)	865,525	157,577	93,669	137,332	32,039	1,286,142	41,751
	(ii)	0	0	0	0	0	0	0
10JONATHAN SHOEMAKER SVP CHIEF INFO & IMPRV OFF	(i)	478,356	76,254	60,814	98,475	14,146	728,045	51,753
	(ii)	0	0	0	0	0	0	0
11JEFFREY SHOEMATE SVP CHIEF MARKETING OFFICE	(i)	282,410	43,684	21,661	43,744	30,251	421,750	0
	(ii)	0	0	0	0	0	0	0
12TIMOTHY SIELAFF SVP-AHG-SPEC. CARE/CMO	(i)	605,518	224,840	148,625	115,430	33,451	1,127,864	226,030
	(ii)	0	0	0	0	0	0	0
13DAVID SLOWINSKE SVP, AHG OPERATIONS	(i)	375,248	125,063	66,638	84,295	29,158	680,402	113,381
	(ii)	0	0	0	0	0	0	0
14KATHERINE TARVESTAD SVP, CHIEF COMPLIANCE OFF	(i)	84,236	87,270	69,831	9,773	11,478	262,588	47,639
	(ii)	0	0	0	0	0	0	0
15ELIZABETH TRUESDELL SMITH SECRETARY/SVP GEN. COUN.	(i)	532,183	182,154	99,722	102,861	28,183	945,103	182,167
	(ii)	0	0	0	0	0	0	0
16NICHOLAS MENDYKA VP SYSTEM FINANCE OP.	(i)	112,053	50,000	60,108	8,750	9,044	239,955	0
	(ii)	0	0	0	0	0	0	0
17DANIEL BUSS MD PHYSICIAN	(i)	1,350,858	0	90,318	18,200	33,145	1,492,521	60,334
	(ii)	0	0	0	0	0	0	0
18MICHAEL FREEHILL MD PHYSICIAN	(i)	1,227,150	0	75,453	18,200	31,701	1,352,504	63,398
	(ii)	0	0	0	0	0	0	0
19TILOK GHOSE MD PHYSICIAN	(i)	1,064,124	0	208,293	16,800	18,697	1,307,914	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MARK HELLER MD PHYSICIAN	(i)	1,375,352	0	95,280	14,000	28,183	1,512,815	67,185
	(ii)	0	0	0	0	0	0	0
1TODD HESS MD PHYSICIAN	(i)	1,445,600	0	75,096	18,200	29,948	1,568,844	58,394
	(ii)	0	0	0	0	0	0	0
2MARY BEAR-DUKES FORMER VP-REV CYCLE	(i)	270,800	39,701	32,397	18,200	26,928	388,026	29,108
	(ii)	0	0	0	0	0	0	0
3CORRINE KROEHLER FORMER/VP FINANCE/SUPPLY CHAIN	(i)	310,465	49,571	34,949	18,200	25,595	438,780	7,203
	(ii)	0	0	0	0	0	0	0
4DUNCAN GALLAGHER FORMER EVP/CFO/TREASURER	(i)	0	0	130,958	0	0	130,958	104,400
	(ii)	0	0	0	0	0	0	0
5HELEN STRIKE FORMER PRESIDENT-UNITY HOSP.	(i)	141,147	30,000	49,045	7,673	6,343	234,208	0
	(ii)	0	0	0	0	0	0	0
6RODNEY CHRISTENSEN FORMER VP MEDICAL OPERATIONS	(i)	157,327	65,150	86,945	17,380	12,612	339,414	18,719
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	603695JN8	10-23-2019	82,732,038	REFUND ISSUE DATED 11/10/2009		X		X		X
B CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL	41-6005375	792909DV2	04-13-2017	77,845,000	REFUNDING OF 2007B & A PORTION		X		X		X
C 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
D CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL	41-6005375	NONEAVAIL	12-04-2014	20,165,000	REFUND ISSUE DATED 12/22/2010		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			34,345,000				3,375,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	82,732,038		77,845,000		92,779,168		20,165,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	925,179		135,000		830,328		200,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	3,908				6,508			
10	Capital expenditures from proceeds								
11	Other spent proceeds	81,802,951		77,710,000		91,942,332		19,965,000	
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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	0.800 %		1.600 %		0.400 %		0 %	
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	0.800 %		1.600 %		0.400 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F DESCRIPTION OF PURPOSE:	ENTITY 1 (A) CUSIP NUMBER - 603695JN8; REFUND ISSUE DATED 11/10/2009 REFUND A PORTION ON THE 2009A BONDS (B) CUSIP NUMBER - 792909DV2; REFUND ISSUE DATED 10/09/2007 REFUNDING OF 2007B & A PORTION OF 1998A; CONSTRUCTION;REMODELING;RENOVATION (C) CUSIP NUMBER - 603695JC2; REFUND ISSUE DATED 11/15/2009 (D) CUSIP NUMBER - NONE AVAILABLE; REFUND ISSUE DATED 12/22/2010 ENTITY 2 (A) CUSIP NUMBER - 792909BJ1; REFUNDING OF 2007B & A PORTION (B) CUSIP NUMBER - 792909BH5; REFUNDING OF 1993A AND ADVANCED REFUNDING OF 2002A BONDS;REMODELING&RENOVATION

Return Reference	Explanation
PART II, LINE 3 EXPLANATION	ENTITY 2 BOND A AND B - 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.

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C	ENTITY 2 (A) ISSUER NAME: CITY OF MINNEAPOLIS & HRA CITY OF ST. PAUL; CUSIP NUMBER - 792909BJ1; DATE THE REBATE COMPUTATION WAS PERFORMED: 11/15/2012 (B) ISSUER NAME: CITY OF MINNEAPOLIS & HRA CITY OF ST. PAUL; CUSIP NUMBER - 792909BH5; DATE THE REBATE COMPUTATION WAS PERFORMED: 11/15/2012

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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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	792909BJ1	11-10-2009	348,409,221	REFUNDING OF 2007B & A PORTION		X		X		X
B CITY OF MINNEAPOLIS & HRA CITY OF ST PAUL	41-6005375	792909BH5	10-17-2007	482,877,203	REFUNDING OF 1993A AND ADVANCE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	185,245,000		357,045,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	348,795,795		488,622,085					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	3,332,390		2,717,494					
8	Credit enhancement from proceeds	222,216		6,787,000					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	49,893,780		126,922,772					
11	Other spent proceeds	295,092,023		352,194,819					
12	Other unspent proceeds								
13	Year of substantial completion	2014		2010					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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					
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					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.600 %		2.200 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	0.600 %		2.200 %					
7 Does the bond issue meet the private security or payment test?		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				
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					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	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					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	JP MORGANWELLS FARGO		US BANK					
c Term of hedge	2580.0000000000 %		2480.0000000000 %					
d Was the hedge superintegrated?	X		X					
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X					
b Name of provider			MBIA					
c Term of GIC			80.0000000000 %					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 section 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 the 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	21,706	EMPLOYMENT		No
(2) CAROL ROSENBERG	FAMILY MEMBER OF BRIAN ROSENBERG, BOARD MEMBER	136,067	EMPLOYMENT		No
(3) SARAH CORNICK	FAMILY MEMBER OF BEN BACHE-WIIG, EVP CHIEF POPULATION HEALTH OFFICER	95,644	EMPLOYMENT		No
(4) ERIN CHURCH	FAMILY MEMBER OF JOHN CHURCH, BOARD MEMBER	53,870	EMPLOYMENT		No
(5) MARGARET HASBROUCK	FORMER EMPLOYEE/OFFICER AND OWNER OF MARGARET HASBROUCK, LLC.	112,679	BUSINESS RELATIONSHIP		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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ALLINA HEALTH SYSTEM

Employer identification number
36-3261413

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
	1404 FRAMES & 1300	X	1	118,120	FAIR MARKET VALUE
25	Other ▶ (CASES)				
26	Other ▶ (EQUIPMENT)	X	70	87,045	FAIR MARKET VALUE
27	Other ▶ (784 LENSES)	X	1	39,984	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 isn't required to be used for exempt purposes for the entire holding period?				
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**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	<p>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 - DIRECTORS DEBBRA SCHONEMAN AND THOMAS SCHREIER. IN ADDITION TO SERVING ON THE ALLINA HEALTH SYSTEM BOARD OF DIRECTORS, DEBBRA SCHONEMAN AND THOMAS SCHREIER ALSO SERVE ON THE PIPER JAFFRAY COMPANIES BOARD OF DIRECTORS. DEBBRA SCHONEMAN IS ALSO AN OFFICER OF PIPER JAFFRAY COMPANIES. BUSINESS RELATIONSHIP - RICHARD MAGNUSON, PENNY WHEELER, M.D., ABIR SEN 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. BUSINESS RELATIONSHIP - MAYKAO HANG, PH.D. IS EMPLOYED BY THE UNIVERSITY OF ST. THOMAS AND PENNY WHEELER IS A DIRECTOR ON THAT BOARD. BUSINESS RELATIONSHIP - TIM WELSH AND THOMAS SCHREIER ARE CO-INVESTORS IN A PARTNERSHIP THAT INVESTS IN THE MN UNITED FOOTBALL CLUB.</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 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 2, 2020 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 FORE MENTIONED 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. \$10,000 PAID TO HOSPITAL PATHOLOGY ASSOCIATES FOR THE SERVICES OF JOSEPH GOSWITZ. \$10,000 PAID TO BSWING FOR THE SERVICES OF JENNIFER ALSTAD \$20,000 DONATED TO COURAGE KENNY FOUNDATION FOR THE SERVICES OF THOMAS SCHREIER. \$14,000 DONATED TO ABBOTT NORTHWESTERN HOSPITAL FOUNDATION FOR THE SERVICES OF TIM WELSH. \$10,000 DONATED TO MENTAL HEALTH AND ADDITION AND CANCER PRIORITIES FUND FOR THE SERVICES OF GARY BHOJWANI. \$10,000 DONATED TO AMHERST H. WILDER FOUNDATION FOR THE SERVICES OF MAYKAO HANG. \$5,000 DONATED TO THE ALLINA FOUNDATION FOR THE SERVICES OF VICKI YANISCH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	DISTRIBUTION TO MEMBERS - MICC -1,951,199. TWIN CITIES MEDICAL IMAGING LLC JOINT VENTURE C ONSOLIDATION 8,404,125. DISTRICT ONE HARDSHIP FUND 26,869. PENSION LIABILITY ADJUSTMENTS 1 70,090. LEASE IMPLEMENTATION -289,845. FAS 106 MNA BENEFIT ACTUARIAL ADJUSTMENT -2,024,950 . WESTHEALTH AMBULATORY SURGERY CENTER LLC JOINT VENTURE CONSOLIDATION -2,622,923.

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	13,920,113	24,253,067	ALLINA HEALTH SYSTEM
(2) AXIS HEALTHCARE LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1855603	HEALTHCARE SERVICES	MN	33,385	667,592	ALLINA HEALTH SYSTEM
(3) SOUTHWEST SURGICAL CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-2013700	SURGICAL SERVICES	MN	3,978,477	21,434,907	ALLINA HEALTH SYSTEM
(4) AH FRANCHISING LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043	FRANCHISING	DE	0	0	ALLINA HEALTH SYSTEM
(5) WESTHEALTH SURGERY CENTER LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 37-1763155	SURGICAL SERVICES	MN	14,118,481	5,532,725	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) ALLINA SPECIALTY ASSOCIATES INC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1802815	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	6,350,041	94,623,461	100.000 %		No
(2) ALLINA HEALTH SYSTEM TRUST PO BOX 535007 PITTSBURGH, PA 15253 27-6712988	TRUST	PA	ALLINA HEALTH SYSTEM	T	78,253,845		100.000 %		No
(3) 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
(4) LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1720860	TRUST	MN	ALLINA HEALTH SYSTEM	T	50,107		100.000 %		No
(5) ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-5129095	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	C	1,975,182	11,241,691	100.000 %		No
(6) FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC PO BOX 1085 GRAND CAYMAN KY1-1102 CJ 98-1366132	CAPTIVE INSURANCE	CJ	ALLINA HEALTH SYSTEM	C	123,069	14,143,727	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

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

Yes

1s

Yes

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

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) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

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	FUNDRAISING AND GRANTMAKING FOUNDATION	MN	501(C)(3)	LINE 7	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 30-0086426	FUNDRAISING AND GRANTMAKING FOUNDATION	MN	501(C)(3)	LINE 7	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-0907986	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	N/A		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1987372	FUNDRAISING AND GRANTMAKING FOUNDATION	MN	501(C)(3)	LINE 7	N/A		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1613017	FUNDRAISING AND GRANTMAKING FOUNDATION	MN	501(C)(3)	LINE 7	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 41-1952989	FUNDRAISING AND GRANTMAKING FOUNDATION	MN	501(C)(3)	LINE 7	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 23-7420998	FUNDRAISING AND GRANTMAKING FOUNDATION	MN	501(C)(3)	LINE 7	ALLINA HEALTH SYSTEM		No
PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 27-4116873	FUNDRAISING AND GRANTMAKING FOUNDATION	MN	501(C)(3)	LINE 7	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

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	
GERIATRIC SERVICES OF MINNESOTA LLC 3433 BROADWAY STREET NE SUITE 300 MINNEAPOLIS, MN 55413 45-3357936	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	9,684	858,011		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	586,094	237,933		No		Yes		49.000 %
ASPEN SLEEP CENTER LLC 1010 BANDANA BOULEVARD WEST ST PAUL, MN 55108 26-1850227	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	334,722	430,504		No			No	65.000 %
HEALTHCARE CAMPUS IMAGING ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 52-2401657	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	239,318	70,993		No		Yes		50.000 %
CROSBY CARDIOVASCULAR SERVICES LLC 920 E 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 41-2010368	HEALTHCARE SERVICES	MN	ALLINA HEALTH SYSTEM	RELATED	42,336	997,927		No		Yes		50.000 %
MOBILE IMAGING SERVICES LLC 7505 METRO BOULEVARD SUITE 400 EDINA, MN 55439 41-1883212	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	-18,915	305,922		No		Yes		50.000 %
CT ONE LLC 200 STATE AVENUE FARIBAULT, MN 55021 26-1187480	RADIOLOGY	MN	ALLINA HEALTH SYSTEM	RELATED	439,471	154,727		No		Yes		75.190 %
MAGNETO LEASING LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 20-1582501	RENTAL EQUIPMENT	MN	ALLINA HEALTH SYSTEM	RELATED	29,572	12,598		No		Yes		50.000 %
GLOBAL MARKET RESERVE FUND LLC PO BOX 43 MAIL ROUTE 10890 MINNEAPOLIS, MN 554400043 83-2659070	FINANCE	MN	ALLINA HEALTH SYSTEM	UNRELATED	151,588	1,527,916		No		Yes		50.000 %
METROPOLITAN INTEGRATED CANCER CENTER LLC PO BOX 819067 DALLAS, TX 75381 20-5068485	RADIOLOGY	DE	ALLINA HEALTH SYSTEM	UNRELATED	2,587,559	2,972,107		No		Yes		80.000 %
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 %
APPLE VALLEY BUILDING ASSOCIATES LLC 14655 GALAXIE AVENUE APPLE VALLEY, MN 55124 41-1677072	RENTAL REAL ESTATE	MN	ALLINA HEALTH SYSTEM	RELATED	69,893	146,882		No		Yes		50.000 %

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	10,863,804	CASH
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION	B	1,990,263	COST
COURAGE KENNY FOUNDATION	C	7,128,992	CASH AND FMV
MERCY & UNITY HOSPITALS FOUNDATION	C	1,506,676	CASH
MERCY & UNITY HOSPITALS FOUNDATION	B	744,164	COST
PHILLIPS EYE INSTITUTE FOUNDATION	C	784,720	CASH AND FMV
PHILLIPS EYE INSTITUTE FOUNDATION	B	87,666	COST
UNITED HOSPITAL FOUNDATION	C	4,441,426	CASH
UNITED HOSPITAL FOUNDATION	B	1,399,474	COST
ALLINA ASSOCIATED FOUNDATION	C	1,428,114	CASH
ALLINA ASSOCIATED FOUNDATION	B	1,318,473	COST
ALLINA SPECIALTY ASSOCIATES INC	C	419,024	COST
ASPEN SLEEP CENTER LLC	C	389,521	CASH
NORTHSTAR SLEEP CENTER LLC	C	171,500	CASH
METROPOLITAN INTEGRATED CANCER CARE LLC	C	3,449,458	CASH
CT ONE LLC	C	451,128	CASH
HEALTHCARE CAMPUS IMAGING ONE LLC	C	270,000	CASH
ST FRANCIS REGIONAL MEDICAL CENTER	Q	25,786,351	CASH
ST FRANCIS REGIONAL MEDICAL CENTER	S	2,375,000	CASH
REGINA FOUNDATION	B	124,893	COST
REGINA FOUNDATION	C	168,825	CASH
WESTHEALTH SURGERY CENTER LLC	C	137,700	CASH
WESTHEALTH SURGERY CENTER LLC	S	1,412,096	NET BOOK VALUE
FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC	R	1,286,000	CASH
FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY SPC	B	4,564,660	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
ALLINA INTEGRATED MEDICAL NETWORK	C	1,806,353	CASH